

# Medical Undergraduate Society

Council Meeting minutes - October 1st 2018; 7:00 PM

Date	MSAC	IMP	NMP	SMP	Call-In # 1-877-792-2770
Oct 1 2018	VC Room	RJH 246 MSB 107 VGH 1908	UHNBC 5011 NHSC 9-374	KGH 228 RHS 227	30215

## Preparation

Review Robert's Rules [here](#).

Add/update/verify your contact information [here](#).

## Minutes

Present: Billy, Reem, Zach Sagorin, Jennifer Ling, Dawson, Jessica Hatcher, Jessica Wang, Jas Hans, Tony Chae, Monica Hsieh, Maichael T, Helen Crofts, Stephen McCarthy

VC: Devon Mitchell, Michael R, Rosie, Jenna, Chantelle, Nick, Privia, Chelsea

Regrets:

title	proposer	time
<b>Approval of Agenda</b>	Mover: Maichael Second: Isaac In favour: all	7:08
<b>Approval of Previous Minutes</b> <a href="https://drive.google.com/open?id=1ZR5DDk7c60IFjmR7TXaAh4V3mm3NXKMEI0R7PD5ulwM">https://drive.google.com/open?id=1ZR5DDk7c60IFjmR7TXaAh4V3mm3NXKMEI0R7PD5ulwM</a>	Mover: John Second: Isaac In favour: all	7:08
<b>Remarks from the Chair</b> Welcome! Typically try to make 1-1.5 hours.	John Liu (President)	

<p>Robert's Rules: Everyone try to adhere to these rules (Isaac send again). Especially important for motions (flowchart for speaking, who is for/against, etc.)</p> <p>Updates on finances - we have a new Sr/Jr - so we are working to make the role more streamlined.</p>		
<p><b>Year 1 Class Council &amp; MUS Council Results</b></p> <p>Hello to new faces! We are also still looking for Indigenous Health Reps for VFMP and SMP - nominations hope to be done this week</p> <p>T: Any site leads who have not had contact with year 1 class reps please let me know!</p>	<p>Tony Chae (Year II Class President)</p>	<p>7:05</p>
<p><b>Hello from VP Finance Sr!</b></p> <p>Has been some confusion and delays over finances and going into a new role what were some attributes or competencies some people found valuable to help everyone do their job. So if people could share insights with actions moving forward.</p> <p>Rosie - My biggest area of concern/thing would like to see is answering emails quickly and acknowledging receipt of email.</p> <p>Helen - What worked well was establishing early on whether the person in the role would track finances and do lump sum payment or if the finance person would track thing and do multiple transfers. For example, should I hold onto my surplus from intramurals or send it to you now?</p> <p>Jas - Put cheque requisition form somewhere easily accessible</p> <p>Zach - Yes i agree. Excel sheet with reimbursements and also have people keep track of their own finances.</p> <p>Tony- One centralized area where the process is in one place for council to apply for funding.</p>	<p>Zach Sagorin (VP Finance Sr.)</p>	

<p>Maichael - Should have some sort of electronic system that streamlines workflow. Should probably talk to Chloe and find ways to integrate those into our site.</p> <p>Devon - Continuity of money between years and how that flows through. Have had some issues with wondering where unspent money went, etc. So also clarifying that.</p> <p>Rosie - I thought there was no continuity of money for the sites and if we didn't spend money we lost it</p> <p>Maichael - Part of the issue with continuity is that as long as we break even it doesn't change the amount of money in the account. If money isn't spent it's in the account for AMS with the assumption that net balance is positive. So people have not been concerned with budgeting unused money.</p> <p>Devon - Ya so we should try to index that (for example, lots of portfolios where there are different amounts of money spent) and try to keep money earmarked for different accounts if it was not used</p>		
<p><b>Updates: Intramural Shirts, Gym Budget</b></p> <p>Helen-I recently just finished the intramural shirt orders for the first years and I received interest from the other years for these new dry-fit shirts. I was wondering if we wanted to open orders for upper years.</p> <p>Isaac, Mia and Devon - We are interested to buy one if opened.</p> <p>Helen - Gym maintenance issues should be passed down to Helen.</p> <p>Jas- Both treadmills are broken (transient state of function).</p>	<p>Helen Croft (Sports Director)</p>	<p>7:23</p>
<p><b>Update on CGM RoS</b></p>	<p>John Liu (President)</p>	<p>7:23</p>

Quick summary - essentially has been a change in CaRMS spots and UBC has a return of service CMG spot for dermatology. So after residency obligated to go to a rural area and serve there for a number of years. Supposed to help with lack of rural dermatologists but doesn't do that and restricts medical students unfairly and degrades an existing dermatology spot already

Have brought this up at the President's Round Table and they had a similar reaction to us - they were not pleased, thought it was not a good idea, and brought up studies that return of service contracts do not work with helping rural communities.

Remember this comes with 900 thousand dollar penalty

CFMS wanted to take a stance on this - and working with VP Academic there to take a stance on it. If you want to help with this let me know because looking to take a stance on this.

Jas - talked about this at VP External round table and other schools had similar reaction as us too. Also only other school with CMG REturn of Service if MUN - and its optional - will get 30 K bonus for every year there. And if decide to do it then back out, just have to pay back whatever bonus received and so substantial financial penalty and optional

Maichael - what level is this? UBC PGME driven initiative? Government dictating this?

John - From what I teased out Ministry of Health is main driver because they fund and help with allocation of all residency spots. So they have a big say in what the residency spot will be. But UBC is consulted because they are the ones that choose the applicants. So there is a joint effort between UBC and the Ministry to decide and there is a Residency Allocation Committee. Long and short - both Ministry and UBC.

Dr. Lui - This is mostly driven by Ministry of Health. Have been looking to solve maldistribution issues and dermatology is a problem. University has "gun held to its head" or something like that. On the Residency Allocation Committee there are faculty, a medical student, and administrative people from the residency programs. I believe if this goes through there is more to come and will not be a one off. Four dermatology spots are the usual quota, but they are taking one of the existing spots for the return of service (downgrading the slot). The government did not contribute any new funding for new residency spots.

Maichael - is this a suitable topic for PAC?

Dr Lui - its out there already in the sense IMGs have decided to launch a law suit challenging the lack of spots against them. So this is in the public domain already.

Devon-I sit on the board of the residents of Doctor of BC, we should push the residents more regarding this topic. This should be a residents issue rather than a medical student issue. I will push the organization to do more about this since I have not heard them discussing about this issue. They have more of a stake on this topic.

John - will post on facebook group the news article about IMGs suing the match process.

### **External Updates**

We just had the CFMS AGM in Montreal last week (CFMS represents all of the medical schools in Canada). Jas, John, Devon, Christine and Pria? went to the AGM. Discussed global health at the round table. Discussed return of service and leaves during clerkship (no Flex dates during 3rd/4th years) where some schools have 10 full days. Dalhousie added own political action to add 25 new family residence spots and 60% other specialities. Voted on new CFMS board directors. Two resolutions on medical student suicide and

Jas Hans and Devon Mitchell (VP External Portfolio)

housing in Canada. Also talked about electives. Talked about Lobby day for CFMS as well.

John - The CFMS is a cool organization and if you are thinking with being involved with MUS you may go to one of these AGMs and meet medical students from other places. Can also be involved with the CFMS without being involved with the MUS

Devon - Will send out CFMS communicate and there are dozens of CFMS portfolios that are becoming open and due on October 22nd. Lots of different external and internal committees! Whether its policy, advocacy, medical education, so will try to push it with our student body! CFMS is pretty dominated by Ontario so would be nice if we stepped it up a bit.

#### **CFMS Consultation on Y4 Elective Caps**

CFMS Survey: Electives Diversification Policy

CFMS reps work to represent CFMS to UBC. CFMS has asked its reps to give this survey to UBC medical students for electives diversity. Look at the handout for more reference. Problem is with the competitive nature of the residency match process, undergraduate programs are wanting to implement an electives diversification process by capping it to 8 weeks for each direct entry discipline. Ran it over with John and compiled discussions that would be relevant to UBC. Wanted to open it up to the floor to discuss the benefits and challenges with the council. Summary of current recommendations are at the end and we can recompile at the end with the discussions today.

Levels playing field for elective fields across Canada. All canadian students will have the same amount of elective time across Canada. Students can more effectively parallel plan by distributing electives so that students do not plan all their electives in one discipline to make themselves competitive for that process. It should also decrease the

Cirisse  
Stephen (VP  
Academic Sr.)

Motion  
mover:  
Stephen  
Secunder:  
Zach  
In favour 0  
Against 15  
Abstentions  
1

elective application burden for each discipline. It shifts the application more towards reference letters and other activities.

There are 14 questions (refer to slide):

**Are we in favour?** Overall impression between the reps is that it may be a good thing.

**What do you think is optimal number of weeks for elective cap?** John and I have not gone through electives so want to get the opinions of 4th year students. Wants to keep this debate according to the slides and we can come back to a greater scope of whether this is a good idea.

Mia- Are you saying that 8 week cap means 8 weeks only in that specialty?

John- yes

Helen-What is happening now versus what we are proposing now?

John- Across the countries, some schools do not have caps. However, recently there has been a movement towards having caps because it is unfair if someone does 20 weeks in neuro. It is fair across all Canadian schools for now (UBC has 12 weeks in one discipline for now).

Jas-Are those the only options that are presented on the screen?

Cirisse- For now, these are the options on the survey. Any questions can be brought to CFMS via the reps. The survey closes this Sunday night so changes now should be discussed.

Jas-If we cap it at 8 weeks per discipline, you can do one third of your electives in one discipline. This can cause more people to apply broadly during residency applications (unintended consequences). If we have 8 weeks in one discipline only, you will want to choose a back-up. Would the

program directors frown upon this? Application may look like students do not know what they want to do in terms of specialization.

John- One of the motives behind this is that they want more medical students to be more well-rounded. Questions about medical students with more broad experiences is what they want. Response is that program directors would see the same from all medical students, so it would be the same.

Helen-I think it is important for us to consider what UBC does right now and how this changes from what we are doing. This may hurt people's chances from applying towards one specialty. For this, I would say 8 weeks but we should consider how our schedules are set up.

Maichael-I like the advocacy for equalization across all medical schools but we should be aware that this policy takes an aim at UBC where we have the most time for electives. When it came out that we had 24 weeks, people were shocked at CFMS. 8 week caps do not really change how other schools may run. I am interested to see where this policy is coming. UBC has done a fantastic job to schedule so many electives time for students. It is something to be wary of. At this stage, we want to push for as much as we can get.

Devon - What is the intended use of this survey. I attended a CFMS presentation by the McGill Dean of Undergraduate Medicine and they have said that it has been finalized for the Class of 2021 across all medical schools. What are we hoping to achieve from this?

Cirisse - If we do want to go against this, we have the option of what our stances are. It is important for us to discuss internally of what we want to do. Being forced to be too narrow in the 4th year to be competitive is also a problem. Do we want to go against this?



Jennifer - My understanding of electives is that they are two weeks. Recently I had a friend that found a program that was what worked for her after 16 weeks and if we cap it at 8 weeks, this would prevent students from finding that.

Michael - Prior to the 24 weeks, we do have a 6 week vacation break where people can do electives throughout this time. We would have 26 weeks pre-CARMS. UBC currently caps July- November electives at 12 weeks. UBC is at a massive advantage just because we have 12 weeks. Other schools have 8-10 weeks. Capping electives at 8 weeks is UBC taking an arrow to the knee. This is normal for other medical students at other schools. I have done 16 weeks in one specialty and this is unheard of at other schools. No less than 8 weeks should be pushed forward. This policy is an one size fit all but schools across Canada have different quotas. Electives are pretty much everything, if you do an elective for a certain school, that is basically your audition for the residency position. We do not want to hamper our students because UBC has fought to give us this opportunity. We need to really consider what is laid around this. I'm not sure if one cap for the whole country will work for everyone.

How do you prefer to define cap restrictions?

By direct entry

Should all surgical disciplines be considered one?

No, we do not support that. Because there are more medical disciplines than surgical disciplines, this would be too restrictive to cluster them all together.

Should neurology and peds neurology be considered one?

No, they are distinct in terms of the College.

Direct entry disciplines

None should be grouped together as one discipline.

For subspecialties, by more than one direct entry route, how should this cap be applied?

We support that faculty should determine how this cap should be applied and this should be the same across Canada. Other options are students get to decide or faculty gets to decide or subspecialty should capped all into one (very restrictive).

How should policy be applied to unmatched students?  
This policy should not be applied to students that do not match because we want to support these students as much as possible.

Which policy do you prefer?  
At least 8 weeks should be considered and we do not want any subspecialties being grouped into one. (option 3)

Thoughts?  
We were in agreement to support this previous to this meeting.

What is your opinion of a fair national cap elective policy?  
Max of 8 weeks by direct entry route policy and subspecialties should not be grouped into one.

MOTION:

**Be it resolved that we are in favour of having a policy capping clerkship elective time in one discipline to 8 weeks.**

Discussion on the motion:

Maichael - I am against this stance because as this policy is stated, we need more discussion on the current criteria of the policy.

John - Someone can propose an amendment to the motion after this to factor in the length of cap.

Mia - I am suggesting to make a friendly amendment to add the 8 weeks to make the motion more specific.

I am not in favour of this policy because if this is to standardize chances for residency, this is advantageous to us at the moment. McGill students have the advantage of applying to French and English residency.

Jas - I would have to vote no because this limits the autonomy of UBC medical students being able to choose their own elective options. This policy helps everyone across Canada except us.

Michael - I speak formally in opposition to this motion. Year 4 has been reformed recently. Prior to the class of 2019, there were a series of minimums where you have a minimum of 4 weeks in an undifferentiated discipline and procedural discipline (surgical). Outside of that, students had 23-24 weeks to do anything they wanted. Setting this 12 week max of electives was very difficult to put into place because students were in opposition to it. It would be wise to take the opposition of past medical students into consideration. You would get the same answer if you asked the whole UBC medical student body.

Cirisse - What I am hearing a lot of, I just wanted to take the moment to summarize. We have the responsibility to the students to support what we have. Are we hindered by our ability to do 12 weeks in one discipline where we have to do more in one discipline to be competitive. Working with a lot of physicians, everyone graduated with family medicine. Being able to graduate in an undifferentiated discipline and not having to decide early gave them the opportunity to find what they liked.

Dr. Lui - UBC Medical school had a very difficult time trying to accommodate every discipline. If we give this up, it would be hard to get back.

Motion to call a question - Michael  
Seconder - Zach  
In favour 0  
Against 15

Abstentions 1		
<b>AMS Fees/Student Health Opt-In Process</b>  Motion to move in camera for 15 min Mover: Maichael Secunder: Stephen All in favour Motion carries  Motion to continue in camera Mover: Maichael Secunder: John All against Motion fails We are out of camera	Maichael Thejoe (Year III Class President)	

**Motion to Adjourn**

9:00

Moved: Jas  
 Seconded: Reem  
 In favor: all