

CFMS Annual General Meeting

September 23-25th, 2016

Edmonton, Alberta – Sutton Place Hotel

Friday, September 23rd, 2016

AGM 2016 Introductions by Dr Carl White Ulysse, AGM 2016 Chair

- Who we are at the CFMS
- Agenda and meeting documents available at www.cfms.org
- CFMS Elections – Saturday September 24th, 2016
 - Nominations close 12 noon today (Friday, September 23rd)
- Member's Resolutions Session
 - Deadline 12 noon today (Friday, September 23rd)
- Review of CFMS AGM 2016 Agenda
 - Social events
 - Wellness activities
 - Review of social media sharing options, with #AGM2016
 - Social media challenge, raffle for photos with CFMS scarf

President's Report by Dr Anthea Lafreniere, CFMS President 2015-16

- Vision as a framework for all meetings: Tomorrow's physicians leading or health today, review of core values, organizational guiding principles
- The Year That Was (2015-2016), defining issues:
 - The Residency Match: focus on the unmatched CMG, advocacy for a transparent matching process for all members, role in enhancing and ensuring the rights of our members
 - Education: advocacy for the continuation of the bidirectional CACMS-LCME accreditation, accreditation student workload, ongoing collaboration with AFMC electives and portal teams and subcommittees, with common immunization form as a major success
 - CMA Engagement: Anthea as a member of CMA board, CMA ambassador program enhancement, great engagement of learners and early career physicians at the CMA general council this year
 - Relationships with FMEQ: critical relationships with our colleagues, joint executive meeting at SGM, continued collaboration on special projects
 - Relationship with RDoC: current presidents are past CFMS executives, involving students in their work, collaboration on many fronts
 - Relationship with MDMF: wonderful partnerships including leadership and travel awards, continued support of students
 - Wellness: National Wellness Survey data collected, presented at CCME and at ICPH and manuscript out soon, issue of wellness and resiliency has gained great traction (recent Maclean's article)

- Professionalism: challenging interactions on social media, medical students being publicly mistreated, especially with very public TPSA debate in Ontario
- The Year Ahead (2016-2017)
 - Advocacy Strategy: ensuring a cohesive strategy between portfolios, including Lobby Day as a platform for pushing our advocacy portfolios
 - CMA Ambassador program: ensuring meaningful involvement from the student ambassadors
 - CFMS Strategic Plan: final assessment and evaluation to complete for SGM/AGM 2017, begin to prepare for Strategic Plan 2017-2020
- Anthea can be contacted after the meeting at pastpresident@cfms.org

Greetings from AFMC by Dr. Geneviève Moineau, AFMC CEO and Executive Director

- Introduction by Dr. Carl White Ulysse
- AFMC Board: 17 Deans of medicine, Dr. Jesse Kancir (as a learner representative)
- AFMC is here to support learners, in addition to the Faculties of Medicine
- Future MD Canada tool
 - Supports learners as they think to apply to medical school or residency (for students both in Canada and abroad)
- Future of Medical Education in Canada (FMEC) - MD
 - Developed the “entrustable professional activities”, a set of competencies expected of an MD graduate
 - Recommendation X: Promote leadership among learners
 - CanMEDS 2015 brought in word “Leader” instead of “Manager”
 - Leadership curriculum to be included as an accreditation standard
 - Focus on the hidden curriculum
 - CFMS Wellness Survey results are concerning, lots of work to be done
- AFMC Student Portal
 - Work on common immunization form nearly complete
 - Now 12 schools on board, more to come (UBC, Montreal, Sherbrooke)
- Graduation questionnaire
- Co-chair PRPTF (Physician Resource Planning Task Force) with federal and provincial governments
- Best wishes to Franco and the new executive team!
- Stay in touch via Twitter (@gmoineau)

Questions:

- Tavis Apramian, Western: What are your thoughts on the major changes for CBME, IPA, transition to residency? What do you think are some of the risks of these?
 - A: Risk for learners is negative, i.e. can only be a good thing. CBME ensures that students can be observed and supported more in their education so their preceptors can better testify to competency being there. CanMEDS focus is on residency training, but the thought was

there to incorporate milestones for different levels of training in medical school too. This was not favored since all the schools structure their curriculum differently. Overall, the goal is to ensure that all students finish medical school with the same end point competencies. The risk of CBME for schools is that it requires more resources, closer follow-up and more thorough evaluation of learners. Ultimately, we will get through these technical difficulties and medical education will be the better for it.

- Ali Damji, Toronto: Glad you mentioned wellness in your presentation, OMSA does much work in this space as well. It is nice to see wellness is now a more broad issue and conversation. A recent article in Maclean's mentioned the advent of mandatory wellness and resiliency curriculum. Frankly, I was disappointed to see that AFMC did not find this type of curriculum necessary. We have seen from the Wellness Survey that these are real issues nationwide. I wish to get some clarification on the AFMC's position on this.
 - A: The Maclean's interview was not totally accurate. The reporter from that article wished to have a statement from me on what every school should do. What I did say to the reporter was that we believe wellness is a huge issue. Resiliency is certainly worth discussing, but I cannot be prescriptive as to whether every residency program should have a mandatory course entitled 'resiliency'. There are certainly some excellent things being done at various schools on this front. The other piece that is key is the learning environment. It is necessary that every person in contact with a learner understand the impact of their actions and words on the learning environment. This can be done through the CMA, where we can get help find and enact those solutions.
- Franco Rizzuti, Calgary: What are the AFMC's thoughts on tackling diversity in medicine?
 - A: I am fully supportive of having a very diverse student population, which means diverse physician population. Admissions is the most important part of our impact on the future of medicine. No doubt that having a diverse set of future MD's is an important way of addressing some of our national health issues. Diversity includes ethnic, gender, geographic, SES considerations for us. We would love to spend some time with the CFMS to elaborate this and this is a conversation we would like to continue.

MD Financial Management Brand Awareness by Alison Forestell

- MDMF: wholly owned subsidiary of the CMA, with mandate to support physicians to achieve their financial well-being
- Please engage with me, on twitter, by email if you ever have any questions, please engage with us at our booth later for a chance to win an apple watch
- Partnership Highlights:

- Launch of student financial resources section on cfms.org
- MDFM Student Leadership Awards Celebratory reception (at SGM)
- MD provides travel award funding so students can attend SGM, AGM, Lobby Day
- MD-CFMS collaboration on The Wellness Challenge #KeepsMeWell
- Resources, tools for medical students
 - Your Early Career Advisor (locally at schools)
 - Medical School Cost Calculator (online)
 - Rent or Buy Calculator (online)
- MD and the environment
 - Offices are now carbon-neutral, CMA building will soon be as well
 - New Fossil Fuel Free Fund options
- An Imagine Canada Caring Company
 - MDMF donates at least one percent of domestic pre-tax profits to support domestic charities and non-profit groups
 - We want to know about your charitable giving views! Stop by the CMA-MD booth today to submit your email to be included in our next survey. You will automatically be entered to win an Apple Watch. Contest is exclusive to CFMS AGM attendees.

Welcome Speech by Dr. Richard Fedorak, Dean of Medicine and Dentistry, University of Alberta

- Introduction by Dr Carl White Ulysse
- Thank you to the sponsors and partners
- How medicine has evolved! All 17 Deans meet regularly, speak about students incessantly
- Flexner Report: one of the most important medical education writings in North America
- University of Alberta Faculty of Medicine and Dentistry,
 - Established in 1913. Originally a 2-year program
 - In 1925, hosted 11 students, gold medallist of the class was Leona MacGregor, who became a pathologist at Harvard
 - Early 1920s, James Collip helped synthesize insulin for the first time. First islet cell transplant in 1989 at U of A. Late 1980s, discovery of Hepatitis C and development of a vaccine which is undergoing clinical testing, nominated for Nobel Prize.
 - Now: 57 residency programs, 5700 funded research projects, 15 000 alumni, 997 residents. Faculty includes 5 programs :MD (700 students), dental program, dental hygiene, medical science lab, radiation therapy program.
- We are the future leaders of health care and research. Acquiring knowledge and skills to make our paths in the medical milestones. Dare to go further, don't let the thirst ever run out. This is the single best profession EVER.

Small Working Group Introduction by Han Yan, Western Regional Representative

- Small Working Groups

Budget Presentation by Franco Rizzuti, VP Finance and President-elect

- Motion to move in camera
 - Mover Nebras Warsi (VP Medical Education), seconder Emily Hodgson (Quebec Regional Representative)
 - Role call by Carl White Ulysse. All schools present, except Moncton.
- Motion 1 (moved by Franco Rizutti, seconded by Anthea Lafreniere)
 - Motion carries unanimously
- Motion 2 (moved by Franco Rizutti, seconded by Anthea Lafreniere)
 - Motion carries unanimously
- Motion 3 (moved by Franco Rizutti, seconded by Anthea Lafreniere)
 - Motion carries unanimously
- Motion 4 (moved by Franco Rizutti, seconded by Anthea Lafreniere)
 - Amendment to add GAAC rep as member of fund decision committee
 - Amendment motion passes
 - Motion passes unanimously
- Motion to move out of camera
 - Anthea Lafreniere (President), seconder Tavis Apramian (Western)

OMSA Presentation by Ali Damji, OMSA Chair

- OMSA events
 - Wellness retreat: in March, medical students attend and heavily subsidized by OMSA, full weekend to learn about self-care and resiliency.
 - Leadership Summit: combined with Provincial Lobby Day to learn about leadership and the ask
 - New Lobby Day organization this past year: students asked to rate the issues most relevant to them and their peers. Medical Society presidents voted on the final ask.
 - Scrub In: publication with student research, written pieces
 - OMSA Medical Student of the Month
 - OMSA website: hoping to tweek it soon
 - Education portfolio, new x 1 year, great projects launching
 - 5000\$ x 8 medical student research summer grants
 - participate in education-oriented research
 - Innovator grants and conference grants
 - Univore, a recipe app developed by Universty of Toronto
 - Self-funded Lobby Day: used to be run in partnership with the OMA, who covered logistics. OMSA took over logistics of the event and ran a very successful Lobby Day. Next one planned for April 2017.
 - OMA Ambassador Program

- Health Quality Transformation: biggest QI conferences in the province, groups from across the country and world to discuss health care quality. Two pre-clerkship student per school are paired with a mentor for duration of conference.
- OMSA Incoming Student Handbook: for all first years to introduce them to medical students and the province of Ontario
- Guide to job prospects for Ontario medical students: based on FMEQ and CFMS guides and Match Books.
- Physician Services Agreement – vote put out to entire OMA membership, affecting funding of service for the next 4 years. Looked at both legal analyses, decided to support the PSA. This agreement did NOT pass and we are still ensuring that students are represented in the discussion. OMSA secured assistance from the OMA and are now invited to be on the Policy Committees.
- Call for OMSA Committees – closes tonight at 11:59

Questions:

- Jessica Harris, Saskatchewan: Why is health and human resources information not disseminated to students outside of Ontario?
 - A: Primarily financially driven. This is confirmation that there are no more planned reductions in residency positions in 2017. Initial cuts were in a black box, not much calculation done, 25 positions cut.
- Ryan Giroux, Toronto: Coalition of Ontario
 - A: Lines of communication open, but lapses in professionalism and public insults on social media led to decrease in effectiveness of communication. Frustrating interactions, profession needs to come together and more respectful discussions need to happen.
- Han Yan, Western: What can the CFMS Regional Reps do to broaden the scope nation-wide?
 - A: Expand touch points to expand services and opportunities. The value of the Ontario Regional Reps is to bring back the initiatives from other provinces to OMSA and to Ontario.

CaRMS Presentation by Mr John Gallinger, CaRMS CEO

- Introduction by Dr Carl White Ulysse
- Member-based organization, with 3 appointed members on the Board for conversations and meetings.
- CaRMS mission: Fairness, Objectivity, Reliability, Transparency in the Match
- The Match sends a learner along their career paths. The process is accompanied by much anxiety. Part of CaRMS' role is to reduce that anxiety by providing information to help student's decision-making.
- Update:
 - Match Results = Match Policy (Faculties, provincial ministries of health, AFMC) + Match Process (CaRMS only)

- In 2015, in Windsor, I promised a few things: client experience, reliability, quality, partnership in the process.
 - Voice of Client Program
 - Client satisfaction 97%, system reliability 99.9%
 - Added lines of communication: to stay in tune with deadlines, so there are no surprises.
- Continuous quality improvement initiatives, heavily technology-enabled organization, moving to online documents only.
- Stakeholder relations: new era of collaboration, nothing to be gained, but we have an interest in creating an easier process.
 - Learners meeting
 - Members meeting (CMA, Royal College, CFPC, AFMC)
 - Application review committee
 - School visits
- R1 Match Trend Data
 - Several years of comparative data
 - Match statistics, discipline choices, supply and demand
 - Concrete multi-year information to inform decision-making
 - Applicants apply to an average of 17 programs
 - New interactive data tool
 - Helps students understand the quota trends and quota fill year to year, interactive data tool for Student Affairs at our schools
 - Can sort by school and discipline, shows trends in quota numbers applicant interest in that discipline
 - Unmatched statistics
 - 48 unmatched CMG after second round in 2016, increasing since 2013
 - For 2013, 83% matched later after second round. In 2015, 56% matched after second round.
 - The CaRMS commitment: “If it matters to you, it matters to us.”
- Questions
 - Nebras Warsi, McGill: The unmatched graduate is often in the back of our minds. What is CaRMS’ role in offering resources to students when the unthinkable happens.
 - John: Policies to support continuation. In terms of advice and counsel, putting students in touch with appropriate resources at their Faculties. Our role is also to providing strategies about the Match beforehand, especially regarding back-up plans. Some students will choose a “riskier” Match approach and as long as they are make choices with your eyes wide open and understand the implications, that’s the best we can do.
 - Ryan Giroux, Toronto: The financial burden of using CaRMS application is very real, especially with an increasing number of program applications per student. Has there been any discussion

regarding changing the number of applications included in the base applicant fee?

- John: This was actually brought up and discussed last August. We want to make sure that the fees are fair and appropriate, but also cover the appropriate administrative burden. We are in the process of rethinking this issue and presenting to our Board this fall.

Introduction to Resolutions Session

- General introduction
- Robert's Rules of Order adaptations explained
- Only applaud with unanimous adoption of motion

Resolutions Session #1

Motion 1: Nemo contra voting

- Mover speaks for 2 minutes, chair asks for direct negatives, if no negatives motion carries unanimously. If direct negative, can proceed directly to vote or open speakers list (5 x 1 min speakers).
- Moved by: Nebras Warsi, McGill
- Seconded by: Dr Anthea Lafreniere, Ottawa
- Motion PASSES unanimously.

Motion 2: CFMS Professionalism

- Update to our previously-adopted professionalism statement
- Shortened, updated with focus on the CanMEDS professional role
- Moved by: Tamara Ibrahim, McGill
- Seconded by: Lauren Crosby, Western
- Speakers list opened by Toronto
- Speakers list:
 - Shima, Toronto, speaking AGAINST: The reason we update the papers is to reflect our needs and views. We don't necessarily need to have this position since CanMEDS is so widely accepted. We re-address this issue from the perspective of the student. Often this word (professionalism) is used against the student. If we are talking about the word professionalism in the student context, we should be touching on what this word actually means to medical students.
 - Ali Damji, Toronto, speaking FOR: Agree that a more robust framework is needed for professionalism. I think that that isn't necessarily the role of this paper, though.
 - Daniel Turski, McMaster, speaking FOR (First timer!): I don't see a problem with the paper. It is certainly useful to update these papers regularly.

- Jessica Harris, Saskatchewan, point of INFORMATION: The definition of professionalism varies so much from school to school and I don't think it's our role to define that for each school, but we definitely need an up-to-date position. How does this relate to CanMEDS?
- Tamara, McGill, responding: We've included updates that were made to CanMEDS "professional" role and integrated them into the paper.
- Motion PASSES (2 ABSTENTION, 1 AGAINST, otherwise FOR)

Motion 3: Permanence of Bilingualism Committee

- Bilingualism has been ensured in past by volunteer translators on informal basis. Team has always been temporary in nature. Translation needs of CFMS are ongoing and permanent. This motion would allow development of ToRs for the group, with assigned roles, defining of these is left to the incoming Chair and bring the committee forward.
- Moved by: Emily Hodgson, McGill
- Seconded by: Jessica Harris, Saskatchewan
- No direct negatives.
- Motion PASSES nemo contra.

Motion 4: CFMS Global Health Program Strategic Plan 2016-2019

- Outlines the Global Health Strategic Plan for the next 3 years. Feedback received from GHs, presidents, CFMS reps. No significant changes were made to the document based on feedback. Already planning implementation.
- Moved by: Golden Gao, UBC
- Seconded by: Sarah Silverberg, Toronto
- No direct negatives.
- Motion PASSES nemo contra.

Motion 5: Indigenous suicide paper

- Suicide rates 5-7x higher for aboriginal youth, highest in Inuit youth. Indigenous health portfolio worked on paper for this issue. Outlines 3 recommendations in line with CFMS values and goals. Timely paper for many indigenous communities.
- Moved by: Kai Homer, Alberta
- Seconded by: Ali Sumner, Toronto
- Speakers list:
 - Nicole, Alberta, speaking AGAINST: When presenting information to medical students regarding aboriginal communities, we should also include the details of the conditions aboriginal people are living in, otherwise primary components of context are missing.

- Brandon Chau, Western, point of INFORMATION: I'm wondering about the part of the motion stating that we will make our position public. Is there anything meant beyond our usual procedure of publishing of our position paper to the website?
- Kai, Alberta, answering: We meant we will publish our position as per usual protocol and advocate in that vein.
- Josh Palay, Manitoba, speaking AGAINST: I think recommendations 2 and 3 have too prescriptive of a tone, we should not be recommending that tribe councils do certain things. We should adopt a more collaborative approach. Also issues of substance abuse are not mentioned in background, despite being included in recommendations.
- Adam Forster, Western, speaking FOR: I wish to commend the quality of the research background. Very thoroughly done, and I am very much in favour of adopting this paper.
- Josh, Calgary, point of INFORMATION: In recommendation 1, subsection D, please define what is meant by 'traditional suicide prevention strategies'.
- Ali Sumner, Alberta, clarification: In the paper, what is meant is traditional therapies used in each community, something very well described in the literature and refers to community-based intervention and prevention.
- Kai, Alberta, clarification: This is left intentionally vague because it is community-specific and meant as a non-prescriptive term.
- John White, Western, speaking FOR: This paper addresses the need for crisis management. The paper could potentially be seen as prescriptive in tone, but it is more insulting to the aboriginal communities to have no position two years after Attawapiskat.
- Anthea Lafreniere, Ottawa, point of ORDER: Please remember to direct your comments to the Chair or to the motion, not to specific individuals.
- Josh Palay, Manitoba, subsidiary MOTION: Though an important topic, if we produce a paper that is not at the height of what we can produce, I propose we postpone the motion to next SGM.
- Chair, clarification: If the primary motion is defeated, it cannot be re-presented for another year, if postponement motion fails the movers have the option to withdraw the paper.
 - Vote on motion to postpone: 20 FOR, 18 AGAINST
 - Motion postponed to SGM 2017.

Motion 6: Human Trafficking

- Recently human trafficking research has become more of a focus. The link between this practice and healthcare is clear. Many health concerns exist, for which victims seek help. Many come in contact with healthcare professionals while still in captivity. This paper aims to lead students to a better

understanding of the issue and the training to recognize it and take appropriate action.

- Moved by: Julianna Deutscher, Alberta
- Seconded by: Sunny Lee, Saskatchewan
- Speakers list:
 - Sarah Silverberg, Toronto, speaking AGAINST: I have a couple of points of concern. Many of the recommendations specify that they need to be incorporated into lectures at schools, however not every school currently has the related lectures and thus, implementation is not reasonable. Also do not think the required hours of work dedicated to this is proportionate to those for other issues. Although the spirit of the motion is good, the conversation needs to be a bit broader.
 - Franco Rizzuti, Alberta, motion to AMEND: I propose instead “BIFRT the CFMS VPs... *support* curriculum development, in partnership, where applicable with Canadian human trafficking researchers.” (friendly amendment as per movers). Reasoning: The CFMS does not develop or dictate the curricula itself.
 - Golden Gao, UBC, speaking AGAINST: At SGM there were 2 papers proposed on this topic and after postponement to this meeting, we were hoping for 1 cohesive paper. A task force has been formed to look at this issue. As we can see, this paper is not all that different from the previously presented one. I am still hopeful for one, more cohesive paper.
 - Mark Woo, McGill, motion to AMEND: *Transplanetary* is used in one of the BIRT clauses. This actually means across *planets*... I believe what is meant is *transnational*.
 - Koray Demir, McGill, point of INFORMATION: Where do the 2000 hours of committed time come from? Could the movers elaborate on where that time would go?
 - Emma Herrington, McMaster: This would not be implemented just locally at schools, but the NO's would need to support this initiative. Looking at some US implementations, it seemed that this was done over 3-5 years, hence this 2000 hours would be split over that time and would be split between many individuals.
 - Kaylynn Purdy, NOSM, speaking AGAINST: Health lectures this curriculum would be incorporated into are not already part of the curriculum for all schools. For example, NOSM has only 2 lectures across the 4 years, so this is really not implementable at that school.
 - Vivian Ng, McMaster, speaking FOR: At SGM, both human trafficking papers were postponed. There was a demand to work together. This team has had trouble working with the other team and this bureaucracy should not detract from the great work of this paper.

- Jenna Webber, NOSM: Propose to postpone the motion, in order to further address the collaboration issues and further coordinate with the NORSH, since that has not occurred since SGM.
 - Seconded by Ben Cassidy, NOSM.
 - Motion to postpone fails.
- Jacqueline Carverhill, Saskatchewan, point of INFORMATION: I assume that this curriculum would be implemented by the pan-Canadian alliance on human trafficking, but since this group's members are not on curriculum development groups, how feasible is that implementation?
- Emma, clarifying: Every member of pan-Canadian alliance was selected for their ability and motivation to implement change at their own schools, and have been working to do just that. By creating a national alliance we've facilitated communication across the schools. We have people with experience pushing this kind of thing forward.
- Golden Gao, UBC, point of INFORMATION: Can Emma clarify the work that has been done by this alliance and its composition? Please also comment on changes that were made to this paper and what aspects of the other paper were included in this one? What efforts have been undertaken to collaborate between the two teams?
- Emma H, responding: We've just formed our team of about 10 members. We are hoping for 2 representatives from each school on the committee. We've started to implement the paper and add in further research. We're just starting out. More research was added to the paper about LGBTQ communities. We've added some things on the pan-Canadian alliance and explain how they will be further implementing the paper. We've been in contact with the other human trafficking group since mid-July. Our offer of equal authorship was denied. Our offer of creation of one document with introduction and curriculums each from one paper was also denied.
- Brendan Lew, McMaster, motion to AMEND: I propose an amendment to change all references to "classes" to "curricula", thus removing the problem NOSM and other schools have with that point. (friendly amendment)
- Koray Demir, McGill, speaking AGAINST: I'm still concerned with the number of work hours required of this paper since they are so heavily weighing on the National Officer portfolios. Not knowing exactly how these hours are distributed and spent, I cannot support this burden to my successor as NORP.
- Margherite Heyns, point of INFORMATION: How do these hours plan to be spent? Who would be doing what as part of that?
- Emma: When we put numbers down, they are often arbitrary. These hours are based not just on implementation, but curriculum maintenance also. The fact is that this pan-Canadian alliance has been created to help alleviate this burden. Our goal is not to force people into laboring on a project they are not passionate about it. It takes a

- lot of time and effort for the monitoring of these curricula. If people are concerned about the number, we can easily change the number.
- Chair: Normally the number of hours must represent the number of hours to the organization itself (CFMS). If they include the work hours of the alliance, then we need to change the number.
 - Emma: In that case, I agree to change the number.
 - Chair: What would be your new estimate?
 - Emma: Over a three-year period, this could be put at around 300 hours.
 - Tavis Apramian, Western, speaking AGAINST: We have solved the issue of the hours question. However, the CFMS has never been in the business of creating full curricula. It is not in our skill set... yet.
 - Anthea Lafrenier, Ottawa, point of ORDER: For clarification, a curriculum has been adopted by the CFMS at the last meeting, with the adoption of the Advocacy and Leadership Curriculum designed by David Benrimoh.
 - Tavis Apramian calls the question. Seconded by Nebras Warsi. McGill.
 - Motion to call the question passes unanimously.
 - Motion passes with 22 FOR, 15 AGAINST, 1 ABSTAINED.

Motion 7: Territorial Statement at general meetings

- Wish to start each CFMS meeting with a prayer or song or greeting from an indigenous person, to honor and respect our presence on the land. This is a critical part of respecting indigenous people, and a step towards reconciliation and recognition of ancestral rights.
- Moved by: Ben Guidolin, UBC
- Seconded by: Helene Redfern, Calgary
- Speakers list:
 - Brandon Chau, Western, motion to AMEND: (typographical amendment, friendly).
 - Josh, Calgary, motion to AMEND: The cost of bringing an elder to the meeting may end up being closer to 100\$ than 50\$. (Friendly amendment)
 - Amanda Sauvé, Western, speaking FOR: As someone who has attended many indigenous meetings and gatherings, I believe this would help bring awareness about indigenous occupation of the land and is key in forming relationships with these communities. Fantastic work, guys!
 - Vivian Ng, McMaster, point of ORDER: It is difficult for us to discuss the motion when we received the document within an hour of voting. What are we going to do to combat this kind of issue going forward?
 - Chair: Motions accompanied by position paper are due 3 weeks in advance. Motions with more than 1000\$ of spending are due 2 weeks in advance. The reason this motion doesn't fall under those categories

is that the document is not a proposal, nor a paper for adoption. Thus, the deadline for it was noon today.

- Vivian Ng, McMaster, replying: We would then like to have further discussion on the issue of submission deadlines.
- Chair: Agreed! Seeing no more speakers, I call the question.
- Motion passed unanimously

Saturday, September 24th, 2016

How to Get Great Buy-In For Your Student Advocacy Projects by Dr David Keegan and Dr Susan Bannister

- Introduction by Dr Carl White Ulysse
- Drs Keegan & Bannister met at CFMS AGM in St-John's, many CFMS Presidents were ushers and readers at their wedding!
- Match prospects back in the day: 200 students went unmatched! Our generation was called upon to address budget issues, visa issues, billing issues by province, etc. and yet our CFMS budget was so minimal that we slept on the floors and sofas.
- Activity #1: Roleplay
 - Key message: focus on the needs of a stakeholder group, often a perfect solution can be found even when it seems that two groups are at odds.
- Activity #2: Determining Stakeholder Needs
 - Key message: Each stakeholder has specific needs/priorities and these are important in fulfilling those needs or carrying projects to term.
- Activity #3: Stakeholder Needs Assessment for Student Projects
 - Key message: Performing a stakeholder needs assessment can help bring your projects to fruition and bring added value for other stakeholders.
- Thank you message by Franco Rizzuti

Resolutions Session #2

Motion 8: Position Statement on Medical Assistance In Dying

- Balanced position paper based on proposed legislation. Inclusion of palliative and end-of-life care, to recognize as a federation that there is a lack of access to high-quality palliative care across the country. Allows us to advocate for access to trainee opportunities for our members.
- Mover: Jacqueline Carverhill, Saskatchewan
- Seconder: Tamara Ibrahim, McGill
- Speakers list:

- Michael Taylor (Alberta), speaking AGAINST: This is a very difficult topic, and requires new curricular content as MD learners, but also new content for our programs and preceptors. It is contentious at current time because Faculty administration and preceptors are still trying to figure out their own opinions on the matter.
- Anthea Lafreniere (Ottawa), speaking FOR: A lot of action has taken place on the education front about this issue. The position statement and the accompanying document really speaks to medical education around this topic. A motion was passed at the CMA GC on inclusion of accreditation standards in medical aid in dying and end-of-life care, the focus there also being on education, not on specific positions for or against the main topic.
- Aaron (Alberta), speaking AGAINST: I am against the motion in its current form since the title is somewhat deceiving. This is rather more on end-of-life care than medical aid in dying.
- Jessica Harris (Saskatchewan), speaking FOR: We have had many, many media requests about our CFMS position over the last 3-4 few months. I believe it imperative to have a stance because our position needs to be available.
- Yasmin (Alberta), point of INFORMATION: What was the consultation process that took place on developing this position.?
 - Jacqueline: It was a collaborative effort with medical students from 5 faculties, east to west included. We were informed by federal legislation, provincial royal colleges and palliative physicians.
- Sarah Hanafi (Alberta), speaking FOR: Excellent quality paper, very well researched. This is an issue that learners face with much distress. The landscape has changed much recently and the needs of learners haven't been addressed to date.
- Dan Turksi (Alberta): As a philosophy grad, the argument that "now that it is legal, patients have the right to access it" doesn't sound very convincing. Things have been legalized before and we didn't suddenly see them as rights. Legality as justification for a right isn't logically coherent. How does the paper discuss physician right to choice?
 - Jacqueline: We focused on the medical learners, however the right to conscientiously object is preserved within the document.
- Stephanie Smith (Calgary), point of INFORMATION: As an ICU nurse for many years I've witnessed much of palliative care. Is this the first time that we are limiting students ability to discuss with patients without supervision?
 - Jacqueline: End-of-life discussions are very nuanced, as you know. Appropriate teaching structure must be in place to offer proper supervision of complex bio-psycho-social situations.
 - Tamara: Similar to end-of-life care, this paper stipulates no responsibility on the part of the medical student.

- Jacqueline: Students must be protected from getting involved in situations that are above our heads.
- Calvin Tseng (Alberta), point of ORDER: Is it possible to change the title of a motion while it is under discussion?
 - Chair: If it changes the meaning or focus of the paper, it should come back to the general assembly.
- Calvin, motion to AMEND: I wish to propose changing the title to “Canadian Federation of Medical Students Position Statement on Medical Assistance in Dying *and End of Life Care*” (friendly)
- Franco Rizzuti, Calgary, speaking FOR: This was a highly-discussed topic at CMA GC, and great recommendations are being brought forward. Our partners and stakeholders need our stance in these difficult conversations. We as an organization have had many requests to lean into this conversation and its difficult to impossible to do so without a firm paper.
- Chris (Manitoba), point of INFORMATION: Is this a missed opportunity to address the requests and differences between provincial stances?
 - Jacqueline: The paper’s approach is to remain within the guidelines that the federal government put forward. We are not taking a stance on more contentious issues, that may be challenged in the future. At the current time, we are not taking a stance on what is not allowed in practice.
- Basil Kadoura (Alberta), speaking FOR: The stronger point is that we discuss palliative care, and in that we are part of patient education and planning. We will be asked about this issue by patients, family and friends. Our own education is vital to ensure we *know* so that we can support and provide guidance as objectively as possible.
- Victoria (Toronto), speaking AGAINST: Medical assistance in dying is too complicated an issue to be summarized in 2 pages. There was no mention in this paper of mental health issues. It cannot be titled end-of-life care without addressing who qualifies for it.
- Sarah Silverberg (Toronto), speaking FOR: There is a need for students to be part of the institutional discussion and follow the discussion at the national level, to discuss how we go about bringing end-of-life care to our patients. This paper is advocating for inclusion in medical education. We can still advocate that we need to be having these discussions, without taking a stance on the main issue.
- Eric Zhao (UBC) calls the question.
 - Seconder: Marie-Pier Bastrash (McGill)
 - Motion to call the question passes unanimously.
- Motion passes (3 AGAINST, 1 ABSTENTION, otherwise FOR)

Motion 9: Creation of a CFMS task force on the environment and health

- This CFMS resolution was previously rejected (lack of ToRs and due to the financial cost involved). The task force itself has been approved and will facilitate climate change discussions. This motion is to determine the ToRs and composition if the group mainly: a non-voting chair, the VP Med Ed/GH/GA or other appointees.
- Mover: Henry Annan, Dalhousie
- Seconder: Golden Gao, UBC
- Chair, clarification: SGM motion called for creation of this taskforce and was approved. If this motion does not pass, the executive will decide what to do until the ToR is created.
- Speakers lists:
- Vivian Ng, McMaster, point of INFORMATION: Have the VPs been consulted in the creation of this ToR?
 - Kelly Lau, McGill: Golden (VP GH) was consulted, as was primarily GH representation, more out of interest rather than necessity. Hopefully other groups will be involved in the selection of committee members. The formation of the group has much flexibility.
- Emily MacPhail, Calgary, motion to AMEND: Suggest an amendment to the ToR for grammatical error.
- Chair: Denied sine we cannot amend the ToR itself – it is an annexed document. We can pass it and the COP will fix it later or if it does not pass it can be amended.
- Franco Rizzuti, Calgary, point of INFORMATION: My worry is about the precedence of passing a motion and then subsequently creating motions for ToR drafting, which creates extra work. I would think that this is something that creates precedence and will burden future meetings that are more motion-heavy.
- Jenna Webber, NOSM, speaking FOR: It is time that this is moved forward. This is a very timely issue and it overlaps well with Reproductive and Sexual Health in the face of the Zika virus. Calls the question.
- Motion passes (2 AGAINST, 2 ABSTENTIONS, otherwise FOR)

Special Address by Dr Paul Sawchuk, Board of Directors, CFPC

- Introduction by Dr. Carl White Ulysse
- These are challenging times to be in medical school. Ontario has had its recent PSA failure, in Quebec unilateral decisions are being made about physician practice. Despite all these challenges, it is an interesting time to be a physician. Connections to family physicians have been shown to keep patients out of hospital. This is done via continuity and comprehensiveness. Provincial governments are starting to recognize the importance and role of family physicians, with their special sauce (comprehensiveness and continuity). I've been told that the new generation of doctors are not interested in continuity and comprehensiveness, choosing instead to work

with niche populations and specialized care. The four principles of family medicine are: family physician as a medical expert, importance of patient-doctor relationship, community-based discipline, resource-limited environments. My time as hospital administrator showed me that the most important work is being done out in the community, not in the hospital setting.

Questions:

- Ali Damji, Toronto: With regards to the situation in Ontario, there has been much in-fighting and divisiveness and I am wondering what you see as the way forward?
 - A: Speaking as an individual and not on behalf of the College, I am a big believer in physicians as self-regulating and self-monitoring. We do a relatively good job, but we need to do better. In Ontario, we did not show a united front, so there is much work to be done. This is not something that can be achieved quickly. In Manitoba, there is less division between specialists and family physicians, and ultimately this makes our negotiations more effective, which allows for more effective service delivery.
- Emily Macphail, Calgary: At CFMS, we represent many who will be going into family medicine, along with other specialties. How do you see all these students working together to deliver best possible services?
 - A: Having a peer-to-peer relationship means you are very close now, but as you go on to specialize, you will go your separate ways and may forget what is important and significant to the other person. I am glad to work closely with specialists in my region and there is a happy interaction, but in tertiary centers there are many more difficulties. The family doc brings in a comprehensive unifying vision, even though we may not know the details of one particular system as well as a specialist. We definitely need to continue our familiarity through and after specialty training.
- Josh, Calgary: Do you think change like at Bella Bella is possible in other communities?
 - A: This particular community, Bella Bella, has been so very welcoming and appreciative and inclusive so as to see incredible results. Any community can learn from any other one, but success is never a guarantee.

CFMS Executive Elections by Dr Bryce Durafourt (CFMS Past-President)

- Housekeeping introduction, including process summary of instant runoff voting.

CFMS Executive Elections 2015-2016 with Dr Bryce Durafourt

- Electoral speeches, Q&A for all positions, including:
- VP Medical Education: Tavis Apramian (Western)
- VP Communications: Emily Hodgson (McGill)

- VP Finance: Nikhile Mookerji (Ottawa), Daniel Peretz (McGill)
- VP Student Affairs: Han Yan (Western)
- VP Global Health: Jessica Bryce (Western), Sarah Bryson (Dalhousie), Hidy Girgis (McGill), Osman Raza (Ottawa)
- VP Government Affairs: Sarah Silverberg (Toronto)
- Atlantic Regional Representative: Courtney Manuel (MUN), Alexandra Taylor (Dalhousie)
- Quebec Regional Representative: Julian Nguyen (McGill), Angelo Rizzolo (McGill)
- Ontario Regional Representative (2): Benjamin Cassidy (NOSM), Brandon Chau (Western), Samik Doshi (Toronto), Shreya Jalali (Ottawa), Kaylynn Purdy (NOSM)
- Western Regional Representative (2): Brandon Christensen (Alberta), Amir-Hossein Danishwar (UBC), Kai Homer (Alberta), Abdullah Ishaque (Alberta), Laura Kin (UBC), Emily Macphail (Calgary), Devon Mitchell (UBC), Gurmeet Kaur Sopi (Manitoba)

Sunday, September 25th, 2016

FMEQ presentation by Jessica Ruel-Laliberte and Eric Guimond, FMEQ President and Executive VP

- Introduction by Dr Carl White Ulysse
- Thanks CFMS Executive for a great meeting
- The FMEQ represents medical students at 4 universities and 7 campuses
- Representation work happens nationally alongside CFMS, RDoC, FMRQ and provincially
- Services (many the same as CFMS, but not all)
- Wellness Survey (2011)
 - 1 out of 6 suffers harassment, many campaigns to promote student learning environment
- Pass/Fail grading issue
 - Francophone schools only have pass/fail grading in clerkship, we are working towards pre-clinical also
- Provincial Lobby Day 2016 – Bill 20, strike
- Guide on Residency programs: Success! Includes projections on employment, entrance criteria for Quebec programs, etc
- CaRMS Day (250 participants, workshops and conferences)

Special Address by Ms. Samantha Dunnigan (Med-4 Toronto), CFPC-SOMS Co-Chair

- 80 554 actively practicing physicians, 52% are family physicians
- CFPC has over 35 000 members
- Goal is to ensure that all Canadians have access to high-quality primary care by a family physician
- Reach: FP, residents, medical students, interprofessionalism

- SOMS = Section of Medical Students, tackling hidden curricula, include interest group presidents at each faculty.
- Connections at the local, provincial and national level, only specialty to do so
- Question: How can SOMS and the CFPC better partner with the CFMS?
 - Collaboration?
 - Joint projects?
- Email: soms@cfpc.ca with your ideas!
- Connect with us on social media
- Question period:
 - Ryan Giroux, Toronto: Place for collaboration in our Indigenous Health Program?
 - Samantha agrees, welcome to discuss afterwards.

Indigenous Health Program Updates by Amanda Sauve (LOIH, Western) and Ryan Giroux (National Officer of Indigenous Health)

- Indigenous Health portfolio: 2009-2015: aboriginal health liaison, then 2014-2015: indigenous health program development, now 2015-2016: IHP First Year.!
 - We now have 29 LOIH, representing every school
- Passed position paper on Indigenous Health in medical education, presented at CCME and Indigenous Health Conference. Currently this is being peer reviewed to be included in CMAJ.
- Education Advocacy Toolkit
- PBL and learning OSCE scenarios, being incorporated at a few medical schools
- Successes in research and advocacy
 - Evaluation of student pre-clerkship seminar series
 - Nation-wide study on experiences of Indigenous med students
 - Position paper on Indigenous populations and suicide – passed
- Identified opportunities
 - Sharing successes between schools
 - Ensuring all members are engaged
 - Adequate and timely communication (from NOIH, to LOIH, and facilitate between LOIHs)
- Amanda (LOIH, Western)
 - Truth and Reconciliation Commission (TRC)
 - Document produced after 6 years of development, product out in 2015, encourage all to read it
 - Definition of reconciliation
 - What can the CFMS do?
 - 1. Learn the truth
 - 6750 statements from survivors and their families in the TRC
 - 2. Listen to those impacted

- 900 events over 6 years, 15 000 students participated for education purposes
- 3. Call yourselves to action
 - 94 calls to action
 - 5 specific to Indigenous Health
 - Recommendation 20, 21, 22, 23
 - Justice Murray Sinclair, aware that reconciliation won't happen in his lifetime, but encourage all to choose one call to action and focus on it.
- OCAP Principles, applied to all research with first nations communities. From being researched to being researchers, communities more involved in the information gathering and usage.
 - Ownership
 - Control
 - Access
 - Possession
- Global Health Program: Stand Up for Health, modified to Indigenous populations
 - 2-week simulation of what it would be like to live with a specific identity and living in a specific community
 - 1 week on the ground at Long Lake #58 First Nation to learn on the ground how to develop the simulation
 - Community-based, follows traditional practices
 - Scenarios will be given back to the communities for review prior to being used with students
- What's one thing that medical students should know about your community?
 - Use words that people understand, not the big words
 - Having a doctor on site, regularly, HCPs from the reserve, trustworthy
- Tips on engaging with Indigenous Communities
 - OCAP principles
 - Respectful attitudes
 - Make sure that we are giving something back to the community
 - Understanding traditional learning systems and practices
 - Read the TRC! Or parts thereof
- Questions
 - Ben Cassidy, NOSM: Access to services is different based on remoteness of reserves. Different barriers exist in every region.
 - Golden Gao, UBC: TRC is an incredible document, executive summary is hundreds of pages long. What more accessible resource could you recommend as a starting point?
 - A: www.trc.ca has more concise summaries. Try reading the Calls to Action related to health, as they are short and high-yield.

- Josh, Calgary: Many calls to action don't fall under health. How do we tie in these many other calls to our work?
 - Ryan: Because the social determinants of health touch on so many things you can choose a call to action that does not need to be in the healthcare realm, but it is recommended to choose one that speaks to you to integrate into your life and practice.
- Alyse Schacter, McMaster: Many in this room are hungry for more information on the topic after your wonderful presentation. What can we do next?
 - Ryan: Toolkits to undergraduate medical training are out there, there's an Indigenous Health Conference in Toronto, try reading "First Peoples Second Class Treatment" an excellent book. Try contacting the LOIH at your school to get involved locally. First Nations Houses in every major city will organize events and are welcoming to everyone.

Lessons on Advocacy from the Office of the Minister of Health by Dr Jesse Kancir

- Introduction by Dr Carl White Ulysse
- Reflections on political advocacy in practice
- Worked as a policy advisor (Bill C14, public health, health accord work, pharmacare, First Nations relations, blood donation deferrals from MSM, regulatory affairs, etc.)
- World of politics is different than anything experienced before
- Politics Trumps Policy: How Health Ministers Make Decisions (Cull, 2016), document highly recommended.
- Four tests for Advocacy
 - **Simplicity** (t-shirt test): Use language understood by everyone. Simplicity is a gift. Unclear message is a cardinal sign of an issue. Must be able to fit your message onto a t-shirt that can be read at a reasonable distance.
 - **Nonlinearity** (numbers test): Lobbying is not as simple as a straight line. Its about relationships, which are more complex than that. Next time you read an article, check who it is that is commenting on behalf of the Minister. Those people are just as valuable connections as the Ministers themselves. How many direct contacts do you have on the issue that you are advocating? *Bureaucrats, exec staff, other advocates, media*
 - **Relationship Building** (phone call test): People and personalities drive change, not ideas alone. Use the time prior to Lobby Day and after Lobby Day for 365-day advocacy efforts. Its not the most comfortable way of going about advocacy work, but you need to be able to get it done.

- **Principled Pragmatism** (the reality test): Constraints, politics balances both principles and pragmatism. Ensure you understand the economic considerations of your ask, read up on the business section of papers (make sure you understand: GDP growth, labour markets, interest rates, inflation). Take a macroeconomics course if necessary. These are tools that will make you a better advocate, by understanding the structural considerations of medicine. Knowing the constraints, the situational map is laid out and you can understand the likelihood of your ask being addressed now or later: *Where WE fit within THEIR plan.*
- Questions:
 - Jeffrey, NOSM: How would you describe the role of an advisor vs the Minister's role? What steps can be taken to end up where you are now?
 - A: Just ask! Often people will give a job to someone who is passionate or interested. Show interest and don't be afraid to ask for a job. Do what you love to do – there will always be place for change. Pick up the phone and ask for it.
 - Jacqueline Carverhill, Saskatchewan: On principled pragmatism: How do we balance our efforts between grassroots initiatives and aligning with political agendas?
 - A: Must still fight for your principles, but understand the limits of what can be done with current governmental agenda.
 - Sarah Silverberg, Toronto: What are your thoughts about advocating for multisectoral portfolios, complex topics?
 - A: Reach out to all players, do the background work.
 - Jessica Harris, Saskatchewan: Simplicity test: how do we go forward with topics without getting too complicated (content expertise)?
 - A; State your position, map all the stakeholders, see who is on board and who isn't.
 - Anthea Lafreniere, Ottawa: I'll be honest now that my mandate as President is over, I don't like the Pharmacare ask and I have never liked Pharmacare ask, although I have worked to push the CFMS agenda on that ask for years now. With your many years experience at the CFMS and now in government, what do you think we should be advocating for with the federal government?
 - A: The mandate letters of almost every Minister include implementing the Calls to Action of the TRC, no exceptions in the health portfolio. Many other groups are also working on that front and this would be an issue wherein many allied groups could be found. Drug files (opioids, antimicrobial resistance, Choosing Wisely) is also a very hot topic at the moment. As medical students, this is one of those topics that you already at baseline understand better than the average citizen so there is a good role for med students to play in that ask.

- Eric Zhao, UBC: Have your political views changed through this experience with the Minister or have they ever gotten in the way of your work?
 - Yes, of course! Cannot get into many details. You learn to live with it and work despite any personal feelings you have on the issues.

CMA Student Segment Presentation by Ms. Jenna Love

- Introduction by Dr Carl White Ulysse
- Ambassadors Program, Advocacy Skills Training are successes from the last year
- Love to have ideas from students, can champion student ideas on CMA's behalf
- Always happy to answer all questions, connect us with the appropriate people
- Ryan is the primary liaison within the 3 companies (MD, Joule, CMA)
 - Can speak to all the services they offer
- Joule
 - New branding, opportunity to use hands-on clinical application tools
 - DynaMed +
 - RxTx
 - Want to hear what other apps we are using
 - Joule Innovation Grants
 - 150 000\$ grants for medical start ups
 - App that won this year was translation tool
 - Hack-a-thons, open to medical students
 - Innovation Grants are available to medical students
- MD Financial
 - 49 offices in the country
 - Story: final year resident with 850 000\$ in debt. Don't neglect your finances, even for just a few years! Free services, all staff on salary (no commissions) so won't try to sell you a service if it isn't in your best interest or isn't needed.
- Questions:
 - Ryan Giroux, Toronto: On the application form for the Innovation grants, it mentions that startup funds (about 10 000\$) are required *prior* to applying, this is very prohibitive to medical students.
 - A: This aspect is still a work in progress. This year was the very first iteration of the awards. We welcome communication offline to discuss this issue and any others you guys may have.

A special thank-you to Anthea Lafreniere, CFMS President 2015-2016, for her exceptional service and dedication to the CFMS over many years,

Choosing Wisely Canada (CWC) by Angela Han & Daphne Cheung

- Review of program, “Six Things Medical Students and Trainees Should Question”, resource stewardship paper endorsed by CFMS
- Program results, key enablers
- STARS to meet at Leadership Summit Feb 26-27 2017 with national Choosing Wisely event
- What is one thing the CWC and CFMS can achieve together in the next year?
 - Stephanie Smith, Calgary: Easier for our young patients to buy into this program of questioning physicians more, as opposed to older patients who are used to a more paternalistic model. I would be interested to see if we can advocate more specifically with those older age groups.
 - Ben Cassidy, NOSM: We are still at the level of making students aware of CWC activities and that may be an overlapping role with the CFMS, given its lines of communication.
 - Calvin Tseng, Alberta: I think continued evaluation of the CWC program is needed and assessing our progress to date.

Resident Doctors of Canada (RDoC) presentation with Dr. Terry Colbourne, RDoC Vice-President

- Introduction by Dr Carl White Ulysse
- RDoC, Who We Are:
 - Represent 10000 resident doctors in Canada, established in 1992, 5-person executive
 - Strategic plan overview
- Overlapping portfolio items
 - Increasing number of common portfolios, including CaRMS, CBME, continued work to promote and ensure trainee wellness (resiliency curriculum from RDoC)
 - RDoC drives change that impacts less its current members and more its future members (i.e. current medical students)
- Consider involvement with RDoC early, since residency is very short (especially for Family Medicine!)

Questions:

- Ben Cassidy, NOSM: Could we implement the resiliency curriculum in medical school?
 - A: This is a pilot project at the moment and we are implementing it carefully to be able to monitor and assess its merits, but it’s certainly something to look into in the future.
- Kaylynn Purdy, NOSM: As a military member, I have received lots of resiliency training and have also noted that the medical culture is one of “dealt with it” when it comes to pressures and difficulties. Should we not be addressing cultural shift as opposed to resiliency training?
 - A: Resiliency is only a brick in the wall, everyone reacts to our training experiences very differently and can struggle. Regardless of the

problems with the culture, we do need the resiliency training to arm our trainees with the skills to cope

- Stephanie Smith, Calgary: Just heard about your resiliency program and it sounds wonderful. As I am also experienced with the military, I can see that it is a great example for proactive resiliency work.
 - A: Military was our basis for much of the curriculum. Its great to see the enthusiasm the curriculum has generated and hope to carry that momentum forward.

The Year Ahead with CFMS President Franco Rizzuti

- Acknowledgement of treaty 6 land
- CFMS Vision, Mission
- Our membership is our driving force, served by the executive
- Introspection: with development of next strategic plan (2017-2020)
- Year of growth: “We’ve outgrown what we were, but we’re too small for what we want to be”
- Reunification: bringing Global Health back into the core CFMS family
- Big issues for the year
 - The unmatched CMG
 - Physician trainee wellness
- Get in touch, get involved (Fall Call upcoming!)

Executive Q&A

- A big thank you to Rosemary, the Executive, our hosts at University of Alberta and sponsors for all efforts to bring together this meeting
- Josh Palay, Manitoba: How do we increase member engagement with the CFMS Communiqué?
 - Carl: The Communiqué has been in redesign (coming soon), Brandon Christensen is working on this.
- Taneille Johnson, UBC: For the Wellness Survey, if unpleasant results do come up, how will these sensitive problems be dealt with?
 - Han Yan, Western: The Wellness Survey data currently sits with Brandon Maser. The current plan is to review the data as a team. Data for each school will be returned to each school with careful rollout to the Deans and students. One of my goals is to carefully release this data.
 - Anthea Lafreniere, Ottawa: This is the exact issue we have been having with the Deans regarding the Survey. We have been in frequent contact with the Deans on this topic. I have stood by and stand by the high caliber of the research in this project. We need to be careful because there may be some concerns if Survey data is at odds with local Faculty data.
 - Taneille: My main concern is the censorship of the data...

- Anthea: For instance, I don't want it to be known that school X has a five times higher rate of suicide contemplation than the national average. That is not appropriate and does not lead to change. We will have data that will be sent to schools, but we will ask/push/demand that schools make changes if they are not up to par. We will not publicly single out schools based on the results, but we will advocate clearly with the schools that are not making changes.
- Jenna Webber, NOSM: I wish to commend the Executive team about their approachability this year. Also, Rosemary, we love you! As for engagement within IFMSA (globally), I understand that our medical programs are shorter than most worldwide, but do we have a plan to engage CFMS further with IFMSA?
 - Franco Rizzuti, Calgary: We do need to look at our global engagement strategy. Some aspects of IFMSA work well, some don't and I feel we need to be strategic about our engagement. I don't want to tie Jessica (Bryce)'s hands, but this is part of our plan. The other aspect is budget: it costs a lot to be involved at the global level so that must be considered also.
- Calvin Tseng, Alberta: Does the CFMS support local initiatives for curriculum development?
 - Jessica Harris, Saskatchewan: With the Advocacy and Leadership Curriculum, we worked closely with local people already advocating at each school. Our role would be to facilitate those conversations and pull in the Education Committee.
- Tavis Apramian, Western: With the Wellness Survey, we showed our capacity to produce high-quality national research. I see potential for an annual national research survey that could include the questions most pressing to us and help guide our work. What do you think?
 - Anthea: Our biggest challenge with the Wellness Survey was ethics approval, which was done at UBC, but the Deans became quite adamant that we needed ethics approval from each local school. This was problematic at Manitoba, MUN, etc. so the map of national jurisdictions for ethics approval was difficult. This was a big barrier to this kind of work and would be if we were to continue this type of survey.
 - Carl: National communications-wise, this would be tough because we have needed to standardize the communications strategies across the board for the research to hold validity, which is a huge challenge for both CFMS and the schools. On something as important as the National Wellness Survey we were willing to put in that effort, however it would not be feasible on an annual basis. Students are also called upon to fill out many surveys throughout medical school, thus annual ones from us would very much add to that.
 - Franco: Our limitation is our capacity to do this work and we are currently working on expanding our human resources capacity.

Another problem is the data ownership and variations in data between ours and faculty's so as not to put us at odds with the faculties.

- Bushra Khan, McMaster: How do you think we can reach out to the apathetic student? Carl, Emily, do you have any thoughts?
 - Carl White Ulysse, McGill/Toronto: It was a big piece of my mandate to find new ways to engage our members. Some new ways include the Thunderclap campaign during the lead-up to Lobby Day. We released posters at each school, because I believe in the importance of a physical presence on campus. I think we need to be on campuses more, including National Officers and Executive. There's also the swag piece, which helps people know who you are – the clipboards have been a great way of doing that.
 - Emily: We had the Moncton campus join our organization recently and their primary reason for joining was their own physical isolation. They were interested in joining us because we have a strong virtual presence and resources for our members in that virtual space. I hope to build on Carl's work in addition to bolstering up our online presence, where every student does have their voice (website, Twitter, Facebook), and bring that virtual connectedness into the real space through our Travel Awards, Leadership Awards and SIGs.
- Kaylynn Purdy, NOSM: There is currently a large movement towards open-access medical education. All of our resources are locked and many of our members don't know how access them. What are your feelings on unlocking these resources?
 - Franco: Good question. On discount side, these are more safely guarded. Historically, there was more tension between CFMS and FMEQ and we were more guarded because of membership concerns. More and more now is taken in an open model. We'll put it on our radar
 - Carl: Respectfully disagree. Membership recruitment is pointless if all our resources are open-access.
 - Kaylynn: Something to consider because none of the 14 schools have a choice in their membership and global health-wise we can show off initiatives and documents to other countries.
- Jeff, NOSM: Want to commend this event as it was very well organized, very well run. All of the details make this an efficient and pleasant meeting. Good job!
 - Fatemeh: Want to commend the University of Alberta team, Julianna, Brandon and Brendan!
- Margherite, UBC: How do we get the general membership more involved in the leadership of the CFMS? How do we mix up a cycle of NO to CFMS executive? How to increase the fairness to our general members?
 - Anthea: We've had only 4 returning members of the Exec last year and despite all their excellent work, we require more onboarding time

than usual. We're working on including general members in the electoral process and the video conferencing elections certainly help.

- Jessica Harris: A big part of my work this year has been fostering these grassroots initiatives to involve the general membership.
- Carl: Travel awards are a big way of bringing in the general membership, Emily H as an example (from travel award winner to Exec).
- Franco: The struggle with these meetings is always capacity. We hit our capacity of space and we can't expand to large venues without significantly increased hotel expenses. A huge amount of the work we do as an organization, policy papers, committee, etc. comes from the general membership in a longitudinal manner.
- Vivian Ng, McMaster: Looking forward, I have some concerns about operations. We are constantly expanding and we have so many position paper and motions. How are we going to prioritize to fit them all into our two meetings every year?
 - Carl: This is a very good question. Balancing our meeting content with elections and papers is tough. We want to allow for member engagement and allow for the papers but there is also limited time. Expanding the meeting is not an option because of leave of absence time constraints on all students. We may have to look at capping the number of papers.
 - Vivian: Would you consider capping for the next SGM?
 - Carl: I would have to defer that to the next exec.

Closing

- Thanks to the chair, Dr Carl White Ulysse
- Motion to destroy electoral ballots
 - Moved by Jenna Webber, seconded by Margherite Heyns
 - Motion passes nemo contra.
- Motion to adjourn
 - Moved by Ryan Giroux, seconded by Emily Hodgson.
 - Motion passes.