

EXECUTIVE REPORT

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VP Global Health
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I. DESCRIPTION OF POSITION:

The CFMS VP-Global Health is responsible for coordinating the activities of the CFMS Global Health Program (GHP) and for promoting global health education, advocacy and experiences for all Canadian medical students. In addition, the position serves as the liaison between the CFMS and the International Federation of Medical Students' Associations (IFMSA), representing our projects and positions on an international level.

Key projects for this year include supporting the activities of the GHP National Officers (NOs) while working on a strategic plan to clearly establish the long-term goals of the GHP and help guide it into the future. Specific NO projects that have been emphasized this year include the Global Health Core Competencies Project, the National Guidelines for Global Health Concentrations, Stories of Immigrant and Refugee Healthcare in Canada, improvement of the function of the Global Health Advocacy team, and the re-launch of the GHP website to promote the principles of transparency, communication, engagement, and institutional memory.

II. ACTIVITIES

Meetings Attended

Sept 23-25	AGM 2011	Calgary, AB
Oct 2-12	Individual National Officer Meetings	Teleconference
Oct 14-16	Fall Exec Meeting	Ottawa, ON
Oct 23	GHP National Officer Teleconference	Teleconference
Nov 10	IFMSA-Quebec Meeting	Teleconference
Nov 24	STOP TB Canada	Teleconference
Dec 10	NO Strategic Plan Meeting	Teleconference
Dec 13	NOGHE GHEC Debrief	Teleconference
Jan 9	IFMSA-Ghana Team Meeting	Teleconference
Jan 16	Coordinators, Global Health Mentorship Project	Teleconference
Jan 17	GHP National Officer Teleconference	Teleconference
Jan 19	IFMSA-Quebec, PAMSA Debrief	Teleconference
Jan 20-22	Winter Exec Meeting	Toronto, ON
Jan 26	IFMSA-India Mentorship Meeting	Teleconference
Jan 29	National Guidelines Project Meeting	Teleconference
Feb 22	IFMSA-Ghana Team Meeting	Teleconference
Feb 28	GHP National Officer Teleconference	Teleconference

Feb 29	LOGHEs, National Meeting	Teleconference
Mar 3-9	IFMSA March Meeting 2012	Accra, Ghana
Mar 13	CFMS Exec Teleconference	Teleconference
Mar 19	GHL Survey Meeting	Teleconference
Mar 20	National Guidelines Project Meeting	Teleconference
Mar 28	Mark Brender, Partners in Health Canada	Toronto, ON
Apr 12-18	SGM 2012 and CCME	Banff, AB
Apr 26	GHP National Officer Teleconference	Teleconference
Jun 7	IFMSA-India Team Meeting	Teleconference
Jun 19	Amanda Schneider, CNSA Director Int. Health	Teleconference
Jun 25	IFMSA-Quebec Meeting	Teleconference
Aug 2	IFMSA-India Team Meeting	Teleconference
Aug 9-15	IFMSA August Meeting 2012	Mumbai, India
Aug 24-26	Summer Exec Meeting	Montreal, QB
Aug 30	GHP National Officer Teleconference	Teleconference
Sept 28-30	AGM 2012	Winnipeg, MB

Portfolio Updates

Priorities and Project Areas (See National Officer End-of-term Reports for detailed project summaries):

CFMS/GHP Strategic Plan

The CFMS strategic planning project was initiated in 2010 and has been a focal point for the GHP in 2011-2012. This document will guide the GHP for the foreseeable future and seeking input from all relevant stakeholders has been a priority.

In October the most current draft of the plan was circulated to all NOs. It was noted that the GHP was not well represented in the plan, and an effort was made to seek input from all current NOs and integrate it into the document. After a period of vetting by the CFMS Executive, the document was once more distributed to the NOs in December for further comments and additions. Once all NOs were given adequate opportunity to represent their portfolios in the document, we began seeking feedback from Global Health Liaisons (GHLs). A survey was distributed to all GHLs prior to SGM to assess how effective the GHP has been at meeting its goals, bearing in mind the CFMS pillars of representation, communication, and services. Additionally, opinions were gathered on the effectiveness and importance of each of the NO portfolios as well as the GHL and Local Officer positions themselves. Results indicated that GHLs are happy with the overall structure of the GHP but are unhappy with the level of communication between individual schools and the Executive of the GHP. Many GHLs also expressed that they did not feel engaged in the GHP in between bi-annual meetings. This information has been compiled and will be transmitted to the incoming VP Global Health in handover, to help guide the program over the next year. Additions have also been made to the strategic plan based on GHL feedback.

The overall goals of the GHP regarding the strategic plan were to ensure that all core areas of the program were well represented and that concrete, measurable outcomes were put in place. An effort was made to encourage sustainability in all aspects of the program, and to promote collaboration between the GHP and the CFMS Executive wherever possible. A focus on making the GHP relevant to GHs is now paramount.

CFMS.org – Global Health

A major priority for 2011-2012 has been the re-launch of the GHP website on the new CFMS.org. This has been done in close collaboration with the NOP, IT Officer, and VP Communications. The goals of the new GHP website are as follows:

1) *Transparency:*

There has been a great deal of debate over the past few years around the transparency of the GHP and its level of integration into the CFMS as a whole. The new website offers us an opportunity to clearly delineate all of the components of the GHP and to outline the status of all ongoing projects. Updates now come regularly through multiple mechanisms including NO website tabs, blog posts, and online meeting minutes that will be made accessible by all.

2) *Communication*

The level of communication between the GHP and Canadian medical students has until now depended almost exclusively on the work of GHs at each of the medical schools. Up to date information in the status of our programs, services, and campaigns has been largely unavailable elsewhere. The new GHP website contains current descriptions of all projects ongoing in each NO portfolio and how students can get involved if interested. The new global health calendar also contains dates for global health events occurring across Canada, as well as deadlines for applications to funding and internship opportunities.

Additionally, we are now using the blogging capabilities of the website to update students on our activities and to promote discussion on other global health topics. Opportunities are available for guest bloggers to share perspectives on news items or other topical themes in global health. Features will also come from time to time by students who have engaged in interesting or unique opportunities such as those offered by the IFMSA, WHO, or other external bodies.

Finally contact information will be available for all current NOs as well as the GHs at each school, allowing students to seek out local and national student leaders in global health if they have questions or ideas.

3) *Institutional Memory*

For the past two years the GHP has relied on DropBox to share all of our documents. This has been a valuable resource but suffers from several important drawbacks which have led to the loss of several files over the years. Uploading documents to the website serves a double function of making them widely available to all Canadian medical students, as well as ensuring that they are not lost and facilitating the handover between different generations of GHP students. It is also a solution to the issue of storage space that has begun limiting the utility of DropBox.

4) *Engagement*

As a part of the new strategic plan, the GHP is trying to take a more active role in assessing the needs of its stakeholders and responding to them accordingly. In order to accomplish this an effort must be made to increase the contact between the GHP and its representatives at each school. Through the strategies above we hope to encourage a more active role in national discussions, better promote our initiatives, and foster a sense of ownership in GHs and medical students as a whole.

IFMSA and External Representation

CFMS-Canada was extremely well represented at the 2012 IFMSA March General Meeting in Accra, Ghana, and the August Meeting in Mumbai, India. Through these conferences our delegations played a key role in several policy papers that were passed, and were recognized for our projects by taking home four project awards between the two meetings. Our preparation process involved gathering feedback from past meeting attendees and holding multiple teleconferences prior to the event to ensure we were well briefed and familiar with our roles on the team. An effort was made to outline each delegates meeting goals ahead of time so that all members were familiar with each others roles and could make efforts to support their colleagues whenever possible. There were also several meetings between the President of IFMSA-Quebec and myself to share resources and discuss some of the more contentious issues that were up for debate at each meeting. Lastly, several members of the IFMSA Executive were consulted for information and advice. Reports are currently being compiled by meeting attendees and will be available shortly on the CFMS website.

From an organizational standpoint, we have begun to examine what the role of the CFMS should be within the IFMSA and are trying to prioritize overarching goals for delegations to General Assemblies. A number of benefits of having a strong presence at these meetings are apparent:

1) *Personal Development*

- a. IFMSA meetings provide a unique environment to meet medical students from across the globe and discuss issues in medical

education, public health, and social justice that transcend cultures and boundaries. This is an opportunity for professional growth that should be made as accessible to Canadian students as possible.

2) *CFMS Representation*

- a. IFMSA meetings are a major forum for showcasing CFMS projects and gathering feedback from a diverse group of student leaders from around the world. This can help build the profile of the CFMS internationally and open up new and unexplored avenues for partnership.

3) *International Collaboration*

- a. Many National Member Organizations have interests that closely mirror those within the CFMS. These meetings provide an opportunity to share opinions and experiences, and set the stage for future international collaborations on projects and campaigns.

4) *Mentorship*

- a. The IFMSA is composed of 108 National Medical Organizations from 101 different countries. Each of these groups has varying levels of experience both working at home as well as within the international community. Opportunities exist for the CFMS to benefit from the expertise of NMOs who have been more active in some arenas than CFMS-Canada, and in turn for us to provide mentorship to younger NMOs based on our past experiences.

These meetings also present a new opportunity for collaboration between the CFMS Executive and the GHP. Coordination between these two bodies offers a chance to better represent the CFMS on an international level. Discussions are underway on how to best assemble future teams to maximize benefits in each of these distinct areas. A motion will be put forward at AGM 2012 to fund the CFMS President and VP Education to attend the IFMSA March Meeting 2013 in Washington DC in order for the CFMS Executive to provide their input on how we might make changes in the way we interact with the IFMSA to promote a more fruitful partnership with this unique organization.

In addition to the discussion on our involvement with the IFMSA, we have recently begun to ask whether the CFMS is in a position to take a more active role within the Pan-American Medical Students' Association (PAMSA). As it currently stands PAMSA does not have a clearly outlines mission or vision, and the CFMS has been relatively quiet in its representation to the regional meetings. PAMSA represents an opportunity for the CFMS to demonstrate international leadership in helping to establish a set of goals for this group and aid with the establishment of their strategic plan. This action would be in keeping with the GHP's guiding principle of promoting social responsibility, but such an undertaking would require a significant investment in time and resources and the consequences of any commitments would need to be carefully assessed.

III. FOLLOW-UP, VISION, GOALS AND RECOMMENDATIONS FOR THIS POSITION

This year was the first step in a multi-year evaluation process of the CFMS Global Health Program. I have attempted to clearly map out all of the areas where we currently are devoting our energy and to increase the transparency of our program both to the members of the GHP as well as Canadian medical students as a whole. The gathering of feedback on what programs or services are desired by our key stakeholders will allow us to prioritize future endeavors in order to increase the overall efficiency and effectiveness of the GHP. The continued use of the new website to promote institutional memory will be critical in this effort, and developing a more strategic approach in selecting future partnerships will also help us maximize our outcomes given our limited resources.

I have also begun discussions with several of the National Officers to encourage them to outline their vision for the futures of their respective portfolios. Many NO projects are currently effective in attaining their short-term goals, however future directions and sustainability often remain unclear. I hope that the standardization of handover between NOs will improve the continuity of their respective portfolios given the shortening of their terms that was implemented last fall.

Communication has been identified as an ongoing problem as many GHs still feel isolated from the GHP in between general meetings. The increased use of our website and other social media tools will be useful in encouraging their engagement and feedback throughout the year. Other opportunities to increase involvement include individual bi-annual teleconferences with the VP Global Health or a designate NO, as well as the creation of *ad hoc* longitudinal Small Working Groups composed of GHs, as the need arises. The function of local officers at each school has been met with various degrees of success and refining the roles of these members offers another opportunity to improve our impact on the ground.

Budget discussions occurred throughout the year both with the NOs as well as the VP Finance and progress was made in updating the GHP budget, however there remains work to be done in establishing budgets for individual NOs. How to use our limited resources to best represent the GHP at external meetings are a priority.

Finally I would like to continue to encourage collaboration between the National Officers and their respective CFMS Exec members. There remains untapped potential in having both executives work together more closely on an individual as well as a group level. This is also an opportunity to increase access for CFMS Exec members to the IFMSA and increase the profile of the CFMS on an international level.

IV. SUGGESTIONS FOR IMPROVEMENT

Opportunities for improvement over the next year include:

- Standardizing application processes, reports, and handover packages.
- Establishing formal timelines for NO teleconferences and reports, to be outlined at the beginning of the term.
- Examining the current cycle for National Officer selection and consider changes to the timeline to allow them to maximize their effectiveness.
- Discussing formal procedures for assessing partnership proposals from external organizations.
- Defining how to best represent the GHP to external partners and how to utilize our travel budget accordingly.
- Looking critically at our level of involvement and the potential roles we are willing/able to fill within the IFMSA and PAMSA.
- Continue exploring new methods of engaging GHs at each school as well as Canadian medical students as a whole.
- Improving our use of social media as a means of communicating with students.
- Establishing periodic evaluation of NO activities and portfolios.
- Examining of the sustainability of all ongoing projects.