



TERMS OF REFERENCE

Indigenous Health Curriculum Subcommittee

Approved By: MDCM Program Committee

Approved On: October 25, 2023



Mandate

The Indigenous Health Curriculum Subcommittee of the MDCM Program Committee is delegated responsibility by the MDCM Program Committee. The Indigenous Health Curriculum Subcommittee oversees the indigenous health curriculum of the MDCM Program. The Indigenous Health Curriculum Subcommittee is also an advisory committee to the MDCM Program Committee on indigenous health issues and policies related to indigenous health.

The Chair of the Indigenous Health Curriculum Subcommittee is the Program Director, PNIQ.

Committee Roles and Responsibilities

The Indigenous Health Curriculum Subcommittee:

1. Advises the MDCM Program Committee on the academic content of the Indigenous Health Curriculum, specifically:
 - Indigenous Health-related content that should be included within each Component and, where appropriate, within a specific Course
 - Logical progression of Indigenous Health-related content from Fundamentals of Medicine and Dentistry to TCP to Clerkship
 - Linking of Indigenous Health-related content to the MDCM Program Objectives
 - Teaching and learning methods and activities, including clinical exposure, necessary to allow students to meet Indigenous Health objectives



2. Identifies and supports teachers of Indigenous Health-related content in collaboration with the associated Component and Course Directors. This includes:
 - Helping teachers establish session objectives that link to the MDCM Program Objectives, MCC Clinical Presentations, required encounters and procedures and relate appropriately to other Indigenous Health-related content
 - Advising teachers on appropriate alternative learning experiences for students who miss mandatory Indigenous Health-related learning activities
 - Collaborating with the implicated Course Directors and content leaders to ensure that Indigenous Health-related information (e.g., session objectives, alternatives for students who miss a session) posted on the online learning management system (myCourses) meets UGME requirements, is easily accessible to students and Course and Site Directors and Administrators, and is accurate, comprehensive and up to date
 - Contributing to the longitudinal assessment of student attainment of Indigenous Health objectives through submission and review of exam items (e.g., for end-of-block exams, reflection and evaluation weeks, progress tests and OSCEs)
3. Contributes to the quality-improvement process for Indigenous Health-related content as mandated by the MDCM Program Committee and its subcommittees. This includes:
 - Reviewing student evaluations of Indigenous Health-related concepts and content (e.g., evaluations developed and collected by the program and the GraduationQuestionnaire)
 - Collaborating with Physicianship, FMD, TCP and Clerkship Component and Course Directors, as appropriate, in identifying and implementing Indigenous Health-related course improvements (e.g., learning objectives, learning methods, learning materials, assessment methods, student assessment and program evaluation)
 - Supporting teachers of Indigenous Health-related content in implementing session improvements (e.g., learning objectives, learning methods, learning materials, assessment methods, student assessment and program evaluation)
 - Contributing to the attainment and maintenance of relevant accreditation standards for Indigenous Health-related activities (e.g., provision of narrative feedback, linking of learning activities and assessment to program objectives)



Reporting Structure

The Subcommittee Chair is scheduled to report at MDCM Program Committee meetings once per academic year and submits a written report or presentation to the MDCM Program Committee. In addition to scheduled reporting, the Chair may request that items be added to the MDCM Program Committee agenda.

Membership

Member	Function	Voting privileges
Program Director, PNIQ	Chair	Yes
Curriculum Administrator from the UGME Office	Secretary	No
4 faculty members from Clinical and Basic Science Departments in the Faculty of Medicine	Ex-officio	Yes
Indigenous Health Content Expert – Montreal Campus	Ex-officio	Yes
Indigenous Health Content Expert - Campus Outaouais	Ex-officio	Yes
Director IHPP		Yes
1 Indigenous Community Representative		Yes
1 junior student representative from the Indigenous community nominated by the MSS for a 2-year term. 1 senior student representative from the Indigenous community nominated by the MSS for a 2-year term. <i>Alternate delegates: 1 junior student representative from the MSS Medical Education Committee and 1 senior student representative from the MSS Medical Education Committee*</i>		Yes
Ad hoc members		No
Social Accountability, Population Health and Health Advocacy Theme Leader **	Ex-officio	No
UGME Program Director, Campus Outaouais **	Ex-officio	No
Assistant Dean, Undergraduate Medical Education **	Ex-officio	No
Associate Dean Undergraduate Medical Education **	Ex-officio	No

* Nominated by the MSS

** Invited to all meetings and receives all agendas, minutes, and other documentation, but is not expected to attend all meetings.



Term of Office

Ex officio members remain on the subcommittee for their term of office. For other members, the term of office is 3 years (renewable once) unless specified otherwise.

Conduct of Meetings

Meeting frequency and functioning

There shall be no less than 2 meetings during the academic year. Additional meetings may be convened by the Chair as and when necessary.

Discussion at the Committee will be bilingual; members and invited guests are welcome to address the Committee in the language of their choosing.

Minutes will be recorded in English and distributed electronically to all members.

The Chair may invite external consultants and experts to any meeting and may create ad hoc working groups to study or review any particular issue.

Quorum

50%+1 of voting members must be present (in person or by remote connectivity.) in order to achieve quorum.

Voting procedure

The Chair will aim to build consensus; however, final recommendations will be determined by voting.

A motion shall pass with the support of a simple majority (50%+1) of voting members present either in person or by remote connectivity.

An e-vote may be conducted when appropriate. A simple majority (50%+1) of all members who have voted by the established deadline is required for e-vote decisions. Should a voting member fail to vote by the established deadline, this will be counted as an abstention.