

SUMMER BOARD MEETING MINUTES

(Zoom Platform)

DAY 1: SATURDAY, MAY 9th, 2020

Welcome

- **Motion** to adopt the agenda
 - **Motion Carried**

President Update and Meeting Goals

- Goals of this meeting
 - Reflect on work done to date
 - Finalize portfolio plans
 - Decision regarding CMA funding
 - Start integrating elected board members (will join for both SBM days)
- Influences on CFMS
 - Challenging match situation
 - Changing culture (wellness, equity diversity inclusivity) and priorities (innovation, planetary health) in medicine
 - Advocacy as a focus of our role
- New influence: COVID-19 and its consequences
 - Moving from crisis management to change management
 - Some operations had to change. Most stayed the same due to our virtual method of work. Using Zoom enhanced our work
 - There will be long-term differences in our organization: Will we transition back to the same way of operating or transition to a “new normal”
- CFMS vision: We are the future of medicine - set many examples for other organizations to follow during COVID-19
- Strategic planning must be specific enough to outline targets but general enough to adapt to changes (e.g. COVID-19)
 - 2017-2022 midpoint review
 - National Annual Survey (NAS) will provide significant amount of data
 - Start booking times with various portfolios/roundtables to seek further consultation/feedback and complete a report in time for AGM 2020
- Areas of focus - gone a long way and each portfolio advanced in each of these big areas
 - HHR planning (task force work) and unmatched graduates advocacy
 - Student health and wellness promotion, culture change
 - Leadership development
 - EDI (Equity, Diversity, and Inclusivity) task force, indigenous health
 - Technology innovation in medicine
 - Partnerships and collaborations with CMA, AFMC and other organizations
- Reflections for this weekend

- What goals wanted to accomplish on the Board?
- What to do in next 4-5 months to fulfill personal goals and organization goals?
- Adjustments for organization operation
- Moving forwards
 - Transitioning with Board elects: integrate people and give some responsibilities but they should not be taking work from you
 - Collaborations with partner organizations
- Deciding what is a priority
 - Can someone do this better?
 - Have to do this now?
 - Resources needed to do this well? (how to maximize gains from resources)
 - Does this matter?
 - How many people will this impact? Best timing?
 - How to capitalize on momentum?
- Look forward to helping each other get through our terms
 - Many Board members are undergoing return to clerkship, transition to residency
 - In person AGM is in jeopardy
 - Let the Board know if you need to take some time off for transitions
- Med Ed world update: MCC (Medical Council of Canada)
 - MCC exams announcement: remote proctoring June to Sep
 - Prometric policy inflexible: you must log on to book before you can see a list of sites available
 - More details beyond the manual can only be received after student books an exam
 - Submitted FAQs for MCC to answer
 - MCC Help Desk is available to answer questions
 - Meeting with MCC weekly to advance advocacy
 - Change came very quickly, over the course of a few weeks
 - Overall beneficial for students to write prior to residency, albeit remote proctoring is not perfect
- Med Ed world update: AFMC (Association of Faculties of Medicine of Canada): R1 timeline, match
 - Many subcommittees struck, one of which determines how virtual interviews will roll out co-chaired by CFMS President and PGME (Postgraduate Medical Education)
 - Another subcommittee to review what applications will look like. However committee stated students should not be on that committee
 - Still advocating to have a student seat at that table
 - Decisions for 2021. Not sure what 2022 will look like (back to normal, adjusted or the same)
 - None of the initiatives started with the intention of 1 year. Outcomes will be reassessed and will continue if positive
- Question: Will there be another email before Tuesday with additional details regarding booking for MCCQE I?
 - Answer: Likely not, people will have to book an exam with current information
 - In June, there should be up to 2000 spots between remote and in-person sites.

- The date distributions may not necessarily be in people's favour but there should be enough capacity overall in June.
 - Question: Have we talked to the MCC about their website traffic for booking exams?
 - Answer: Prometric says they can handle thousands of people booking site
 - There are students who say the website is slow. They are aware of the issue.
 - Question: Initial reaction is that students are upset when it is sprung on them, but overall this is better than having to write during residency. For the FAQ document, would it be possible for us to collect a set of questions to submit to MCC?
 - Answer: MCC says they are working on a FAQ
 - FAQ section on the website. When asked why the FAQ is not live, they say it will be live on Thursday. Unfortunately we still do not see it

Governance Committee Updates and Board Feedback

- General Goals: provide documentation related to governance matters, provide expertise to Board and GA (General Assembly) to optimize organizational effectiveness
- Goals this year were separated into "pre" and "post" SGM
- Pre-SGM general goals:
 - Outstanding policies and ToRs
 - New policies and ToRs
 - Collaborate on ToRs from FAHR
- Award Committee ToR
 - Brought to FBM
 - Approved the idea of developing these TOR
 - Brought to GC and approved
 - Now working on what types of awards and criteria
 - Goal: official presentation at AGM on what the awards will be in the future
- General Meeting Policy
 - Feedback review
 - Areas the GC wants board clarity on
- Anti-Harassment Policy:
 - Developed in 2005, now updated
 - Expectations that the President would handle a lot of the work
 - Documentation reviewed and sent back to the GC for review.
- Task Force and Working Group regulations
 - Recently discussed at board TC, decision to have only one of the two
 - Brought this back to GC
 - Edits made to Delegation of Authority Paper
 - Removal of term "working group"
 - Approval for authority of Task Force is the Board Director, not National Officer
 - Don't want random Task Forces
 - No further questions were brought up by the Board related to these new edits
- **Motion** for the CFMS Board to approve the edits in the Delegation of Authority Policy for Approval to General Assembly at AGM
 - Moved, Seconded, Abstentions: None

- **Motion Carried**
- Concerns can come to GC for a secondary review
- Suggestions on creation of new positions for NO or Board members
 - Criteria to guide the organization in deciding this other than financial perspective
 - Feedback for Board and NO committee chairs
 - Overview about the process related to assessment of Board members and national officers
 - Want to make sure that everyone is getting feedback
 - Will be going over the template of a survey that's been created
- New policies are in progress
 - Appointment & Elections Policy
 - Conduct & Performance Policy
 - Possibly available in the upcoming days for review
- Board Feedback
 - Able to review General Meeting Policy (will be sent this week for final approval)
 - Compliance process about General Meeting :
 - Any concerns from people at an initial glance?
 - Timeline discussion: Length of meeting on Thursdays. Many organizations are trying to ensure sleep time. Goal: 9 hours between meeting times.
 - Could hinder some of the work of the groups. Need to take into account travel time to different locations for members
 - Recommendation to be considered only
 - Round tables to start meetings at 7pm i/o 8pm not always feasible because of other meetings.
 - Next morning meeting because not enough time the night before
- Guidelines for creating new Board/NO positions
 - Work on this will start shortly
 - Looking for factors to be considered when creating new NO positions
 - From the Board:
 - Background info:
 - Financial aspect: NO come to one meeting during the year
 - Use the word Chair for a lot of the different positions e.g. Blood Drive Chair, Annual Review Chair
 - Feedback: Consider redundancy, do environmental scan, can their tasks fit under a pre-existing position? If we think there's a niche area and there's enough tasks to warrant an NO, then we can do that.
 - Reply: Would like to create a paper to have documentation that can act as guidance as this topic is often brought back to GC
 - Reply: Relook at the names. Change ToR to evolve to what is there. Perhaps the portfolio has changed and can potentially remove NO in another option to help the organization mould. Every X years we review NO for relevancy.
- Feedback for NO
 - Important to develop evaluations and feedback to help development
 - Same template used by the Board with questions that were adjusted

- Board to review and provide feedback to make sure it captures all important details and will help NO in their work.
- Could help Board provide official feedback to their NOs through this new process
- Not the Vice-Chair that would have conversations with the NOs, they would pass along the feedback collected to the portfolio directors for them to engage with their NOs.
- NO would be expected to provide 5 names of people that would evaluate them after being randomly selected by the Vice-Chair

SIF Task Force & FAHR

- Memo prepared to allow for background on the SIF for GM (general membership), includes members, meetings, and the design of the applications and assessment criteria for SIF
 - 75K to be assigned to various projects
 - March 15th received 11 applications
 - Via two step review, applications were reviewed
- Deliberated on two separate occasions on the applications
 - Will spend 69K of the 75K allotted
- 6 Projects
 - HHR Task Force: 5K to further the functionality of the platform
 - Black Medical Students Association of Canada: asked initially 75K, decided on 27K, assessment based on relative merits
 - Leadership development: 10K to develop modules on leadership development
 - Indigenous Medical Students Association: 5K due to budgets and eligibility, conceptual development was not as mature as BMSAC. Would like to connect with Dir GH and NOIH for them to be eligible for further funding
 - HEART: 12K for Project Green Healthcare
 - Engaging gay, bisexual, and other MSM as stem cell donors in Canada: 10K to work on modules
- Remaining amount may roll over to next budget
- Accountability:
 - Funds on reimbursement basis. Also ensures good form for auditors
 - Will be dispersed over a period of 2 years
 - Required to submit Biannual reports: June 30th and Dec 31st
- Question: Concerning non-selected projects: Use additional funds for the remaining projects? Especially those that were asking for small funds?
 - No discussion yet but can bring this up at next meeting
 - Mistreatment initiative funding can come from SA budget 2020/2021
- **Motion:**
 - Whereas the Strategic Innovation Fund (SIF) Task Force is vested with the authority and responsibility to recommend to the Board of Directors (BoD) of the CFMS the method of allocation of the \$75,550 that is budgeted in the 2019-2020 Annual Budget;
 - Whereas the SIF Task Force performed due diligence in assessing the quality of the initiatives submitted to it;

- Be it resolved that the SIF Task Force recommends the BoD to award \$5,000 to the following project: CFMS Health Human Resource Task Force
- Be it resolved that the SIF Task Force recommends the BoD to award \$27,000 to the following project: Black Medical Students Association of Canada
- Be it resolved that the SIF Task Force recommends the BoD to award \$10,000 to the following project: Leadership Development
- Be it resolved that the SIF Task Force recommends the BoD to award \$5,000 to the following project: Indigenous Medical Students Association
- Be it resolved that the SIF Task Force recommends the BoD to award \$12,000 to the following project: CFMS HEART Project Green Healthcare
- Be it resolved that the SIF Task Force recommends the BoD to award \$10,000 to the following project: Engaging gay, bisexual, and other MSM as stem cell donors in Canada
- Moved, Seconded, Abstentions: None
- **Motion Carried**

Volunteer and HR Strategy

- Difficult to expand HRs
- CFMS needs additional resources
 - Students act as volunteers
 - Ability to hire staff is limited
- Assessment has some different components. Collaboration with RRT and committees.
- How can we improve and how can we expand?
- Board Task List: Existing activities and future activities that can be expanded by engaging volunteers
- Wish list for help with volunteer support, new opportunities for engagement for volunteering. These need to be fun.
- Considerations:
 - Short term versus long term engagement.
 - Effort based vs skills based work, short vs long term
 - Goal to have work done to prepare for Fall Call
- Question: Based on need, should we be creating more projects?
 - Answer: Looking at portfolios and exploring what additionally can be done with volunteers. We need to reflect on where there may be a need for more volunteers
- Question: How many current volunteers will we consult?
 - Answer: Hopefully quite a few. How supported do they feel and how did they experience the recruiting process?
 - Answer: Hopefully the board task list can be done in the next month. More in depth consultation with file leads in upcoming months
- Question: How many volunteers do we currently have? Target numbers?
 - Answer: Important to recognize how many volunteers is manageable

Portfolio Strategic Plans

- As a portfolio dyad, 10 minutes to present an individual portfolio strategic plan. Peer feedback afterwards
- Paired together:
 - Government Affairs and Student Affairs
 - Communications and Global Health
 - Finance and Education
- 10 minutes for the dyad to review the other dyad pairs plan and give feedback based on what the portfolio initially had planned
- Follow up questions at the end for e.g. COVID-19 related discussions
- Incoming board members will join in
- Been working on strat plans for the past few months. This will help lay out to the GM what portfolios are doing
- Easier to resonate with when compared to CFMS strat plan
- Recap for the incoming board members
 - “Assumptions” of the organization
 - Encourage complexity
 - Disruptive thinking
 - Believe that conflict is necessary part of being an advocate
 - Don’t expect chaos but must be prepared for it
- Evaluate each others plan while thinking about how to consider being ‘disruptive’ and pushing out ideas
 - Plans exist to be prepared for the possible chaos that may occur, and in case of complexity
- “Wicked opportunities”:
 - No perfect solution to the problem
 - e.g. COVID related medical education issues
 - How to deal with them needs to come with a certain set of principles
 - Deal with this via Change Management
- Change Management
 - Our Iceberg is melting
 - Urgency, pull together, develop change vision and strategy, communicate, empower others, produce short term wins, don’t let up, create a new culture = Success
- Finance
 - 3 Strategic Initiatives:
 - Sustainable financial health: continue to grow revenue and maintain financial stability
 - Human Resources: Ensure continuous corporate memory and develop HR framework so that employees and staff are adequately supported
 - Risk Management: Very important with IT hyperrisk, want to ensure there is control over tech risk
 - Timeline available on the strategic plan itself
 - Feedback:
 - Makes sense, clear deliverables
 - Consider under HR components, how to evaluate productivity and utility, WG, NOs, etc. Create a process for this (GC opportunity here)

- Global Health
 - General focus on increasing GM engagement in GH and CFMS in general
 - 6 strategic objectives:
 - Internal Collaboration:
 - Within the GH portfolio between NOs and Local Officers
 - Working on National Project and collaboration on DoA (Day of Action)
 - Regular meetings (GH pocket card series)
 - Indigenous Representation:
 - Indigenous week of advocacy
 - Indigenous exploratory work group
 - How can we increase representation?
 - Equity, diversity and inclusivity:
 - Contribute to pipeline programs
 - Be leader in EDI and do upstream initiatives
 - Use social media to promote
 - Engagement:
 - Reach out to NOs and Local Officers related to grassroots initiatives
 - Highlight the work that is happening, i.e. GH Day of Education
 - Restructuring portfolio:
 - Integrating all TFs (Task Forces) and ensuring collaboration with RTs (Roundtables)
 - External Collaborations:
 - Enhance relationships with external organizations, i.e. IFMSA
 - Strengthen the relationships
 - Feedback:
 - Like equity and diversity and emphasis on Indigenous representation
 - Include specifics on number of individuals at IFMSA events
 - Good to further develop Annual National Initiative
- Student Affairs
 - 8 strategic directions:
 - Increase student engagement and positive culture
 - Target medical culture and improve medical student well being
 - Work with SA offices to collaborate on initiatives
 - Establish a student definition of Health Promoting Learning Environments
 - Promote learner wellness
 - Support current initiatives that increase learner wellness
 - National Peers support network
 - Collaborate with partner organizations (FMEQ, FMRQ, RDOC, CMA)
 - Student engagement with CFMS Wellness initiatives
 - Continue the annual “Perspective in Medicine” campaign
 - Optimize student resources
 - Interview database
 - Elective database
 - Increase partnership with outside organizations
 - Provide students with partner organization discounts

- Feedback: First strategic initiative could have better verbiage
- Government Affairs
 - 5 strategic directions:
 - Relevant advocacy:
 - Review work being done
 - Focus on smart asks and focus on relevant scopes
 - Health advocacy education
 - Give students chance to learn how to be better advocates by developing elective (engage with CMA and RDOC)
 - Engagement of stakeholders
 - Ensure advocacy being done is relevant to groups being advocated for
 - Effective communication
 - Ensure opportunities are well advertised
 - Website, developing advocacy portfolio with GH
 - Rapid response team to get up to date info to students
 - Communication needs to be up to date
 - Advocacy follow through
 - Ensure continued engagement with stakeholders
 - National coordinate campaigns to follow up on all DoA asks.
 - Feedback:
 - Good to add in followup for process and protocols
 - Consider the society impact
- Education
 - Overall focus: to support medical students through their medical school journey and transition to residency
 - 4 Strategic Initiatives:
 - Eliminate the unmatched Canadian medical graduate crisis
 - Availability of resources/tools
 - Exposure to different career streams/entry routes issue
 - Pan-Canadian approach to HHR & increase positions in coordination
 - Separation of IMG and CMG streams in 2nd iteration
 - Electives diversification policy outcomes with AFMC
 - Collaborate with SA to ensure good resources for those entering residency
 - AFMC Student Portal
 - Reduce cost for visiting electives/national refund policies
 - Elective capacity transparency
 - Clear guidelines for application
 - Refine application timeline
 - Improving web platform interface & institutional profiles
 - Streamlining processes
 - Empower the research initiatives of the CFMS and all medical students
 - Survey Policy
 - National Survey

- Provide resources/tools for students to conduct research
 - Support local initiatives
 - Ensure medical curriculum reflects the needs of society
 - Work with CACMS to refine standards and improve accreditation process
 - Make sure students are exposed to CBME and are prepared for this in residency
 - Promote EDI in admissions process
- Feedback:
 - Well developed strategic plan. Suggestion for specification of “will know to have succeeded when” so that is clear for success
 - Add measures of advocacy success, and CFMS deliverables
- Communications
 - Engage and showcase members. Ensure that valuable content and opportunities are presented to members. Goals:
 - Develop social media strategy
 - Developing sustainable means of communications (CFMS app)
 - Highlight CFMS achievements
 - Optimizing IT infrastructure
 - IT has grown more complex. May get lost in the complexity
 - Get feedback from members to optimize and up date website
 - Consider translation
 - Strengthen and clearly outline communication between portfolios
 - Build on having clear and robust communication plans with each portfolio
 - Communications guideline
 - Guidelines how to communicate with stakeholders
 - Feedback:
 - Good summary, evaluations and deliverables. Consider adding a vision at the top to make overall view clear

Unmatched Medical Students

- Focus on advocacy! What to do about the second DoA, as it can't be done in person (National campaign?)
 - Numbers indicate less people go into second iteration
 - Need to collaborate with RDoC on transfer process
 - Need to make sure curriculum provides clear overview of family medicine
- Feedback:
 - Promote spots and increase interest in Family Medicine
 - To increase long-term interest in family medicine: Culture changers, highlighting family doctors
 - Create set of videos or posts highlighting different family doctors across the country and the variety of things that they are involved in
 - Have more representation and greater involvement of family physicians in teaching UG (Under Graduate) curriculum

- Consider teaching French in medical school for people who could apply in Quebec schools
- This year many programs did not rank students, which is higher than in the past. Need to be careful about inferences made from the figure and emphasize when a medical student graduates, they are capable of residency
 - If there had been more spots, 56% students would have been put into a residency position
- We represent the 42 students that didn't go into the second iteration
 - Contact SA Deans for reasons why students do not enter 2nd iteration
- Partnerships: CFPC, Royal College for specialties that have few exposure
 - RDoC specialty videos: <https://residentdoctors.ca/resources/resident-profiles/>

Communications Portfolio Update

- Annual Review cover looks good. Great input. To be electronically sent out this year
- Growth in membership of Communique. Most come from website registration. Shift focus to attempt to increase
- Need further direction for Web App. Been discussed over last year and need clarity
- IT team had a lot of work over last year. Important to provide concise, translated info. Board members to review submissions and no last-minute requests
- Social media is increasing with Facebook, Twitter and Instagram. Please keep promoting. New campaigns:
 - Culture Changers
 - Perspectives in Medicine
 - Showcase Thursdays
 - MDs of Global Health
 - CFMS Memos
 - Staying Connected During COVID
- GSuite: Finish transitioning servers over Summer. Board is encouraged to use Google Hangouts as it has great features and can decrease costs related to teleconferencing. Continue setting up mailing lists
- New CFMS Orientation: Work with reps to set it up. Lots of moving parts. Depends on COVID-19 development

Student Affairs Portfolio Update

- Overview:
 - WRT (Wellness Roundtable): move to WebEx meetings
 - About to increase engagement
 - WebEx sub was originally bought for SafeSpaces
 - Wellness Officer Work
 - Connected in Covid FB (Facebook) group (500+ members)
 - Post fitness activities, weekly longitudinal challenge with raffle, nutrition, and social wellness (trivia)
 - Nice to have board members participate in the challenges
 - LWI (Longitudinal Wellness Initiative)

- Life as a Doctor Podcast
 - Plan 6 podcast discussions about different issues that happen to medical students
 - Fall launch
 - Perspectives in Medicine
 - Campaign ongoing
 - Safe Spaces
 - 14 participants in May 5th edition with McGill moderator
 - Peer support network
 - Services Officer
 - Electives + Interviews Database Raffle campaign for Apr-May
 - Gift Card to support local business of students' choosing
 - Renewed deals: Uptodate, VisualDx, Stethoscope.ca
 - New deal: Lecturio 2 weeks free
 - Advertised deals: New graphic for all Services activities
 - Task Forces Work
 - WCTF (Wellness Challenge Taskforce)
 - Strategy meeting last week
 - On par for Fall deliverable
 - Next step: contact SA deans
 - Health Promoting Learning Environment (HPLC)
 - Meeting post-SGM re: defining medical student perspective of culture
 - Fall deliverable for paper
 - Mistreatment
 - Launch of campaign on Annual National Doctor's Day (May 1st)
 - Spring Call for new chairs for next year's campaign
 - STRIVE (military mental readiness model adapted for medical students)
 - Strive videos made
 - Awaiting proposal and dissemination plan from Team
 - Phlebotomy Bowl
 - Led by student at UOttawa
 - Hoping to organize COVID drive + Stem Cell drive
 - Spring Call for new chair
 - CMA (Canadian Medical Association)
 - Scheduled Meetings q3mo (next July 15)
 - New for this year
 - Collab with re-tweeting/social media posts for Culture Changers Campaign
 - Reaching out to offer support to graduating students re: convocations
 - Have received some feedback from C2020s, open to ideas
 - Collaborations with RDoC and FMEQ
 - Invited to safe spaces, connected in covid groups
 - Incoming R1 FB groups
 - CaRMS interview tour video blog on pause
- Question: How else do you see us moving discussion on Culture forward?

- Answer: Priority should be completing thoughts in WCTF and HPLE papers, increasing student feedback
- Answer: Lots of students see positives in culture of medicine and like highlighting that
- Question: Do you see us taking more formal steps with Faculties?
 - Answer: Overarching conclusions: change is possible with long-term view
 - Small bites per student: individual interactions with peers on kindness, and positive role models
 - With the Faculty, part of it is some accountability for negative behaviour. May get some data from a national survey to identify schools where it's a bigger problem to focus on.
 - Also important to consider treatment on core vs electives
 - Treatment of students/learners as part of preceptor's employment contract
 - Collaboration with other organizations (e.g. RDoc) since residents experience similar mistreatment

Global Health Portfolio Update

- Items brought forward
 - Increase efficiency of portfolio
 - IFMSA collaboration
 - Indigenous representation
- Restructuring of GH
 - GHL ToR updates
 - Delineation of GH dyad, NOP, GH communications association roles
 - NOP: will just be focusing on IFMSA, communications, organizing meetings, attending meetings; allows the NOP to focus on IFMSA
 - GH dyad: GHL RT
 - GH communications association: focus just on communications
- IFMSA
 - All exchanges cancelled for 2020
 - IFMSA August meeting canceled, unsure if it will be virtual
 - Future plans for exchanges
 - Reflect on process: less engagement this year
 - Sources of data: NAS (National Annual Survey) results, feedback from prior surveys, collect school-specific info on exchange restrictions
- Indigenous representation
 - IREWG (Indigenous Representation Exploratory Working Group): recommendations at AGM
 - Indigenous week of advocacy: date TBD
- What is next?
 - Increase EDI (Equity, Diversity, and Inclusivity)
 - EDI partnerships with organizations
 - Pathways: Evidence based pipeline program with mentorship component. Helps to increase diversity in medicine. Currently a partnership in McMaster. Monitoring how it goes

- Black Medical Students Association of Canada: Meeting with the leadership of BMSAC. Ask for lower applications fees for marginalized groups. Also discussing other topics such as race-based data collection
 - EDI Social Media
 - Starting the discussion on social media in the future.
 - Upstream initiatives: how can we implement our own pipeline initiatives, such as scholarships, social media campaigns?
- Question: What are the deliverables for IREWG?
 - Answer: Focusing on med ed organizations, like AFMC, to do environmental scan to see what they're doing. Current patterns are that there is a lack of discussion on this issue. This committee will make recommendations for the CFMS, and we may be leading this because it's not being prioritized.
 - Answer: Recommendations are to be done by AGM
- Question: Surprising if the next 18 months will have international exchanges. Are there other avenues that the CFMS exchanges have explored for exchanges?
 - Answer: Purpose of exchanges is to give people GH experience. Can we get these experiences elsewhere? Can we do Zoom virtual meetings to help facilitate GH experience?
 - Answer: Now an opportunity to think on virtual methods for GH experiences
 - Answer: Loss of a lot of money if to cancel exchanges. Moving forward, will explore virtual/other options for exchanges

Western Regional Directors Update:

- Priorities
 - Increasing communication between the schools
 - Unity, cohesive vision
- WMSAM (Western Medical Schools Annual Meeting)
 - Round tables quite effective
 - Plan: Track progress to influence discussions e.g. absences policies in clerkship
 - Information leveraged and shared with all schools
 - Goal to lay foundation for next year's conference
- Liaise with external groups and how to unify this
 - Received great feedback from regional advisor committee AMSCAR (Alberta Medical Students' Conference and Retreat)
 - AGM 2019 question re: another event: consultation was done, interest was lacking therefore no longer pursuing this

Ontario Regional Directors Update:

- Three principles:
 - Communicating to ON schools
 - Representing CFMS to external organizations like OMSA
 - Improving collaborations with OMSA
- What has been done
 - Met with ON med socs in 2019, not yet for 2020 due to COVID

- Attended all OMSA meetings and will be attending OMSA AGM tomorrow
 - Working on informal MOU with OMSA
- OMSA meetings
 - Time allocated for CFMS updates (on portfolios)
 - Attending meeting tomorrow
- Attend Royal College Regional Advisory Committee meetings
- In 2019 individually attended med soc meetings
- SGM discussion
 - Ontario schools really liked the round tables
 - Requested Ontario Regional Director to chair them
- OMSA
 - Increased medical student representation at meetings with Ontario Undergraduate Deans
 - OMSA's director of education invited to sit in on select meetings
 - Letter written for student attendance at other meetings
 - Asked to be involved in a meaningful way
 - Asked for ORD to be invited for national perspective
 - Preceptor best practices
 - How do we involve medical schools or faculties?
 - Guidelines discussion for preceptors to support wellness and learning of clerks
 - CFMS has seat at SA deans discussion table
 - Good aspect to collaborate on
 - Currently in the works and to be passed at the CFMS AGM
 - Will try to involve students from Western and Atlantic regions as well
- For the next Ontario regional directors,
 - Med Socs enjoy meetings with just presidents
 - Asked if ORD could chair those
 - Want to meet frequently
 - Currently meeting q2 weeks
 - Need to be adapted post COVID
 - Typically need the entire Med Soc
 - To figure out what their priorities are
 - Can get this information with the Med Socs specifically
 - OMSA voting in their new board tomorrow
 - Set up meeting with new board to manage future collaborations via informal MOU
 - Delineate where CFMS ORD stand, given OMSA big presence in ON
 - Collaborate together to create effective change
 - Creating informal MOU with new elected OMSA board to be successful
 - Follow up and engage with those deans to bring the CFMS national perspectives to Ontario Deans
- Question: Policy paper: OMSA will reach out to one Atlantic and one Western student, how about Quebec?
 - Workload shouldn't be too big
 - If someone interested, please let know
 - No opposition expected, will bring this up

Quebec Regional Directors Update:

- Priorities and Project Areas:
 - Regional Engagement & Advocacy with FMEQ
 - Continuous attendance at FMEQ GCs & Providing CFMS updates
 - Helping promote student initiatives with CMA Qc-Student Committee
 - Collaborative work with CFMS Representative and the Wellness Reps at McGill
 - Collaborating with MedGames 2021 (postponed to 2022)
 - Sponsorship will be handled later
- FMEQ new reps being looped in on what CFMS has been doing
- Trying to keep people in the loop by having regular meetings
- Assessing overlapping efforts related to COVID

Atlantic Regional Directors Update:

- Plan for the year:
 - Last TC (teleconference) will be end of May
 - To be working on atlantic task force until end of term
 - Reflection on initiatives: What went well, what is sustainable for next year?
- Teleconferences and campus visits
 - Last year determined 3 was the optimal number
 - Able to visit all 4 campuses in region
 - Good opportunity to meet students and Med Soc members
 - Able to plan a leadership panel
 - Structured approach provided value
 - Able to form connections with other groups
 - MarDOCs rep attended this panel
 - Interest from PTMA's but scheduling did not work out
 - Leadership panel reached students who would otherwise not have attended a more free form discussion
 - More direct interaction with students
 - Google form for more direct communication
 - Google drive excel sheet which listed different interests groups
 - Useful about these initiatives is the potential for expansion
 - Offered continuous channel for communication
 - Able to collect feedback to narrow down ideas
 - Major issue is buy-in from the schools
 - Regional advocacy and CoAMS:
 - Due to COVID restrictions unable to progress
 - Established ground work will help moving forward
 - Collaboration with Royal college
 - GAACs very interested in continuing collaborations
 - Atlantic Task Force
 - Began after consultation with med soc presidents and CFMS reps
 - Project: Physician Retention

- Health authorities often don't have student representation
 - Now representation from all 4 provinces to work on this topic
 - Hope to create tool kit with lit review of strategies and recommendations
 - Would like to update 2013 position paper on retention
 - Health authorities, faculties and other relevant groups are being contacted
 - Society of Rural Physicians of Canada might be able to distribute a survey
 - Might come in Summer months
 - Second part of the project focuses on recommendations
- Question re: effective regional directors work
 - Answer ON: Made a big effort to increase presence with ON med socs and OMSA. However, portfolio directors have a huge set of tasks, so dyads can play a big role here. Dyad work did not negatively impact regional work
 - Answer Western: There is a lot of overlap, for example advocacy. However, due to COVID, many initiatives from both roles have been put on hold. have had to be flexible (for example scheduling meetings with presidents). Good balance in the West because it is very busy for some months and then things cool off. Useful to have dyad roles. Western region is very connected. Med Soc presidents are in continuous conversation. Therefore no issues with engagement
 - Can learn from each other: How do you formally get Med Soc presidents together?
 - Western regional TC every month
 - Western regional annual meeting face to face is helpful
 - Useful to have another RD TC so that we can exchange ideas
 - Find ways to coordinate discussions at round tables. Can work together on similar initiatives
 - Important to encourage regional directors to collaborate with other portfolios or external organizations in terms of work that they are interested in. Board has done a great job of supporting this
 - Regarding dyad work: Helpful to have their own initiatives to engage
- Redundancy in roundtables has been an issue in the past. Need better process to streamline communication with each other and our roundtables

DAY 2: SATURDAY, MAY 16th, 2020

Welcome

- **Motion** to adopt the agenda
 - **Motion Carried**

President Update

- Addressing MCCQE registration:
 - Held meeting with all membership medical schools and FMEQ
 - Drafted and finalized a letter to MCC with 9 asks on behalf of all Canadian medical schools
 - Supported by AFMC UG and Student Affairs Deans
 - Minimal response from MCC
- Today hope to discuss ideas for COVID grant
 - Initiatives may not necessarily be things you do, but can be things you start
 - Think about projects to achieve long-term
- Transition incoming Directors/VPs
- For Strategic discussions, think about CFMS's overall theme "Tomorrow's physicians leading for health today"

Finance

- Strategic Plan:
 - Vision: Fiscally responsible and independent CFMS with financial and human resources necessary to carry out mission, vision and goals. Three pillars: sustainable financial health, human resources, and risk management
- Sustainable financial health:
 - Healthy financial picture on the whole
 - Three goals:
 - Effective use of funds aimed at sustainability
 - Diverse revenue base: if one stream dries up, other streams will be able to compensate
 - Social accountability: divestment of investments from oil and gas to renewable resources already been done
 - Deliverables:
 - For future AGMs: Install medium term forecast of three years. Model to give flavor to what organization is heading towards
 - Allow core/non-core programming in budget so individuals understand what is absolutely necessary and what may be cut if necessary
 - Question: Discussions regarding membership fee per student vs. per institution?
 - Answer: Grow special revenues so to not continually increase fees and have diverse revenue base
- Human Resources
 - To have corporate memory and succession planning for staff
 - Transition of independent contractors to employees
 - General HR framework
 - Includes volunteer framework
 - Procedure manual: if emergency with e.g. staff, to ensure operations to continue
- Risk Management
 - Goals
 - Strong relationship with external auditors
 - Effective internal controls over financial reporting

- Appropriately mitigate technological operational risks: especially with the growing risks of “cyber” to be managed with Comms
 - Deliverables:
 - Meeting between VP finance and the auditors
 - Adopt not for profit practices
 - Evaluate Cyber and IT Risk
 - Anti-fraud training program
 - Develop contingency plans for if sponsor pulls funding
- Overview 2020/2021
 - The cycle begins now
 - FAHR Coms support member will assist in more intimate manner
 - To receive last year's budget, current budget, and current response up until april 1st
 - To receive breakdown for last year's budget to allow better sense of what might be needed in upcoming year
- Include in-coming directors in discussions when it comes to building budget
- Important dates
 - May 20th
 - Assignment of FAHR committee member to portfolio
 - June 20th:
 - Portfolio budget draft due
 - Clear explanation of makeup of budget for each line
 - Not expected to be perfect but try to get a good handle
 - July xx:
 - Finance to present budgets and to discuss at TCs
 - August xx:
 - Fine-tune annual budget and 3-yr forecast preparation to provide a reasonable expectation to either break even or to be in minor surplus
 - September xx:
 - Pass it at AGM
- Question: Could you talk about the possible membership fee change?
 - Answer:
 - Financial plan last fall showed builtin expectation that fee would increase by \$5 from 20 to 25. Plan was passed at AGM 2019. Needs to be entered in the 3 year forecast.
 - Planning to consult PRT (Presidents roundtable) to see if people are open to this increase. No increase since 2010.
- Question: Over/under budgeting, always a bit of range, with COVID likely to end even. From your analysis, what most contributes to those large variations and second, should we use extra funds (surplus) for some portfolios' specific work between now and the end of June?
 - Answer: Need to be mindful to not over ask based on fear to not be able to get things later. Want to make sure the budget becomes tighter. Need to look at actuals for the budget: Tells if budget can be further reduced based upon actual use for portfolio. There is always room to ask for things at a later date

Education Strategy Discussion

- Brief overview of portfolio structure
 - 3 NOs (National Officers) overseeing committees and round tables
- Edcom (Education Committee) high yield points currently:
 - uCMG (Unlicensed Canadian Medical Graduate) issue: collaborating with other portfolios to see how best to strategize and bring in other stakeholders
 - CBME (Competency Based Medical Education) : working on transition to residency guide
 - 2 position papers coming up at AGM
 - IPE (Interprofessional Education) curricula
 - Artificial Intelligence
 - Sent OMSA for approval last year. Made more national in scope
 - Very topical given what is going on right now
- National Annual Survey:
 - Supposed to end may 9th but extended due to low response rate (24.7%)
 - U of A highest response rate, will receive response prize
 - Low participation in Ontario at first. Since 6 schools there, important that validity of survey captured national scope
 - Quebec low but only has 1 member school (McGill)
 - Great response from Western and Atlantic regions
- Next steps: To complete analysis of survey and draft results into formal report
 - Research committee for this
 - One national report published on website
 - Portfolio-specific reports
 - Questions put forward for National Annual Survey per portfolio
 - Within portfolios ideas and initiatives
 - School-specific reports
 - Learner mistreatment
 - Financial literacy
 - How can Med Soc advocate for improvement
 - Benefit from school-specific reports to increase local work
- COVID-19 effects
 - CARMS R1 Timeline
 - Virtual interviews
 - Pre-Clerk & Clerk
- AFMC learner news page: please share with students at your school. Centralized page
- R1 Timeline 2021:
 - Delayed and compressed due to delays happening and helping students to have more time in applications and doing visiting electives
 - Applications close on Feb 7th 2021 (2 months later than typical)
 - File review : Feb 8th to March 5th 2021
 - Interview period : March 8th to 28th 2021
 - Shorter due to virtual interviews, to encompass bookings as well
 - 2nd iteration match: May 18th 2021

- latest date possible. Needs to be some time to transition into residency for students (write the MCC, moving, documents completion, etc.)
 - Students might not be able to get same number of reference letters, therefore group to discuss how to adapt this process
 - Evaluating students to be different at application stage, Dir Ed to be part of team helping to adapt application process for students
 - Virtual interviews
 - Concerns around this. Dir Ed to work with stakeholders to address these
 - Advocated for Virtual interviews
 - Many members advocated for this in past to reduce carbon footprint
 - Shorter more compressed application period
 - Would apply to all students and programs, no loopholes
 - Continual work on how to adapt in-person meetings important to interview process such as speaking to residents
 - Try to work with virtual platforms
 - UBC Rural sites have good videos to be used as models to encourage other schools to adapt a similar structure for their program talks
 - How to ensure accommodations for technical difficulties
 - Important for Indigenous students on reserves who may not have access to best quality internet service
 - Sub committee for virtual interviews
 - Co-chaired by CFMS President & Dr. Preston Smith
 - Consulting with representatives from class 2021
 - Hope to guide and make sure things are beneficial to students
 - Pre-clerk
 - Largely been easy transition to online platforms
 - Certain concerns remain in regards to exams and proctoring
 - Challenges are career exploration and observerships now with online learning
 - Still lack of clinical skills training
 - Thresholds for exams. Many students have access to notes for exams. Working with ART (Academics roundtable) to facilitate solutions
 - Trying to make use of virtual resources available
 - RDOC profiles page is a temporizing measure
 - Lack of clinical skills training
 - Students have to come up with unique and different ways to tackle clinical skills training
 - Return to clerkship
 - Most schools see students returning in June-July 2020
 - Clerkship
 - Return to clerkship to be varied from school to school, based on local factors
 - From recent conversations, seems that students could return to clinical duties in June/July 2020
 - Visiting electives still up in the air
 - Conversations around trying to ensure students have weeks of visiting electives

- Maybe advocating for 1 week electives if necessary to ensure possibility of visiting electives
 - Shifting away from education elective vs now to be career exploration elective
- MCC (Medical Council of Canada)
 - Scheduling crises
 - Drafted letter with support from all Canadian med schools (FMEQ schools included)
 - Letter was translated into French
 - Support from UG and SA deans
 - Asks included:
 - Apology and explanation
 - Improving communication (e.g. not twitter, not accessible to all)
 - All students option to write in prior to residency
 - Partial refunds + 50% off prep material
 - Acknowledgement of MCC role in this and their communications
 - Letters to address all students as opposed to twitter and other media forms
 - Asks about all students being able to write in June
 - Adjusting some abnormal times such as the middle of the night or early morning
 - Feasible time to write
 - Making sure bilingual option available to students for remote proctoring
 - Financial incentives
 - Ask for partial refund
 - MOC (Maintenance of Certification Program - Royal College) test to ensure that platform works
 - Many students in provinces not having in-person testing sites and needed accommodations were told they could not write until 2021
 - Many schools were passionate about helping students who need accommodations are treated equitably
 - Appropriate rescheduling processes for students with COVID symptoms
- Question: uCMG: How do you formally hope to bring that group together, in terms of timeline and strategy around that?
 - Answer: File leads are busy with the matchbook section and other pieces. Once they are done we can start overseeing the Think Tank? Keep this group on the smaller side. Have key reps.
 - Envision: have them chair and lead group with ed leadership
 - Different pillars with different portfolios
 - Student affairs could oversee the resources to students piece
 - Government affairs could oversee some of the advocacy points (local, provincial, national)
 - Developing a backgrounder, key contacts to engage with, database of who to contact
- Question: Covering all of our bases rather than coordinating some of the smaller pieces?
 - Answer: Mix of strategy and those pieces. Have resources but how to put them together in effective way is important part right now
 - Making sure to use all resources adequately. Could some be taken over by other portfolios than education maybe? To look into.

Government Affairs Strategy Discussion

- GAAC Reps Roundtable updates
 - To produce health related newsletter, health policy updates i/o student advocacy updates
 - Beyond COVID, for students interested in learning about health news.
 - Provides provincial (from GAACs) and national (Rapid Response Team) updates
 - For release 4x per year
 - Not necessarily release an update for every province. Only what's relevant
- Longitudinal Advocacy Elective
 - Student from U of T to create toolkit of advocacy workshops for an elective
 - Allows to work through different toolkit to fill gaps at individual schools
 - GAACs can use this toolkit
 - Most sessions can be adapted for Zoom, currently in-person
- Advocacy Portal
 - To encompass DoA backgrounders and any advocacy projects
 - Excluding health advocacy conferences
 - Documents can be uploaded to this Portal so students who are working on future initiatives can refer to them rather than reinventing the wheel
 - Keeping all advocacy projects in one place
 - Target for it to be up by AGM
- Committee on Health Policy
 - Improve position paper process, e.g. guidelines on max length and executive summary
 - Work on plan to make sure goals are updated
 - Branch out when position paper submissions are low, e.g. COHP Communications
 - Work on updates to previous papers, such as Seniors Strategy
- NDoA (National Day of Action)
 - Continue using method of topic determination
 - Release topics and descriptions 1 week prior to AGM
 - Ask PRT (Presidents roundtable) to share with school for better engagement
 - This year's NDoA
 - Delayed follow-up indefinitely due to COVID19
 - Asking delegates to follow-up with local governments
 - Meet local MPs in September to do intros & follow-up on previous asks
- EDI (Equity, Diversity, and Inclusivity) Work (collaboration with Global Health)
 - Task Force Position Paper
 - Price of a Dream Collaboration
 - Working to reduce admission costs
 - Policy Statement on increasing race-based data collection on COVID-19
- SBM to AGM
 - Advocacy Portal
 - Longitudinal advocacy elective

- EDI work to be completed
- Question: Collecting options for NDoA topics good question to include on the NAS?
 - Answer: Timing needs to be worked out and managing variety and numbers in responses. However, good idea.
- Question: Ideal way to follow up on National DoA (without COVID-19)?
 - Answer:
 - Each school came up with 2, 4, and 6 month follow up plan with local MP
 - TC with all schools 6 weeks after DoA
 - Coordinate letter campaign and ensure each school had adequate local follow-up
 - National coordination of local plans by school, and Executive follow-up by CFMS Board Members who met with Ministry officials
- Remark: Develop a clearer criteria of what makes a Board decide whether to change a topic (from what was voted on at AGM) may help with our process. This year schools were very onboard with changing the topic but people may not during other years.

COVID-19 Effects on Organization

- Moving towards a new normal. To discuss big picture things about how to adapt to COVID-19 as an organization
 - Membership in associations in general are declining, as move towards digital age. Many things shifting
 - During COVID-19 CFMS has shown value to members
- Not going to make a decision on the AGM right now, but many meetings around the same time are cancelled
 - Questions if in-person:
 - Will faculties support this kind of travel, will schools give this time off?
 - Will as many people attend as usual?
 - Will our sponsors/organizations be available?
 - Must think about PR issues, if someone gets sick
 - Likely virtual AGM, but hard to say at the moment
 - Have to decide in July
 - So far not paid for things yet, haven't obtained sponsors yet
 - Need to have resolutions this meeting, break out rooms
- Discussion on this virtual era and how to capitalize on opportunities, e.g. using Zoom instead of teleconferences. What are the opportunities?
 - Town Hall:
 - Good idea right now. Med students want to be engaged and can have voice directly through CFMS. Risk only angry people come, but can do trial
 - Town Hall should have purpose rather than just for anything
 - Portfolio town halls might be a good idea. Could be open to all membership schools rather than done on per-school basis (dependent on our capacity)

- Virtual access to meetings are good, shouldn't just be in-person only. Challenge to integrate virtual attending people purposefully, e.g. separate queue for virtual questions
 - Instagram Booths
 - For Spring NomCom not as many people applied as hoped. Portfolio can put on own "booth", which is more engaging than reading a description
 - Remark: Other organizations have hosted virtual panels. Need to test how far our outreach is through something like this, see who joins. Might be more accessible to members who aren't formally involved in CFMS
 - Third, many challenges and opportunities for the class of 2023-2024
 - Likely no in-person classes/gatherings in Fall.
 - Opportunity to connect medical students
 - If to send clipboards and flash cards, when are students going to get them
 - How to maximize tech to engage the new class?
 - Comments: No in-person presentation, but virtual one could have CFMS attending to help make our organization more personable/real to people who don't go to general meetings
 - Comments: Throughout the year, make CFMS available to students in different ways, showcase our work
 - Core operations:
 - What to do if this goes on long term (>18 months)
 - Restricted travel:
 - Effects to organization and medical education in general
 - What parts of a portfolio are really dependent on travel?
 - E.g. What if exchanges are cancelled for a longer time?
 - Able to bring it back?
 - E.g. What about Day of Action?
 - What if people ask if in person meetings are even necessary?
 - Need to be ready to adapt. Done well so far. Worked virtually before
 - Should be reflected in portfolio plans.
 - How malleable is CFMS?
 - How to adapt plans to this?
 - Re-evaluate the CFMS introductory presentations. Many reps, who do these presentations, are new. Have board member involved to give more perspective
 - High likelihood international exchanges won't happen. How about facilitating local global health experiences?
 - CFMS can be leader in how to change exchanges
 - To expand global health education and be local and virtual
 - Education's biggest loss from COVID-19 was cancellation of in-person CCME
 - Huge opportunity to advocate on key issues
 - Largely portfolio is able to function virtually through meetings and calls, which is operation as usual outside of CCME
 - Strong value in in-person meetings. However COVID-19 has highlighted innovative ways to increase membership engagement through virtual methods. Members without funds wanting to experience CFMS can do so virtually
 - Social accountability/Social justice work

- Healthcare workers/students groups increase social engagement (e.g. petitions)
- Healthcare sector being more vocal
- Members come to CFMS as the student voice, and can engage with CFMS portfolios to develop other interests outside of med
 - Capitalize on this as physician voices become more prominent
 - How to promote social accountability/social justice pieces?
 - CFMS not yet seen as the platform to springboard student-led groups/advocacy initiatives, but can be opportunity for CFMS
 - Many daily requests from students to advertise these initiatives. What is role in this, since can't advertise all of these initiatives on social media

Portfolio Strategic Plans

- Conclude strat plans, think of next steps. Get feedback in the next few months. Roundtables will change over, people at AGM may not necessarily be the ones who were as involved in these plans. Won't look at them formally until Fall/late Summer
- Important to use this opportunity to push things that are already in the pipeline, and adjust priorities. Portfolio plans should be specific but broad enough to adapt to situations such as COVID-19

Portfolio Round Table

- Portfolios dyads met with all other dyads for 10 minute intervals to discuss ongoing collaborations and areas where portfolios overlap

CMA Funding Plan and Decision (in-camera)

- Notes documented in the in-camera meeting minutes
- Although all Board meeting minutes are available to members on the CFMS website, in-camera meeting minutes are not.

Meeting Adjourned