

**Section of Communities of Practice in Family Medicine (CPFM)
Child & Adolescent Health Program Committee
Terms of Reference**

Purpose

- (i) To represent the interests of all CFPC members providing care to children and adolescents, 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 the care of children and adolescents.

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 the care of children and adolescents
 - (ii) Development of CFPC policies and/or positions related to patient care and the practice needs/environment of members involved in the care of children and adolescents
 - (iii) Advocacy on behalf of the members involved in the care of children and adolescents
 - (iv) Identification of areas in need of accredited CME/CPD programs related to the care of children and adolescents
 - (v) Serving as a resource for the Section of Teachers regarding core family medicine residency curriculum content.
2. (i) To be a resource to faculty, medical students and residents in the care of children and adolescents,
 - (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 the care of children and adolescents.
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 the care of children and adolescents.
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 the care of children and adolescents as part of their broad scope practices as well as those with special interests or focused practices in the care of children and adolescents.
7. To provide opportunities for participation and collaboration with other medical organizations whose members are involved in providing patient care, teaching, and research in the care of children and adolescents.
8. To participate in the CFPC review process of third party endorsement requests when they relate to the care of children and adolescents.

Accountability

- (i) The Child & Adolescent Health Program Committee will (a) 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 related 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 Section of CPFM Council and the CFPC Executive and Board.

Chair

- (i) The Chair of the Child & Adolescent Health Program Committee will be appointed by CFPC Executive Committee/Board following recommendation by the CPFM Council.
- (ii) The Chair of the Child & Adolescent Health 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) The Child & Adolescent 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 the care of children & adolescents, an Enhanced Skills Program Director/Coordinator will be a voting member of the Child & Adolescent 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 Child & Adolescent Health Program Committee representing family physicians with a broad scope comprehensive continuing care practice.
- (v) There may be observer members.

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

- (i) The Child & Adolescent 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.