

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

### **The Collaborative Advisory Group for General & Family Practice Anaesthesia (CAGA) Program Committee Terms of Reference**

#### **Purpose**

- (i) To represent the interests of all family physicians, including CFPC members providing general and family practice anaesthesia, 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 (CPFM), as well as the Society of Rural Physicians of Canada (SRPC) and the Canadian Anesthesiologists Society (CAS) about the issues relevant to these members, and
- (iii) To advocate for the highest quality of medical care provided by family physicians in general and family practice anaesthesia.

#### **Responsibilities**

1. To foster inter-organizational and inter-disciplinary collaboration through a formal collaboration with the Society of Rural Physicians of Canada (SRPC) and the Canadian Anesthesiologists Society (CAS) to support general and family practice anaesthetists.
2. To oversee and to make recommendations as necessary with regards to the resources (financial, material and human) necessary to maintain this collaboration.
3. To carry out discussions and make recommendations to the CPFM Council as well as the SRPC and CAS on issues relevant to general and family practice anaesthetists with respect to the following areas of activity:
  - (i) Communications and networking among members involved in general and family practice anaesthesia
  - (ii) Development of policies and/or positions related to patient care and the practice needs/environment of members involved in general and family practice anaesthesia
  - (iii) Advocacy on behalf of the members involved in general and family practice anaesthesia
  - (iv) Identification of areas in need of accredited CME/CPD programs related to general and family practice anaesthesia

4. (i) To be a resource to faculty, medical students and residents involved in enhancing family practice anaesthesia training,
  - (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 family practice anaesthesia.
5. 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.
6. To ensure ongoing communication and liaison with other relevant CFPC Chapters, Programs and Committees as needed among CFPC, SRPC and CAS (e.g. Section of Teachers, Accreditation Committee, Board of Examiners, Health Policy, CME/CPD Committee, etc.)
7. To contribute to the planning of the Annual Scientific Assembly program at Family Medicine Forum for program content relevant to all members who include anaesthesia as part of their general/family practices.
8. To provide opportunities for participation and collaboration with other medical organizations whose members are involved in providing patient care, teaching, and research in family practice anaesthesia.
9. To participate in the CFPC review process of third party endorsement requests when they relate to CAGA.

#### **Accountability**

- (i) The CAGA Program Committee will report to the CFPC Executive and Board through the Section of CPM Council and to the Boards of the SRPC and CAS.
- (ii) Costs associated with the CAGA Program Committee will be shared equally.
- (iii) The CAGA Program Committee may establish subcommittees or working groups composed of any combination of the three organizations involved in CAGA. Reports and financial accountability for the subcommittees/working groups will be determined depending on the composition of the group.

#### **CFPC Co-Chair**

- (i) The co-Chair representing the CFPC is appointed by the CFPC Executive Committee/Board following recommendation by the CPFM Council. The other co-Chair is appointed and approved by SRPC and CAS.
- (ii) The CFPC co-Chair has a voting seat on the CPFM Council.
- (iii) The CFPC co-Chair will serve a 3 year term, renewable once. The co-Chair appointed by the SRPC and CAS will also serve a 3 year term.

### **Committee Membership**

- (i) The CAGA Program Committee is comprised of at least six members with each organization (CFPC, SRPC and CAS) appointing two members.
- (ii) To the extent possible\*, the CAGA Program Committee will be a Regional Committee with two co-chairs and members from the following three regions
  - (a) BC, Yukon, NT, Nunavut
  - (b) Saskatchewan, Alberta and Manitoba
  - (c) Ontario, Quebec, NB, Nfld, PEI and NS
 \* GP-FP anaesthetists are not equally distributed across Canada
- (iii) Where nationally accredited enhanced skills residency training programs (PGY3s) exist in FP-anaesthesia, an Enhanced Skills Program Director/Coordinator will be a voting member of the CPFM Program Committee
- (iv) The CAGA Program Committee may also appoint up to 3 other members representing key areas of expertise (e.g. CME, Teaching, etc.) as needed.
- (v) At least one member of the CAGA Program Committee must represent family physicians with a broad scope comprehensive continuing care practice.
- (iv) There may be observers on the CAGA Program Committee or sub-committees/working groups representing outside medical organizations whose members are involved in providing anaesthesia services (e.g. Royal College of Physicians and Surgeons, Specialty Societies, etc.) (see (ii) under Accountability for Conjoint Subcommittees).

### **General Members linked to each CPFM Program**

- (i) The CAGA Program Committee will maintain a list of all CFPC members in good standing as well as those belonging to SRPC and CAS who have indicated their

interest in being aligned with the CFPC's Collaborative Advisory Group for General & Family Practice Anaesthesia (CAGA) Program Committee.