CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

Friday, September 18th, 2015

AGM Introduction

- Housekeeping
- Who We Are at the CFMS
- CFMS Elections – Saturday, September 19th, 2015
    - Nominations until 12:00 EST
    - Contact Dr. Jesse Kancir with your candidacy
- Please refer to www.cfms.org to review CFMS Executive Reports.
- Review of the CFMS AGM 2015 Agenda
    - Resolutions due at 5:00PM EST in September 17th, 2015
    - Review of Sponsors
    - CFMS is on Instagram

Welcome from Dr. Michael Strong (former CFMS President)

- Introduced by Dr. Bryce Durafourt
- Remarks on the breadth of the CFMS Resolutions
- Reflections on the development of medical student leadership
- Issues of the CFMS during his presidency – development of streams for family medicine education
- Dr. Strong challenges us to pay it forward – take on an issue that doesn't benefit you, but benefits the generations of physicians and of Canadians in the years after you
- Discussion of dissolution of clinician scientists
- Discussion of the fundamental shift in Canadian healthcare, of knowledge development, of access to care, or medical education
- Challenge to medical students is to challenge the current system.

Welcome from Dr. Gerry Cooper

- Introduced by Dr. Kendra Komsa
- Warm welcome from the Windsor Program Team
- Welcome and regrets from Dr. Tithecott
- This is the first time that the CFMS has brought a General Meeting to a satellite medical campus
- Medical education and training is undergoing sweeping changes – we have come a long way from Flexner's Report.
- We have 15 regional medical campuses in Canada; the USA has 96 regional campuses.

CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

- There are benefits to training at distributed and underserviced regions.
- Windsor and Essex fit that description; initially UWO placed clinical clerks and moved to develop the Windsor Program in conjunction with the University of Windsor.
- 600% growth in the student population in 5 years at the Windsor Program.
- There continues to be a growing Family Medicine and Psychiatry PGME Programs.
- Invites students to check out the latest Schulich-Windsor Program newsletter to learn more about what happens at a regional medical campus.
    - uwindsor.ca/medicine
- History of Medicine in Windsor, Ontario
- Invite you to visit the Medical Arts Building in Windsor, ON
- Proud of Schulich Students for their efforts at coordinating this event.
    - Special thanks to Yousif Atwan for being the driving force behind AGM 2015 in Windsor, ON.
- Please continue to give back to your community in medicine.

President's Report – Dr. Bryce Durafourt

- Special thanks to the CFMS Executive Team, to our Chair Kendra Komsa, and to Rosemary Conliffe
- AGM 2014 – Speaks to the inspiration of Dr. Chris Simpson as he addressed student leadership.
- FEM – Discussion of Governance and the Strategic Plan
- Worked to collaborate with the FMEQ and RDoC
    - The trainee voice is the strongest when we all work together.
- Worked to collaborate with the CMA to advocate for change, how they have provided input to the Carter Case
    - CMA Seniors Care Roundtables
    - demandaplan.ca
- Lobby Day 2014
    - Received feedback to move lobbying to November for inclusion of our recommendations in the budget
    - Expansion of our HR – hired a full time Lobby Day Coordinator for one month.
- New Partnership with MDFM
    - Truly a partnership rather than a sponsorship; lots of exciting new ideas in the works!
- Resiliency and Wellness
    - Collaboration with RDoC – attendance at their Resiliency Summit
    - CFMS & FMEQ Health and Wellbeing Survey

CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

- SDOH Conference
    - The Role of Physicians and National Medical Organization on addressing the social determinants of health
- Presentation to HESA – House of Commons Standing Committee on Health
    - Thanks to Jesse Kancir and Melanie, Irfan, and Anthea for their work to put together this report.
    - The report and our statements were quoted a number of time and our recommendations were included in Recommendations #12 and #14 in their final report
- SGM 2015
    - Leadership Training with the CMA (NEW)
    - CCME 2015 – Heard from many partner organizations on panels relating to the unmatched medical student.
- Presentation of Killam Prizes
- SEM at MUN
    - Discussion of CFMS Elections
    - Lunch and Leadership with Dean James Rourke
- CMA General Council in Halifax, NS
    - Two Critical Resolutions:
        - Ability of students and residents to vote in the PTMAs
            - Success: Doctors of BC motion coming forward to include these groups in voting.
        - Standardization of Immunization and Health and Safety Requirements of Medical Students
            - Working closely with the AFMC and their excellent new AFMC Student Portal to make this a reality.

Greetings from Dr. Geneviève Moineau, AFMC

- Introduction by Dr. Irfan Kherani
- Will be using Prezi to discuss the AFMC
- The AFMC brings together 17 faculties of medicine to achieve excellent in education and care.
- The first Strategic Goal is to support the learns, as well as the Faculties
- Dr. Jesse Kancir represents learners on the AFMC Board.
- Dr. Moineau's most recent blog is on her path to getting into medical school.
- Future MD Canada
    - Tool to inform potential medical students as well as residents with up-to-date data on the medical education in Canada
- AFMC Student Portal
    - A result of requests from medical students across Canada.

    - New committee set up to examine Immunization Requirements
- Match Myth Busters
    - Demystifying the resident matching process
- Unmatched Canadian Medical Graduates
    - AFMC Resident Matching Committee
    - Representation from all 4 learner organizations
    - #1 on the ARMC is to perform an in-depth analysis of CaRMS Match Data 2009-2015
        - The number of medical students unmatched is increasing
    - Match Data:
        - CMG and USMG are treated equally
        - IMG are treated identically regardless of country of origin
        - 2nd iteration positions are open to all applications.
        - In Quebec, all students are eligible for all positions in 1st iteration
        - 55 UCMGs in 2015, 39 in 2015 – 2% of medical students (300% increase)
        - IMGs:
            - 1362 IMGs applied in 2nd iteration in 2014.
        - Ratio 2009: 1.135
        - Ratio 2015: 1.054
        - Further reductions announced in ON
    - Who decides on residency positions?
        - Provincial Governments
        - Ministries of Health – but each province varies
        - Decision made in collaboration with medical schools, with UG/PG Deans, with Program Directors
    - Conference of Deputy Ministers of Health, Committee on Health Workforce
        - Working to find the right mix and distribution of needs
        - Creation of the PRPTF
            - 4 Learner Representations
        - PRPTF Invitational Conference: Test theme dedicate to unmatched Canadian Medical Graduates

Questions:

- Irfan: What is the AFMC doing to advocated for a more appropriate proportion of medical students?
    - Response: The PRPTF conversation occurs with the funders at the national level. We often have a conversation with ourselves and then go to funders, but we are having the difficult conversations with the funders

in the room. We become informed together and confirm what we think the future should look like and shape the vision.

- Ali (Chair of OMSA): With the cuts in Ontario, how is the uptake in using evidence at the PRPTF?
    - Response: We are using the test in November and using all of the data points to identify pressure points and innovations. In Ontario, in MOHLTC, they are not only targeting PG positions, they are altering the funding for everyone – physicians in all areas. The decisions were made before this process was underway.
- David (McGill – GAAC)
    - Question: PRPTF – Have been asking for HHR advocacy at the national level. But, this is a task force it is time limited, what are the plans moving forward?
    - Response: The request moving forward is that this becomes a standing committee that holds for years to come. Ideally, this committee is very active and monitors the environment. Unfortunately, the authority of the PRPTF depends on each minister of health in each jurisdiction.
- Nebras (McGill, Past-President)
    - Question: The CFMS submitted recommendations to AFMC Portal – what is the plan to respond to those?
        - We continue to advocate and to support your advocacy with standardizing immunization; we will push as far as we can but regions may not all find consensus.
        - We also are working to standardize the forms - this is very doable.
        - We have struck another subcommittee to continue to analyze this.
        - An amazing but complex project; we will get there.

Small Working Groups

- See Appendix

Greetings from Dr. Cindy Forbes, CMA

- Introduced by Ms. Anthea Lafreniere
- Excited to engage with medical students across Canada.
- Was recently involved with a leadership panel at Queen's University.
- There are activities that take our energy and that give us energy. We should try to fill our lives with positive people.
- Will discuss 3 things:
    - 1. How I got here.
    - 2. General Council in Halifax, NS.

    - 3. Where we are headed.
- Originally, did not know what I liked – I found it all fascinating; how we are regulated, how we get paid, it's all very interesting!
- Still feels that it is a privilege to practice medicine and engage in so many different parts.
- Many different areas of engagement even early on and many things were things that she was asked to do. She attended a meeting, physically showed up, and was asked to take part.
- The CMA Presidency was the first time, however, that I really had to stand up and say that I really want to do this. A year-long election campaign requiring me to speak broadly to my colleagues. It was the first time that the elections of NS had a billet of all women.
- CMA GC Halifax:
    - My first GC looked very different that GC 2015.
        - Mostly men and mostly older physicians.
        - The only student and resident were from CFMS and from CAIR.
        - Very formal, the same physicians at the microphone every year.
    - Over the years, it has changed and has changed significantly in the last two years.
    - IT is an organization that is become more modern and that is trying to meet the names of members.
    - The Board is looking to engage young physicians and we will be speaking at the Board about that.
    - Ambassador Program in Ontario for the first time; 10 individuals; this year, the group has tripled. Very challenging to to find young physicians who find it difficult to step away from their practices and young families.
    - The CMA Board voted to encourage PTMAs to bring students, so this is immense.
    - 18% of attendees were student/trainee/early physician delegates.
    - Two motions brought forward by this group:
        - Standardized Immunization Requirements
        - CMA supports the right for trainees to vote in the PTMA elections
    - Melanie and Ashley spoke to the importance of evidenced-based HHR data.
- Issues for 2015-2016
    - Federal Election: Seniors Strategy
        - Population >85 years old will quadruple
    - Physician-Assisted Dying
        - Protecting the vulnerable.
        - Protecting physicians who wish to follow their conscience.

    - Mandatory Immunization Reporting to enter into school – greatest consensus and desire for an immunization strategy.
    - Opioid prescribing – Canada is one of the top narcotics prescribers.
    - Professionalism will be more prominent as it is a CMA pillar.
        - Many college professionalism complaints come down to professional behaviours.
- What are we doing in the future? How will we connect with young physicians?
    - 1. Dr. Forbes is pledging to meet with all student groups across the province.
        - President goes to all PTMA meetings at some point during the year.
    - 2. Online discussion groups about what we need as students.
    - 3. Exploring concept of mentorship program.
        - It resonates with students but not certain of what it would look like.
    - 4. Design products and services via NewCo that are geared towards students.
- As a student, it costs $12 to be a member of the CMA; as a resident, it is $50; as a physician, it is $500.
- This means, that when you are in practices, it must be of value to you to remain engaged in the organization.

Questions:

- Jessica, Saskatchewan
    - Q: 92% voted in favour of Pharmacare, an important part of CFMS' advocacy work. What way do you think we should tackle Pharmacare?
    - A: Our organization's stance is that we support that all Canadians need access to medically necessary medications but it is the mechanism of getting there that we are less certain.
    - The government should fund expenses in medications >$1500 so that no one should be devastated by paying for expensive medications. We do recognized, however, that $1500 is still a barrier.
    - It is on the Agenda to review our position this year.
    - We know 1/10 Canadians do not fill their medications because they can't afford it.
- Emily, McGill
    - Q: With the upcoming election, there is a lot of political energy in the room. The CMA has an MD/MP program – do you have any plans to use the students to engage in those discussions?

  - A: Students can be an MD/MP program. IT Fredericton, Vancouver, and Edmonton we will be having open sessions – students should attend.
  - If students have ideas to be a part of the final piece of the campaign, let us know.
- Melanie, UofT
  - 1) NDP just announced that they plan to support bulk purchase of medications
  - 2) Unofficial internship in health policy at CMA previously – can we make something more official?
  - A: Great idea, amazing people at the CMA who are experts in policy. I'm unaware of an official program, have attempted to create a health policy elective at the CMA.
  - If you ever wanted a health policy expert from the CMA to engage with the group.
- David, McGill
  - Q: CMA decided to divest from fossil fuels and we will be bringing forward a similar motion. What are the plans are for the CMA dealing with health and the environment
    - Vancouver will be dealing with health and the environment, bringing in a great speaker in that regards.
    - Let us know what you want more of and we will attempt to do it.
  - Q: How can we work to put more policy training in curricula?
    - Work with our representatives who sit at the right tables, such as the AFMC.
    - I will take that message with me and we can see where we can go.
- Vivian, McMaster
  - Q: CMA PAC Committee – discussing the physician-assisted death framework. What is the process in developing this framework? How can students give feedback?
    - At the GC we put forward a process to respond to patient requests.
    - We will be advocating for physicians and protecting our patients
    - There was an online forum. You can also send ideas to Jeff Blackmer.

Dr. Ivy Oandasan, CFPC

- Introduced by: Dr. Jesse Kancir
- Sends greetings on behalf of Dr. Francine Lemire and the 30,000 members in Canada.
- Looking at medical education across disciplines and across Canada.

- The CFPC is a certifying body – at the end of residency, you are able to have a certificate and can practice Fam MD.
- Accreditation of Fam MD Programs across Canada.
- Differs from RC because they are also a membership organization – deal not just with education, but address issues facing Family MDs in Canada.
- Medical students can also change the landscape in education.
- The CFPC collaborated with RC and other groups to create CanMeds.
- We are seeing the profession coming together, not as different parts, but to advocate for good.
- There are many regional campuses and 800-1000 sites that provide learning opportunities, many provided by non-academic family physicians. These individuals are not necessarily as well supported as someone in a tertiary centre.
- SOMS – National Committee of Medical Students, Sophie Palmer.
    - Two observers sit at CFMS and we are working to better connect and engage.
- We want to better track data of where and how people learn and their career trajectories. Useful information for the profession and for students.
- Aggregate data is now available for the next 5 years.
- Continue to be bold and loud and to continue the work in advocacy that we do.

John Gallinger and Ryan Kelly, CaRMS

- Introduced by: Dr. Kendra Komsa
- Early days engaging with students and stakeholders about CaRMS.
- It is important for CaRMS to focus on the process and the system and to be agnostic about the outcomes of decisions so as to ensure fair and unbiased matching.
- Match Policy: Faculties, Ministries, AFMC
- Match Process: CaRMS
- Combining Policy and Process results in Match Results.
- Outlining the Typical Match Year
- Data is made available on the website, we are responsive to the kinds of data to follow.
- The Match Process – the questions always is: Why did I go unmatched?
    - Did the algorithm fail me? No.
        - Discussion of the Algorithm's role in the match process.
    - The rules around the match do not change from year to year.
    - The algorithm is stable, reliable, math-based, strategy proof, optimized for applicant preference.
    - www.natmatch.com

CFMS Annual General Meeting

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CFMS Financial Report

Motion to move in Camera with Rosemary Conliffe in attendance.

Moved by: Carl White Ulysse, McGill
Seconded by: Nebras Warsi, McGill

Motion to move out of Camera.

Moved by: Brandon Maser, Queen's
Seconded by: Chris Charles, McMaster

Approval of Prior Year Statements

Moved by: Franco Rizzuti, Calgary
Seconded by: Bryce Durafourt, Queen's

Unanimous

Renewal of Auditors

Moved by: Franco Rizzuti, Calgary
Seconded by: Bryce Durafourt, Queen's

Unanimous

Budget

Moved by:

Moved by: Franco Rizzuti, Calgary
Seconded by: Bryce Durafourt, Queen's

28 + Exec – Irfan – Schulte

Abstention: 1

CFMS Annual General Meeting

September 18-20th, 2015
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Irving Gold, RDoC

- Collaboration along the Medical Education Continuum
- Many years connecting with the CFMS and now I am able to work specifically for learners.
- Has been with RDoC since June 1st, 2015.
- Name change has been a very positive move, clarifying to the public what it is that residents do (they are doctors).
- Overview of the RDoC Organizational Structure.
- Overview of the Mission, Vision, and Values of RDoC
- Overview of the Strategic Directions
    - Training: To optimize the continuum of medical education.
    - Wellness: To enrich the experience of medical education.
    - Representation: To serve as the unified voice of Canadian residents.
- Overview of the RDoC Committees
- Moving forward:
    - Promoting transparency in the Match
    - Resiliency along the continuum.
    - HHR Policy
    - Enhancing the voice of learner
        - Real participation, proactive, and consistent.
- Importance of continued collaboration along the continuum.
- Calls on us to constantly reevaluate how we participate – are we there as the token learner? Are we being listened to? Are we evoking change? Are we apologizing for being heard, can we be more assertive?
- Why not make the table for people to sit at?

Q&A
Irfan, U of A

- How can CFMS and RDoC work together on Alumni Engagement?
- A: Have compiled the names and sought out the other leaders in this area. We could look to have alumni chapters. We need people to be our supported and advocates. For example, Tom isn't here because he couldn't be – if only he would have had someone supporting his efforts.

Medical Students Engagement on a National Level
Brandon Maser
Dr. Melanie Bechard
Dr. Irfan Kherani

What local initiatives have you been successful to engage students at the local level?

CFMS Annual General Meeting

September 18-20th, 2015
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Jesse, Sask

- Advocacy has been improved by the CFMS GAAC funding for $700 per school for events. That has helped us to have more fruitful Lobby Days
- Mel: Previously this money went untouched

David, McGill

- Room to grow to support local engagement.
- One initiative is the idea of having a formalized curricula for advocacy.
- It exists at varying level at different schools
- UofM teaches schools how to do letter writing vs. schools that have nothing.
- Past CMA involvement which is on hold with restructuring.
- Importance of joint Advocacy and Education.
- Irfan: In the past, CFMS has advocated for advocacy-based curricular standards in accreditation
- Mel: 3 years ago CMA passed a resolution saying that CMA would develop formal advocacy curricula to be applied at each medical schools in Canada – yet to be put in place.
- Secondly, the GAAC at each school have big roles as acting as guides to help other groups turn their ideas into successful initiative.
- Media training for local GAACs to act as guides; national strategy for support at the local level.

Marie-Pier, McGill

- National Wellness Officer
- One theme is that many local committees have great ideas but lack funding.
- How can different schools go to the CFMS, etc. to gain money for different projects?
- Brandon: Student Initiative Grants – Wellness is encouraged in those applications. But is there room for category-specific grants, such as wellness-focused grants?
- Canadian Physician Institute through the CMA have special-project funds – ie. for the Wellness Survey – more in depth application required but important to look for external opportunities

Sarah Hannafy, U of A

- At U of A we have monologues of mental health
- Open to share and destigmatize the conversation.
- An activity like this throughout the CFMS would be effective.

- Brandon: the Resiliency Curriculum has worked with a workplace destigmatization organization where they work with self-disclosure. Could we work to share nationally?
- Brandon: Question back – great events at local schools – how can we make these known and share nationally? Can we use an initiatives database – YES – it exists

Max Deschner, Ottawa

- Financial Management in medicine – we now have an interest group in this topic, trying to find different mechanism of support.
- Clearly in talks with MDFM on creating tools – expressing the need for that niche.
- Brandon: We want to have our financial management sponsor

Megan, Memorial

- Gateway program for new Canadians.
- Mel: Sounds like a student-run clinic – would be great to create a ToR/Best Practices for student-run clinics.
- Irfan: Use your INSTA to share great events!

Alyssa, Queen's

- We had an initiative called a Wellness Month Challenge
- This event would be beneficial at a national level to create a Canada-wide event.
- Also wanted to discuss – planning the event last year – our event was passed the original SIG deadline – might be important to split the SIG deadlines in two parts.
- Brandon: We had better engagement with one deadline but we hear you and want to consider splitting if it will be better.

Bryce Barr, Manitoba

- We run hot topic sessions – IMGs, Criminalization of HIV, CFMS Papers, etc.
- We try to get 50-60 students over a lunch hour to discuss what students actually think; less of a top down approach.
- Could we do this nationally? Can we ask what all students think about this issue? Are we voicing our own opinions or are we reflecting our members' opinions?
- Mel: It should be mandatory in some formation to reach out to our members via face-to-face or a survey.
- Brandon: Could have had these conversations online, on the Rounds, however, we could seek out a secure forum with which to share.

Emily, McGill

- Increasing number of policy papers on the website – how do we know what has happened after the fact?
- Mel: At GAAC, we have been working on an advocacy tracker concept with metrics and a summary of what has been done – similar to what the CMA creates with their resolutions.

Jeremy, UWO

- Clerkship Confidential – discussing narratives, destigmatizing mental health; we have conversations but we may not have the skills to deal with the issues when we open up the box – the administration is also concerned about managing this without skills. Can we get support for skills-based tools?
- Brandon: We are trying to work with RDoC and their Resiliency Curriculum – we are trying to have this implemented, these tools, at the UGME level.
- Irfan: In discussing with the UGME AFMC Committee – we presented the background on the resiliency curriculum; Deans were overwhelmingly in favour of ithis.

Carl, McGill

- Touch on getting these initiatives on a local level out there – used to be a section that featured this – Spotlight on a Student. We have Reps and Presidents Meetings – lets's ask about cool initiatives and feature it and put it on our front page for a few weeks and offer lots of initiatives.
- Mel: Important to update that section of the website; assign this duty to a regional rep

Fatima, UofA

- We often have a wide array of events, important to share, but sometimes we struggle to get medical students out to engage. I encourage people to not only share what the ideas are but also how they get students to come out and participate.

Closing Statements:
Brandon: For anyone in a SWG, regarding the next steps on the Wellness Survey – in terms of member engagement, let's use that data and advocate at both local and the national level. Consider googling the AMSA Blue Book to learn more about the services and events.

Irfan: You will always hear about pivotal moments and significantly changing from a one-person show to a huge variety – from PHDs in education to advocacy. I encourage

new people to get involved in the Education Portfolio – different working groups that include a combination of people – general members, other portfolio members.

Mel: Let's reach out to organizations about collaboration and endorsement. We need to keep up with collection of longitudinal data on Lobby Day.

Marianne Stroz, Ali Damji: Co-Chairs of the Ontario Medical Students Association

- Thanks to the CFMS for having us and allowing us to build on our collaboration.
- Discussion of Pillars of OMSA
- Discussion of OMSA Events
    - OMA Ambassadors Program
    - Leadership and Lobby Summit
    - Wellness Weekend
    - Ontario Medical Students' Weekend
- Please be in touch with us to learn more aobut how you can bring similar events to your own district
- Soliciting applications for Communications, Wellness, Representation Committees
- Creation of Provincial Wellness Officer position
- We have heard here that medical students need to engage in creating the future of healthcare.
- OMSA has been focusing on strengthening relationships with key players such as Choosing Wisely.
- Much discussion about Ontario's challenges.
- It's inspiring to see how medical students always see the big picture.

Michael, Queen's
Q: How much freedom should OMSA have from the OMA?

- Ali: We ended up in negotiations very close to Lobby Day and it was difficult to make plans in that atmosphere.
- We are having frank discussions with the OMA and being proactive – having them now well before Lobby Day.

Q: Would OMSA break away from the OMA?

- In our origins, we started as a section of the OMA – just like a section of Fam MD, Anestheiology
- It has only been in the past 5 years that we've created our own events and initiatives.
- The OMA is extremely supportive of many of our activities.

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Introduction to Resolutions Session

- Review of Roberts Rules
- Review of Executive Sponsorship
- Process of Discussion and Approval Resolution

David, McGill
Question: Points of Information at either microphone?
Answer: Yes.

Thank you to the Resolutions Committee!

CFMS Members Resolutions Session #1

Role Call:
All schools present (x2) = 28
President, Ed, VP SA, VP GH, Vp Comm Western x 1, Quebec x1, 2 ON Regional Rep (1 vote – Chair), Atlantic Rep,
ABSENT: Schulte

1. Nemo Contradicente (Read in full)
    a. Moved by: Melanie Bechard
    b. Seconded By: Doulia Hamad, McGill
    c. Executive Sponsored
    d. No abstentions possible.
    e. Unanimous
2. Medical Student Health and Wellbeing
    a. Moved by: Marie-Pier, McGill
    b. Seconded by: Brandon, Queen's
    c. Marie-Pier:
        i. Thank you to all of those who worked on this paper.
        ii. Purpose of new version is to expand to all new areas of wellness.
    d. No direct negatives.
    e. Passes nemo contradicente.
3. Global Health Core Competencies
    a. Read in full.
    b. Moved by: Golden Gao, UBC
    c. Seconded by: Chris Charles, McMaster
    d. Executive Sponsored

e. Golden:
    i. Over the past 4 years, have been working with the global health community on this project.
    ii. GHCC were mapped to CanMeds roles and faculty and students across Canada were surveyed for improvement.
    iii. We hope these are used to help create and implement GHCC in the core medicine curriculum.
    iv. All medical students should graduate with these competencies.
    v. GHCC are pending approval by the AFMC Working Group – our approval would help support our efforts
f. Direct Negative: U of T
g. Open a speakers list
h. Napoor, GHL U of T, Speaking Against
    i. Consultation process that occurred and was outlined did not reach out to the marginalized communities that this paper is directing us to serve.
    ii. Consultation only with residents and faculty and students, commendable but not sufficient.
    iii. Needs to be with LGBT community, etc.
i. Irfan, U of A, Speaking in Favour
    i. Argue that this document incorporated huge amounts of consultation with groups, especially the GH Consortium, international consensus group of GH leaders based out of Chicago which included immense consultation with marginalized group. This probably has the highest standard of gathering feedback from marginalized group.
j. 2 minutes to discuss with table
k. 4 opposed, 0 abstentions
l. Motion carries.

4. Family Medicine and Primary Care
    a. Read in full.
    b. Moved by: Max Deschner, uOttawa
    c. Seconded by: Melanie Bechard, U of T
    d. Objective outline of someo f the principles and background to family medicine. Many ongoing and unresolved issues moving forward but ideally a good overview.
    e. Direct Negatives: Calgary
        i. Open a Speakers List
    f. Luxey, Calgary, Speaking Against

i. Concern is section on salaries – "gap has narrowed leading to increasing etc." – this reference was only to Ontario. This is an issue

g. Jenna, NOSM, Speaking Against
   i. Medical schools across Canada, students work primarily with specialists. This does not reflect the experience of all individuals.
   ii. Speaks to Family MDs teaching with is contradictory.

h. Russel, Dalhousie, Speaking Against
   i. Resolution needs tweaking – took issue with the +1s.
   ii. In the motion, we want to know how the +1 options have influenced people going into Family MD.
   iii. We don't know how many Fam MD trained individuals are actually practicing Family Medicine.

i. David, McGill
   i. Point of Information
   ii. Is there anything you need to do meaningfully with the passing of this position paper?
   iii. Response: Max Deschner
      1. I think we should pass it now. There are important things occurring in family medicine right now that we require a strong paper.

j. Jon, Ottawa
   i. Point of Order
   ii. Point of Information
      1. This is to clarify things that are unclear not to ask a pointed question.

k. Mel, 2nd Speakers

l. Mel, U of T
   i. In favour
   ii. +1 may or may not influence peoples choice of Family Med, multitude of factors
   iii. Our paper is out of date, I am uncomfortable with it being late
   iv. Family MD as teachers vs. Specialists delivering medical education – these are not mutually exclusive

m. Tavis, UWO
   i. Speaking in Favour
   ii. Spoke against last time regarding FHT; I think the authors have done a great job in enhancing this paper.
   iii. Otherwise echo Melanie's comments

n. Kelly, McGill
   i. Speaking in Favour

ii. Paper has gone through many revisions.
iii. There have been many changes in fam md in the past ten years.
iv. In quebec, major changes that this paper will allow to support our advocacy efforts.

o. Flimbie, NOSM
   i. Point of Information: What is the next step for this paper?
p. Bryce – as parliamentarian
   i. Point of Information should clarify a point relating to the motion or paper, not be used to clarify direct
q. Mel
   i. Our policy papers are reviewed on a 5 year cycles.
   ii. That said, we can revise earlier.
   iii. In terms of our use, Exec review relevant papers to their portfolios and support their work for the year.
   iv. Advocacy tracker looks at how we are using these.
r. David, McGill
   i. Point of Personal Privilege – can we consider suspending rules of debate so that we can ask pointed questions to the movers.
s. Gravel, Ottawa
   i. Point of Information to ask question directly related to the the paper, the answer without which we would be unable to proceed and pass this paper
t. Straw poll – do you want a procedural motion?
   i. No hands raised
u. Alex, Dalhousie
   i. Speaking Against
   ii. Concerned and want revised and want input from rural schools and coastal schools.
v. 1 minute to discuss.
w. Opposed: 5, Abstentions: 2
x. Motion carries.

5. Indigenous People in Health
   a. Moved by: Ryan Giroux, U of T
   b. Seconded by: Chris Charles, McMaster
   c. Not Executive Sponsored.
   d. Ryan Giroux
      i. As NOIH, excited to be putting forward this paper.
      ii. We are pleased with the results and feedback so far, great work from the Working Group.
      iii. Individuals from COHP, form EdCom, etc.

iv. The CFMS does not have a comprehensive policy paper but 2010 and 2012 documents that support it and the CFMS has taken stances related to this paper such as alternative entry pathways.
v. Support from IPAC and we are pleased to add a student perspective.

e. Direct Negatives, Russell Christie, Dalhousie
   i. Point of Information:
      1. What do you mean by pipeline approach to alternate entry and recruitment of indigenous students?
      2. Ryan: We don't increase enrollment by targeting undergrad lelve, we recognize they cannot get to that point – targeting high school students and farther down the line.
   ii. Nebras Warsi, McGill:
      1. Speaking in favour
      2. We have pipelines at McGill
      3. It starts before undergrad – we go into underprivileged schools nad communities where people haven't even considered they could do it; this is one of the most successful and enriching programs we have; it's critical.
   iii. 1 minutes to discuss
f. None opposed, Abstention 1
g. Motion carries.

6. Improving Healthcare for LGBTQ Populations
   a. Read in Full
   b. Moved by:
   c. Seconded by:
   d. Matt Haaland:
      i. Thanks for those who helped to write this.
      ii. At SGM, this is a result of the GH discussions in the spring.
      iii. When discussing the transgender paper, that we needed a more broad LGBTQ paper in this group.
      iv. We had many different peoples and concerns.
      v. We wanted an easy to digest paper for these many issues to continue
   e. Direct Negative, Russell, Dalhousie.
   f. Speaking Against
      i. The core principles is great, however, wetook issues with wording of 3rd Recommendations

ii. We should raise awareness and advocate; we think it's too much to ask students to do that, to teach them how to think; we should ask MedSocs to do that.

g. Speaking in Favour
   i. Han, UWO
   ii. Glad to see a more broad paper after authoring transgender.
   iii. Appreciate clarification of terms.
   iv. Definitely state that each school has local reps that are part of the CFMS to advocate and promote awareness.
   v. It's the CFMS job to do that.

h. Kingsley, UBC
   i. Speaking against.
   ii. We support the paper but have issue with Recommendation 1c
   iii. Research
   iv. Federal and provincial governments already support, we would rather have them increase in support for research.

i. 1 min to discuss.
j. 1 abstention
k. Motion carries.

7. Climate Change and Global Health
   a. Moved by: Kelly Lau
   b. Seconded by: Bryce Durafourt
   c. Kelly:
      i. Thanks to the authors who are not all here today.
      ii. At the CFMS, we don't have significant policy on environmental health.
      iii. The UN, WHO have all called for action on climate change.
      iv. COP21 in Paris.
      v. Divestment is something the the World Bank, CMA, BMA have all diversted from fossil fuels.
      vi. It is analogous to divesting from tobacco for health reasons.
      vii. We need a strong medical learner voice to speak for our health of our paitents, particularly those in the north experiencing the effects
   d. Josh Palley, Manitoba
      i. Point of information:
         1. Unclear to me that recommendations are action items yet the level of effort is 0 hours – but would we be required to do anything or a subcommittee would have to be made?

2. Kelly: Level of Effort – we already have created a pseudo subcommittee and we have been working on climate change on health?

ii. Mel:
1. The resolution does not require us to do anything with the paper, we only pass the paper itself.
2. Level of Effort is 0 at present

iii. Gravel, Ottawa
1. Speaking against.
2. Specifically, the third recommendation regarding CFMS divesting form fossil fuels and carbon trading.
3. I think this is out of our scope; there are major economic experts who disagree on Carbon Trading.
4. There is a lack of information on whether we invest in fossil fuels.
5. In our scope, yes, let's promote education on the issue in our schools.
6. Let's not put things on our website that we aren't going to do anything with.

iv. Fan, Ottawa
1. Speaking in favour.
2. If you look at Rio 20 summit, etc.
3. There are individuals who focus policy on climate, people who are experts to clarify this.

v. Franco, Calgary
1. Speaking against.
2. Generally, I think the content I am happy with.
3. I think we have a good opportunity to advance this.
4. I think the level of resources we have now does not allow us to do this quickly.
5. Passing us requires us to come to SGM to put forward dollars and time to invest this.

vi. Durafourt, McGill
1. Speaking in favour.
2. Working with Cindy Forbes and Ewan Affleck who initially brought this issue to the CMA and I was able to state it was an issue of importance to learners and be stronger in our advocacy and work with the CMA.

vii. Speakers list, Justin, Alberta

viii. Justin, Alberta
1. Point of Information

2. "Reducing of forestation" and "reduces poverty by generating jobs" – this is a blanket statement and there was no reference – where did it come from?
3. Kelly: This is supported by most literature. Unsustainable practices has been known to exacerbate.

ix. Gravel, Ottawa
1. Speaking Against
2. Of course I am against climate change, of course I want to end homeless; and as we speak for and against - the details in the document matter; we need to think about the document itself, not the overbearing idea.
3. When we speak and vote, I am objecting to a part of document.

x. Doulia, McGill
1. Speaking for.
2. Details of paper can be amended and changed.
3. Living conditions go down,

xi. Robert, Manitoba
1. Speaking against.
2. Fails to address to climate change caused by the practice of medicine. Does not address the fact that instead of living up north as opposed to flying up there.

xii. Ruth, Manitoba
1. Point of Information:
    a. How would someone have increased health access when climate change is decreased?
    b. The reference makes the statement but doesn't support the statement nor does it reference.
2. Kelly: Increased heat waves, natural disasters put strains on healthcare in general.

xiii. New Speakers list: Fanula, Alberta

xiv. Ranula, Alberta
1. Speaking Against
2. U of A had roundtable and they broadly disagreed.
3. WE were in favour of the issue but had issues with references and the two recommendations on divestment and carbon taxes when there are many other ways to effect climate change.
4. It is yet to be seen whether these tools are effective.

xv. Danielle Nelson, Queen's
1. In favour:

2. Reducing climate change does improve access, from personal experience, electives up north – ice roads for access to communities are less able to be used when there is less ice/permafrost.
3. Drought causing increased forest fires which limits access.

xvi. Brad, U of C
1. Speaking against.
2. By supporting the paper, we support the content.
3. The 3rd recommendation wants us to form a committee to analyze and create changes.
4. I as a student am not an expert on these solutions and it is beyond our scope.

xvii. Jesse, Sask
1. Speaking in favour.
2. As someone with highest per capita greenhouse gas emissions.
3. Advocating for reductions in greenhouse gases – important for people in positions of power to stand up for those who don't.
4. We have other papers come through today and people do support the feel and overlook other issues – is it a personal perspective?
5. Not having a statement makes us appear backwards and we are a decade behind.

xviii. Marguerite Haynes, U of C
1. Speaking against.
2. In favour of spirit, incredibly positive.
3. It is important that we can accomplish the goals of this paper and we need money behind this to realistically implement changes.

xix. Speakers List,

xx. Mel, U of T
1. Speaking in favour
2. 1) Feasability of recommendations – it should be deasible – it should be noted that there is not a time limit on these recommendations – that is fine to pass it now and then we should plan further. We should not work on a recommendation that isn't passed.
3. 2) Health does not end at the clinic door and it is beyond all of the things that we are well versed in.

4. We should do our best to research and understand and have positions.

xxi. Nicole, McMaster
1. Point of infromation
2. Why did you not use the impact of healthcare in the paper?
3. Kelly: We believe that the purpose of this paper was to analyze our best way to make the first step. But to minimize the scope, we limited it. But there is a line to state that we are committed to being sustainable as healthcare in general.

xxii. Jessica Bryce, UWO:
1. Motion to table until SGM
2. Seconded by: Roland Xiu, Toronto
3. No speaking.
4. In favour
5. Opposed 6, Abstention N/A.
6. Motion carries.

e. Discontinuation of Executive Sponsorship
i. Read in full.
ii. Moved by: Brandon Maser, Queen's
iii. Seconded by: John Van Tuyl, Calgary
iv. Brandon: It is confusing year to year. We explain so much of it but even with the working definition, there is confusion within the Executive, there is internal confusion, and we are misrepresenting this to the GA. We don't get much benefit from the process and ResCom organizing is sufficient.

f. Open the

g. Han, UWO
i. Poiint of Information:
ii. Doesn't the Review Committee remedy that, and yet, you pulled the Review Committee?
iii. Brandon: I don't think it's appropriate to propose a committee

h. David, McGill
i. Point of Information: Does the internally ordered list of Resolutions get made public?
ii. A: yes, it is.

i. Nebras, McGill
i. Point of Information:
1. Looks like we won't change the process? What is this internally list?

2. Brandon: We ware removing the stamp and bias of Executive Sponsorship?
3. How will you decide?
4. Branodn: Straw poll, internally debate, put an asterisk. Essentially have the same process but not tell the GA

j. Ali, U of T
   i. Speaking in favour
   ii. I believe that as an Executive, we should not be creating divides between members and the Executive. These are mechanisms that bias individuals.

k. Bryce, McGill
   i. Speaking against.
   ii. I recognize that this statement has developed confusion. I think we should work to further clarify as we are involved with the day to day operations.
   iii. It should not be a stamp of approval

l. Speakers list

m. Gravel, Jon, Ottawa
   i. Speaking in favour.
   ii. Have been hear in the past few years, have discussed this frequently.
   iii. Too often, people see Executive Sponsorship and its easy to just throw your placards in the air.

n. Tavis, UWO
   i. Speaking against.
   ii. Decidedly not a fan of Executive Sponsorship. That said, we are not ready to throw it out the door without contingency plans.
   iii. Executive Sponsorship is a way that makes us sure that the Executive is accountable to us, that they are supposed to have thoroughly debated it.

o. Melanie B, U of T
   i. Speaking in favour.
   ii. I recognize that it can be useful to provide input, however, I don't think we need this as our proportion of votes are so large.

p. Jenna, NOSM
   i. Speaking in favour
      1. The goals of the CFMS are driven by the general members, not the Executive.

q. Jesse, UBC
   i. Speaking against.

1. The meeting is a mix of advocacy – we put forward the issues we want – but it is also a business meetin g- some of the motions we put forward are out of respect for the GA but are more for the operations of the organization.
2. I do agree that we should be more judicious in what we sponsor. But it is important for internal business.

r. Melanie, U of T
   i. Point of information.
      1. Those who are astute will see that the Exec Sponsorship motion is last – does ResCom have ultimate say?
      2. Brandon: Yes
s. Ottawa
   i. In favour
   ii. Unless it is explicitly told to me what this means and that I can do what I want, I assume I have to vote in favour. It is undue pressure on me.
t. Tavis, UWO
   i. Point of Information.
      1. Why was Review Committee pulled?
      2. Brandon: IT is not practice to pass a resolution to propose a committee; you put forward a committee with Terms of Reference.
u. Ashlee, Alberta
   i. In favour.
      1. There has concern expressed over the language, we have no clear idea of what the Executive criteria is using. Is it subjective? Is it based on their experience?
v. New speakers
w. Gravel, Ottawa
   i. Speaking in favour.
   ii. I forgot.
x. Eric, UBC
   i. Speaking in favour.
   ii. Why not change the name from Executive sponsorship to something else and keep the definition? But I realize the definition is important for the priorities as it relates to the priority and goals for the CFMS.
   iii. I think internal restructuring is fine.
y. Carl, McGill
   i. Speaking in favour.

ii. There are two schools of thought. Some think it means that we think this motion must pass and it will hinder the
iii. There is a minority such as myself that I think it is an important conversation to be had regardless of outcome.
iv. This dilutes the meaning.
v. 1 opposed, 4 abstentions.
vi. Motion carries.

John Schulte walks in
+1 vote.

Announcement: Submit nominations within the next hour.

Please proceed to break and to view our sponsorship booths.

Colin Leslie, Medical Post

- Have provided the 50th anniversary edition on the tables.
- It is also available on tablet.
- It is free but it is a gated website.
- Being gated adds a layer of privacy to the comment session.
- Editorial question: There was a new, young presence at the CMA GC.
- Straw Poll
    - Pharmacare: Most agree

Phillipe Leblanc, Francophone Medical Communities

- Introduced by: Dr. Kendra Komsa
- Discussing: FrancoDoc by the AFMC
- There are French speakers who are invisible in medicine.
- Project goal to develop an enhanced French-speaking medical human resoruces to identify students in English-medicine.
- There are large and small francophone communities all across Canada.
- For example, 10% of the population in Nova Scotia
- These individuals have specific healthcare needs that cannot necessarily be addressed in their own language.
- Objectives:
    - Project hopes to find the Francophone and Francophile students in English-language faculties.
    - Find clinical opportunities in these schools to provide and learn to provide care in French.
    - Hoping to enhance spoken and medical language.

- Some may have answered a questionnaire from your Faculty to determine if you were interested in clinical opportunities in French.
- What's in it for learners?
    - Francophone Interest Groups
    - Training sessions and toolkits
    - Student Reps on liaison committees
- Success thus far:
    - Getting a landscape of the opportunities across Canada.
    - Able to identify the francophone/francophiles across Canada
- Reach out to your Faculty Representative for this project.

Questions:

Melanie, U of T

- Q: Any plan to involve residents?
- A: We do plan to engage them but we are not sure. Focusing on the UGME programs, it is more manageable then going into the specialties. There have been successes identifying these students and supporting their capacities.
- Difficult to match together a French Neurosurgeon with a willing Internal Resident, for example.

Carl White Ulysse, McGill

- Q: Excited to have this as a priority. I noticed there are not McGill contacts. We have students who need help connecting with French students.
- A: Yes. Not certain how. Have launched the project in Ontario and hoping to move into McGill.

Panel: Francophonie and Medicine Panel
Jenna Webber, NOSM
Julien Dallaire, Sherbrooke, FMEQ
Anaelle Massenet, McGill
Jon Gravel, Ottawa
Phillipe Leblance, AFMC

- Anaelle: As a bilingual stuent, I have difficult attending an English school. A lot of French students worry about going to McGill because it takes more time to study, stressful in exams, hard to understand professors. A lot of people overlook them, but it can be really meaningful. Also difficult to be in a clinical environment. Even as a francophone, being trained in English, it's difficult to

even do a French history. Doesn't make sense when 50% of your patients are Francophone.

- Jenna: Francophile and NOSM – the francophonie community is large and many patients are more comfortable in French. Sometimes funny when a patient looks at your name and assumes you don't speak English – a beautiful moment when they do. Sometimes trying to speak French, even if you don't speak perfectly, it helps. Also important to advocate with staff. Some docs are nervous to stumble in French – I encourage them to try.
- Jon: Ottawa U is interesting – both French and English streams. Contrary to McGill, I'm comfortable in both English and French – but not comfortable doing a history in English! All my training is in French so in the hospital setting in English I become comfortable. We have a French and English program but not a bilingual program. The English stream does not have access to the French steam. We are isolated, no overlap.
- Julien: Quebecois studying in Sherbrooke which is 100% French. Most patients speak French – life is easy so far. But I still can see issues for Quebec medical students across Canada. As an MS4, MCCE1 is still poorly translated. Quebec medical students means spending a lot of time on translation. Translating a Dean's letter is $300 and each recommendation later $120. If you won't pay, then you can only apply to three schools. Also, many medical textbooks are in English – challenging to adapt.
- Phillipe: It is difficult to know which patients speak French – I know when you raise your hand, but, I don't know to look at you. Speaking to someone in their own language goes a long way to make them more comfortable in a medical setting. It's an experience.

Bryce:

- One of the challenges I felt as someone comfortable in French but struggled to understand abbreviations.
- Chantal: Calgary
    - What % of students study in English go to French or go to English.
    - Are you planning on studying in the other language?
        - Julien – applying to both – but the obstacle is the cost of translation. Interviews will be very stressful after a comfortable months working in English.
        - Jon – apply to English.
        - Jenna – want to be in a bilingual program – but medicolegally scared to chart in French.
        - Carl – no specific statistics; anectodal evidence – 60% are applying to English schools. Students 1/3 anglo, 1/3 french, 1/3 other

CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

- Zack: Western
    - As FMEQ, what is role for advocating for these students?
    - Friends stressed applying to medical school because they need to score high on language test to get into Francophone schools.
    - Julien: This test is necessary to ensure success. If our members are wanting an advocate, we could work for that. Is that something Anglophone Quebec students are saying? Happy to discuss more.
    - Carl, yes, difficult
- Sarah, U of A
    - As second year, wondering if you have done clinical electives in another language? What are the challenges? Any supports to help students pursue?
    - I am francophone in Alberta want to study in French.
    - Jon: I've done French clinics in downtown Vancouver – Medicin Francophone – really helpful, these physicians really want to help you speak French in these settings.
    - Phillipe: Definitely possible, we are trying to unearth those possibilities. Usually centres are moreso bilingual.
- Charles, McGill
    - Is your Faculty aware of your struggles?
    - Julien: Faculties have been very supportive, they want us treated fairly with the national exam. I don't think the question has come up with the Faculty – the French faculties are protective – would react – why do you want to apply to English programs?
    - Jon: uOttawa very receptive, French stream for 10-15 years – there is a student lead group on English side that French stream hang out and help. Our e-mails are responded to in both language regardless of what you write to them.
    - Jenna: Working to make headway – we have asked to have French SPs for OSCEs. Some people try very hard. The main barrier is that the school itself is very small – having the person power is critical.
    - Anaelle: When you sign a contract in McGill that you say you need to proficient in French by the time you get to clinical classes
- Vivian, McMaster
    - Great to connect with paitents by using their language.
    - McGill in Law offers classes in English and French – you can take the class in either language that you want – would you want to be able to go back and forth between either.
    - uOttawa – everything in both langauges – could get slides and recordings on the English slide – we get exams in both languages.

- You will choose your own language.

MD Financial Management

- Introduced by: Dr. Kendra Komsa
- The energy within medical students is amazing!
- Beyond Backpacks with MDFM!
- Available throughout the weekend to have great conversations.
- Critical to help individuals throughout the life cycle.
- Here today:
  - Casey, ECS
  - Maryanne, Marketing Specialist
  - Jenna, CMA
- Backpack Program
  - The colours have gotten a bit more exciting over the past few years.
  - 18 years of backpacks
  - Follow the FB Page and tag backpack photos
  - There was a backpack reveal photo
  - If you want to be in the next year backpack reveal photo that would be great
- Working with Clients on Advocacy
  - Valerie at Laval
  - Embracing the MD Family and Relationship
  - If you want to be part of the program, let Alison know.
- Who is MDFM?
  - 100% wholly owned subsidiary by the CMA
  - We do have 100% salaried advisors
  - They are not on commission; objective financial advice;
- Post-GC Medical Student Programming – Medical Student Manager
  - Here today to see and meet medical students.
  - Want suggestions for the CMA – such as CaRMS translation services, etc.
- MedEd Counsel
  - Team of MD Advisors and ECS
  - Around during lunch hours, academic days, etc.
  - Want to talk about services.
  - Discussion about Financial Curriculum – we are talking to school and preparing you for the business side of medicine.
  - Everyone is in a unique financial situation.
  - Part of your CMA membership to discuss with one of these people your current financial plan.
- CFMS-MDFM Partnership

CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

- Trying to work and connect closely with you.
- Would love to connect with the Reps to find out how we can support your more.
- Working with Jenna and other folks across the country to help and support you.
- Currently have a financial page on your website this AM.
- Congratulations to our Travel Award Winners

Role Call
13:20
14 schools x 2
Executive
Taneille: missing 1

Missing 1 Ontario

Resolutions Session #1

Medicare
Moved by: Rafael, Toronto
Seconded by: David, McGill
Not Executive Sponsorsed
Taneille: 13:24

Rafael:
Update to a previous policy paper.
Strongly stating that we support preserving medicare and we do not support the incorporation of privatization
Speakers List, Brendan Morgan, U of A

i. Sarah Hannafy, U of A
    1. Speaking Against
    2. Assumption that the public system is the best system and argument against the for-profit system is not given due-regard.
    3. It is important to make this evidence-based as opposed to having the proponents of medicare viewed as ideologyes
ii. Eric Zhao, UBC
    1. Point of information
    2. Noticed Recommednation 1 and 7 may be contradictory
    3. 1 – Canada's governments should review single payer commitments
    4. 7 – We may consider private alternatives but carefully

5. How do you reconcile those?
6. Rafael: 1 stands strongly for medicare; if 7 really want to implement private, we must work to ensure that this is done smartly and with caution.

Ali: 13:28

i. Robert Schmidt, Manitoba
    1. Speaking Against
    2. I don't thnk we need to make a statement of preserving a system; we must constantly be able to change and look forward; how can we change a system for the better as opposed to preserving a 50 years old system
ii. Jessice, Western – Bryce
    1. Speaking Against
    2. Not addressing the financial sustainability of our system.
    3. The values underlying our system is not financially sustainable.
    4. This was discussed and a concern at Western
iii. Sarah Silverburg, U of T
    1. Speakin in favour.
    2. By supporting a universal single payer system, you are addressing the right to access health.
iv. 1 minute to discuss
v. In favour - 24
vi. Opposed - 10
vii. Abstention – 6
viii. Motion carries.

Moved in Camera
Moved by Irfan Kherani, Ottawa
Seconded by Brandon Maser, Queen's

Unanimous.

IMGS

Moved by: Rafael Sumalinog, Toronto
Seconded by: Irfan Kherani, Ottawa

Move to table
Moved by Brandon Maser, Queens

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

Seconded by Irfan Kherani, Ottawa

Mover has withdrawn the motion.

Number of Delegates Per Room for CFMS Funded Delegates

Moved by: Bryce Durafourt, Queen's
Seconded by: Franco Rizzuti, Calgary

Move to go out of camera: Irfan Kherani, Ottawa
Seconded by: Alana Fleet, Queen's

Unanimous

Move to Call the Question:
Megan, NOSM
Bryce Barr, Manitoba

6 opposed.
Motion carries.

Brandon Maser, Queen's
Point of Personal Privilege: Private Ballot

CFMS Executive Elections

Speeches: 3 minutes.
Questions: 2 minutes.
No individual question can be longer than 30 seconds in length.

Chief Electoral Officer: Dr. Jesse Kancir

Audible description of elections process (ranked ballot)

VP Medical Education
John Schulte (Saskatchewan)
Nebras Warsi (McGill) - ELECTED

VP Communications
Meghan Bhatia (Queen's)
Carl White Ulysse (McGill) - ELECTED

CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

VP Finance
Franco Rizzuti (Calgary) - ELECTED
Daniel van Zanten (Dalhousie)

VP Student Affairs
Shilpa Alex (Manitoba)
Marie-Pier Batrash (McGill) - ELECTED
Taneille Johnson (UBC)
Alyssa Lip (Queen's)

VP Global Health
Nikita Arora (McMaster)
Golden Gao (UBC) - ELECTED
Ryan Giroux (Toronto)
Matthew Haaland (Queen's)
Marguerite Heyns (Calgary)

VP Government Affairs
David Benrimoh (McGill)
Jessica Harris (Saskatchewan) - ELECTED
Vivian Tam (McMaster)

Atlantic Regional Rep (1)
Hendry Annan (Dalhousie)
Anthony Maher (Memorial) - ELECTED

Quebec Rep (1)
Sophie Weiwei Gao (McGill)
Emily Hodgson (McGill) - ELECTED
Charles Edward Litwin (McGill)

Ontario Regional Representative (2)
Yoursif Atwan (Western) - ELECTED
Lauren Chan (Queen's)
Chintan Dave (Queen's)
Bernard Ho (McMaster)
Gordon Locke (McMaster)
Brandon Maser (Queen's)
Han Yan (Western) – ELECTED

CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

*Yousif Atwan and Brandon Maser tied for the second Ontario Representative slot. A run off election was conducted Sunday morning at which point Yousif Atwan was successful.

Western Regional Representative (2)
Harjot Bedi (UBC)
Abdullah Ishaque (U of Alberta)
Emily Macphail (Calgary) - ELECTED
Fatehah Ramazani (U of Alberta) - ELECTED

Sunday, September 20th, 2015

FMEQ

- Introduced by: Anthea Lafreniere
    - Spoke to the important relationship with the FMEQ and their President, Ariane.
- Carl and Ariane discuss the situation in Moncton and the challenges with communication on that issue.
- Overview of their representation model.
- Discussion of national and international advocacy engagement
- Over of the Wellness Politic and Wellness Activities.
- Discussion of the lack of Pass/Fail system.
- Political Advocacy and Quebec Lobby Day
- Discussion of Bill 20 and Presentation at the National Assembly of Quebec in March 2015
    - Proposal of alternative solutions to quota imposition.
    - MedSocs organized a strike in March after firm opposition from the Health Minister.
- Discussion of Bill 44 on Tobacco Legislation Revision in the NAQ in August 2015, feature on Radio-Canada, La Presse, the Gazette.
- Academic Programming
    - Guide on residency programs.

Run-off Election for the Ontario Regional Representative 2:

Candidates:

CFMS Annual General Meeting

September 18-20th, 2015
Windsor, Ontario – Waterfront Hotel

Brandon Maser (Queen's)
Yousif Atwan (Western)

Speeches: 3 minutes.
Questions: 2 minutes.

CFMS Elections Reform

- Han, UWO
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- Marguerite
  - 300 words, small paragraph with their intentions, their platform; submitted a week in advance of the AGM
- Antonio, U of T
  - At the IFMSA, weeks in advance, they submit their CV and vision and platform.
- Josh, Manitoba
  - Question the utility of the vote of Executive in elections.
- Ryan
  - I don't think that the regional representatives should be voted on by schools outside their region.
- Bryce, Manitoba
  - When the Western Reps, I think that schools from their home region should be able to ask questions firsts.
- David, McGIll
  - Agree with earlier deadline with CV, etc.
  - Would be great to have candidates campaign online. This would require campaigning rules.
  - It feels more like a corporation then a federation; would be great if more member schools have representation; idea of giving smallest school a base number of votes.
  - Bryce: Also have spoken about direct democracy – all medical students in Canada can vote.
- Ashlee, U of A
  - Concerns about accessibility.
  - If you have never been to a meeting, you can't attend, there are technology issues, they just don't get their just time.
  - They could put their videos online.

    - There is a disadvantage if you have never been to a meeting before; you don't know the environment;
- Julien
    - Rules online
- JEnne, NOSM
    - Possibility of having live feeds and have our students at home communicate with our Reps
    - Bryce: If anyone has ideas on live streaming in a cost effective way, it would be great.
- Carl, McGIll
    - I would caution having election for regional reps – McGill has only one school and the nominee could actually hold that vote.
    - Bryce: Yes, and they take on national projects as regional reps.
- Zack, Western
    - Important to have everyone vote for regional representatives as they sit on Exec and represent us.
- Sarah, U of A
    - Is there a mechanism to decide at what time who gets to provide a speech?
- Jesse, Western
    - Impressed by the number of questions candidates can answer; if there is a way to ask candidates questions in advance, many questions.
- David, McGill
    - You could do a preferential voting system for representation.
    - Do not think we could
- IFMSA Liaison Officer
    - Important to have platforms for these positions
- Brendon Morgan, Alberta
    - Caution that we value and prioritize novel ideas – the reason we have candidates step out of the room is so people
- Ryan, Toronto
    - Thanks Carl for bringing up the Quebec point.
    - What about having student members vote in the regions.
    - There is come concern about Regional Reps taking on projects that aren't regionalized.
    - I still think we should vote in our regions.
    - Bryce: I want to be sure people don't lose sight of our strategic plan.
- Nebras, McGIll
    - If you have an IT genius, it doesn't cost anything to live stream.
- Bryce: Putting forward a task force on election reform

  - Offering to chair as parliamentarian
  - 2 members of current Exec
  - 2 medsoc presidents
  - 2 cfms reps
  - Our job would be to reach out to general members across the country and to solicit ideas.
- Marguerite, Calgary
  - Regional Reps – there is a power imbalance with so many schools from Ontario which skews results for smaller regions – maybe there could be different weights.
- Brad, Calgary
  - Loved this election, a lot of interest.
  - In past history, this has not always been the case; caps and distraction of a huge election – it is n of 1. How do we do it again?
- Robert, Manitoba
  - Ensure there is good regional representation on a task force.
  - It can be easier for Ontario to send a lot more candidates – if there is any way to validate schools.
- Irfan, Ottawa
  - If a talented candidates is unsuccessful, they often are lost to us; at OMSA, you can run for many positions.
  - Rosemary: This is something I am concerned about; I see talent and I realize they are all just gone if they don't win. You are talking about multiple; used to be that people could stand for 2 positions; they would declare their first choice.
  - Also, can we have general delegates beyond the Reps and Presidents.
- Bryce: NEW proposal - 2 members Exec, 1 President, 1 CFMS Rep, 2 CFMS members at large as selected by NomCom.
- Kristin, Ottawa
  - When you compete against a returner, it's a serious disadvantage.
- Jesse, Sask
  - I agree with comments on regions, I don't think we have the insight.
  - From a smaller school perspective, wouldn't want their to be more votes or power.
- Lindsey, Sask
  - Lots of concern
  - If everyone submitted a video of their speech and that is the format that everyone does use.
- Fatemah, Calgary

    - Let's say someone has past experience but they have not performed well; any way to notify individuals.
- Han, Western
    - Once you elect someone to become an Executive, they will have a significant weight in terms of voting – they vote on all resolutions, it's important that we all weight in.
- Graham, Queens
    - Lindsay made a good point – the value of a candidate being here versus not; considered travel funding for people willing to run.

Motion to create task force.
Moved by: Leanne Murphy, Queens
Seconded by: Carl White Ulysse, McGill

Unanimous.

electionsreform@cfms.org

Motion to destroy
Moved by: Leanne Murphy, Queens
Seconded by: Jenna Webber, NOSM
Unanimous.

Presentation of Bord Bruckmeier publishing (producers of the pocketcard)

CFMS AGM 2016 Bid Announcement, John Schulte

- Caliber of document extremely high
- September 23-25, 2016
- Presentation of Selection Criteria
- Bryce, Manitoba
    - Have you taken into consideration IceBowl?
    - Yes – they have been informed and have not picked the date.
- Ali, Toronto
    - Does the CFMS cover deposits?
    - John: Yes.
- Leanne, Queens
    - Is it the amount of sponsorship or is it covering a budget? Perhaps a percentage value.
- Yousif, UWO

- It would be helpful to provide a scorechart/report card to unsuccessful candidate.
- John: We can make sure we provide this to all applicants

Global Health Program CFMS AGM Update
(Further updates from Powerpoint Presentation – to be included)

- GHP Structure is outlined
- IFMSA Exchanges Outline
  - Exchanges source of increasing revenue.
  - Review of very successful increasing number of placements (91% increase of placements).
  - Presumably this is sustainable.
  - We need all students leaders to advocate for their schools to accept exchanges, we gain bargaining power to increase our outgoing electives.
- Human Rights & Peace
  - Pharmacare
  - Access Campaigns
- Reproductive

Student Affairs Program Update
(Further updates from Powerpoint Presentation – to be included)

Presidents Address
(Further updates from Powerpoint Presentation – to be included)

Thank yous and meeting adjournment.