



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

CFPC Indigenous Health Committee

Terms of Reference

Revised April 2025, adopted April 2026.

Background

For over a decade, the Indigenous Health Committee (IHC) has led important work within the College of Family Physicians of Canada (CFPC) to promote culturally safe care, actively address racism experienced by Indigenous people in health care, promote Indigenous principles across family medicine, and support reconciliation efforts throughout the mandate of the CFPC. The IHC is a partnership between the CFPC and the Indigenous Physicians Association of Canada (IPAC), with members representing both organizations.

Read the [timeline](#) about the formation and evolution of the IHC as well [examples](#) of the IHC's work.

Purpose

The purpose of the committee is to lead and work in partnership with Indigenous communities, organizations, and allies to enhance the health, well-being, and access to quality health care of Indigenous peoples.

Members of this committee work in front-line positions and bring the perspective of what happens on the ground to this work. Members share concrete examples and act as role models to communicate their expectations for how to transform the system.

Vision Statement

Indigenous physicians and healing practices are valued and integrated throughout family medicine education and practice, creating environments that are representative and safe for all.

Mission Statement

An innovation hub for the specialization and application of health equity principles for Indigenous well-being, we advance systemic transformation to eradicate anti-Indigenous racism and discrimination through the mandate of the CFPC.

Ongoing 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 advise, recommend, and develop as required in a changing environment, Indigenous health educational framework 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 IHC.
4. To use documents that have incorporated Indigenous voices (e.g., TRC Calls to Action,¹ MMIWG Calls to Justice,² Joyce's Principle,³ other anti-Indigenous racism recommendations, In Plain Sight Report⁴) at the forefront of our work to implement recommendations and prioritize educational objectives.
5. Collaborate with, support, and hold accountable the CFPC leadership to their [commitment to cultural safety and humility](#).
6. To advocate for and advise on best practices for the recruitment and retention of Indigenous leadership and family physicians as faculty within medical schools and education programs.
7. To network and collaborate with other organizations committed to enhancing the health, well-being, and access to quality health care of Indigenous peoples through the education and practice support of family physicians.
8. Review as needed relevant CFPC documents and policies.
9. To review applications for relevant CFPC-issued grants and awards intended specifically for Indigenous recipients.

Priority Focus Areas 2025–2028

The following priority focus areas were determined during the April 2024 IHC Visioning Retreat, which then informed the development of the IHC's 2025–2028 Strategic Plan.

Shifting perspectives: Representing multiple ways of knowing (a distinctions-based lens), we offer solutions-based approaches to support the application of the TRC directives in family medicine in all contexts (rural, remote, on-reserve, urban) to nurture safe and ethical clinical spaces that respect Indigenous patients, engaging with body, mind, heart, and soul.

Inspire, engage, and support Indigenous leaders: Proactively nurturing a safe environment for Indigenous family physicians and residents through solidarity, mentorship, wellness, and joy. Through supporting allyship and opportunities that amplify

our voice we contribute to a climate of change leading to the eradication of anti-Indigenous racism and discrimination in family medicine.

Advocacy and relational accountability: Our guidance on the commitments of the CFPC to embed cultural safety and humility in family medicine helps to support the evolution of decision making and governance to include other perspectives on wellness and centring health equity.

Accountability

First and foremost, the IHC is accountable to Indigenous peoples and communities in Canada. Recognizing Indigenous self-determination* and the importance of partnership, the IHC is an independent body working in support of the CFPC’s commitment to a proactive approach to identify and pursue efforts that will result in addressing the systemic racism experienced by Indigenous people in their interactions with the health care system. The IHC is distinct from other standing committees of the CFPC and is not a part of the nominations or appointment processes of the Board of Directors.

Members

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

- Rural, remote, and urban practice
- Front-line clinical work
- Academic portfolio
- New-to-practice, mid-career, and senior family medicine leadership

The Committee will be comprised of at least the following:

- Six CFPC members—at least one from each of the regions of Canada, namely the north (Yukon, Northwest Territories, or Nunavut), the west (British Columbia or Alberta), central (Saskatchewan, Manitoba, or Ontario), and the east (Quebec, New Brunswick, Nova Scotia, Newfoundland and Labrador, or Prince Edward Island)
- One resident member
- One medical student
- One traditional healer and/or midwife
- One Elder, as recommended by the Chair in consultation with the Committee

* United Nations. Article 24. In: *United Nations Declaration on the Rights of Indigenous Peoples*. Geneva, CH: United Nations; 2007. https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf.

- 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 three-year team, renewable as needed. Appointments to the committee will be reviewed regularly with an open discussion regarding members' intention to remain on the IHC. It is important both to preserve relational continuity and to offer opportunities for mentorship.

Chair: Held by an Indigenous CFPC member as selected from IHC members. The Chair's term is for a three-year term, renewable as needed.

Co-Chair: A co-chair may be considered as needed to support the work of the Committee and the Chair.

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

CFPC staff support: Health Policy Analyst; Director, Health Policy and Government Relations; Indigenous Health Clinician Educator.

Additional project management and administrative support as needed.

Term of the Committee

Independent body, ongoing.

Frequency of Meetings

The Committee will have two main meetings per year – one in the spring and one in the fall:

- One full-day, in-person meeting
- One half-day videoconference

Ad hoc meetings may be convened as needed.

¹ Truth and Reconciliation Commission of Canada. *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg, MB: Truth and Reconciliation Commission of Canada; 2015. https://nctr.ca/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

² National Inquiry into Missing and Murdered Indigenous Women and Girls. *Calls for Justice*. Vancouver, BC: National Inquiry into Missing and Murdered Indigenous Women and Girls; 2019. <https://www.mmiwg-ffada.ca/final-report/>

³ Joyce's Principle. <https://principedejoyce.com/en/index>

⁴ British Columbia's Office of the Human Rights Commissioner. *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*. Vancouver, BC: British Columbia's Office of the Human Rights Commissioner; 2020. <https://baseline.bchumanrights.ca/wp-content/uploads/2022/08/In-Plain-Sight-Addressing-Indigenous-specific-Racism-and-Discrimination-in-B.C.-Health-Care.pdf>