CFMS National Officer of Indigenous Health (NOIH)

CFMS Local Officers of Indigenous Health (LOIH)

Terms of Reference

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**Proposal**

1. It is proposed the CFMS formally establish a national-local structure for Indigenous health under the CFMS’ Global Health Program.

**Composition**

1. One (1) CFMS National Officer of Indigenous Health, to be referred to as the “NOIH.”
	1. The NOIH will be selected by an objective process based on applications from the entire CFMS student membership. Selection for the position will be a joint responsibility of the outgoing NOIH and the Vice President Global Health, in consultation with the Nominations Committee when needed.
		1. Selection of the NOIH will take place in October of each year, in connection with the selection of the GHP national officers.
	2. The NOIH position mandated to last for fourteen (14) months.
		1. An outgoing NOIH is allowed to re-apply for the position in the following year, but will not participate in the selection process.
		2. If an outgoing NOIH has re-applied for the position, it will be the responsibility of the Vice-President Global Health to find at least one (1) alternate individual to assist in the incoming NOIH selection process.
	3. The NOIH will serve as a National Officer within the larger Global Health Program.
	4. The NOIH will report directly to the Vice-President Global Health.
2. Two (2) CFMS Local Officers of Indigenous Health from each of the fourteen (14) full-member schools, with each position to be referred to as a “LOIH”, for a total of twenty-eight (28) positions.
	1. LOIH positions are mandated to last for two (2) years.
		1. During their first year of the position, the LOIH will be considered to be the “LOIH Jr.”
		2. During their second year of the position, the LOIH will be considered to be the “LOIH Sr.”
	2. One (1) LOIH will be selected each year by an objective process given the structure of Indigenous health engagement at each member school.
		1. Each member school is responsible for notifying the NOIH of which selection process is used to select their LOIH.
		2. Alternate selection processes (other than those listed in Section 3.3) within a member school must be pre-approved jointly by the NOIH and Vice-President Global Health.
		3. If the structure of Indigenous health engagement results in two (2) or more competing selection strategies, an appropriate selection strategy will be decided between representatives from each competing strategy, the NOIH, and Vice-President Global Health.
	3. This selection process can include one (1) of the following:
		1. By application from the member school’s student body to the Global Health Liaison (GHL) and LOIH Sr.
			1. It is strongly encouraged that students in their first year apply for the LOIH Jr. position; however, if there is no suitable candidate from the first year student body, any student not in their final year of study may apply.
		2. By election to a member school’s Medical Student Society, if that society has mandated representatives for Indigenous health.
		3. By appointment from a member school’s Global Health program, if that program has mandated representatives for Indigenous health.
		4. By appointment from a member school’s medical student-focused Indigenous health group.
	4. Selection of each LOIH should be completed by the end of October of each year, unless an alternative timeline is required for the selection of the GHP national officers.
	5. A LOIH (Jr. or Sr.) may concurrently hold the NOIH position, but holding a LOIH position is not required for selection to the NOIH position.

**Responsibilities: National Officer**

1. The NOIH is responsible for the CFMS Indigenous Health portfolio under the Global Health Program in the following areas: External Engagement, Internal Communication, Advocacy & Education, and Management.
2. The following responsibilities for the NOIH fall under External Engagement:
	1. Collaboration with external organizations relevant to Indigenous health as required, including but not limited to:
		1. Indigenous Physicians Association of Canada (IPAC)
		2. Association of Faculties of Medicine of Canada (AFMC)
		3. Assembly of First Nations (AFN)
		4. Inuit Tapiriit Kanatami (ITK)
		5. Metis National Council (MNC)
		6. Other federal bodies
		7. Multilateral organizations
		8. Non-Governmental Organizations
	2. Active seeking of new external partnerships and maintenance of current partnerships in collaboration with the National Officer of Partnerships (NOP).
	3. Participation in relevant activities of the International Federation of Medical Students (IFMSA) and other international organizations that the IFMSA has Memorandums of Understanding with, as needed.
3. The following responsibilities for the NOIH fall under Internal Communication:
	1. Management of the NOIH email account (indigenoushealth@cfms.org).
	2. Quarterly review of the Indigenous Health section of the CFMS website, with appropriate updating as required.
	3. Contribution to the CFMS Global Health blog as required by the Vice-President Global Health.
	4. Participation in the Global Health Program through attendance at National Officer teleconferences, Spring General Meeting, and Annual General Meeting.
	5. Contribution of at least one (1) piece of work to the CFMS Annual Review.
4. The following responsibilities for the NOIH fall under Advocacy & Education:
	1. Promotion of the adoption of Core Competencies in Indigenous health in both medical education and pre-departure training for placement in Indigenous communities.
	2. Contribute to the review and updating of existing CFMS policy papers through liaison with the Committee On Health Policy (COHP) or other CFMS committees as appropriate.
	3. Organize and contribute to the timely development of new CFMS policy papers related directly or indirectly to Indigenous Health as appropriate.
	4. Maintain knowledge of current events within Indigenous Health, with the ability to speak to these events while representing the views of the CFMS’ Indigenous health portfolio.
	5. Participation in CFMS-run advocacy activities, such as Federal Lobby Day, as needed.
5. The following responsibilities for the NOIH fall under Management:
	1. Maintenance of an up-to-date and concise database of activities done under the LOIH and NOIH positions.
	2. Maintenance of a contact list of all Jr. and Sr. LOIHs at each member school.
	3. Facilitate communication between LOIHs at different member schools and resource sharing as needed.
	4. Meet with all Sr. LOIHs at least two (2) times per year via teleconference.
	5. Dissemination of opportunities or resources in regards to Indigenous health to LOIHs.
	6. Collaborate with the Vice-President Global Health in the selection of an incoming NOIH.
	7. Creation of extensive handover documents and organization of a handover meeting with the incoming NOIH within two (2) weeks of the selection of an incoming NOIH.

**Responsibilities: Local Officers**

1. Local officer responsibilities are to be split between the Sr. LOIH and Jr. LOIH, to allow for each team to use their strengths and adapt to locally important initiatives.
	1. Each LOIH team is responsible for meeting within two (2) weeks of the selection, election, or appointment of the Jr. LOIH to discuss the division of responsibilities.
2. Each member school’s LOIH team will have responsibilities that fall under two broad categories: Engagement and Communication.
3. The following responsibilities for the LOIHs fall under Engagement:
	1. Liaise and work closely with Aboriginal health curriculum leads or offices of Indigenous health within their respective member schools.
		1. If organizations and/or structures like this do not exist, LOIHs are strongly encouraged to engage with curricular leads at their member schools to advocate for their development.
	2. Engagement of students locally to help achieve LOIH responsibilities as needed.
	3. Promotion of the adoption of Core Competencies in Indigenous health including formal curricula and pre-departure training, with support from the NOIH as needed.
	4. Create and/or sustain existing partnerships with local Indigenous health organizations or Indigenous communities.
	5. Organize local events or initiatives that promote awareness of Indigenous health issues.
		1. It is expected that the LOIHs conduct at least two (2) events or initiatives each year.
	6. Collaboration with the NOIH on national initiatives that promote awareness of Indigenous health issues as needed.
	7. Maintain knowledge of current events within Indigenous Health and understand the views and goals of the CFMS’ Indigenous health portfolio.
	8. Promote and engage with interprofessional collaboration with other health professions in terms of Indigenous health as needed.
4. The following responsibilities for the LOIHs fall under Communication:
	1. Contribute monthly to the activity database organized by the NOIH.
	2. Sr. LOIH to attend nationwide teleconference at least two (2) times per year.
	3. Collaborate and maintain regular communication with the member school’s existing CFMS Global Health Program.
	4. Disseminate opportunities or resources locally in regards to Indigenous health either independently or as directed by the NOIH.
	5. Both Jr. and outgoing Sr. LOIHs should be jointly involved in selection of an incoming Jr. LOIH, if selection is based on application or by appointment.
		1. In the case where more than one candidate has expressed interest, the LOIHs are responsible for ensuring that the selection of the incoming Jr. LOIH is fair and objective.
	6. Creation of extensive handover documents and organization of a handover meeting with the incoming Jr. LOIH within two (2) weeks of the selection.

**Oversight**

1. The NOIH will report directly to the Vice-President Global Health at scheduled National Officer teleconferences, Spring General Meeting and the CFMS Annual General Meeting.
2. The LOIHs will report directly to the NOIH at scheduled nationwide NOIH-LOIH teleconferences, and in-person meetings where applicable.

**Meeting Schedule**

1. The NOIH and Sr. LOIHs from all member schools will meet via teleconference will take place at least two (2) times per year.
	* 1. Meetings may be cancelled at the discretion of the NOIH in consultation with the Sr. LOIHs.
		2. Additional meetings may be scheduled at the discretion of the NOIH in consultation with the Sr. LOIHs, as needed.
		3. Attendance by a Sr. LOIH is mandatory and attendance will be taken to ensure participation.
		4. If Sr. LOIH unable to attend, the Jr. LOIH from the same member school will represent in lieu, with prior notification of the NOIH.
		5. If both the Sr. LOIH and Jr. LOIH from the same school are unable to attend, advance notification and approval from the NOIH must be obtained.

**Costs**

1. The NOIH will be funded to attend both the Spring General Meeting (SGM) and Annual General Meeting (AGM) through funding allocated to the Global Health Program, as approved by the Vice-President Global Health and/or Vice-President Finance. Expenses covered include:
	1. Registration fees for SGM/AGM
	2. Registration for the Canadian Conference on Medical Education (CCME), if required
	3. Transportation, including round-trip air and/or ground, as needed, to the SGM, AGM, and CCME
		1. Most economical means of transport must be used as per the CFMS Travel Policy
	4. Accommodation at the SGM, AGM, and CCME

*These Terms of Reference will be subject to review and potential revisions one (1) year following their adoption. Review and revisions will be the responsibility of the current NOIH. Any revisions will presented to all LOIHs, following approval from the Vice-President Global Health.*