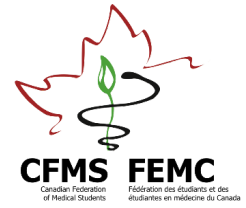


**Canadian Federation of Medical Students (CFMS)
2019 Spring General Meeting
Niagara Falls, ON
April 12-13, 2019**



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Friday, April 12, 2019

Indigenous Territorial Statement, Introduction and Welcome

Address

- Dr. Ali Damji, R2 in Family Medicine, introduces himself as Chair of 2019 CFMS SGM and calls the meeting to order
- Introduction of Mr. Dan Secord from the Mississauga Nation from the Three Fires People for the Indigenous Territorial Statement/Welcome

- “Welcome to Niagara Falls” - first said in Ojibwe
- Indigenous to Huron and _____ People. Now also Metis and Inuit.
- “Where the river meets the lake” - meaning of Mississauga
- Treaty of Niagara River and Niagara Falls, includes a number of different communities and indigenous groups
- 6 bands/communities, there is one without a land base
- Three Fires is a confederacy of 38 nations and 34 clans, spread from British Columbia to the East Coast and down to Mexico
- I am here as we have to keep re-introducing ourselves in our home territory.
- “Welcome to everybody” - first said in Ojibwe.
- Thanks for listening, a short prayer in Inuit now to start the meeting
- Thank you for the work you’re doing or are about to do.

- Dr. Damji is happy to be Chairing once again. He was a past Board member. CFMS made a major impression on him. He encourages all people to network and get to know each other.
- Let’s try and stay on time and have fun with it.
- If there are any concerns or you have any feedback, please let Dr. Damji know.
- Start times and break end times will be adhered to, but there may be adjustments.
- If you have any announcements, please email Dr. Damji with a slide.
- Social Media - #SGM2019 and tag @CFMSFEMC
- Resolutions can be submitted by 6pm tonight, unless there is a financial cost.
- General rules: when at the mic, please state name and school. Avoid acronyms.
- Please review documents online re: resolutions
- Nominations for the Board, except for the President, are due at 7pm tonight
- A video will be made with MD Financial with leadership award winners and one general assembly attendee - enter the draw at their table.
- The Social Determinants of Health matter - the policy work and your ability to look at things from a system level is some of the most powerful work you can do
- Let’s have a great meeting!

CFMS Board of Directors - Three Minute Theses

- Members of the board presenting on their activities
- VP Education-Maylynn Ding
 - AFMC- steering portal committee, CaRMS and other committees
 - Elective diversification policy
 - Opt-in option for CaRMS
 - Interview Communications system preview
 - Allow data collection
 - Standardize the process
 - CCME will show a mock up of this communication tool
 - CFMS supports for uCMG
 - \$150 to unmatched students
 - Unmatched peer mentorship support network
 - Students at schools can sign up for this network and be mentors
 - MOTP program through the Canadian Armed Forces
 - Education committee and research deferred to question period
- VP Communications-Victoria Januszkiewicz
 - Graphics
 - Work closely with Nikhita to generate graphics for promotional content
 - Press releases
 - Day of Action; running press releases, social media promotion
 - CaRMS tour connection
 - \$400 worth of gift cards, contest for students on electives
 - Match day communications
 - Increased engagement on Instagram
 - TEDMED, American Medical School Associations
 - CFMS Annual Review; available this week
- Director of Student Affairs-Victor Do
 - “Victor should do advocacy, not graphics”- Victor Do
 - Wellness roundtable
 - Led by Dax
 - Has been revamped, doing a lot more in CMFS
 - Wellness committee
 - Oversees national program
 - Longitudinal wellness initiatives, wellness month
 - Resilience and personal wellness
 - STRIVE--championed by Stephanie current CFMS President
 - Awareness
 - Social media; getting students to share stories and experiences
 - Collaboration
 - With each portfolio

- CMA, external committees and partnerships
- Director of Global Health-Michelle Quaye
 - Global Health National Officer portfolios
 - Thank you to all National Officers
 - Updated GM on what the NO are currently doing which can be found on each NO's executive reports.
 - NMO (National Member Organization) President to the IFMSA
 - March meeting; 6 individuals. 3 received awards, some spoke during the theme event, some actively involved in the national server
 - Milestones
 - Increase involvement with IFMSA
 - Fatemeh and Wendy attended Americas Meeting in Ecuador
 - Shoutout to Fatemeh for her work with the portfolio
- Director of Government Affairs- Yipeng Ge
 - Day of Action committee
 - David heads Committee on Health Policy
 - Debbie is dyad partner to Government Affairs
 - Updates in the report
 - Seniors Caring and Aging was the topic for National Day of Action in February
 - Election strategies, what the CFMS can do
 - National physician licensure
 - Homeless strategy, Criminal justice reform, Pharmacare, Opioid Crisis are all task forces on this year!

Finance Report (In-Camera)

Motion to move in-camera with Dr. Ali Damji, Rosemary, and Stephanie.

Moved by: Odell Tan (Saskatchewan)

Seconded by: Victoria Januszkiewicz (Memorial)

Result: Motion Adopted

Motion to move out of camera.

Moved by: Odell Tan (Saskatchewan)

Seconded by: Jaymie (Manitoba)

Result: Motion Adopted

Board Q&A Session

- Sidin (Ottawa), question for Director of Education:
 - Two committees, research committee and education committee
 - Maylynn-Director Education
 - Research committee looking to create resource to allow students who haven't participated in research before to be able to do so; also looking to create policies regarding how we survey the CFMS membership
- Meera (Ottawa):
 - Last SGM we passed a position paper on suicide prevention; what is the status on that?
 - Victor-Director Student Affairs
 - Paper went to wellness roundtable; did environmental scan; discussed recommendations that could be brought back to their own schools; meeting with deans and discussing concerns we have related to that paper; ensuring students have access to appropriate resources and response when tragedy happens at every school; at part of elective support, all student affairs deans should recognize that students should have access to the same resources that a home student would
- Anamika (Western):
 - Global Health introduced liaisons to the standing committees; how useful was this addition?
 - Michelle-Director Global Health
 - We introduced the partnerships committee this past fall. There is one liaison who is associated with each standing committee
 - All standing committees can be found on IFMSA website
 - Right now CFMS GH facebook group has been a key platform for communications
 - Room for improvement; perhaps creating more structure in the upcoming months
- Lucas (Saskatchewan):
 - Within the last 6 months, there has been a new staff person to assist with Rosemary. How has that been going and what are some other changes that are on the horizon
 - Henry-Past President
 - This is something that has been in the works for a while. Stephanie Houver has been a great help. This has allowed the organization to grow.
 - Future hires: in our strategic plan, no plans in the immediate future
- Zach (UBC):
 - What is the experience of CFMS in our process to work towards planetary health and climate change, and how can schools get more involved on these fronts
 - Michelle-Director Global Health

- HEART-members attended Lancet climate change conference, working with physicians to increase curriculum material re: climate change
 - Advocating for more climate change in our curriculum
- Zach (UBC):
 - Could you share the current funds the CFMS has invested in our current portfolio? To make sure the CFMS is in line with these climate change goals?
- Taylor (Alberta):
 - What's the board's next steps to address the unmatched crisis?
 - Yipeng-Director Government Affairs
 - The CFMS is planning additional advocacy meetings on Apr 30. Similar messaging to what we provided to federal members last year around this time
 - Looking for advocacy and leadership on physician workforce planning and medical resident seats
 - Maylynn-Director Education
 - Working with other learner and medical organizations, e.g. AFMC and CARMS. With CaRMS we will assess how well new program descriptions work. Continuing to advocate for options for students at the medical school level. Will work closely with AFMC and diversification committee, particularly the entry routes committee. Shoutout to Nathan Rider (NO) and Rishi Sharma (Dyad) because this issue is massive for the education portfolio
 - Entry routes working group also is doing work to look at the balance between the previous rotating internship year and the many specialty entry routes that have been developed.
- Evan (Saskatchewan):
 - Website upgrades, what was the costs associated with that? What are some more plans moving forward?
 - Victoria Januszkiewicz-VP Communications
 - Met with committee. Website recently upgraded. Negotiated contract where specialist is hired for 20 h/month. Working with Adel to continually upgrade the website. E.g. making it easier to sign up for the communique
 - Adel Arezki-Communications Dyad
 - We didn't have a contractor to help us further develop website, now we have a computer engineer that we have hired. Right now we are working on improving the backside of the website
- Nashiwa (Toronto):
 - Many schools have some loose policies around increasing diversity of students entering medical schools. What work is being done with respect to increasing diversity in admissions.
 - Maylynn-Director Education

- One of the groups I work with is the Future of Admissions in Canada Think Tank. Its job is to look at improving admission process in Canada and this is one of the questions they are working to address.
 - Manitoba uses coefficients in their admissions process, group is considering adopting some of the coefficients they are using
 - Talked about some of the outreach processes at different schools
 - Eg. MCAT courses at low costs for local students
 - Moving to a national standard
- Terra (Alberta):
 - Student engagement at the CFMS. How can Medical Societies (specifically representatives, vp externals) increase engagement with their local learners
 - Victor-Director Student Affairs
 - Member engagement is always something that can be increased. May be worthwhile bringing up at reps roundtable for discussion of practices at different schools
 - One idea is to have regional directors meet with vp externals at their schools to meet with them
 - Another part is to find how schools communicate with each other and finding the most high yield way of disseminating opportunities within school
- James (McGill):
 - Will there be a NomCom report on the website?
 - Debbie-Ontario Regional Director
 - There is a report from the Fall Call, I would be happy to do that again if it is wanted
- Zander (Alberta):
 - Is CFMS working on any initiative to increase indigenous medical students and/or physicians?
 - Michelle-Director Global Health
 - FACT- one of the coefficients that they're talking about is increasing Indigenous students in medical school
 - Royal college inputting indigenous teachings in medical curricula

MD Financial Management (MDFM) Presentation

- Leanne Dueck from MDFM--introduction
- What is it people love about their jobs?: work/life balance, team work, etc. But the biggest reason is believing in "Why"
 - TedTalk on "the power of why" by Simon Sinek
- MDFM's "Why?" in the early career segment is that they believe in Canadian physicians living their best lives now and in the future.
- Offer Canadian financial/career advice. E.g.: Onboard MD held focus groups and interviews to ask what the life of a med student is like. Discovered a lot of pain, including

getting into med school is difficult. Onboard identified a data consolidation gap so they created “Browse” for students to compare institutions and programs.

- Presentation of the background of MDFM - started from a webapp where students could see all med school applications info in a user friendly and centralized way.
 - MD knows they are on the right path through feedback and media from students using the tool
- Similar tool was made to compare specialties for med students. “Specialty Navigator”. Demonstrated a walk through.
- Doing these in the financial sector too in partnership with Scotia. Found that resident line of credit was difficult for Canadian born IMGs coming back to Canada. Took away those policies. Also working on applying for resident line of credit online.
- Promotional video on “what” onboardMD does.
- What MD does can look like what other financial institutions do, but the “Why” is unique to MD - lots of training for advisors to know the struggles and path of medical students.

CFMS-MDFM Leadership & Travel Awards Presentation

- Most applications CFMS has ever had!
- Applications were based on all spheres of student engagement. Thanks to MD for their collaboration in making these awards possible.
- Candidates (see slides for bio)
 - MUN: Matthew Downer
 - Dal: Natasha Larivee
 - Sherbrooke Moncton: Mathieu Doiron
 - McGill: Julie De Meulemeester
 - Ottawa: Noah Lewis
 - UToronto: Tommy Hana
 - Queens: Akshay Rajaram
 - Western: Meera Shah
 - McMaster: Marc Levin
 - NOSM: Niharika Shahi
 - Manitoba: Achieng Tago
 - Saskatchewan: Jessica Froehlich
 - Calgary: Tina Guo
 - Alberta: Alex Wong
 - UBC: Philip Edgcumbe
- Travel award winners: CFMS and MD allocate funds to bring students to General Assemblies, in order to promote engagement. Each year about 8 awards are given.
 - Henry Li and Nicolas Gibson from Western region
 - Hilary Pang, Kimberly Wong, Sachin Pasricha from Ontario/Quebec region

- Aaron Rainnie from Atlantic region
- Helen Teklemariam and Jamie Gillies are the wildcard winners

Host School Welcome Address from McMaster

- Welcome from Dr Paul O'Bryne from the Faculty of Health Sciences at McMaster
- McMaster was established a bit differently than the other schools. PBL, 3 year school and patient orientation that was modeled by Sir William Osler. He spent more of his formative years 3-4km from McMaster. The founding fathers wanted to understand the social determinants of health, they wanted to ensure that these new physicians take a role in advocacy. A lot of you started to have an impact in your involvement at the CFMS.
- With the opportunity of change, there are great expectations
- AFMC is happy to work with the CFMS on developing initiatives to improve
- McMaster welcomes you here

Lunch

Introduction to CFMS Elections

- Henry introducing elections
 - Current past president, served as board chair among other roles
 - Changes/details about elections
 - If voting by proxy, should have emailed in advance
 - 3 changes: Each institutional member now gets 3 votes; election of president will be right now and portfolio/vice director tomorrow; regional directors will be elected during AGM
 - Deadline for presidential nominations: last night 6pm
 - Candidates for president have 5 minutes speech and 10 minutes for Q&A
 - VP/director candidates have a 3 minutes speech followed by 3 mins Q&A
- Rank all candidates from most to least preferred
 - Ballot has most worth when all are ranked
 - If a candidate receives more than 50% they are elected
 - If there is no majority, votes will be redistributed and re-voting happens

Regional Marketplace

Quebec Region:

- Unmatched students are a big issue. After first iteration, more students were left unmatched than the number of spots available.
 - Resistance at different level on this point. Work and advocacy needed for expanded clerkship curriculum

- Workload policy at mcgill very loose. Work needed on better work policy and better protection of students.
- Promoting rural family medicine.
- Trying to get more students to be family doctors vs. specialists. We don't need endocrinology to learn about diabetes.
- Recent motions at GA:
 - Services relating to admissions
 - Remuneration des medecins
 - Bill 20 and impact on healthcare
 - CUTE Campaign
 - Feedback on assessment methods in clerkship and entire curriculum.
- Illegal electives: How to protect students while decreasing the pressure to perform
- Electives cap: Some concerns about implementation challenges.
- AFMC Portal electives: Continue advocacy
- Issues with CARMS translating services.

Western Region:

- VP Academics last year had VP Academic go to Western Deans Conference (WDC), is that happening again this year in Edmonton
 - SIG funding was for convincing that this was worthwhile, not a permanent installment
 - Students will be integrated into the space as well
- Creation of Google Form to the other MedSoc about getting feedback about WDC.
- Western Teleconference; why were the CFMS Reps not included and why were the Presidents the only ones that were included
 - From feedback, it was too crowded in previous years
- Discrimination at schools and how we can address that.
 - Having faculty that is representative of the different groups
 - Creating groups that students can relate to and feel comfortable expressing concerns to
 - 360 review at USask, where every faculty is reviewed
 - A problem that we see in Manitoba unfortunately
 - Faculty had a ½ day forum last year about how indigenous medical students are being treated by both faculty and colleagues
 - An issue that deserves attention by all medical schools
- How are we keeping UGME deans accountable with our WDC asks?
 - Sent a letter to deans after WDC and emphasized our asks
 - Moving forward, capturing both audiences of deans in terms of asks
 - Could this WDC be a closed loop of the asks from last year?
 - Good idea!
- Issue seems that continuity of understanding
 - Strategic plan for our asks (3 year terms)
 - Wendy and Fatemeh trying to add to our roles as Western Reps

- A lot of the Western Deans was done with a sit down before the Western Deans' Meeting. Can we have more of that?
 - Potentially at AGM there could be a focused meeting beforehand to make sure the discussions about the Asks are covered ahead of time
 - Ideas could also be collected around the roundtables that happen before the general meetings
 - We can also have the Asks go to the UGME Deans beforehand, and get their feedback on it in advance of the WDM
- Is there another fun, social event weekend have that isn't ice bowl or WDC?
 - Retreats, maybe invite other schools to your school for events you hold?

Ontario Region:

- Opting in to student fees:
 - MacMaster - met with finance to get fees included under required - got 50% including IG fees but not committees and CFMS (partly because of social committee and CFMS fees). \$68 is opt out, of the entire \$150/year/person
 - Toronto - Ford govt introduced the student choice initiative, which means that all non-essential fees should be easily opt out. Has been consulted by provost. Is going to ask for all students in first year to pay up front to cover all yearly fees. Hoping this will entice students to opt in assuming that clerks will definitely opt out. Hoping to present during a time when students are still exciting.
 - Ottawa: few first year students will opt in to networking and socializing opportunities. Questioning the morality?
 - In Albert 97% of students pay the fees, only 3% opt out.
 - Note that changing fees still needs to be voted by referendum.
 - Also be creative about what is considered mandatory - Ford govt has many buckets of what it considered.
 - Note that current upper years would be grandfathered into the old system.
 - Western - is worried because most of the operating budget is given by deans office, medsoc doesn't charge any additional fees. But the deans "donation" will still be affected by opt out.
 - Queen's - pretty sure that it is an endowment so won't be affected. Whatever is used each year has to go back.
 - Ottawa - talking about increasing the fees for certain events that students go to (ie grad ball) as opposed to fees.
- How will the enforcement happen to keep students who are opting out from attending events from IGs or groups that are paid by the opt in system?
 - Ottawa - not really sure, but there is a professionalism issue where students sign up and then don't go to big events.
 - Queen's - not going to change anything for the IGs since it will be difficult to implement. But each class will get a class budget that is proportional to the number of people who opt in. That means that events personal to that class (ie

grad ball/clerkship parties) will be directly affected. Also make sure to phrase it in terms of the positives, don't use the phrases "opt out"

- Should get list of members names
 - MacMaster - trying to decide how to run two different budgets? Need to ensure that events are not being run using the opt in fees.
 - If there are administrative costs associated with an event it is covered
- Question: Have there ever been efforts for students to collaborate with OMSA and CFMS so they don't have to duplicate efforts?
 - Have had papers that are sent from one organization to the other.
 - Portfolios do try to keep in touch but there are some overlapping issues that it would be worth exploring how to better collaborate.
- Member engagement from different schools:
- NOSM is struggling with student engagement, main issues are geographic boundaries and how spread out the student leaders are, so it is a struggle to make personal connections. Another struggle is timing, events happen to fall on important NOSM times.
 - Other struggle is older class with more personal commitments.
 - Question: students at NOSM are pulling back as balance and wellness are emphasized more. Is this happening at other schools?
 - Don't really have any idea of how many students are involved in events and committees.
 - What is the measure of engagement? How to get more data from each school.
 - Can we get real time data on applications?
 - Are we reaching students, or are they choosing to go for other opportunities?
 - Western - trying to engage students who are afraid to do something, keep getting the same students to try out.
 - Trying to get students to events and promote a wide range of characteristics within
 - Queen's - problem with knowing what is happening when. Want an updated "intro" document with a list of all positions and key dates

Atlantic region:

- Dax (Atlantic RD):
 - Any topics we want to explore?
 - Previous meetings have brought HHR task force to fruition!
- Michael (Dalhousie): in terms of rural recruitment, what supports (admin and financial) exist in MUN and Moncton when doing your rural rotations?
 - MUN: this is provided by faculty, if you have to drive, you are reimbursed for gas and if you have to fly, it's reimbursed. This is for the obligatory rural rotation. Accommodation is organized for you and free.
 - Moncton: some money given for travel expenses, housing is also provided.

- Dalhousie: housing is not provided, no financial assistance. An old donation to the university is supposed to help clerks who have to go outside of Halifax. Rural rotations are not required, but the rotations work out so that some people end up outside of Halifax at several points throughout clerkship anyway. It is ultimately up to the town how students are placed, financed, and housed.
- DMNB: more provincial support for reimbursement. 50% of NB campus does all of their clerkship in a rural site. This is all paid for. People who remain in Saint John and travel receive some government funding to help ameliorate costs.
- Dax (Atlantic RD): let's continue chatting about rural practice. In Quebec, there are programs that allow students to complete rural rotations in different specialties and family medicine. This type of program is not available in NB for Moncton. Anything similar in NS, English NB, or NL?
 - Dalhousie: one of the biggest problems in NS is not having enough access to rural sites. 50% of DMNB is mandated to do clerkship in rural (not tertiary) sites, which are often more popular than the Saint John sites. Dal is trying to do this in NS. Students would definitely go rural if they had the option. In terms of rural recruitment and retention, there's effort in making residency rural. But not as much effort to make the jobs at the end of residency appealing to go rural. There should be more effort to increase exposure to rural areas, but the jobs at the end of residency need to be appealing too.
 - NB: echoing what others have previously said. Not a problem keeping people in Moncton to practice. More difficulty in recruiting people to go up north. There are some incentives for clerks who want to come back as residents. Again, there's a lot of hesitancy in getting people to go rural long term. Agreed that the focus should be on getting people to feel they want to stay somewhere long term after med school and residency is over. A good model is having teams of physicians (i.e. 3-4) working in one place so that it's more appealing to work rurally.
 - Dax: in NB, one of the realities is that there's very limited residency programs. There are 2 psych spots, plus family med spots. For any other specialty, that means spending 5+ years in another province which may lead people to not return to NB.
 - MUN: we've recently adopted a model for clustering doctors in small towns. A lot of rural doctors felt they were disconnected from the university but they wanted to contribute research. There are 6 hubs that act as rural/urban - example of the MUN 6 for 6 research programs, creation of more family medicine hubs across the island.
- Dax (Atlantic RD): was speaking to Ali about his work in an interprofessional team in Mississauga, including all social determinants of health being addressed in a team-based fashion. There seems to be a trend of grouping services together, and having family medicine teams in small towns. Another thing to note: the Atlantic provinces are a great place for pilot projects. Important to keep this in mind going forward through national meetings.

- NB: “build it and they will come” attitude might actually work to create a network of hubs that would be enticing for people to work and live.
- Any work on this team based approach happening in NS?
 - Dalhousie: not really. The government might say yes, but in reality it’s not actually happening.
 - At Lobby Day, they seemed receptive. But truthfully, unsure if it will move things along to team based approaches. Payment models are a big barrier to this kind of work.
- Dax(Atlantic RD) : how do you see telemedicine and AI taking over some of these problems?
 - Having a nurse or someone else in the room with the patient during Skype sessions might mitigate the emotional stress of bad news.
 - How can we feel comfortable assessing a patient over Skype?
 - Dal: lots of genetic research and medicine done in Halifax, but most of the genetic problems are outside of the main city. Challenging when people (docs) don’t understand telemedicine, but there’s lots of branches of medicine that this model works well for (i.e. genetics).
 - NB: one example comes to mind in a stroke setting. In acute settings in remote areas, might be helpful!

Royal College CBD Session

- Vivesh Patel (Queen’s) leads CFMS’ CBD (Competency by Design) efforts
- What is competence by design? Transition is happening over the next 10 years.
 - Overview - medical education in the past has been an apprenticeship model. The new notion of CBME is “outcomes-based approach to the design implementation, assessment, and evaluation...”
 - What are the competencies that someone needs at the end of residency?
 - And what’s the map to get there?
 - CBD is CBME (Competency Based Medical Education) for Royal College in Canada
 - CFPC uses “Triple C” (Comprehensive, Continuity, Centred)
 - Goal of CBD is to enhance patient care by improving learning assessment across the continuum
 - Improve patient care by creating physicians that are better able to serve the patient population/societal makeup that currently exists
 - How do we train people for the unexpected?
 - What abilities do physicians need to provide the most robust care?
- How does CBD benefit learners?
 - Easier moving between stages, focus on personal development, more frequent assessment and meaningful feedback
 - Helps empower residents - ‘hone in’ to what someone needs to move to independent practice

- Language of CBD
 - Technically not R1 vs R2 - but still used for payment
 - “Entry to Residency”; “Transition to Discipline”; “Transition to Practice”.. Etc
 - EPA (entrustable professional activity): “task delegated to a resident once sufficient competency has been established.”
 - Ex: “Assessing a common pediatric problem”
- Observe → Coach → Document
- Key elements of CBD
 - EPA, feedback about the resident
 - Decision is made based on these many factors to determine, is the resident progressing? These decisions are made by a “competency committee”
- Resident experience/ role
 - Sessions during the start of residency about what CBD means and the language around it (EPAs, coaching, feedback etc)
 - Think about feedback as critical for your growth
 - Be proactive and take advantage of learning opportunities
 - Provide feedback to faculty!
- Questions about CBD and the Royal College
 - Taylor (Alberta):
 - Following your analogy of coaching.. How are the “coaches” going to be “coached”? How are they going to be assessed?
 - There are a number of people who have actively dedicated their careers to studying the culture of medicine and how to transform it
 - Royal College has developed a number of workshops for faculty. Exciting things are coming with this in terms of how the education is rolled out
 - Co-learning between resident and staff
 - Asking the question: how do you build collaborative relationships between staff and residents?
 - WhatOn culture: that leads to another conversation about inclusion and equity
 - Student Member:
 - How do we know the learner is progressing? That the student is doing well?
 - Internist in Minnesota, data point development for CBME... He is able to assess someone’s trajectory after 4 months of data points and his study demonstrates that the longer it takes to intervene, the worse the trajectory for that resident.
 - CBE looks to provide specific targeting to change the trajectory... MCQ coach, clinical skills coach, interpersonal interviewing coach
 - Increase in touch points with the program director to get to see how you are doing
 - The balance of this not turning into a competition with your co-residents to see who is doing better

- You do see anonymous aggregate data so that you can see where you are on a range with your colleagues so that you can see the average
- Student Member (Calgary):
 - There seems to be an emphasis on outcomes and seems to nurse the old system. Can you speak to your program on how it's avoiding that?
 - The idea is not to move entirely away from aspects of global assessment. There are benefits to both. There are times where the minutia is necessary to get the whole picture. It's important to look at the student over time
 - Ensuring that we are looking at how we are evaluating the learner.
- Student Member (Toronto):
 - Are there moves about incorporation surgical disciplines into this? How will it happen?
 - Surgical foundations can be this curriculum. There is a recognition of skills that are essential for surgeons of every discipline. There will need to be a continued look at that.
- Student Member (Western):
 - What is the role of CBME in clerkship and preclerkship education
 - They don't fall under the jurisdiction of the Royal College
 - There are milestones in undergraduate education. Many schools are incorporating.
 - Things should become more seamless as more and more residents and
- Student Member (Queens):
 - Learner's receive more frequent feedback, are there challenges associated with this? Time restraints?
 - There are implications from the learner and staff perspective.
 - Example: 15 touch-points in a year.. Multiply that by 15 students and clearly the time demand is significant but not unreasonable. Anesthesia at one school had a very high amount of required feedback points and they had to decrease this number as it wasn't sustainable
- Student Member (Western):
 - Different at every school and every program. What is the change/delta?
 - Emerg and Surgery are set up for staff and residents working very closely, direct observation that lends itself to feedback/coaching
 - Medicine is more difficult. Most of the residents are seeing patients independently
 - Change/ Delta is more significant for non-procedural specialties because it will require more observation. Many procedural specialties feel that they are already doing this and just need to use the official forms.
- Student Member (Calgary)
 - As reps and members at our local schools, is there anything we can offer as students to help prepare ourselves and our colleagues?

- There is bound to be a transition period
 - With greater faculty development, there's more of a smoother transition
 - Growth Points - youtube videos
 - We could host a session for the 4th years going to residency and use the CBE learning materials from the Royal College to discuss with them the details of CBE
 - This is also helpful for their interviews so that they can show they understand CBE at their CaRMS interviews
 - Further it is important for medical students to be apart of the curriculum change to hear your feedback and your opinions. There needs to be the discussion, are we adding too much? Is this working?
 - Make sure expectations are clearly set for those entering into residency with CBE. Easy for things to get lost with such a different model of assessment.
- Student Member (Ottawa):
 - Will existing trainees finish training under the current system?
 - Current discussion: how long will trainees really train under this system?
 - Highly program specific
 - Student Member (Ottawa):
 - What do you do about programs that are not committed to CBD and try to push forward their residents to complete the program as fast as possible and use it as an approach to boost the program?
 - The program accreditation process is going to change
 - There are checks and balances in place to make sure people stay engaged to make sure faculty are on board
 - Constant faculty development to make sure that the faculty knows what they should be doing
 - There are representatives at some gathers of specialties that make sure program directors are constantly communicating
 - Student Member (Toronto):
 - Could you comment on how students are evaluated? What are the key indicators for success to make sure learners are benefitting from the program?
 - Program evaluation has been built into it. National program monitors things to ensure the goals are actually happening.
 - Look at the success of residents, remediation requirements, duration of program
 - Student Member (McGill):
 - With increased frequency for evaluation, there's greater stress for learners. Is there collection of learner wellness?
 - Program Director is very open to wanting to hear us - good resource to know what I'm supposed to be doing. Important to engage staff. Want to

ensure that evaluations are accurate. A harder evaluator might mean you know how to grow.

- There are also groups that emphasize resilience. There is also training about EMRs (Electronic Medical Records) that is a major source of stress. Working with residents to determine the topics of discussion
- Student Member:
 - Evaluators blinded to age, gender discipline. Given that in traditionally male fields, females are disadvantaged, are there ways in CBD moving forward on how to address these biases?
 - 5-10 years ago this is not something that we would be talking about
 - CBD is not there yet. As CBD gets greater hold in programs across the board, this is perhaps something that is more down the line.
 - Can do more in terms of addressing discrimination and more to come

The 2019-2020 CFMS Presidential Election Results

- CONGRATS TO ALL THE AMAZING APPLICANTS FOR PUTTING THEMSELVES OUT THERE!
- Our 2019-2020 CFMS President is Victor Do

Saturday, April 13, 2019

Welcome Back

- Dr. Damji says good morning and gives the floor to Stephanie Smith, current President of CFMS

President's Update

- Thank you to the Board and the CFMS staff
- Yesterday was her last day of medical school
- Wrote a letter to herself about why she wanted to do medicine at the start of medical school: Gratitude, Joy, Passion
- Was responsible for taking care of an entire ward on her 2nd last day of medical school.
- A 2nd year resident was responsible for 80 patients, and all new consults
 - Misinterpreted orders, leading to pulmonary edema and ICU admission
 - Liver abscess patient who had delayed care
- “Swiss Cheese Effect”
- Dreamed of medical school, passionate about it. But the environment is not necessarily conducive to good learning or to patient safety and high quality patient care that we aspired to provide
- One person not matching is one too many.
- We must advocate for safer patient care otherwise we'll see more burnout. This is not about resilience.'
- Andre Picard: “Suicide should not be an occupational hazard of being a physician”
 - Cut-throat attitude
 - Bullying
 - Stigma
 - Over-working
 - “We did it so you do it to”
- This speech is not meant to be all doom and gloom.. For those of you who haven't had this experience I hope you never have to. I want to make sure we can make it better for those who have experienced it
- Now to talk about joy and gratitude
 - We are grateful for the opportunity to help people through their toughest days
 - We must promote the positive to over-ride the negative
 - Let's commit to providing a positive environment that is free from shame and blame
- Think back to your significant times in your life - when you got into medical school. Your first clinical day. Your first patient. Let it guide your future practice.
- The joy I experience every time I work with a patient is something that always lifts me up

- The way I felt on my first day of medical school is something I am committed to feeling my entire life... I am also committed to making sure all of my colleagues can as well.
- Passionately serve your patients, provide gratitude daily.
- Shift surviving in this environment to thriving every day
- Let us make these changes for the future.

Introduction to CFMS Resolutions Sessions

- Give an overview of how resolutions period is going to work
- Robert's Rules of order are very typical of business meetings
- Always state name and school before voting
- Distribution: 3 votes for institutional members, 1 vote for campus members, and 1 vote for each board member. 56 votes total.
- Process:
 - Motion will first be read, mover will have two minutes to speak to the motion
 - Then speakers list will be opened, individuals can speak for or against the motion, raise a point of information, or propose an amendment
 - Please try and keep to the proper "for" and "against" mics
 - If you propose an amendment, the mover considers the amendment as either friendly or unfriendly. If the mover determines it's friendly, then no vote is required. Otherwise, a vote will be needed for this 'unfriendly' amendment.
 - Vote on amendment \neq vote on motion, if amendment motion fails, motion reverts to the original writing
 - When speakers list is exhausted, or if someone moves to call the question, we can then proceed to vote
 - The motion either passes or fails
- Voting is by placard unless someone submits a motion for a closed ballot vote
- Keep comments as concise as possible
- Keep placards up high during vote
- Nemine contraindicent: if there are no direct negatives to the motion, the motion will automatically pass (for efficiency)
- One speakers list = 5 speakers, 1 minute max for each speaker
- Amendment and postpone

Lunch

Resolutions Session I

MOTION to commence the CFMS SGM 2019 Resolutions Session.

Moved by: Hilary Pearson (University of British Columbia)

Seconded by: Odell Tan (University of Saskatchewan)

Motion CARRIED.

MOTION to adopt Nemine Contradicente Voting Rules for 2019 CFMS Spring General Meeting.

WHEREAS a large number of resolutions submitted is a sign of a healthy federation;

WHEREAS the length of the resolutions sessions generally cannot be extended to accommodate the number of motions received;

WHEREAS to bring all resolutions to the floor within the time constraint, debate must be efficient and focus on vote-determining issues rather than opinions and commentary;

WHEREAS nemine contradicente voting can help expedite the session by allowing noncontroversial motions to pass by consensus without a formal vote;

WHEREAS motions that have associated financial spending should be debated to ensure good use of the organization's finances;

WHEREAS the procedure for nemine contradicente voting is as follows:

1. Motion is read by the Chair.
2. Mover speaks in favour of the motion for a maximum of two (2) minutes.
3. The Chair asks for direct negatives from the floor.
 - If there is no direct negative, the motion is adopted and minuted as "Adopted nemine contradicente."

- If there is a direct negative: the Chair asks objector whether they would like to either: (a) proceed directly to a minuted vote or (b) to open a speaker list.
 - If (a) proceed directly to a minuted vote: the Chair calls the question.
 - If (b) open a speaker list: the Chair asks for maximum of five (5) speakers, who approach the microphone for a maximum of one (1) minute each.
 - After the first speaker list, the Chair asks to call the question.
 - The floor can request a second speaker list of five (5) speakers for one (1) minute each.
 - The floor may continue to request additional speaker lists with an additional five (5) speakers for one (1) minute each.
 - No individual speaker may speak more than twice, for a maximum total of two (2) minutes, on a single resolution;

BE IT RESOLVED THAT the Member Resolutions Sessions at the 2019 CFMS Spring General Meeting be conducted with nemine contradicente voting for all resolutions that do not have an associated financial cost.

Financial Cost: \$0

Level of Effort: None

Moved by: Odell Tan (University of Saskatchewan)

Seconded by: Debbie Brace (McMaster)

Motion CARRIED.

MOTION for adoption of the CFMS 2018 Annual General Meeting Minutes

WHEREAS the Canadian Federation of Medical Students (CFMS) is a registered not-for-profit with Corporations Canada;

WHEREAS the CFMS typically holds two general meetings of the membership each year, one in the spring – the Spring General Meeting (SGM) – and one in the fall – the Annual General Meeting (AGM);

WHEREAS minutes capture the general discussion and decisions at these meetings and are required to be filed as part of our annual external audit and report with Corporations Canada;

BE IT RESOLVED THAT the CFMS General Assembly adopt the minutes from the 2018 AGM as written in the attached document.

Financial Cost: \$0

Level of Effort: minimal, as part of routine filling in CFMS practice

Moved by: Odell Tan (University of Saskatchewan)

Seconded by: Victoria Januszkiewicz (Memorial University of Newfoundland)

Motion adopted nemine contradicente.

MOTION to Adopt a Position Paper “Pan-Canadian Medical Student Perspectives on Pharmacare in Canada.”

WHEREAS the current patchwork of prescription drug coverage is inequitable, uncoordinated across provinces/territories and certain patient population groups, increasingly unaffordable and fiscally unsustainable, and does not serve every Canadian.

WHEREAS the CFMS believes that all Canadians should have access to the medications they need, whenever they need them, no matter their income, occupation, province/territory of residence, or other sociodemographics.

WHEREAS as future healthcare professionals, medical students have an interest and obligation to advocate for the implementation of a universal, comprehensive, public, and national pharmacare program.

Be it resolved that the CFMS adopt the position paper "Pan-Canadian Medical Student Perspectives on Pharmacare in Canada" and, in doing so, continue to make public their opinion and their ongoing advocacy work on national Pharmacare, and defending the position when the opportunity arises.

Financial Cost: \$0

Source of funding/Line item: n/a

Level of Effort: 0h

Moved by: Hilary Pang (University of Toronto)

Seconded by: Bartosz Orzel (Dalhousie University)

- We are representing the task force, our vision i to continue the CFMS’ strategy for pharmacare in Canada. We brings forth comprehensive literature review on pharmacare. Surveyed over 800 Canadian medical students. Prepare for the upcoming elections.
- One of the highlight of our survey is that 96% of canadian medical students support pharmacare. We bring forward recommendations in our report. We welcome any comments and questions regarding our position paper.

Motion adopted nemine contradicente.

MOTION to adopt a Policy Statement “National Seniors Strategy Concerning Community Care and Medical Education”

Whereas the National Seniors’ Strategy is a report to support the aging Canadian population through four pillars that promote access to community care, long-term care, palliative care, and end of life services.

Whereas seniors populations should be able to access appropriate health care services within health care facilities.

Whereas advocacy should be encouraged for further caregiver support, community-based care, and creation of age-friendly spaces.

Whereas medical students should be offered adequate opportunity to learn and be assessed in managing crucial aspects of geriatric medicine, discharge planning, appropriate referral and follow-up

Be it resolved that the CFMS adopt the position paper "Policy Statement on the National Seniors Strategy Concerning Community Care and Medical Education" and in doing so, make public their opinion and defending the position when the opportunity arises.

Financial cost (estimate) \$0

Level of effort of volunteers/staff 0h

Moved by: Sachin Pasricha (Queen’s University)

Seconded by: David Wiercigloh (University of Toronto)

- Story about Mrs. D who came with cellulitis, treated with antibiotics. Apparently she was ready to leave the hospital. However, she had personal circumstances at home (occupational) that were contraindications for discharge. This policy advocates for elderly patients. There is a comprehensible strategy that is created, this statement just asks for it to be put into writing. Second we need more medical education around these topics. This paper gives background information to bring back to your faculties and advocate for changes of curriculum/advocacy

McGill direct Negative, opens speaker list

- McGill: Speaking against. We want to make clear that this is a great topic. The National DoA did a lot of research into it. There was already a CFMS report + statement about this. My question is what is the added value to this paper. The educational development piece was not well developed. Do you see these gaps? Do you see room for improvement?
 - Point of information
 - There is extensive work done on this already through the day of action; what makes this document different?
 - A: This is necessary for this to happen as a policy statement because it’s a flexible enough document for the VP Academics
- Alberta: Speaking against. In your paper you talked about adding more to our already burdened curriculums. I would suggest adapting curriculums instead of adding more to the students.

- Presenter: I agree.
- Chair: We can't change a paper on the floor.
- McGill: Speaking against. The recommendations are very granular. The paper don't show an understanding in what already exists in the faculties curriculum. I don't think that it's a strong document that we can bring back to our faculties.
- Seeing no other speakers proceed to a vote:
- Asking for extra time for deliberation
- Andy Zhang UofT: Amendment to change the BIRT clause to remove "position paper".
 - Friendly amendment.

Motion BIRT clause now reads: *Be it resolved that the CFMS adopt the policy statement "Policy Statement on the National Seniors Strategy Concerning Community Care and Medical Education" and in doing so, make public their opinion and defending the position when the opportunity arises.*

- Point of clarification: What does it mean to vote down a motion?
 - Chair: This means the motion may not come back for a full year.
- Point of clarification: How does tabling works?
 - We would need a motion to table. We usually define to "when" we table the motion.

MOTION to table the motion until AGM 2019.

Moved by: James Matina (McGill)

Seconded by: Alex Corrigan (Calgary)

- Devon (UBC): speaking against motion to table, unless McGill can speak to why. The statements against are that this is not a novel paper, please clarify how tabling will help.
- McGill: The only reason why we want to table is that the taskforce had the potential to bring something. By tabling we want to give them more time to refine their policy
- Andy (UofT): against tabling. As a policy statement it doesn't need to be as thorough as a positions paper, it just states out position on a topic. As a position paper this is enough.
- Avri Lynn (Queens): speaking against the motion to table. Just because the national day of action, our delegation does not believe this invalidates what this paper hopes to accomplish. We believe that having a paper published on our website helps keep this live on.
- Nathan (NOE): This was developed by task force composed of various schools--for everyone to consider that point

Motion REJECTED.

- Chair: we are now considering the original motion.

Motion CARRIED.

MOTION to adopt a Position Paper "Medical Education Coverage of Homelessness Within Canadian Curricula"

Whereas homelessness affects over 235,000 Canadians per year, with 35,000 individuals experiencing homelessness per night as estimated by the 2016 Homelessness in Canada report.

Whereas we, as future practitioners, will likely interact with and care for people with lived homeless experience.

Whereas populations with homelessness often have complex presentations, with multiple medical comorbidities, social and economic disparities, and face active stigma and marginalization from the healthcare system.

Whereas medical students see opportunity to increase the variety within existing medical curricula, including working with those with lived homelessness experience, to gain a better understanding of their role as healthcare providers and the interplay with community care resources.

Whereas medical students across Canada have initiated local advocacy efforts to improve healthcare in homeless populations.

BIRT the CFMS pass the position paper “ Medical Education Coverage of Homelessness Within Canadian Curricula” and in doing so, make public their opinion defend the position if and when the opportunity arises.

Financial cost (estimate): \$0

Source of funding/Line item: N/A

Level of effort of volunteers/staff: 0h

Moved by: Caroline Leps (University of Manitoba)

Seconded by: Jamie Gilles-Podgorecki (University of Manitoba)

- This position paper started at the SGM last year. This has been a 30 person task force from multiple schools. We did literature review and student survey. The literature review found how there is no consensus on how to integrate homelessness into medical curricula. There is limited amount of training The student survey found that more than 60% of the students found that the curriculum could be improved; and aspects of homelessness can be incorporated further in the curriculum
- Chair: Is there any direct negatives?

Motion adopted nemine contradicente.

MOTION to adopt a Position Paper “Support for Medical Students Experiencing Student Mistreatment”

Whereas quantitative and qualitative data shows learner mistreatment in medical training exists at significant levels in many forms

Whereas recurrent mistreatment is associated with negative consequences on many aspects of medical students' lives it has been proven to lead to an increased risk of burnout.

Whereas the Canadian Federation of Medical Students (CFMS) was designed to advocate on behalf of medical students across Canada on ongoing issues, advocacy on medical student mistreatment should be included.

Be it resolved that the CFMS adopt the position paper titled Support for Medical Students Experiencing Student Mistreatment

Be it further resolved that the mistreatment group continue to carry out the work and advocacy efforts of the above mentioned position paper.

Financial Cost: There is no associated financial cost to the adoption of the position paper regarding student mistreatment and the recommendations that the paper endorses.

Source of Funding: Because there is no associated financial cost no source of funding is required.

Level of Effort of Volunteers/Staff: The level of effort on the behalf of the CFMS and its representatives will involve future advocacy efforts to support the recommendations as advised in the position paper.

Moved by: Helena Paddle (Memorial University of Newfoundland)

Seconded by: Victor Do (University of Alberta)

- Helena: Co-leads of Student mistreatment file.
- Goal of file was to brainstorm advocacy efforts.
- We conducted a literature review and found that there's not a lot of literature. One thing we found is that mistreatment spans all years of medical school.
- Medical student mistreatment have been shown to have negative effects on wellness. This paper is meant for CFMS advocacy directions.
- Chair: Any direct negatives?

Motion adopted nemine contradicente.

MOTION to adopt a Position Paper "Workload Policies across Canadian Medical Schools"

Whereas existing workload policies are often unclear, not comprehensive and too permissive,

Whereas there is a lack of clear workload policies to protect students and to ensure they have appropriate personal time, while completing their academic requirements,

Whereas the existing culture in medicine is often not conducive to respecting existing workload policies for medical trainees and physicians,

Whereas even with appropriate policies for medical trainees and physicians, students may face difficulty related to their implementation and interpretation with clinical preceptors and administrators,

Whereas student representatives have no pan-Canadian information on workload policies across medical schools to advocate for positive change in their institution's policies.

Be it resolved that the CFMS support the position paper on "Workload Policy across Canadian Medical Schools".

Moved by: Kimberly Wong, (McGill University)

Seconded by: Leanne Ronciere, (McGill University)

- Kimberly: There has been an amendment:
- Motion now reads:

Whereas existing workload policies are often unclear, not comprehensive and too permissive,

Whereas there is a lack of clear workload policies to protect students and to ensure they have appropriate personal time, while completing their academic requirements,

Whereas existing policies for medical trainees and physicians are not universally respected,

Whereas even with appropriate policies for medical trainees and physicians, students may face difficulty related to their implementation and interpretation with clinical preceptors and administrators,

Whereas student representatives have no pan-Canadian information on workload policies across medical schools to advocate for positive change in their institution's policies.

Be it resolved that the CFMS support the position paper on "Workload Policy across Canadian Medical Schools".

○

- This paper came about when students were complaining of the working conditions in clerkship. We found that it is something that we found everywhere across Canada. This position paper is meant to be a tool for medsoc to advocate at their schools.
- Leanne: We tried to go broad
- Alex: You can notice that all authors are from McGill. However, I want to specify that it was made in consultation with members of the WRT, PRT, ART.
- Chair: Any direct negatives?
- Tara from Manitoba: point of information - in reading through it found that the spirit wasn't clear in terms of per-clerkship and clerkship. This does vary across school, but we left that this paper targeted clerkship and we felt that could have been clearer.
- Kim: I agree with you, the spirit of the paper is to address those hours restrictions in clerkship. However, they included all academic activities and this therefore covers abuse in preclerkship - there's vocabulary used to include pre clerkship activities.
- Nathan UofC: looking at the guidelines in terms of hours and was wondering how that was selected? Especially as some schools have gone with a more aggressive reduction already.

- Léanne: Best current practices that were found at the moment were the US residents, which is 80 hours a week. Did discuss a different limit, but decided not to as it wouldn't be evidence-based.
- Kim: Wanted to make sure we were at least following Canadian minimum standards.

Motion CARRIED.

MOTION to adopt a Position Paper “Undergraduate Medical Student Transfer on Compassionate Grounds”

1. Whereas not all medical schools in Canada have policies that consider students, under extenuating circumstances, to transfer into their programs on compassionate grounds.

2. Be it resolved that the CFMS encourage the VP academics at each school that does not consider students from other medical schools for transfer (Northern Ontario School of Medicine, Queen's University, University of Toronto, McMaster University, McGill University, University of Sherbrooke, Dalhousie University).

to advocate for such a policy

Moved by: Yipeng Ge (Ottawa)

Seconded by: Frank Battaglia (Ottawa)

- The idea behind the motion is that there are policies to allow students to transfer across medical schools for extenuating circumstances. There's schools in Canada that would accept you to join in clerkship. There's a few schools with these policies. We would want to give tools for the medsocs of the schools without these policies in order to advocate for the implementation of such policy.
- Chair: Any Direct Negatives?
- Zachary from NOSM
- Josee (NOSM): Point of information - in the paper no numbers were reference surrounding the need for such policies. Can you please explain the rationale as to why this was brought forward?
 - Gali: This data would be hard to get. I don't think that this would be used by many people. I don't think that medical schools should be concerned that everyone will start transferring. I think it will be in rare occurrences.
- Zach NOSM: speaking against. We believe that the integrated nature of our school is to treat rural and francophone populations. We feel that calling for transfers who may not be able to meet these requirements is not in line with our school philosophy.
- Rami (McGill University) Are they truly accessible so that students can actually transfer? Is there any data collected regarding the number of transfers nationwide.
 - Gali: Have not done that work.
- Frank: speaking in favour - The spirit of this paper is for the very rare, exceptional situation, and we should not create barriers for students in these situation.
- Sachin: speaking in favour - in residency programs something like this already exists when residents transfer between programs and they're previous work counts. It is odd then that medical

schools should not be transferable. There is also a move amongst schools to make curriculums more homogenous, so while this position paper is beneficial for students, it will also be helpful for the transferability of knowledge. It is also beneficial for students themselves.

- Ottawa: I want to speak in favour. *I didnt hear??
- Devon UBC: move to open another speakers list.
- Devon UBC: concerned that this paper doesn't outline enough what the positions should be, and exactly what each VP Academic know exactly what they are asking for.

MOTION to table the motion until AGM 2019.

Moved by: Devon Mitchell (UBC)

Seconded by: Zach (UBC)

- Jason (Toronto): In favour. I think that this motion should be tabled. Due to the variability in standards and assessments between curriculums and curriculums themselves, I believe that the motion should be table such that these logistical issues can be clarified.
- Chair: Motion is to table this until AGM; opening a speakers list.
- Devon (UBC): the concerns we have is that we'd like to see a specific set of goals for this like one similar to UBC.
- Gabrielle (UOttawa): in support of this paper: *didn't hear the rest????
- Tabitha (Calgary): Support: Agree with the general feel of this paper but want to see more work and development, and maybe asking the school's why they don't have a policy for compassionate grounds transfer
- Devon (UBC): UBC supports, the reason we oppose to table it that it needs more development as to what we want from our schools.
- Julie (NOSM): Support: spirit of paper is good, but we know we will get pushback from our school on this. We are in an unique situation. We would be willing to work more with the movers on this.
- Gali: Thanks everyone. Clarification, I recognize that schools have their own circumstances.
- Chair: We are going to proceed to the vote to table the motion to AGM 2019.

Motion CARRIED.

MOTION to adopt a Position Paper "Criminal Justice Reform"

Whereas Canada's current policy of criminalizing substance use disorders has a disproportionate impact on marginalized populations;

Whereas having a criminal record has lasting, significant impacts on health and socioeconomic status;

Whereas harm reduction and rehabilitation should be central pillars of Canada's justice system;

Whereas medical students should advocate for the equitable treatment of all individuals, especially for populations who are discriminated against due to a health condition;

Be it resolved that the CFMS adopt the position paper "Criminal Justice Reform" and in doing so make public their opinion and defending the position when the opportunity arises.

Financial cost (estimate): 0

Source of funding/Line item: N/A

Level of effort of volunteers/staff: 0

Moved by: Felipe Fajardo (McMaster University)

Seconded by: Sophie Ngana (McMaster)

- Task Force on Criminal Justice Reform created with 3 objectives: focusing on aspect related to persons who use substances, create a paper that policy makers can identify with and keep medical students informed
- Focused on pre-incarceration, during incarceration and post-incarceration, looking at racial differences. Statistics shows that there's clear racial differences.
- Criminal record has significant lasting impacts
- Criminal justice reform is needed so that is what the task force has been created to do
- ___(UBC): speaking against the motion, the paper is too granular and doesn't touch on the systematic issues regarding criminal reform.
- Response: Agree that criminal justice reform requires institutional shift. The way we approached it is that the only way to achieve definitive change.
- Devon (UBC)- point of information: Was there any consideration that this should be broken into 3 position papers?
- Response: We didn't want to be too specific, we wanted to keep it broad. We thought it would be important to have foundational perspectives. It would be nice to follow up with more specific papers perhaps
- Taylor (UofA): speaking for the motion. Paper can be used as a tool for those trying to change criminal justice reform and can be used as an advocacy tool.
- James (McGill): did anything come out of the resolutions marketplace? That you hope to discuss or bring forward?
- Response: From feedback at resolutions marketplace, we found that most of the feedback received was on the scope of the project, but the scope was intentional because we wanted to include content both for people who didn't have foundational knowledge as well as more specific points for those looking for what's to take action
- Amy (Manitoba): can we change the title and make it more specific? Can the title better reflect the goal and objective of the paper.
- Response: We are open to amending the paper to be more specific
- Opening a speakers list:
- Daniel (USask): Can you provide reasoning behind organization of criteria?
- Response: will it impact and navigate the issue for people with criminal record.
- Celine (Ottawa): Point 2 shows that _____. For that recommendation or any person that now has possession of drugs.
- Response: that wouldn't be for any specific sub populations.

- Leanne (McGill) - can we submit a motion to amend, with the be it further resolved clause changed?
- Chair: You would need to submit an amendment for the title to be changed
- Leanne (McGill): Be it resolved it that the CFMS adopt the position paper “Criminal Justice Reform” and in doing so make public their opinion and defending the position when opportunity arises. BIFRT the title of the position paper be changed to “Criminal Justice Reform for People who use substances”.
 - Friendly
- Meha (Ottawa): Speaking against. Because of second recommendation which recommends decriminalizing all drugs for personal use. I am not convinced by the data that’s presented.
- Naomi, McMaster: Can title be changed to “Criminal Justice Reform related to Substance Use”
 - Amendment is friendly
- Response to Ottawa’s Against: I just want to clarify that ?

MOTION to table this motion until AGM 2019.

Moved by: Exan Mah (USask)

Seconded by: Jaymie (UManitoba)

- Avri Lynn (Queen’s): Can Sask explain why they want to table this?
- Manitoba: Flow to the paper is problematic; not quite cohesive, reformat the paper
- Evan (USask): We echo those sentiments and what it to be at its best
- Response: Yipeng - CJR TF created from amendment for motion on cannabis paper last year. There are similarities between the way the cannabis paper is structured and the way this paper is structured
- Response: In terms of structure, we found it difficult to make it more simple. We thought the structure would help individuals be able to read it better.? We think it’s better to approve now than later because of 1) Political reasons, election coming up 2) Students can use this position paper to show what the CFMS has to offer
- Avri Lynn: Against for tabling. Election is coming up Fall 2018, and can be used as an advocacy effort.

Motion REJECTED.

- Chair: we will now vote on the motion.

Motion now reads:

Be it resolved that the CFMS adopt the position paper "Criminal Justice Reform" and in doing so make public their opinion and defending the position when the opportunity arises.

BIFRT the title of the position paper be changed to “Criminal Justice Reform Related to Substance use”

Motion CARRIED.

MOTION to adopt a Position Paper “Return of Service Agreements”

Whereas the existence of Return of Service contracts have been shown to be ineffective in retention rates of physicians practicing in rural communities.

Whereas Return of Service Contracts have been increasingly tied to Canadian Medical Graduate (CMG) residency positions, taking advantage of the vulnerability of CMGs who are concerned with matching to residency.

Whereas the existence of Return of Service contracts inappropriately restrict CMGs and their freedom of movement within Canada.

Whereas under the current climate of increased advocacy efforts by CFMS and its representatives to increase residency spots for unmatched CMGs across Canada, effort must be placed on adopting a unified stance on Return of Service Contracts.

Be it resolved that the CFMS adopt the position paper titled “Concerns about Return of Service Contracts from Medical Learners”.

Financial Cost: There is no associated financial cost to the adoption of this position paper regarding Return of Service Contracts and the recommendations that the paper endorses.

Source of Funding: No source of funding is required as there is no associated financial cost.

Level of Effort of Volunteer/Staff: The level of effort on behalf of the CFMS and its representatives will involve future advocacy efforts to support the recommendations as advised in the position paper.

Moved by: John Liu (UBC)

Seconded by: Devon Mitchell (UBC)

- ROS are signed by med students who are entering residency and are then required to work in rural/underserved areas for a certain amount of time
- More and more are tied to CMG, traditionally IMG
- This year for the first time where dermatology service at UBC was tied to ROS and there's seems to be a trend in ROS for CMGs.
- Increase in trends of ROS tied to CMG spots, we want to prevent this from continuing to happen, students serve out of fear and without intent of continuing to practice in that area
- There is a limitation of persona freedom of medical students in terms of ROS
- Paints rural medicine in a negative light when it is challenging and rewarding

Opening of speakers list

- Jose (NOSM): Against. ROS is not an effective long term solution, but is the best option compared to revolving door of locums or no service at all. Worry about stating all ROS should not be okay for CMGs. ROS is not for everyone but blanket advocacy statement could severely affect some communities. Fear that it could have ramifications for underserved communities.
- Jamie (Manitoba): Point of clarification. Is your priority concern that they are unfair to medical students or if ROS are ineffective.

- Response: Both are concerns, they are ineffective and take advantage of medical students. Don't have a number one priority
- Jaymie (Manitoba): Against this paper. Recommendations against ROS are broad, and by passing this will leave communities abandoned.
- Ziyu (McGill): Against. In paper, mentioned good reasons such as lack of continuity of care and revolving door of physician. These reasons can be before ROS as a band aid solution. Better to have physicians on ROS than no physicians in some communities. CFMS can still be for ROS as well as things like satellite campuses. Mentioned term "vulnerable medical students". Must remember that physicians in rural areas are compensated well. For all of these reasons we should oppose the motion.
- Queens: Point of Information. CFMS represents CMGs. This has been affecting IMGs for many years. Do we not care about them?
- Response: We don't advocate for residency spots for IMGs, our concern is CMGs, I don't know why would advocate for no ROS for IMGs. Thank you for your comments. We advocating for a push against a new initiative. This is brand new thing implemented this year, CFMS has unique opportunity to get ahead of an issue that could be detrimental for medical students. In 5 years this could become an epidemic. Our intention is for CFMS to take a position early
- Response: clarify that what we're advocating for is that we don't want this to be pushed into having do ROS. Take a position on this early so that we have something to advocate with.
- McMaster: The paper does not describe alternatives. Could be worked on
- Manitoba: For the motion. My worry is that medical students realize there is a disconnect in what we are doing to fixed unmatched CMG issue. I worry about new positions because there is already a disconnect between learners and PGME
- Matt (McMaster):: Locums. We don't want to create a revolving door but there already is one of locums. It is described as a band-aid solution in the paper but that can be okay until you find a better solution=
- Alex (UoC): In support. I fear that these ROS contracts contribute too much of the stigmatization of family medicine. I think that it leads to non-productive conversations (about obliging dermatologists to work in rural area per example). I think that by avoiding ROS contracts, we can lower the stigmatization of rural practice.
- Silvio (Western): Against. CFMS has position on ROS, stand against it, not sure what this would add.
- John (UBC)- Addressing speakers list: there is a position paper that was made in 2003 with the same stance; we want to update the paper since the climate surrounding uCMG has changed.
- Andy (Toronto): Agree with spirit. There issues with ROS. Ontario is moving to that as solution in rural medicine which is an issue. Suggest tabling the motion to flesh out alternatives.

MOTION to table the motion until AGM 2019.

Moved by: John Liu (UBC)

Seconded by: Victoria (MUN)

- Devon (UBC): speaking against, unsure of the value of tabling. 6 months is not enough to resolve the issue of rural service anyway. Government sees this as a solution to put physicians wherever

they want them. CFMS needs to come forth and say ROS is not a solution in order to prevent the dangerous precedent.

- Alisha?? (Queens): Against to table. Tried to be put it in the paper, issues are regionally specific.
- Austin (Ottawa): speaking for tabling. This motion was submitted last minute. There are technical errors such as a sentence that ends halfway. There is also factual errors, for example 33 seats vs 53 seats being taken - 53 seats were offered and 33 were taken.
 - John (UBC): clarification - there was a newer paper version uploaded
- John (UBC) We are preventing a new temporary solution
- Victoria (MUN): speaking in favour of tabling. Important to get cross-canada opinions. ROS can be good for students who want to go to small communities and have a guarantee of employment. Important to incorporate national perspective into this paper
- Jamie (Manitoba): Concern about epidemic, but there are schools that have abandoned ROS for other solutions

Motion CARRIED.

MOTION to adopt a Position Paper “AFMC Portal”

Whereas, Canadian medical students must go through the Association of Faculties of Medicine of Canada (AFMC) Student Portal to book electives at other schools.

Whereas, over the past few years, students have expressed dissatisfaction with the AFMC Student Portal.

Whereas, current issues with the AFMC Student Portal include but are not limited to the high cost of applying for electives; the inconsistency of application costs across schools; the inconsistency of refund policies should an elective not be available; the variable requirements set by each school; the turnover time for responses to students; and the unethical use of alternative (“backdoor”) pathways outside the Student Portal to book electives.

Whereas, a fair, homogenized, and inclusive process to book electives is essential to make clerkship opportunities, and, by extension, CaRMS processes, equitable across Canada.

Whereas, the CFMS, from its privileged position as a national organization, must lead change on the issues their members deem to be of high priority and provide them with timely updates on these changes.

Whereas, this has been a continual topic of discussion at multiples roundtables, including Presidents’ and VP Academics’, who have identified this as an issue of high priority.

Whereas, the AFMC Student Portal Steering Committee only has one student representative and meets only twice each year; once at the Canadian Conference on Medical Education (April) and once in October.

Be it resolved, that the Director of Education of the CFMS be mandated to create a working group on the AFMC Student Portal (hereinafter, “The Working Group”) composed of VP Academics, Presidents, and other relevant parties.

Be it further resolved, that The Working Group be mandated to: identify any other student concerns regarding the AFMC Student Portal; collect sufficient student feedback on its current shortcomings; engage in consultative processes with other relevant stakeholders; propose remediating steps, a timeline of action and deliverables, and a list of relevant stakeholders who will be necessary for a coordinated resolution of these issues such that these actions would address the AFMC Student Portal shortcomings in a timely fashion.

Be it further resolved, that The Working Group provide a report of its findings and tangible advocacy recommendations before or during AGM 2019. Be it further resolved, that the CFMS, and particularly the Director of Education and Education Attaché, advocate to the AFMC and all other institutions deemed relevant by the CFMS Board for timely implementation of changes based on The Working Group’s report.

Be it further resolved, that the CFMS, and particularly the Director of Education and Education Attaché, ensure improved accountability from the AFMC Student Portal Steering Committee as well as increased transparency and communication of the tangible changes being made.

Financial cost (estimate): 0

Source of funding/Line item: N/A

Level of effort of volunteers/staff: moderate ??

Moved by: Léanne Roncière (McGill)

Seconded by: Eleanor Crawford (University of Alberta)

- Came out of PRT
- We had discussions about the electives portal.
- The structure of PRT is not best to build mandates so we’re coming to GM to get a task force on this.
- Consulted education portfolio and PRT.
- Give MedSocs around the country more power to advocate for the students
- Nathan Rider (Calgary): I have doubts about the feasibility and the timeline of this.
- Response: this is an info gathering situation; get the correct stakeholders together to get information on this see can be done.

Motion CARRIED.

Unmatched Canadian Medical Graduates (uCMGs): An Overview

- Presentation on the CaRMS data by Andy Zeng (UofT)
- Division of specialties into “clusters”

- Clusters A-C
- Cluster A specialties allow for most parallel planning
- Cluster B and C provide gradually less parallel planning to students
- Recommendations
 - For the government to increase residency spots for students across the board
 - Implications for career advising for students at respective schools
 - Most ideal for students to maximize chances at the first round--second round matching is less ideal across the board with less spots and more competing

Announcement of the 2019-2020 CFMS VPs and Portfolio Directors Elections Results

- Vice-President of Finance: Anson Lee
- Vice-President of Communications: Adel Arezki
- Director of Education: Rishi Sharma
- Director of Government Affairs: Helen Teklemariam
- Director of Global Health: no nominees
- Director of Student Affairs: Sarah Zahabi

Wrap-Up and Overflow

MOTION to Close the meeting

Moved by: Victor Do

Seconded by: Debbie Brace

Motion CARRIED.