Welcome
- Indigenous Land Acknowledgment
- Robert's Rules of Order
- Motion to adopt the agenda
- Motion Carried

Board Introductions
- Values of the CFMS: Energy, Equity, Excellence, Empowerment
- Guiding Principles:
  - Must make sure to stay relevant to our membership
  - Must be aware that we represent students from many levels of education
  - Must make sure that we represent diversity in all forms
  - Must make sure all individuals feel safe in sharing their opinions and concerns
  - Important to have social/economic/cultural context
  - Decisions made should help medical students prepare themselves to be better care providers
- CFMS history
- CFMS Board
  - Mixed board: both management and governance roles. Need to balance the two
  - Know what our organization is doing to redirect people and help them get on track with where we’re going
  - Must consider our fiduciary responsibility to the organization
  - Important to know our responsibilities and seek clarification when necessary
  - Board Members are conduits for communication from portfolios to President
- CFMS Board Structure
  - President/Past-President are for guidance. Past-President not to be involved other than to give guidance and support. Vision comes from President
  - Important to connect with medical student representatives via Roundtables and represent their opinions
  - Try to avoid overlap and duplicating work
  - In favour of collaboration between portfolios
  - If your portfolio includes National Officer(s), keep up to date
    - Especially important when these National Officers sit on national level Boards. In the past, sometimes people didn’t show up to meetings
- Strategic Plan 2017-2022
Also named the Human Resources and Operations Strategic Plan

First point is on improving efficiency and committees and general assembly

Follow similar layout for portfolio work plans as the strategic plan

- What is our overall goal (Operational Direction)
- What gets us there
- Measurables/Metrics
- Implementation plan and timeline

Second point is about engaging and developing member volunteers

Third point is on enhancing our board structure and regional representation

Fourth point is about human resources and financial health. Previous GA (General Assembly) showed this might be extended because of the current deficit. The strategic plan is not rigid, values change over time

Board Level-set

- Want your time here to be significant, and to learn skills to carry on to future roles
- What makes great boards great? Overview of Harvard business review criteria
- Communication within the board is important as well as communicating back to the members
- Fluid portfolio roles: important to be open to do different tasks on the board
- Important to have representation from past board members for transference of knowledge
- Make sure to have respect for all other members of the board
- Be flexible in your leadership styles, adapt to situations. Don’t use coercive authority
- Make sure your communications are directed towards a goal. Make sure to deal with communications “right away”. Adapt to your audience
- Make sure to recognize volunteers for the hard work they are doing

Overview of CFMS Finances and Budgeting

- Notes documented in the in-camera meeting minutes

Ontario Regional Discussion

- Plan to meet with each Ontario Med Soc, if possible twice
  - Goal: learn about local concerns & projects. Identify ways CFMS can support them
- Attend flagship OMSA events/meetings
- Want to create a memorandum of understanding between both organizations
- Concerns of Board members acknowledged by presenters. May move away from a formalized document while still increasing discussions between the organizations

DAY 2: SATURDAY, OCTOBER 26th, 2019
Board Vision for 2019-2020

- Looking at the 2017-2022 Strategic plan, conducting an environmental scan to see how external factors impact our performance
- Health promotion includes working in an environment where being healthy is accessible. Wish to see this in our meetings, as well as have this for all medical students in Canada
- Discussion of what the vision of CFMS means to each board member
  - Equity - equitable access to resources, supports and services
  - Advocacy - representing and vocalizing the concerns of medical students
  - Representation - representing our constituents on various levels
  - Voice - providing medical students a voice to external organizations and committees
- Current strengths
  - Dedicated organization volunteers & staff
  - Portfolios doing strong, strategic work
  - Excellent relationships with external organizations
- Current challenges
  - Membership engagement
  - Continuing increasing workload
  - Optimize governance & overall operations
  - Deficit budget
- Environmental factors
  - Mid-way through 2017-2022 strategic plan
  - Medicine changing quickly
  - Culture in medicine
  - Ongoing challenge of the Match
  - Students increasingly understand the importance of advocacy, leadership in medical training
- Vision - “The future of medicine is CFMS, the future of medicine is You”
- Board Theme - TENACITY
- 2017-2022 Plan review - All items are implemented/completed or in progress
- Mid-cycle review:
  - Half-way point in the Strategic Plan, doing a review as to where we stand
  - How do we evaluate?
    - Evaluating measures with our own metrics
    - Measuring the satisfaction of the membership
- Development of Portfolio Strategic Plans
  - Most items are set to be completed in 2020, after which the 2014-2017 strategic plan can be used to implement portfolio specific goals
- Year work plans
  - Necessary part of our organization
Student Affairs: Interview Database and Student Mistreatment Campaign

- Elective Database was launched. Only 3 schools missing
- Partnership
  - 1 social media post and 1 communique per partner
  - Posts will have multiple partners listed
- National Wellness Challenge, will be 1 week late
- Wellness Roundtable topics are peer mentoring and peer support
- Working to make safe spaces
- Wellness Curriculum Taskforce
  - National framework, deadline 2020
- Bringing back “Wellness Wednesdays” and “Humans of Medicine”
- RDoC collaboration on media initiatives
  - Transition to residency program?
- SA Deans Wellness Taskforce
- CMA has contacted KPMG
- “Chicken Soup for the Soul” journal
- Mistreatment Taskforce
  - Highlight “good treatment”
  - Still need to flesh out how to address mistreatment
  - Funding guaranteed for 3 years. If initiative needs more longitudinal funding, need to address where that money will come from
  - Literature supports highlighting positive actions
  - Issues around student affairs will be brought forth by RDoC. Collaboration best course of action.
  - Important to frame it as a hospital-wide issue, multidisciplinary
- Interview database: Past database, compiled 5 years ago, is now closed. SA aims to create a new one similar to the electives database
  - Likert scale and open ended questions
  - Aim to have this ready for launch in December (first pilot - C2020)
  - Comment: Add cost saving strategies to the resource for students
  - Comment: Will the data be quantified (i.e. what does “often” mean in database)

Education: Survey Processes

- Survey policy for review
  - Hope is to have the Board look over a few contentious aspects to move forward with the Governance Committee and implement new CFMS policy
- Rationale
  - No processes in place and many surveys
  - Decreasing response rates
  - Regulation of surveys in an effective matter was the goal
○ Research Committee and Education Leads spearheaded this

● Guidelines
○ Circulated to the Board for review
○ Consulted 3 Roundtables at AGM
○ Incorporated concerns from one school
○ Sanctioned by all 3 Working Groups
  ■ Survey platform
  ■ Survey length
    ● The shorter, the more effective and higher response rates
  ■ Survey frequency
    ● More surveys equals less responses
    ● Unsure exactly how much is too much

● Ethical considerations
○ If data collected for internal or external reports, no need for ethics approval
○ If external organizations ask to conduct research for publication
  ■ Need ethics approval (REB, Research Ethics Board)
  ■ Need approval from each institution
  ■ Concerning academic research, at this point in time, not able to allow access to our membership for research like that
    ● Those interested will have to contact each Med Soc for access to their students

● Recommendations
○ Surveys can be submitted to the CFMS Board by Board Members, committees, roundtables, task forces, National Officers or working groups
○ They have to come through the File Leads, need endorsement

● Survey submission process
○ Several questions including survey questions themselves
○ Come to us as a board
  ■ Review whether we have past data
  ■ Does it align with our strategic direction
  ■ Should we be asking our membership those questions
  ■ Sanction survey to go to research committee
    ● Role to make sure the survey meets requirements

● Survey dissemination process
○ Back to Board Member and then disseminated to membership
○ Intake
  ■ 3 times per year around board meetings
    ● Roughly 6 weeks prior to each of our board meetings
    ● We put in a caveat in case of an urgent surveys

● Next steps
○ Formalize the policy
  ■ Submit to governance committee for stamp of approval

● Data Storage Policy
● Contentious at the Board level
  ■ Traditionally “Simple Survey” was used as a platform
    ● Archaic
    ● Not all the features we need are included
    ● Hard to use from user interface perspective
  ■ Trying to move to “Survey Monkey”
    ● Not all data stored in Canada
    ● Request denied
  ■ Why are we storing our data in Canada in the first place?
    ● Motion approved by prior board
    ● Following PIPEDA (Personal Information Protection and Electronic Documents Act)
      ○ CFMS is not a commercial organization
      ○ Does not apply for not-for-profit organization
      ○ No clause stated that data needs to be stored in Canada

● Do we want to uphold this previous motion?
  ● Motion: BIRT the CFMS Board re-visit the current policies regarding data storage of the organization and create a by-law for the same.
    ○ Moved, Seconded
  ● Question: Would this be more appropriate as a by law or a policy?
    ○ Answer: Bylaws have to go into Corporations Canada. If it isn’t absolutely necessary, make it a policy
    ○ We could accomplish the same goals with a policy
  ● Motion amended to say “policy”, Friendly amendment
  ● Further Discussion followed
  ● Motion to call to question, Moved, Seconded, All in favour, Question called
  ● Vote on motion, Motion Carried unanimously

Annual National Survey
● Our history is to do these in the moment surveys routinely
● Maybe we should come up with a strategy for a survey once a year that captures all the data that we need
● RDOC national survey has traction
  ○ Many external organizations referencing this document and advocacy leverage
  ○ Good job branding and marketing that data
  ○ Our members like to give their opinion and input
● Examples: Interview survey, Day of Action topics, satisfaction with the Portal, transparency of Nom Com process, members’ satisfaction with organization as a whole
● Come up with the most pertinent questions, outputs we could use for advocacy. Can’t ask 100 questions and expect people to fill this out
● Question: What if we miss questions or things come up urgently?
  ○ Answer: We would still have opportunities for students to submit surveys e.g. AFMC working group survey that was accommodated for
● Motion read out, Moved, Seconded
Discussion:
- Incentivization with gift cards mentioned
- Sufficient design and marketing strategies recommended
  - Will involve a large effort to put things in place
  - Not sure ready to commit to the survey
  - Ensure approval for the additional work involved from the board members
- Motion to table the motion until after the next Wellness Break
  - Moved, Seconded, Question called, Vote on motion, Motion Carried unanimously

Survey Policy Document
- Motion to approve the formalized Survey Policy document
  - Moved, Seconded
- Comment: “Simple Survey” may be used for future Education committee surveys. Suggestion to amend the motion to not specify which platform is used.
  - Suggestion accepted. The platform to be used is “to be determined.”
- Motion call the question
  - Moved, Seconded, Question called, Vote on motion, Motion Carried unanimously

CFMS Background and Strategy on Unmatched Medical Graduates
- Overview and background about what is done from an advocacy perspective
- CMG (Canadian Medical Graduate), ERWG (Entry Routes Working Group), AFMC Electives HHR (Health Human Resources), BPAS (best practices in application and selection)
- For the last 2 years, the Board organized a “mini DoA” specifically about the uCMG issue. The talking points are raising the ratio to 1.2:1 and better HHR planning.
- 3 provinces started to separate CMGs and IMGs in the 2nd iteration.
- Last year, showed a decrease in uCMGs. We are cautiously optimistic.
- Currently continuing to advocate for separation of CMG and IMG spots - this allows more spots to be dedicated to CMGs
- ERWG: Created in collaboration with AFMC and RDocs.
  - Mandate to address entry routes.
  - Number of entry routes is increasing.
  - Survey 2017: students not enough exposure to all entry routes.
  - Too many entry routes, need to see how to reduce it.
  - Last year: collaborated on 4 proposed solutions with Royal College
  - Report deemed better fit with PGME Governance Council (because a lot of this revolved around Government Funding)
  - Victor sits on this council, therefore still student representation (headway not lost)
- AFMC electives diversity
  - Rolled out for class of 2021
  - Cap of 8 weeks in one entry route discipline
  - Effort to allow students to have greater diversity in electives without feeling penalized will help with parallel planning policies
- Question: What about each specialty being counted in a different category at different institutions
  - Answer: Working with AFMC to come up with a standardized method for this - pan Canadian outline that discusses where electives will fit, but currently we don’t have this
- HHR: PRPAC (Physician Resource Planning Advisory Committee) was created in 2013. Since 2013, this committee has developed 2 tools. A supply tool (trying to project the supply of physicians) and a demand tool (trying to project the needs of physicians). Currently, they are trying to find a place to host these tools. We have no strategies on how to respond to what the tool is predicting.
- CaRMS BPAS - guidelines for equitable application gathering and interviewing, effort to stifle nepotism in medicine
  - Guidelines implemented slowly and beginning to get on board, programs attempting to be more transparent
  - Also collaborating with PGMEs (Postgraduate Medical Education) to implement these guidelines.
- Question: Personal experience from UGME (Undergraduate Medical Education)/PGME meeting - is there a way for us to reach out better to the program directors?
  - Answer: Need to continue to make sure the AFMC brings it to the PGME.

National Day of Action Update
- Day of Action Topic
  - Water Security
    - Concerns that the parties in power likely will be forming action topics on this already
    - Question as to whether or not we should be spending 35K and countless hours of work to advocate for possibly the same topics
  - Motion: BIRT the CFMS officially endorses “Water Security” as the National Day of Action topic for 2020
  - POI: If the Board rejects this topic, what is the following process?
    - Press release to communicate the decision and rationale
  - POI: Made explicit that it is a non-binding vote. However, the GA is the highest level assembly.
    - Before going to vote, need to consider all the options
    - Learn from this next time
    - Were there any points that are not tackled, things we can do/address?
      - Answer: There have been no asks officially developed
      - Answer: The Liberal platform has addressed all of the concerns that we have as our issues
  - POI: If we go ahead with striking out this topic, is there a way we can incorporate the membership opinion on a new topic?
    - Unsure if information based on the election calls for a revote
Timeline is tight but inevitable due to election timing - therefore the Board has final oversight

However bringing this back to GAACs is something for the Board to decide

- Speaking for: CFMS Day of Action is one of the most visible CFMS initiatives, and therefore it is important to respect the general assembly.
- Question: Have we discussed this with GAACs?
  - Answer: Not yet discussed at the Roundtable. Waiting for the Board’s decision before bringing this up

- Motion to table the motion:
  - Moved, Seconded, Motion Carried

Western Regional Discussion

- Focus on communication and unity across the vast region
- Plan:
  - Once every two months to address concerns and following up on the Western Deans’ conference
  - Touching base in between meetings to ensure there is a consistent touch point
- Effectiveness:
  - Annual meeting recently occurred Oct 15-17th, where questions/concerns were addressed
  - Trialled a new format where there were multiple student presentors and the Dean’s were able to attend different tables
  - Asks were outlined by asking each school to determine four areas
  - Received good feedback regarding the asks
  - Will follow up with the asks via student affairs.
  - Students are now being sent primer documents to keep them involved
- Regional advisory committees (RAC) of the Royal College started last year. Goal is to flesh out the role of the Western RDs in attending RAC meetings
- Alberta medical students conference and retreat. Student reps will be sent from each school, to bring back ideas and start a form of working group to see what options are regarding bringing this to all Western schools
- Conferences similar to Western Deans’ conference that have a forum to have asks from students heard
  - Quebec: Conférence des doyens des facultés de médecine des universités du Québec (CDFM) - FMEQ attends; Quebec RD gauges issues through FMEQ
  - Ontario: Currently no equivalent meeting. Might be room to collaborate with OMSA. Ontario RD now travels to schools to discuss issues, then brings concerns to OMSA
  - Discussion point: How to take this endeavor nationally, e.g. through a teleconference
Global Health Portfolio Structure and CFMS Work on Indigenous Health

- A lot of discussions talked about how the GH structure needs to be changed
- This year, a particular focus will be placed on indigenous health.
  - Goal to create a strong indigenous affairs portfolio
  - Aim of focusing on indigenous health in line with the CFMS strategic plan
  - Also in line with TRC (Truth and Reconciliation Commission of Canada)
- Proposing a plan to possibly transition National Officer Indigenous Health into board position
- Motion is proposed that the CFMS Board approve a Task Force to develop a terms of reference for an Indigenous Health Board Position
  - This is amended after discussion to create a working group on Indigenous representation within the CFMS to more broadly consider the issue from all angles and come up with more robust suggestions.
- Motion Moved, Seconded, Motion Carried

Position Paper Guidelines

- Position paper task force:
  - Last updated in 2018
    - 5 different steps to complete presenting a position paper
    - Opportunity for COHP (Committee on Health Policy) to be involved, members can consult them at any time and they will review before each General Meeting
    - Infographic on document submission process displayed
- Format is outlined on document developed by task force, expectations: under 500 words for background understanding nature and scope, key principles, concerns, recommendations - intent to call on external organizations to implement some change reflected in the topic
- COHP new review process: 2 reviewers assigned to each paper, fill out a document with major and minor changes:
  - Grammar and policy corrections
  - Opportunity to improve and resubmit the paper
  - Now putting out recommendations as well
    - We do or do not pass this paper based on the following recommendations
      - Came out of frustration from the membership for position papers passing based on hard work as opposed to policy
      - Also COHP had expertise and the authors would ignore this
      - We’ll give them the opportunity to make changes and then in the end we will recommend the paper or not
      - Plan going forward is to firm up that process and continue this
- Area of concern:
  - Position papers vs. policy statements vs discussion papers
- Position papers: the CFMS believes XYZ...
- Policy: eg, we support the Me Too movement
- Discussion: explore area of interest of CFMS members → blending of Discussion papers and position papers

- Discussion on length of Discussion Papers
- Summary: COHP considers the scope of requests to external organizations. COHP provides many options in the recommendations. COHP would make sure that the recommendations are actionable and realistic. There is a recommendation that we have executive summaries included with all and that the length be limited.

Quebec Regional Discussion
- Attended IFMSA Meeting. Discussed about HEART and presented the CFMS.
- Bilingualism committee - nothing to update; work ongoing
- FMEQ (Fédération Médicale Étudiante du Québec) - CFMS cooperation update:
  - Joint call with Victor, Adel, Matin and FMEQ leadership
  - FMEQ wants to do a Wellness Survey this year.
  - Usual DoA collaboration.
    - FMEQ seeking to enhance rural medicine, discuss its appeals to medical students
  - uCMG: continues as a common issues
  - HEART Initiative: another area of collaborations
  - QMA: Does not exist anymore.

CFMS Communications Strategy
- Three levels: Engage, Rework website, Better advertise
- Communication instructions
- Website instructions
- Communications Priorities
  - Engage + Promote membership
    - Instagram, Twitter, etc
  - Greatest uptake is showcasing members’ work
  - First post of something will have the highest uptake
    - When there is a big announcement, need to coordinate as a board to promote it to everybody
  - Videos have very good statistics
- Videos: if you have an idea for a video, contact Adel
- Engagement
  - Communiqué
    - 1000 subscribers
    - 12% of membership so need to find ways to increase uptake to communiqué
    - In some schools, one Rep subscribes and is responsible for distributing
On the website, there is a subscription button for the communique

**Ideas**
- Improving website
- Instagram Take Over by Medical Schools (one school every 2-3 weeks would take over the account, showcase their medical school via stories, and showcase 2-3 medical students doing great things)
- Important to consider our portfolios and how to promote working with Communications as opposed to creating separate channels

**Website improvement updates**
- **Issues**
  - Couples Match App is not highly used
  - Medical Student Spotlight not updated since 2016
- **Action points:**
  - Will meet with separate portfolios to discuss portfolio specific website concerns
  - Work with bilingual committee to actively translate site
  - Improve website navigation

**Advertisement considerations**
- Portfolio accountability
- Get feedback from Roundtables
- Make use of communication liaisons

**Mobile App**
- The idea came from President Tour to allow them to connect to students across Canada
- Some positive reception at AGM
- Medical schools would like to have it
- So far, we had a working group to develop a plan (the following challenges were identified by the working group)
- Currently exploring options for an app
- **Challenges**
  - Money + Time
  - Finding App Developer
  - Sustainability
  - Choosing the Right app
- **Possibilities**
  - To connect students with one another: each student will have a profile where they can indicate interests, allow you to contact other students with similar interests
  - Boost portfolio projects, e.g. National Wellness Challenge
  - Integrating website features to improve accessibility to key website features
- **Development**
  - Corporate vs contractor
- Corporate is likely better as we want sustainability
  - Could cost 100K + 5-15K in maintenance
  - Significant cost
- Funding for the app
  - External sponsorship, can pull together funds from multiple sponsors
- Timeline: First 2 months to decide precisely what app we want to create

MDFM Board Presentation and Discussion
- General Discussion around the relationship of CFMS with MDFM.

DAY 3: SUNDAY, OCTOBER 27th, 2019

Atlantic Regional Update
- CFMS in the Atlantic province:
  - Lacks networks like OMSA within the region
  - There is a lot of flexibility and opportunity within the role
- 2018-2019 revisit:
  - 3 teleconferences in the year 2018-2019
  - Campus visits conducted by the regional director
  - Atlantic Task Force was started last year - to support regionally a community-identified issue
  - CoAMS - conference of atlantic medical students
- Year plan 2019-2020
  - Starting a new Atlantic Task Force (ATF) in January
  - More direct interaction with students through a google form
  - Already met with the MUN delegation
  - ATF Project start: Diversity in medicine, retention of family physicians and rural medicine
  - Regional advocacy: some GAACs have reached out to Atlantic RD (Clinic 554: currently closing NB. Abortions are not covered outside the hospital.) There was interest within the GAACs to advocate together
  - CoAMs: Held in Halifax. Theme will be Health for all. Focus will be on student research. The CFMS holds a session.
- Discussion
  - What is the role of the CFMS in region-specific collaborative efforts
    - Regional lobby day - supporting regional advocacy
    - Atlantic Task Force - rather it should be more formalized into an annual thing
    - CoAMS - what our presence should be
Comments: A Western Deans’ type format may not be the most feasible given that Western Deans was set up by the faculties.

CFMS Equity, Diversity, and Inclusivity Strategy and Task Force Guidelines

- **Task Force vs. Working Group**
  - Task force: time limited, 4-12 people, much broader scope than a working group would (content experts)
  - Outlined in “Delegation of Authority” document
    - Discusses time duration, scope, who can strike

- **Task Force concerns**
  - Right now, BDs & NOs, can create task forces w/out prior approval
  - Some past concern re: motions to create task forces at the general meetings
  - Added part to delegation of authority document: if TF lasts longer than 1 year, they must be approved by the Board to continue
  - What if a TF is created not in line with CFMS vision? No ToR approval process
  - Not involved in approval and not sure what TF’s doing, how to decide whether to approve or not approve?
  - TF doesn’t have a consistent reporting timeline, nor accountability

- **Note:** General Assembly passed “Delegation of Authority” document, so to change it, it has to go through the Government Committee and go back to the GA for approval

- **Do we think any BD/NO should be able to create task force w/out Board approval, only being notified at next board meeting**
  - Discussion/ comments summary:
    - some degree of approval from the Board
    - Terms of Reference to make the goal of the Task Force clear
    - Put in a start date, end date, middle check in point
    - Know every task force, and who is on it
    - Strike w/out Board approval in case there’s a more time-limited issue
    - BD or NO passive participant in task force and aware of what’s going on
    - Standing item at Board TCs to approve task forces
    - Board Director of relevant portfolio i/o Board to have oversight and give approval
    - Method of appeal for TF for when declined
    - Status quo for now and send it to GovCom for changes. Bring it back to either WBM or SGM

**Equity, Diversity & Inclusivity**

- **Goal of TF is to define EDI in our organization and make it stronger**
- **Position paper was passed in 2010**
- **What’s the goal?**
  - Internal: what are you doing in your organization
  - External: improve this for Canadian medical students
• Comment: Our Board is diverse. What is happening externally. Many medical students can see that their classes aren’t diverse and equitable
• Comment: Important to think about diversity that you can’t see (SES). Interesting subject to include as part of the TF

Tabled Motions
• BIRT the CFMS Board approve the development of a National Annual Survey
  ○ Friendly Amendment: BIRT the CFMS Board, specifically portfolio directors, commit to the submission of a list of questions that they would pose, on behalf of their portfolio, annually. These questions will be used to create a preliminary draft of questions included in a national annual survey. Questions to be submitted by Dec. 1, 2019.
    ○ Motion to call to question
      ■ Moved, Seconded, Motion Carried
• Previous motion pulled: “BIRT the CFMS Board officially endorses “Water Security” as the National Day of Action topic for 2020.”
  ○ Chair approves to pull the motion
• BIRT the CFMS Board officially endorses “Access to Contraception” as the National Day of Action topic for 2020.
  ○ Moved, Seconded, Discussion-significant discussion ensued amongst the board on this topic.
  ○ In favour to call the question
    ■ Moved, Seconded, Question called
  ○ Call for vote, In favour: 7, Opposed: 5, Motion Carried

Portfolio Strategic Planning, Board Work Plans
• Strategic planning is preparing for a change management process (moves you from one stage to another according to your objectives)
• Our Iceberg is Melting by John Kotter
  ○ Book highlights steps to convince people to go from stage A to stage B
• Portfolio strategic planning
  ○ Complete the process by SGM
  ○ Help emphasize what the vision of your portfolio is for the next few years to 2022
• Complete your individual SWOTs
  ○ Stakeholder SWOT as well to be done and priority areas to focus on
  ○ Have a template to go out to your roundtables and portfolios to assess what you are/are not doing well
• Adopt the portfolio plans by SGM - motions are written as an adoption motion
• Choose 3-5 strategic directions, describe the overall goals & objectives
  ○ Strategic direction should come from SWOTs (think back to the 3 priorities you identified for the portfolio) and stakeholders
○ **Use SMART** (Specific, Measurable, Attainable, Realistic, and Timely) **goals to write goals/objectives**

● **Timeline for developing strategic goals/objectives from now until AGM 2022**

● **Work Plans**
  ○ For your Portfolio or Region, lay out major dates
    ■ Roundtable meetings
    ■ External meetings
    ■ Project milestones
  ○ It is important to do this because you want to have a plan so that you will not be overwhelmed and want to remind yourself about what your job is and vision

**CFMS Awards Task Force**

● **CFMS Awards working group/task force**
  ○ Other organizations have an awards committee
    ■ 1. To have a group of individuals that create criteria
    ■ 2. So members can nominate internal members for awards
  ○ Discussion regarding extending awards, to potentially include advocates
    ○ Discussion regarding additional awards - needs criteria
    ○ Current process: received from internal organization, then sent to alumni committee
    ○ E.g. UBC Hall of Fame awards. CFMS could also recognize students this way
    ○ Two fold process
      ■ Internal first, a process/working group with representation from round tables, so that we can bring ideas to SGM. If this works well, take it to AGM and take to second phase
      ■ Second phase would be consideration of the awards that would be implemented. This is about increasing recognition
  
○ **Question:** As portfolio leads do you feel comfortable asking individuals from your portfolios on this Working Group? How do you want your portfolio to contribute?
  ○ Having different members from different portfolios helps increase diversity within the application process.
  ○ GA’s and SA’s portfolio will not have difficulty
  ○ Communications better choose one individual within the portfolio
  ○ Education would choose the National Officer of Education

**Meeting Adjourned**