



# **MSS Winter General Assembly 2019 Agenda**

*Adopted by the General Assembly, March 19th, 2019.*

**Registration**

**Food Service**

**An Introduction to Robert's Rules**

**Introduction of the General Assembly Staff**

**ORDER OF BUSINESS**

**(1) Call to Order and Standing Rules**

**(2) Land Acknowledgement**

**(3) Approval of the Speaker**

**(4) Approval of the Minutes**

**(5) Adoption of the Agenda**

**(6) Old Business**

- a) Report of the Vice-President Finance, including a presentation of the budget and audited financial statement

**(7) New Business**

- a) Motion to Inaugurate the Social Committee of the MSS
- b) Consultation: Bringing Artworks Into 2nd & 3rd Floor McIntyre
- c) Referendum Question: Thomson House Fee
- d) Referendum Question: MSS Student Affairs Fund
- e) Motion to Inaugurate the CFMS' HEART Curricular Competencies into McGill University's Medical Curriculum
- f) Motion to Adopt the Guide to Equitable Events
- g) Motion to Mandate the MSS to Start an Open Call for Applications to Repurpose Room 104 of the Meredith Annex
- h) Motion to Support National Medical Licensure for all Canadian Doctors

**(8) Question Period**

**(9) Reports**

- a) Report of the Executive Council

**(10) Adjournment**



# Referendum Question: Thomson House Fee

*Adopted by the General Assembly, March 19<sup>th</sup>, 2019.*

**Whereas**, medical students have historically been considered “associate members” (not full members) within the PGSS and currently pay a Thomson House Membership fee of \$27.00 biannually (Fall and Winter Semesters). This is identical to what members of the McGill Law Students' Association pay.

**Whereas**, some of the advantages of being associate members include access to Thomson House (graduate students lounge, including the restaurant and café/bar), boardroom bookings, access to activities for members such as theme parties, outings like snowshoeing, skiing, trip to Ottawa, Québec Carnaval, leisure courses like French conversation, yoga, etc. for MSS members.

**Whereas**, MSS Clubs and Standing Committees often currently book rooms at Thomson House for activities and events.

**Whereas**, if this agreement is not renewed, medical students will be considered undergraduate students that do not have the aforementioned advantages.

**Whereas**, if this agreement is not renewed, clubs and standing committees of the MSS which currently book rooms for activities and events will have to pay if they want to access these rooms.

**Whereas**, if this agreement is not renewed, MSS members will not be able to access the Thompson House restaurant and café.



**Be it resolved**, question will be asked in a **referendum** - **Do you agree** with the renewal of the non-opt-outable Thomson House Membership fee of \$27.00 per term (Fall and Winter Semesters only) for all undergraduate medical students in order to maintain access to the Thomson House and other advantages for MSS members, with the understanding that a YES vote would lead to the renewal of the fee from the Fall 2019 semester to the Winter 2023 semester, at which time another renewal referendum will be conducted?

**Moved by:** Léanne Roncière, *MSS President*, M2

**Seconded by:** Victor Kang, *MSS VP Finance*, M1

*Duly amended, March 19th, 2019.*

*Duly adopted, March 19th, 2019.*



# Referendum Question: MSS Student Affairs Fund

*Adopted by the General Assembly, March 19<sup>th</sup>, 2019.*

**Whereas**, prior to 2013, the MSS had a fund called the “IT Fund”, which all undergraduate medical students contributed \$10 per semester to.

**Whereas**, the MSS Student Affairs Fund is an endowment\* trust fund that was established in October 2013 with the IT Fund in order to provide the MSS with a source of sustainable income. The fund was to be spent on various portfolios such as conference funding, clubs, medical education and wellness initiatives.

**Whereas**, until Fall 2018, MSS members contributed \$4 for the Fall and Winter semesters to this trust fund, under the name “Med Soc Computer Levy Fund”. The fee has not been collected since Fall 2018.

**Whereas**, the name “Med Soc Computer Levy Fund” is now obsolete, as the funds are not used for the IT Fund like they were prior to 2013.

**Whereas**, the MSS Student Affairs Endowment Fund, as of December 31<sup>st</sup>, 2018, held \$152,233.52.

**Whereas**, the MSS’ 2018-2019 income from the interest of this endowment is \$4,912.38 and the annual income is expected to remain close to this amount if the fund is not increased.

**Whereas**, the Canadian inflation rate fluctuated between 1.7% and 3% in 2018.



**Do you agree with** the creation of the “MSS Student Affairs Fee”, with the understanding that a vote for YES will result in the adoption of a non-opt-outable \$4 fee per semester to all undergraduate medical students? That fee will be applicable starting Fall 2019 up to and including Winter 2023, at which time a renewal referendum will be conducted.

\*Definition of endowment, as per [www.investopedia.com](http://www.investopedia.com): An endowment fund is an investment fund established by a foundation that makes consistent withdrawals from invested capital.

**Moved by:** Léanne Roncière, *MSS President*, M2

**Seconded by:** Victor Kang, *MSS VP Finance*, M1

*Duly adopted, March 19th, 2019.*



Appendix A: Description of the *MSS Student Affairs Fee* (English)

The MSS Student Affairs Fee is charged to all undergraduate medical students. This fee goes to the MSS Student Affairs Fund, an endowment trust fund which was re-established in 2019 in order to provide the Medical Students' Society (MSS) with a source of sustainable income.

The yearly income from the MSS Student Affairs Endowment Fund may be spent on whichever initiative the MSS executive thinks will contribute best to student affairs. This includes, but is not limited to, portfolios such as conference funding, clubs, medical education and wellness initiatives.

The fee is in place until Winter 2023, at which time a student referendum conducted by the Medical Students' Society (MSS) could be held to continue the fee.

Appendix B: Description of the *MSS Student Affairs Fee* (French)

Le *MSS Student Affairs Fee* est facturé à toutes les étudiantes et tous les étudiants en médecine de premier cycle. Ces frais sont versés au *MSS Student Affairs Fund*, un fonds de dotation qui a été ré-établi en 2019 afin de fournir au *Medical Students' Society* (MSS) une source de revenus durable.

Le revenu annuel du fonds de dotation *MSS Student Affairs Fund* peut être affecté à n'importe quelle initiative qui contribuera le mieux aux affaires étudiantes. Sa dépense est à la discrétion des membres exécutifs du MSS. Ceci inclut notamment (mais non exclusivement) le financement de conférences, les clubs, d'initiatives d'éducation médicale et de bien-être.

Les frais sont en vigueur jusqu'à l'hiver 2023, date à laquelle un référendum étudiant organisé par le MSS pourra être organisé pour maintenir les frais.



## **Motion to Inaugurate the CFMS' HEART Curricular Competencies into McGill University's Medical Curriculum**

*Adopted by the General Assembly, March 19<sup>th</sup>, 2019.*

*Le français suit*

**WHEREAS**, it has been recognised by many health authorities, such as the World Health Organization (WHO)<sup>1</sup> and the Lancet<sup>2</sup>, that the voice of the health profession is a critical driving force in achieving progress in global climate and environmental change;

**WHEREAS**, the Canadian Medical Association (CMA) has taken a clear position on the role of climate and environmental changes on human health by releasing a policy on the matter<sup>3</sup>, based on which over 20 motions related to the environment and health have also been passed;

**WHEREAS**, in their role of public health advocates, physicians bear the social responsibility of fully comprehending the resulting impacts of climate and environmental changes on their patients;

**WHEREAS**, medical students constitute the future body of health practitioners who will be on the front lines coping with the health consequences of climate and environmental changes;

**WHEREAS**, the integration of climate and environmental changes into medical education should be seen as an opportunity to form future doctors endowed with the skills and insight necessary for optimal provision of care to individuals and populations in a climatically changing world<sup>4</sup>;

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<sup>1</sup> Chan M. Message from WHO Director-General. World Health Day. 2008 Apr 7. Accessed at:

[http://www.who.int/world-health-day/dg\\_message/en/](http://www.who.int/world-health-day/dg_message/en/)

<sup>2</sup> Watts N et al. The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health. The Lancet. 2018, 391(10120):581-630.

<sup>3</sup> CMA. Climate Change and Human Health. Canadian Medical Association Policy. 2010. Accessed at:

<http://policybase.cma.ca/dbtw-wpd/Policypdf/PD10-07.pdf>

<sup>4</sup> Maxwell J, Blashki G. Teaching About Climate Change in Medical Education: An Opportunity. Journal of Public Health Research. 2016 April 26; 5(1): 673. Accessed at

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4856872/>



**WHEREAS**, the Canadian Federation of Medical Students (CFMS) has created the Health and Environmental Adaptive Responsive Task Force (HEART) to respond to the need of Canadian medical education to take into account the effects climate and environmental changes on human health;

**WHEREAS**, a comprehensive review of the Social Accountability, Primary Health and Health Advocacy (SAPHHA, previously known as PHCPH) component of the medical curriculum has revealed a complete lack of content on climate change and how it relates to health;

**BE IT RESOLVED, THAT** the MSS advocate that the SAPHHA committee integrate the HEART curricular competencies into the medical curriculum.

**Moved by:** Julie De Meulemeester, *VP Global Health Sr. & SAPHHA Student Representative*, M2

**Seconded by:** Jessica Benady-Chorney, *McGill HEART Representative*, M2

*Duly adopted, March 19th, 2019.*



**Motion en faveur de l'intégration des compétences curriculaires HEART du FEMC au curriculum médical de l'Université McGill**

**CONSIDÉRANT** que nombre d'autorités en santé, tels l'Organisation mondiale de la santé (OMS)<sup>5</sup> et le Lancet<sup>6</sup>, reconnaissent que les professionnels de la santé constituent un élément essentiel aux progrès effectués en matière de changements climatiques et environnementaux ;

**CONSIDÉRANT** que l'Association médicale canadienne (AMC) a clairement identifié les changements climatiques et environnementaux comme des facteurs ayant un impact sur la santé humaine, entre autres en publiant une politique en la matière en 2010<sup>7</sup> sur laquelle s'est basée la mise en oeuvre de plus de 20 motions ;

**CONSIDÉRANT** que les médecins portent le rôle inhérent de promoteurs de la santé publique, il est de la responsabilité sociale de la profession médicale que soit assurée leur pleine compréhension des impacts des changements climatiques et environnementaux sur la santé de leurs patients ;

**CONSIDÉRANT** que les étudiants en médecine constituent le futur du corps professionnel qui sera à l'avant-plan de la gestion des conséquences qu'auront les changements climatiques et environnementaux sur la santé des populations et des individus ;

**CONSIDÉRANT** que l'intégration des changements climatiques et environnementaux dans l'éducation médicale devrait incarner une opportunité de former de futurs médecins dotés des outils nécessaires afin de dispenser des soins aux individus et aux populations dans un contexte de mutabilité mondiale<sup>8</sup> ;

**CONSIDÉRANT** que la Fédération des étudiants et des étudiantes en médecine du Canada (FEMC) a créé un groupe de travail, le *Health and Environmental Adaptive Responsive Task Force* (HEART), afin de répondre à un besoin qui se fait sentir de prendre en considération les changements climatiques et environnementaux dans l'éducation médicale canadienne ;

<sup>5</sup> Chan M. Message du Directeur général de l'OMS. 2008 Avril 7. Accédé : [https://www.who.int/world-health-day/dg\\_message/fr/](https://www.who.int/world-health-day/dg_message/fr/)

<sup>6</sup> Watts N et al. The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health. The Lancet. 2018, 391(10120):581-630.

<sup>7</sup> CMA. Climate Change and Human Health. Canadian Medical Association Policy. 2010. Accédé : <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD10-07.pdf>

<sup>8</sup> Maxwell J, Blashki G. Teaching About Climate Change in Medical Education: An Opportunity. Journal of Public Health Research. 2016 April 26; 5(1):673. Accédé : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4856872/>



**CONSIDÉRANT** qu'un examen exhaustif du volet portant sur la responsabilité sociale, la santé primaire et la défense de la santé (SAPHHA, anciennement PHPHP) du curriculum médical de McGill a révélé un manque total de contenu sur les changements climatiques et leurs liens avec la santé humaine ;

**IL EST RÉSOLU QUE** la MSS appuie l'intégration des compétences curriculaires HEART au curriculum par le comité SAPHHA.

**Proposé par** : Julie De Meulemeester, *VP santé globale sr. & représentante étudiante sur le comité SAPHHA*, M2

**Secondé par** : Jessica Benady-Chorney, *représentante McGill sur le groupe de travail HEART*, M2

*Adopté le 19 mars 2019.*



# Motion to Adopt the Guide to Equitable Events

*Adopted by the General Assembly on March 19th, 2019.*

**Whereas**, the MSS, as stated by its Equity Policy, is committed to creating an inclusive and equitable environment, including inclusive and accessible activities and events<sup>9</sup>;

**Whereas**, no policy exists to provide guidelines on how to host equitable, accessible, and inclusive events;

**Whereas**, student associations should be engaging in efforts to create a safe and inclusive environment for its students;

**Whereas**, students that are part of a marginalized group are more at risk of suffering from discrimination in social events<sup>10</sup>;

**Whereas**, other university associations have made efforts to promote inclusivity by reporting on the current situation regarding inclusivity and by establishing guidelines<sup>11 12 13</sup>;

**Whereas**, the MSS and its groups host many events throughout the year;

**Be it resolved**, that the MSS and its groups adopt the Guide to Equitable Events and the Equitable Events Form and add it as Appendix I to the existing Equity Policy;

**Be it further resolved that** for the academic year of 2019-2020, the Guide will be implemented as a pilot, with no formal consequences;

**Be it further resolved**, that from Fall 2020 onwards, that if an event does not respect the Guide to Equitable Events, the Equity Committee, in partnership with the MSS, will investigate equity complaints and determine further consequences according to Appendix I.

**Moved by:** Safina Adatia, *Equity Commissioner*, M2

**Seconded by:** Noemie La Haye-Caty, *Equity Commissioner*, M4

*Duly amended March 19th, 2019.*

*Duly adopted March 19th, 2019.*

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<sup>9</sup> <http://www.mcgillmed.com/wp-content/uploads/2017/09/MSS%20Equity%20Policy.pdf>

<sup>10</sup> <https://www.safeatschool.ca/professional-learning/youth-empowerment/many-voices-of-youth/barriers-to-youth-empowerment/experiences-of-marginalization>

<sup>11</sup> <https://pgss.mcgill.ca/document/view/2521/Equity%20Checklist%20for%20Events.pdf>

<sup>12</sup> <https://www.queensu.ca/accessibility/sites/webpublish.queensu.ca.qahwww/files/files/howto/events/Accessible%20Events%20and%20Meetings%20Checklist.pdf>

<sup>13</sup> "Accessibility checklist" - <https://accessibility.mcmaster.ca/topic/resources/>



## Appendix I - Guide to Equitable Events

This policy applies to any event hosted by an MSS member, that (1) has, at minimum, 15 people *intended* on attending or signing up; (2), is open (e.g. open to the class, all MSS members, members of the public); and (3) advertised (Murmur, Facebook, MSS website, email, etc). If your event meets all criteria, you must submit the checklist to [equity.mss@gmail.com](mailto:equity.mss@gmail.com) at least 2 days before your event.

### **Mandatory:**

#### *Attendance*

The Equity Committee believes first come first serve is an inaccessible method of recruitment for events, due to the fact that people have external obligations and may not be able to access the internet via their phones or computers at the time the sign up is posted. We therefore mandate that:

- Activities or events that reach capacity must hold a lottery for limited spots.
- Suggestions:
  - Waitlist orders can be created by the original lottery (e.g. an order list is created in one lottery round), or by random selection based on the remaining people who did not receive a spot.
  - For events that are known to fill up and sell out quickly (e.g. Internos), you may opt to have a *reasonable* (min. 4 hrs) window for sign up and perform the lottery after the window has passed. If an event is not full after the sign-up window, additional spots can be allotted on a first-come first-serve basis.
  - Deadlines can also be applied to payment. However, you must provide at least 48 hours for money transfer before potential attendees lose their spot to the next person on the waitlist.

#### *Access*

The Equity Committee believes MSS events should be easily accessible to everyone and should be non-discriminatory for all marginalized groups. We therefore mandate that you or your club/committee:

- Ensure that the event space is accessible to everyone, including those using wheelchairs.
- Ensure that the facility is accessible by public transportation.
- Ensure that there is enough seating for people who may need to sit throughout the event.
- Ensure gender-neutral bathrooms are available at the event. If not, provide directions to gender neutral bathrooms.



- Include a space in the sign up form (confidential, i.e. not on any public google forms or documents) titled “accessibility needs” for those wishing to report access needs (i.e. translator, hearing restrictions, etc.) and try to ensure those needs are accommodated.

### *Cost*

The Equity Committee believes that the cost of an event should not prohibit any student from enjoying social activities with their classmates. We therefore mandate that:

- Small events, for instance, end of block events, should not cost more than \$20, especially since larger events such as Internos cost significantly more and may place a burden on students. The low cost of smaller events helps to balance the larger events and encourages participation from a greater number of people.

### *Food, Drinks and General Safety*

The Equity Committee believes that food and drink restrictions and preferences should be accommodated at the MSS events. We therefore mandate that:

- Dietary preferences are incorporated into meals that are provided to attendees.
- A member of the group hosting must ensure food is distributed *equally* (i.e. 2 slices of pizza per person, 2 samosas per person) especially in cases where there are food limits (i.e. only 100 samosas, and 50 attendees) until everyone in attendance has received food. This applies to the first 15 mins of the event.
- Ensure that there are non-alcoholic options available if your event is serving alcohol.
- Events should not offer special prices for drinks according to gender.

### *Advertising*

The Equity Committee believes that all students should have access to events regardless of whether they use social media or not. We therefore mandate that:

- Events should not solely be advertised on one social media platform (e.g. Facebook). Be sure to advertise your event on multiple platforms such as email listservs, the Murmur, the McGill Med website, school announcements, etc.
- Ensure there are multiple ways guests can contact you if they have questions about the event or would like to make accommodation requests (e.g. Facebook + email, or phone + email).



**Recommended:**

1. Consider religious holidays in the planning of your event.
2. Consider potential hearing, language and reading challenges.
3. Consider offering child care services.
4. Be clear on whether your event is offering a full meal or snacks.
5. Consider reminding participants to follow a scent-free policy, and that strong smelling perfumes or lotions can be a barrier to access for some.
6. If an attendee is going to be late to an event and notifies an organizing member, the organizing members may keep some food on reserve as some circumstances are beyond the control of attendees.
7. When you invite multiple speakers to your event, try to think about diversity and gender equality.
8. Notify the audience if there are any sensitive topics being presented at your event via, for instance, trigger warnings.
9. When you have a theme for an event, avoid themes that could be perceived as cultural appropriation. For example, try to avoid themes in which people could wear offensive costumes or “dress up” as a culture or identity that is not their own.
10. If your event includes discussion amongst peers (club meetings, committee meetings, etc.), share an agenda before so people can incorporate topics they want to discuss beforehand. Encourage the opinion of those who are sharing less and those who are under-represented.

**Consequences:**

The Equity Committee is not here to punish you, in fact it is the opposite: we want to help you and your club/committee think about issues related to equity on a regular basis and are here to support you. The goal of this policy is not to stop events from happening, but to allow more people to attend MSS events. That being said, we do feel that it is important that there are some consequences for individuals or groups who do not make any effort to follow the policy.

Therefore, we will be implementing a stepwise friendly warning system that will be enforced starting Fall 2020. Applying equity policies are not meant to be easy, they can be tough, however they aim to create environments where people from marginalized groups feel more comfortable, and **this** is the priority.

*Stepwise friendly warning system*

Each year will be divided into two consecutive periods, each lasting 6 months (Jan-June and July-Dec). The accumulated number of warnings will be reset to zero (0) at the end of each period.

- **What constitutes a warning:** No form submitted or lack of sufficient explanation as to why your event can not fulfill the criteria.



- **Consequences:**
  - **First warning:** event organizer(s) will receive a message from the Equity Committee notifying them that a warning has been documented.
  - **Second warning:** event organizer(s) will be invited to a meeting with the Equity Committee to discuss reasons for failing to submit the Equitable Events Form or to discuss why no explanation was provided as to why the event did not fulfil the requirements and to find try to find solutions.
  - **Third warning:** event organizer(s) will receive an email from the Equity Committee notifying them of a 6-month suspension from organizing a subsequent event\*.

#### *Fall 2019 - Fall 2020*

- The first year of the implementation of the policy will be a pilot, where any and all MSS members who host events must abide by the policy, follow the rules, and submit the event form. However, we understand that change can be difficult, and a transition period can help alleviate some of the stress associated with the policy. Therefore, no formal consequences will be implemented, though, we will give out warnings.
- **What constitutes a warning:** No form submitted or lack of sufficient explanation as to why your event can not fulfil the criteria.

#### *Fall 2020*

- Again, the purpose of this policy is not to punish but to encourage all MSS members to think about creating accessible events. Therefore, we will implement a stepwise system of 3 friendly warnings in the event that MSS members or groups do not abide by the policy.

*We want to emphasize that the Equity Committee will support implementation of this policy to the best of its abilities. We are here to support you! If, at any point, individuals/groups experience difficulty meeting the requirements, the Equity Committee is open to re-evaluating the requirements and/or working with event organizers to assess the availability of additional supports.*

\* As defined in *Appendix I - Guide to Equitable Events*.



## **Motion to Mandate the MSS to Start an Open Call for Applications to Repurpose Room 104 of the Lady Meredith Annex**

*Adopted by the General Assembly, March 19<sup>th</sup>, 2019.*

**Whereas**, the Meredith Annex was last renovated in the summer of 2016;

**Whereas**, room 104 of the Meredith Annex was repurposed as a wellness room for students to rest or relax;

**Whereas**, groups of students have approached the MSS executive this year with ideas to revamp or repurpose the room;

**Whereas**, the Meredith Annex is the MSS members' space and rooms should be accessible to all members;

**Be it resolved, that** the MSS hold an open call for applications to revamp room 104 of the Meredith Annex;

**Be it further resolved, that** suggested projects may not bar MSS members from accessing the room;

**Be it further resolved, that** students suggesting projects during the open call for applications have a plan for implementation by September 2019;

**Be it further resolved, that** the projects then be submitted to a democratic vote whose timeline would coincide with the MSS Spring Elections;

**Be it further resolved, that** the winning project submit an application to the MSS Advancement Projects (MAP) grant and be granted up to the entirety of the budget to revamp or repurpose room 104 of the Meredith Annex.

**Moved by:** Laurel Walfish, *MSS Student Space Officer, M2*

**Seconded by:** Léanne Roncière, *MSS President, M2*

*Duly adopted March 19th, 2019.*



# Motion to Support National Medical Licensure for all Canadian Doctors

*Adopted by the General Assembly, March 19th, 2019.*

**Whereas**, all 13 provinces and territories in Canada have separate medical licensing requirements and fees;

**Whereas**, separate medical licensing requirements and fees in each jurisdiction limit physicians from providing services in multiple jurisdictions without going through a separate licensure process for each province or territory;

**Whereas**, this also makes it difficult and onerous for physicians, particularly in underserved, rural and remote parts of the country, to find doctors to fill in for them temporarily (commonly known as locum work);

**Whereas**, the ability to access timely clinical coverage support for respite and assistance is crucial to the recruitment, retention, and well-being of physicians working in underserved, rural and remote regions;

**Whereas**, patients across all regions of Canada have a right to high-quality care;

**Whereas**, the separate medical licensing requirements act as a barrier to access for patients, disproportionately so for those in underserved, rural and remote areas;

**Whereas**, a single Canadian licence would better ensure standardization, allow for greater physician mobility across the country, and improve response to patient-care needs in various geographical regions;

**Whereas**, other comparable countries, like Australia, have adopted a single national licence that permits greater physician mobility and improve accessibility for patients;

**Whereas**, the *Canadian Medical Association*, *Resident Doctors of Canada* and the *Canadian Federation of Medical Students* support some form of Canadian licensure such as a portable locum licence<sup>14</sup>;

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<sup>14</sup> <https://residentdoctors.ca/wp-content/uploads/2018/10/Infosheet-Portablelocumlicensureinitiative-EN-R2.pdf>



**Be it resolved**, that the MSS support a Canadian medical license for all Canadian doctors;

**Be it further resolved**, that the Government Affairs & Advocacy Committee of the MSS be mandated to advocate for this position at related provincial and national discussions.

**Moved** by Matin Kerachian (M1)

**Seconded** by Anson Lee (M1)

*Duly amended March 19th, 2019.*

*Duly adopted March 19th 2019.*



## **Appendix I**

A portable locum license would facilitate the ability to provide care for a specified, limited period of time and would be portable and applicable across provinces and territories. This may enhance flexibility in physicians' ability to practice between regions, thereby helping to deliver timely locum coverage in underserved regions. A portable license may involve a central repository to house physicians' documents and credentials, thereby reducing redundancies in the application process and helping various provincial / territorial medical regulatory authorities to identify professionalism concerns that may have occurred in another region. A portable locum license system in Canada would not be entirely unprecedented; Australia developed a system of fully portable national licensure from the previously independent state licensure processes. As a nation with similar disparities in access to care in rural compared to urban regions, it is encouraging to observe successful implementation of a Canadian portable locum licensure.