



Indigenous  
Physicians  
Association  
of Canada

THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

## Indigenous Health Committee (IHC)

TERMS OF REFERENCE (updated June 2021)

### PURPOSE

In partnership with Indigenous<sup>[1]</sup> communities and organizations, the IHC will strive to enhance the health and wellbeing of Indigenous peoples, improve access to culturally safe and appropriate health care, and commit to anti-racism.<sup>[2]</sup>

### RESPONSIBILITIES

1. To advocate for, support and contribute to accessible, relevant, and high-quality, culturally safe health care, free from racism for Indigenous communities.
2. To recommend (and develop as required) Indigenous health educational frameworks and resources, implementation strategies, and assessment approaches.
3. To look for opportunities to promote and support activities and education initiatives that relate to Indigenous health. This may include collaboration with other CFPC committees and other organizations on initiatives that intersect with the work of the Indigenous Health Committee.
4. To use documents that have incorporated Indigenous voices (ex: TRC, MMIWG, Brian Sinclair recommendations, In Plain Sight) at the forefront of our work to implement recommendations and prioritize educational objectives.
5. To support and sustain an appropriate increase in the number of practicing Indigenous family physicians in Canada, through training and practice supports at the undergraduate, post-graduate, and continuing professional development levels.

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<sup>[1]</sup> We use the term “Indigenous” to refer to an inclusive group consisting of self-identified First Nations (an inclusive term including all persons identifying as First Nations or Indian, regardless of status and place of residency), Inuit, and Métis peoples living in Canada.

<sup>[2]</sup> By supporting education, practice, and family physician advocacy on behalf of family physicians and their patients.

6. To support and retain Indigenous family physician graduates as faculty within medical schools and education programs.
7. To address structural violence by advancing structural competency,<sup>1</sup> cultural safety, and equity-oriented care influenced by social determinants of health.
8. To network and collaborate with other organizations committed to enhancing the health, wellbeing, and access to quality health care of Indigenous peoples through the education and practice support of family physicians.
9. To represent the CFPC as an organization and review as needed relevant documents and policy.
10. To articulate the need for changes in social policies that adversely impact the health and wellbeing of Indigenous people, including policies that could perpetuate racism at the individual and systemic level.
11. To review applications for relevant CFPC-issued grants and awards, including the CFPC Indigenous Medical Student Scholarship and the Indigenous Family Medicine Resident Scholarship.

#### **ACCOUNTABILITY:**

First and foremost, the Indigenous Health Committee is accountable to Indigenous peoples and communities in Canada. The Committee reports to the CFPC's Executive Committee with relevant communication with Section of Teachers, Membership Advisory Committee, the Advisory Committee on Family Practice, and other CFPC committees as needed.

#### **MEMBERS**

Committee members should be selected to ensure expertise is included in areas relevant to family practice/primary care and Indigenous health.

The Committee will be comprised of at least the following:

- Six CFPC members, one from each CFPC region and one from the Territories. These six will include representation from a rural practice, an urban practice, and the academic community;
- One resident member;
- One medical student
- One traditional Healer and/or midwife;
- One Elder, as recommended by the Chair in consultation with the Committee;

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<sup>1</sup> Metz, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social science & medicine*, 103, 126-133. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4269606/>

- One IPAC board member
  - If unavailable, an IPAC member/liaison should work with the IHC to ensure two-way communication.

CFPC members will be appointed for a 3-year term, renewable once

IPAC nominated members' terms will be determined by IPAC and will be congruent with the terms such that there are always a medical student and resident members. Current IHC members may also nominate members for the committee.

*Chair:* Led by an Indigenous CFPC member to act as chair or co-chair (approved by the Board). CFPC's chair term is for a 3-year term, renewable once.

*Observers:* To be invited to Committee meetings as appropriate to the discussion and recommended by the Chair.

*Staff Support:* Executive Director, Member & External Relations; Director, Health Policy and Government Relations; Health Policy Analyst.

#### **TERM OF THE COMMITTEE**

Standing committee; ongoing.

#### **FREQUENCY OF MEETINGS**

The Committee will have two main meetings – one in Spring and one in Fall including:

- One, full day face-to-face meeting per year when permissible.
- One, half day teleconference per year.

Regular teleconferences between meetings at the call of the Co-Chairs