



Medical Students' Society of McGill University

L'Association Étudiante de Médecine de l'Université McGill

December 4th, 2018

Registration

Food Service

An Introduction to Robert's Rules

Introduction of the General Assembly Staff

ORDER OF BUSINESS

(1) Call to Order and Standing Rules

The Speaker calls the meeting to order at 7:16pm. Standing rules are made available to the student body. If questions appear during the meeting, members may contact the medicine senator at medicinesenator@ssmu.ca. Any technological issues members may email vpit.mss@mail.mcgill.ca.

(2) Land Acknowledgement

McGill University is situated on the traditional territory of the Kanien'kehá:ka, a place which has long served as a site of meeting and exchange amongst nations

(3) Approval of the Speaker

Motion to approve the staff list

Majority to vote to approve the staff list. 0 votes against. Motion clearly passes.

(4) Approval of the Minutes

Motion to approve the minutes

Minutes stand approved

(5) Adoption of the Agenda

122: Wish to amend the agenda to put report of VP finance before the new business

Motion is seconded

116: Motion to disincentivize medical school applicants from taking part in voluntourism

Second by 8

[Members are reminded that the floor is open to make motions to the agenda].

95: Motion that the current graduating class rewards faculty member for excellence in teaching.

Second by 36

93: On behalf of CFMS heart committee to make students bring reusable tupperware to future events

20: Motion regarding renaming to the eponym of Sir William Osler



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Vote on amendments to the agenda.

- Motion to move report of VP finance before the business
Motion passes
- Will vote on incentivize medical school applicants from taking part in voluntourism
Motion clearly passes
- Now voting for nominating professor on teaching
Motion clearly passes
- Motion of making tupperwares mandatory in mandatory meetings
Speaker's opinion does **not** reach $\frac{2}{3}$ needed for motion to pass
- Motion for renaming Osler did **not** pass
Called for a recount
29 in favour
23 opposed
Does **not** reach $\frac{2}{3}$ threshold and hence will **not** be discussed

Chair would look to adopt agenda as it stands

111 moves to adopt agenda.

Motion clearly passes.

VP Finance has 5 minutes to now present

122: Motion to go in camera for report of budget

Second by number 79

Motion clearly passes.

Presentation of budget is available on screen

- Chair recommends someone would extend presentation
- No opposition to extend presentation to 5 minutes

In camera ends.

Speaker: Question period lasts 3 minutes and can be extended

41: Is there a line in the budget to account for the VP socials that had to pay out of their pocket?

MSS President: No, it is not. Might have to take out money from investments to avoid this issues in the future.

Speaker: As there are no more new speakers on the speaker list, 41 may speak again.

41: In the event that either of VP Socials require money, can they ask interest

MSS President: difficult to incorporate into the audit so we cannot take that into account for this year

Speaker: As there are no more new speakers on the speaker list, 41 may speak again.



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41: How might we go about paying out of pocket for the role of the VP Social clarification: Will there be a requirement that VP Socials pay out of pocket for the VP socials.

MSS President: Cannot speak for next year's council. However, for this year, if the social want to make a motion to bring this up at GC they can

Speaker: No further questions, this ends the question period.

(6) Old Business - None

(7) New Business

(A) Motion to appoint Colin Barrows as the auditor for the MSS 2015-2016 audits

Normally the movers of a motion are entitled to three minutes to present their motion and to answer questions, however since this is a cursory motion I would suggest that it be approved unanimously by the assembly. Is there anyone in the assembly that objects to the unanimous adoption of this motion? Just to be clear if no one objects at this time we will adopt the motion to approve the auditor and move on to further business. At this time is there anyone that objects to the unanimous adoption of this motion? Seeing none **this motion is unanimously adopted**

(B) Motion to support the renegotiation of physician's remuneration.

Mover: I won't read the whereas or be it resolved of this motion. I think it is boring and I think you can all read it on the screen or in your emails and anyway I think that my English is so bad that it would only make the motion [harder to understand]. However, I will say this about the presentation of this motion. This motion, is simply asking us to be coherent with what we know about the disparities in wealth and their effects on public health. This student association has already voted for last year and finally coherent with the care we intend to give geared toward just distribution of funds in our public health system. I will just scroll down this motion so you can read until the end. Once you've read it, I will welcome the question and the debate however I will most likely answer the questions in French since I think is the right thing to do or considering that I don't want to be put at a disadvantage. So apparently I should read at least the be it resolved:

The MSS supports the government's efforts in renegotiating the aforementioned agreement between Ministry of Health and Social Services Services and the Fédération des médecins spécialistes du Québec to increase the remuneration of physicians.



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Be it further resolved that the MSS mandate its President and Vice-President External Quebec, regardless of FMEQ support and

Be it further resolved, that the MSS stands for a reevaluation of the remuneration of all physicians, specialists and family physicians, towards a more socially responsible distribution of resources across healthcare services.

Speaker: Thank you to the movers for presenting we will now move into a question period for the movers so any member is free to ask a question and if the movers cannot answer they can always defer their time to another member who can answer for them. With that said, are there any members who would like to ask a question to movers.

Seeing no questions, we will now move into debate.

Mover 2: Can I add something?

Speaker: If the mover wants to speak, they are free to do so during the debate so I will now be accepting members who are wishing to debate. If you wish to debate please raise your placards - I recognize number 27 to start. If possible can we get a microphone to number 27?

27: It's not really a debate - but you support the renegotiation of the salaries and the increase in 11% of the salaries. And you also say that the MSS stands for a reevaluation of the remuneration of all physicians, specialists and family physicians, towards a more socially responsible distribution of salary. So what is your position on the more socially responsible distribution of salaries?

Speaker: I have added 39 to the speaker's list however they are not next. You are allowed to ask questions during the debate but the movers have no privileged time to answer so I will move on to the next person who is number 20.

20: I would like to express my support for this motion and last year I moved the motion that is referenced in the first whereas and as you may or may not know, Quebec comes out of 4 years of severe austerity that has slashed services from mainly education, health care. After this period government has announced huge raises of remunerations for physicians and this is illogical, it is not providing better care, does not make society better and does not improve the health of the patients and this should be our main preoccupation. Moreover, I know that FMEQ is very concerned with doctor bashing but the first step in



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understanding why people don't like us is to look at ourselves and ask what are we doing wrong, and one of the main things we are doing wrong is trying to ask for more money all the time when patients are suffering.

Speaker: So thank you, number 122. Please use the microphone.

122: Thank you, I do not have to speak anymore.

Speaker: Ok, so next is number 39.

39: Je voulais simplement répondre à la dernière question par rapport au dernier "be it resolved" concernant ce que je pense est une distribution plus omniscialement responsable dans un système où on manque d'argent partout. Les médecins bénéficient de 20% du budget total, nous vivons dans une élite financière. Il y a des ressources qu'on peut redistribuer ailleurs pour notre collègues. Cela sera une redistribution juste et socialement responsable.

Speaker: La prochaine est numéro 41

41: So thank you for the motion while I think it is an interesting idea, I think adopting this position would be counterproductive given the referendum that the MSS passed whether it was last week or the week prior endorsing some sort of formal pay structure for Med3 and 4 students while in clerkship. We talk about the redistribution of wealth and then have clerkship students calling to be paid despite the lifestyles they are expected to live 3 or 4 years later. It just seems a little less socially responsible.

Speaker: So thank you, number 79 is next.

79: I agree with you it would be, but it would also be counterproductive on the prior position of the MSS against the increase in doctor's salaries that was adopted last year. I also wanted to illustrate a little bit about what I mean by the social inequities in the healthcare system. At the moment that the government passed the austerity laws, there was an increase in 12% salary. For a year and a half, all replacements for maternity leaves and sick leaves in the public healthcare systems for OT, PTs and social workers were blocked so that at the same time that specialists had increases in their salary OTs had, sorry I'm an OT so that's why I also bring it up, had to take their caseload of their colleagues in CLSCs and rehab centers and this is the same for social workers and physiotherapists so for a year



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and a half and this is how people would lead to burnout and this is a clear illustration of social inequities.

Speaker: So thank you, next number 125.

125: Hi everyone, for me it's more of a question. Do we know how the money would be redistributed? Has it been organized? I feel like I understand the concept but I don't want to agree to something when I don't know how it will be handled.

128: Speak against the motion. I wanted to make a point that it is not guaranteed for maternity or paternity leave for physicians and that some physicians only find work after 6 - 10 years in a fellowship.

8: Yield to 20

20: Historical context: the reason why physicians don't have pensions, when the RAMQ was signed into law, physicians did not want to participate in public healthcare at the time, so the negotiation from the government was to keep physicians as independent workers, without maternity leave, without pensions. I think the way we are remunerated in general is flawed, and should probably be renegotiating. Doctors should not be independent anymore and we should be paid by the State and given pensions.

Speaker: I welcome someone to motion to extend time.

134: Motion to prolong the debate by 10 minutes. Seconded.

Motion passes.

70: Thank you very much for the motion, I just want to add that we are talking about making the healthcare system more equitable by reducing physician salary so that the funds would be reallocated to other health sectors. However the CAQ government does not clearly promise this, so I don't see how a reduction would actually improve the healthcare system.

79: You are more than right. That's what I was afraid of, about whether physicians should be more or less paid. We are asking the MSS to support and advocate for a renegotiation with the Federation des medecins Specialistes du Quebec, and support more socially responsible distribution.



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123: My intervention will be directly relevant to the debate, however the before-last “be it resolved”. I move to amend to remove the “regardless of FMEQ support”. In the event that the FMEQ votes, we are constitutionally bound to the FMEQ vote, although we would vote according to this motion at the FMEQ.

122 seconds.

8: Against the motion: Last year when this was brought up at the FMEQ forums, the other schools were not enthusiastic and blocked this motion from moving forward.

3: Is there a consequence if the FMEQ turns McGill down? Would standing up against them have a consequence?

123: Speaking to the initial comment: last year there was a disagreement but no vote made. So it should have been made within the mandate of VP external QC last year to have pushed the agenda. However, if for some reason there is a vote and the FMEQ's final view is to go against the MSS' views. The MSS is constitutionally bound to stand with the FMEQ vote.

Vote: Remove this section “regardless of FMEQ support” from the motion → **amendment is accepted.**

39: Bonjour, encore une fois je vais prendre mon tour de parole en français. Je considère que c'est un débat vraiment important, donc je veux répondre à certains points de mes collègues. Un point: l'incompatibilité des salaires des médecins et le manque de services sociaux, comme le maternity leave. Donc, en vue justement de cette incompatibilité, je pense que c'est encore plus important de supporter la renégociation de la rémunération des médecins. Un autre point: la réévaluation de la rémunération ne garantit pas que les fonds seront redistribués ailleurs dans le système de santé.

52: It's great that we want to renegotiate, but is it possible for us to have more of a position? Can we actually have a certain stance on the details of the renegotiation. From what I understand, this is a delayed raise and I think this should be considered particularly for specialties that are less paid. Remaining time yielded to 39 (20 seconds).

39: La condition pour laquelle on vote, c'est d'appuyer une renégociation dans le but que ces fonds soient redistribués à un autre secteur du système de santé.

20: I move to call a question (ending debate and move straight to voting)

This passes at $\frac{2}{3}$ majority

Vote: **Motion “support the renegotiation of physician's remuneration” passes**

(C) Motion to “Adopt the Guide to Equitable Events”

Mover: There are mandatory parts and recommended parts to the guidelines.



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- Attendance: Having a first come first serve method of recruitment is unfair and inaccessible because people have other obligations. Lottery is proposed for events that are very good in terms of attendance.
- Ensure event space is wheelchair accessible, has parking, seating is available, gender neutral available and accessible.
- Add accessibility needs to forms like dietary restriction.
- Cost of events should not prevent any student from being able to participate. We should have events that do not cost more than \$20.
- For food, drinks, general safety, we should indicate if food is available. Food needs to be available equitably. Non alcoholic beverages must be available. People who are not drinking should not be feeling bad for doing so. Should not be advertised as an event that is open bar/alcoholic.
- Epipens and first aid kits should be available.

74: Motion to extend the presentation by 3 minutes.

Seconded by 6.

Motion passes.

- Guideline of how to be more attentive to faith, reading challenges, parents with children/child care services.
- Consider participants to have scent free policies.
- If you invite multiple speakers, think about gender and ethnic diversity. Include trigger warnings. Try to avoid being culturally appropriating.
- Share an agenda with peers beforehand if event has discussion. Have speaker try to call upon speakers who have not spoken.

Moving into 3 minutes of question.

41: Question about cost. There is some freedom to limit events due to cost. If it costs more than 50\$, can you just say this can't happen?

Motion mover: Direct response is no. To have block events that are less costly is to offset the big events that happen once a year like internos. This is to say, the guideline limit is \$20 if you require payment but if people can pay more, there is no limit.

26: Speak in favour. One recommendation at the end. You mention to think about gender and racial. I want to know what the Equity committee stance is on diversity just on gender and race, or do we also include political and ideological diversity?

Motion Mover: The main goal is to have diversity of opinion, but also we believe in not having an all-white male panel for example with no prejudice in a way that is harmful.

125: Want to know what are the consequences if you do not follow the appendix? Being part of different clubs, I know how hard it is to gain attendance and organize events, I feel this



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appendix is a lot. Less than \$20, make sure not on holiday, etc, it's a little too much for those organizing it. In summary what are the consequences?

Motion mover: There are no concrete consequences but we would follow any Equity complaint as usual and bring to the MSS.

1: motion to increase time by 3 minutes.

Seconded by 36

Motion passes

12: In the mandatory section there are a lot of rules we have to follow but it doesn't specify for events, is it for all events? Does it apply to talks at McMed? Only end of block parties? Would there be a way to better specify rules? How do you envision this being implemented as there are so many different types of event and there may not be appropriate events for everything?

Mover: The goal was to be applied across the board. Yes, there are a lot of rules and it may be difficult at first but at the end of the day this ensures safety and inclusivity in a fair way.

1: Question about whether gender neutral bathrooms, accessibility in terms of accessing the venue, are these going to be hard rules that you are being enforced or are these valued?

Mover: They are rules. They are meant to be followed.

46: Question about epipen. If I'm supposed to have an epipen but I don't have an epipen. Where can I get an epipen?

Mover: This will be something to discuss that there is an epipen somewhere we can access at McMed.

9: Thanks for your recommendation. My question is about how you would envision monitoring and enforcing these recommendation, considering that the MSS has many events. It is quite extensive.

Mover: There is a part of this where we are adults and believe in the people in this community that are here, as presidents of clubs or elected officials. There will be some self-accountability. If there isn't a lottery, we can find out very easily. This will be easy to find out. At the same time there is an honour code here, if we do find out about things, that's when we can intervene, but we will leave it up to people in charge of events to be accountable in following these rules themselves.

Speaker: are there any motions?

41 motion to postpone.

125 seconded.

1: I would like to speak against postponing. There is time now to discuss, we should use it



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41: I appreciate that it is a good time, but there is very “lax”. There is too much authority to pass this and let it go to a vote without these questions being addressed in a subsequent time.

125: I want to speak it

20: This motion lays out quite well things we should be able to do. Putting this into place is not complex, you just follow the rule. If you don't follow the rule, you can put in an equity complaint. It's not a specific action that happens immediately. It is a process that is conversational and will meet with people who have infringed, we have done this informally since the beginning of the session, we have amendments made to events, it worked well, everything was smooth. We don't need to postpone this conversation.

All those in favour in postponing this motion to the GA?

Motion fails. We will continue on debating this motion

79 motion to extend question period by 3 minutes.

141 seconded. 36 is opposed.

Motion passes. We extend question period by 3 min.

79: How many people are restricted from participating on limited spot events? Is this frequent? Just on what extent that people cannot attend?

Mover: Internos is the best example. Internos sells out in 2 minutes. If anything happens that happens that day, instead of having a first come first serve, it's a 24 hour period where everybody can sign up, and if people need to sign up, there is a lottery system where people can pay within the 24 hours while also giving leeway to people who cannot sign up precisely at 8:00pm.

18: With regards to the physical accessibility of spaces, there are places at McGill that are not accessible like the Annex. What do we do about that?

Mover: Good question, in general this raises a good point that most of our places are not wheelchair accessible. We need to make it as accessible as possible. This means maybe we need to make a small bump have a slope outside the Annex. We agree some spaces at McGill and society at large is not accessible. I've been told that for elderly people they cannot make it up a hill and McGill is on a hill. It is just something to consider when we create events.

No speakers to extend question period. Moving into debate.

41: Does the MSS have a plan on how to find a solution to apply their recommendations because sometimes the only venues that we have access to that are free are also not the most accessible. Do we just cancel the event or is there help?



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Mover: Of course we don't want you to cancel events. If someone has an access need, you could have a way to accommodate. However, if no one needs accessibility by wheelchair, its okay. Otherwise, you could think about changing your venue.

56: Thank you to the movers. It's really interesting to see and its valid. In essence, they're pertinent but I doubt their feasibility for a few reasons. Specifically: events that reach capacity must hold a lottery. The issue with this is not said, when do you reach capacity? Is it after 24 hrs? A week? A lot of people go to events hoping they're going to be with their friends. That might change if they want to go or not. Parking too. In Montreal, and at McGill, its difficult to attain, especially in a place we try to put environment first, it goes against values that we have here. How can we ensure parking stays available for the people who attend?

110: Whos in charge of the epipen? They're expensive. What happens if it gets lost. There are issues we haven't thought out. Maybe we should divide the actual motion into things that people agree with and those that are problematic and then bring to another GA.

52: Going back to this report and budget, and how we are in a deficit, and a lot of these clauses require funding, epipen, case of location that needs to be paid for, the event location, who's going to pay for that? Who is responsible for that? Do we cancel the event itself? There are a lot of things that require money, but they are really not concrete yet. It's hard for us to vote on this when we don't really know what it means. Could you clarify that now. When you say guidelines, is this a guideline or is this a rule? What happens then?

27: I'd like to reiterate points from earlier. By definition, an event in McMed, then the entire event couldn't be held at McMed because of potential inaccessibility. Though I am in support of these issues, again if there are rules and they are meant to be followed, but there are some rules that are difficult to be followed, it undermines other rules that need to be followed because there are these discrepancies, I would be potentially in favour of a checklist for msS events to put the power in the hands of people in the events. To try to check off as many items as possible. I think the respect of a few of these points might be more effective rather than lal of them.

4: For people who want to push this to the next GA, I think it will be good to adopt it at this GA. So we will have these rules and there are a lot of good rules that can be held for people with disabilities or financial constraints. We can pass it now and amend it next GA. Can I move it to a vote?

Speaker: I cannot allow the same speaker to call the question after a speaking point.

8: I call the question.



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Speaker: All those in favour of ending debate now:
This motion clearly passes 2/3rd threshold.

We will now be voting on the resolution.
This **motion fails**.

Call a count.

47 opposed, 30 in favour, 7 abstaining. This motion fails.

We will move onto the next motion.

(D) Motion to Endorse the SSMU Campaign to Change the “Redmen” Name

Motion mover: Motion is made by the SSMU President, to endorse the Redmen name. All of you are aware and it was posted in the murmur. If you have questions, please let us know. Be it resolved, the MSS as a student groups sign the SSMU open letter, “call for McGill to Change the Redmen Name” in Appendix 1. BIRT the Medicine Senator support this.

Motion mover yields the motion presentation time.

1: I have a question in terms of what the reasons for the name change would be. I am not informed.

Mover: I did not read the motion out loud, so I will go back to that. Motion mover reads out the Whereas section of the motion which can be found.

8: I was wondering if you could update us on the stage of how this is going forward at the administration level at McGill? What are the next steps that SSMU leadership is proposing?

Speaker: does anyone object to me answering this question

No one objects.

Speaker: There is a commission that is working on this subject, the report is being released on Dec 7, the administration has declared that they will not make any changes until that report.

Motion: The redmen is supposed to only reflect that McGills colour is red, hence Redmen. However this has other connotations for indigenous people.

MSS member motions to extends time by 3 min

2 seconds.

This fails.

We now move into debate.



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8: I would like to speak in favour, it is appropriate. Some colleagues of ours in addition to supporting this motion and voting probably in favour in the SSMU referendum, we had thought of creating a motion for Sir William Osler, but it did not get added to the agenda.

Speaker will ask member to stay on topic relating to the topic.

8: That being said, this motion, and the last motion, are good and I invite you to vote in favour.

52: We got the email about the referendum so I was wondering what this motion is for. Is this because we are not involved in the campaign before? Can I yield my time to Kenzy?

Motion: So the referendum was about the SSMU campaign, and now we are asking if the MSS will support the campaign as the MSS rather than just individual components of the SSMU.

26: I think most people find the general ethos of this movement quite positive. By fostering respect for indigenous history. I think there is a problem of the intention of the concept. I don't like the suggestion that indigenous people all think the same, and that the indigenous community has spoken up for the entire population. The second is, I don't see the evidence for the harm caused by this, or an improvement in mental health. It goes against everything we know about cognitive psychology. What we know about mental trauma. Intention does not mean it helps anyone.

75: Two points. To add context that Redmen has been used in specifically racist ways, in earlier mascots of mcgill. There is a direct link between those, it's not a direct association of the word Redmen. I think the land acknowledgements are empty if you are not responding to specific requests of indigenous groups, indigenous affairs, SSMU indigenous affairs have specifically called upon this with a lot of documentation in the history of the Redmen name.

3: I'd just like to echo what was said before. The indigenous community is calling for this. We have a responsibility to respond to those who have been marginalized and discriminated especially in a health care context, we have a responsibility to ask. As a non-indigenous person I do not have the right to say no to what they ask.

1: Add that historically, it's called Redmen because of the red uniform, this is not very creative or original so maybe this is a good time to find a new name that is better.

Elapsed speakers list. Is there anyone who would like to speak?

37 to end debate. 122 seconds.

This motion clearly **passes with 2/3 threshold.**

We will now vote on the motion to SSMU.

This motion clearly passes.



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8: I would like to move to suspend the rules to add a new point of the agenda. To add Sir William Osler.

Speaker: Please come to order.

Motion to add Sir William Osler.

Seconded by 20

8: Speak in favour of the motion since it is relevant to speak about because last year certain students that discovered that Sir William Osler was against Indian migration to Canada and that Canada should remain a white country and that he was opposed to women entering medicine.

- 41: this has already been spoken on it and have voted against it
- 39: I think we should go for suspension of assembly rules since only have 2 GAs a year

In Speaker's opinion has not reached $\frac{2}{3}$ requirements. **motion does not pass**

(E) Motion to amend policy on equity and diversity

Motion mover reads the Be it resolved section.

There are no questions. Seeing no debate, we proceed to voting on this motion.

Voting on the motion to adopt this amendment?

Motion passes.

(F) Motion to prohibit MSS members from obtaining any commission for the provision of services pertaining to admission

Motion mover reads the motion out loud.

MSS member: What do we do about companies that have employees that are sometimes medical students that do pay money for these services?

Mover: Preliminarily, there are some terrible practices around this that we can't control. The only thing we can control is medical students and professionals are not allowed to participate, and we hope to prevent this. If these are professional actors, there is only so much we can do. This is our first step. To give you an idea of how this is prevalent, premed students have been approached by their academic counselors with the offers of large sums of money for the scenarios, some people providing the and some refusing on moral grounds. There is no understanding of this in terms of data, but anecdotally it is vast and broad. There is difficulty from a legal perspective, but this is only what we can do with current students, and residents and staff that are covered by our current legislation.



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123: I see that the motion is for students entering medical school. Is there any motion for students who are currently doing this practice. Is there anything for people who are currently providing services?

Mover: Our hope is not to do this, we don't have grounds unless people are giving out the NDA directly. It is unclear what the consequences to breaking the NDA.

29 motion to extend period by 3 minutes.

Seconded by 36. No opposition

Motion passes.

29: Question on where do we draw the line as what can consist as advice to preparing for medical school. There are a lot of things that students can do. Some things that might directly help you get in, some things indirectly.

Mover: Unclear what your question

Speaker: I allow a decision.

29: Is someone paying me for CV help that is a medical student? Then no.

4: Just to say that some people pay for non-medical communications training. What would you say about this sort of service?

Speaker: To clarify. If there is ANY service that is paid to help admission to medical school, such as CV prep, communication skills, etc, then that is against this motion.

The NDA needs to be so broad to include this. A medical student could not have financial benefit from this point. Applicants are applying on the base of their own application.

38: We keep stating that we would like to broaden the scope of the NDA there are also all these services that are being offered so how are you going to enforce the NDA.

Mover: We actually need to communicate with the faculty's lawyers, if there is going to be a code of conduct that it could constitute a professionalism flag and that this could be a faculty policy. how to enforce this is not entirely known at the moment.

89: My question relates to the MSS. How is this going to translate to the MedPs or DentPs for example who are not a part of the MSS?

Motion mover: We are discussing the MedP handbook. The idea behind the motion is that anyone is covered by the faculty code of conduct, this includes premed students, as far as I'm aware? I was under the impression that they are. We can alter the motion to include it? That being said, something like the premed handbook, which had direct examples of the MMI stations, and or slight variations on the theme. The premeds withdraw the funds from the sales of this volume which is problematic, in order to fund their activities, which came to the attention of the committees.



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Speaker: I do believe the students in MedP are technically registered at the faculty of science. But this does not put limitations of the faculty of medicine putting conditions on their admission.

2 calls the question

15 seconds

This motion passes 2/3rd majority. As such we end debate and proceed directly to voting.

All those in favour of adopting the motion as it stands:

This motion clearly passes.

(G) FMEQ Lobby Day Motion

Motion mover introduces the motion of promoting family medicine and climate change. These two specific topics have not been discussed specifically.

9: Just wondering what the specific position papers will be available.

Mover: They are published after the JAP event, which is February or March.

6: Essentially we are voting on the potential motion but not the exact motion to be adopted.

Mover agrees and further explains.

Speaker: We will now move into debate seeing no questions. Seeing no debate, we will continue to voting. Are there any points of motion? Seeing none, we will now move to voting.

Motion to adopt motion.

Motion passes clearly.

(H) Motion to adopt Gatineau Representative as a member of GC

MSS President: This was voted at the last GC affirmatively, because there has been a disconnect in the past with Gatineau campus. Leanne reads the motion out loud.

Speaker: Are there any questions?

20: I'd like to know when there is going to be an actual Gatineau site, will this be a change now or what happens when that Gatineau site is operational?

Gatineau Rep: the campus will start in 2020, we are not sure what the representation will be. As there will be 40 students, which is more than now. However, now we still have students who rotate through,, there's just a lot of disconnect now between the



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two campuses. People didn't even know what was going on there then, for now it is a liaison.

President: To answer the question directly, this is next year's council's problem.

Any members wishing to speak towards this motion? We will move into voting.

Since this is an amendment to the constitution, it requires 2/3rds of the GA.

We will now vote on this motion to adopt position of MSS Gatineau representative.

This motion clearly passes with 1 abstention.

(I) Motion to disincentivize medical student applicants from partaking in voluntourism

Mover reads the motion out loud to the assembly.

MSS member: What do we do about students or residents who go on electives?

VP Global Health Sr. : We didn't know if we could include it in other jurisdictions because yes other students do so.

Speaker recognizes mover who wanted to move an amendment.

Leanne: BIFRT to add press release announcing this position to the relevant entities such as/for example IFMSA QC, CFMS GH, and other journals.

141 seconds.

20: I would like to understand how these are the relevant organizations, why not MedLife or Global Brigades or other communities?

President: Yes I suggest we add this to the list. For CFMS, IFMSA, there is no preparation before they go, we don't like trips of this calibre.

20: I motion to amend to add these relevant organizations including MedLife, Global Brigades, Student Offering Support or any other organizations who are part of the medical school application process.

Speaker: I find this quite clear. I will accept this friendly amendment, if mover deems it friendly.

Mover: I deem it friendly.

Motion to adopt this amendment.

Motion clearly passes.

Is there any further debate on the motion itself.

3: I'd like to add an amendment to include: "BIRT MSS DISINCENTIVIZE medical students from engaging in these same activities".



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115: Wouldn't it put the McGill body at a disadvantage because some admission committees prioritize this as a good thing?

3: I'm in favour of this because I feel in this short amount of time, you're doing as much harm as you are your own good. You can develop the same skills in rural Canada and even look better to residency programs.

6: I want to speak against the amendment, while I don't disagree with the amendment in principle, I think the principle of the motion is to address the admissions committee, not the student body.

No further discussion of amendment

Motion for amendment.

Motion fails.

Is there any further debate on the main motion?

108: It's more of a question. How do you plan on defining voluntourism? Not to go against anything, but just curious. What is the definition? Non objectively, you can see what groups are considered voluntourism? How would you go about that?

VP Global Health Sr.: Defining tourism is something we have to do here. Paying money to provide untrained labour through an unsustainable fashion. We would define it more appropriately should this motion pass.

108: I appreciate that definition. Paying money part, but what they say is "this money goes to flights, medication, some of it goes to sustain and fund the doctors" they all have a way of going around the 'voluntourism' its not paying money for the opportunity to help out. You could say it's to the flight line, pharma to give meds, doctors to give meds. This definition is arbitrary.

122: I want to speak for this motion and to address points explained by 108. First of all, these organizations specifically do take money for their own administrative tasks and make profit – these are not non for profit organizations. With respect to what has been said, would you like to offer some support to communities who are in need and vulnerable? You could give the same amount of money with MedLife to a local community with a sustainable long term plan. I would like to address that talking about doing this out of the goodness of your heart, but just saying someone wants to go actually see it for the first time, see poverty for the first time. I will see such students can do it if they want to, but this motion is focused on making sure it is not on their CV at the time of medical school application – it should not be considered a positive asset to their application to medical school.



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79: motion to call the question
seconded by 122.

All those who wish to end debate now?
Motion passes with 1 opposition.

We will now be voting on the main motion as it currently stands.
With two abstentions, this **motion carries.**

(J) Motion: The Current Graduating Class Prizes

The mover is no longer here. Does anyone wish to move this motion? No one wishes to move this motion.

Are there any points at this time?

(8) Question Period

20: with regards to the financial issues on the previous GA, is there still a 30,000 hole in the budget from the year before? Can the MSS clarify this question?

MSS President: To clarify, this question is about the LES. In fact, this information can be found on the MSS website with login password condemning actions such as the LES. I yield my speaking time to Executive VP.

Exec VP: A lot of the questions were around where that money had gone. In two years they took 29,000 that was supposed to be used over 3 years. We have been able to rectify the situation with them, so we know exactly where the money from LES was coming from. Over the last two years, we have budgeted and allocated for that.

MSS President: The exact place will be discovered of the audit of 2016-2017. Right now, 2014-2015, is done. There is one more audit, then the 2016-2017 will happen.

8: I would like to know regarding the finances, I spoke about the audits of 2015-2016. Do you expect any problems in future? Should we go in camera?

No motions to go in camera.

MSS President: For now, this question is not answerable as all the documents for this year have not been uploaded of the VP finance, but will be. Because the documents have not been uploaded yet.

39: Despite the google doc, is there any means by which the MSS publicizes its motions that are accepted during a GA? By press release or not?

Speaker: If I'm not mistaken, the resolutions passed by the GA are compiled into a resolution book and that book is made public.



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MSS President: This particular motion we have discussed was voted last year to be only accessible to MSS members. That one motion is not accessible to the public. If you go on the MSS website and log in you may see it.

(9) Reports

- Reports of the Executive Council was presented. For further information please check the MSS website for the MSS October/November Updates document as the powerpoint presentation was concise and did not have all exec updates included.
- Sponsorship policy: Written by Andre last year. This document can be found on the MSS website.

(10) Adjournment

MSS Fall General Assembly 2018 - **Adjourned at 10:00 pm**