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|  | **Dalhousie Medical Students’ Society**  **Meeting Agenda for 2014-04-02**  **6:30 pm – 8:30 pm**  Halifax Location: Room 2L7, Tupper Building  Saint John Location: Room 105, DMNB Saint John |

Attendance: Jake Blacklaws (JB), Gordon Simms (GS), Fiona Warde (FW), Patrick Holland (PH), Sarah Tremaine (ST), Emma Bartlett (EB), Caitlin Bennett (CB), Brianne Robinson (BR), Dominique de Waard (DW), Sarah Lane (SL), LeAnne Revell (LR), Alexandra Hetherington (AH), Malik Ali (MA), Sabrina Tang (STa), Nick Cochkanoff (NC), Kelly McNally (KM), Melissa Power (MP), Michael Mackley (MM), Ola Kajetanowicz (OK), Ilana Walters (IW), Alysha Roberts (AR), Alyson Colborne (AC), Lucy Frederico (LF), Kaleigh MacIsaac (KMa), Jenna Coles (JC), Michelle Johnson (MJ), Yolanda Evong (YE)

NB: Tess Robart (TR), Jordan Thorne (JT), Devin O’Brien (DO), Kathleena Sarty (KS), Micheal MacMillan (MMM), Emma Jeffery (EJ), Brynn Aucoin (BA), Liora Naroditsky (LN)

Miramichi: Rob Dunfield (RD)

*Voting Proxy for Samantha Bland is the GHL Jr NB*

*Voting Proxy for Kevin Russell is Tess Robart*

*Minutes:*

1. Call to Order & Welcome

JB: Welcome to first DMSS meeting. Going to start with some speakers at the beginning before jumping into the agenda.

Report from CFMS Atlantic rep- Victoria Ann Ridgley

VR: Just wanted to say a brief update and say Hi. Im a 2nd year MUN student and at CFMS was elected as Atlantic Rep. I’m the person your Med President and VP Ext. (Yolanda) who will report back to. I’ll bring info to CFMS. Don’t have too much to say right now. Official handover happening soon. Should have more news by next meeting. I will call and say hi and be a friendly voice/face at meetings with updates. If anyone has any CFMS questions, you can ask to me, Pat Holland, or your VP External, Yolanda.

Encourage everyone if interested to apply for National Officer positions, applications open until 29th (This Friday). Can be shared around.

PH: Yolanda sent out on the weekend. Everyone should have access. Any questions contact Pat, Yolanda, or Victoria R.

VR: Great oppourtunities. Not much else to share. Next time talk about CFMS plans for this side of the country.

1. Presentation on proposed Federal tax reform- Rep from MarDocs

Stewart Forbes - 4th yr. Anesthesia Resident. VP of MarDocs (governing body of all residents in Maritimes).

**DISCLAIMER:** Not here in capacity of MarDocs, but met Sarah Tremaine at a MarDocs talk and was asked to come in. Here on an independent basis, not for MarDocs or Dal, just here to provide info. MarDocs came up with a position statement over weekend, will become public over coming days. Need to understand what the tax reforms are, so we can make educated decision about them.

Want this to be super informal. If have questions, please let me know. I am not an accountant, a lot of this has been cross-referenced with other physicians/practicing physicians, who have had these stats checked w/ accountants and other resources.

*Slideshow was presented. Due to the request of the speaker, the slides will not be shared with the student body, and some of the details have been redacted from the minutes. Therefore, some of the information below might only be relevant in the context of the slideshow and redacted details. We apologize for this inconvenience.*

SF: These changes are a little bit far out for 1st and 2nd year students. If they go through though, they will affect you. Prove to be a recruitment issue if they go through. Not about protecting incomes at this time, moreso how it will affect recruitment over time.

<redacted>

Banner on top, gives average distribution of fee for service across country.

NS is coming in dead last Alberta at top.

How much would you take home? - come back to this in next slides.

Graduate, have two different ways of getting paid.

Option #1: whether fee for service, alternative funding, etc. that is what you bill MSI.

No benefits, no sick leave, no maternity leave, no vacation, no savings for retirement yet. Also not paying debt off yet.

Google EY tax calculation. Gives spreadsheet and how much tax you pay.

Combined provincial and federal.

Option #2: You decide to incorporate and become employee of that corporation.

Triangle is corporation, circle is you.<redacted>

Before it gets to your corporation,overhead and tax comes out, corporate tax is applied.

That money is still not in your pocket.

Pay yourself <redacted>out of corporation, that is your salary.

Not taxed as much in personal taxes.

Leaves money <redacted> in your corporation. <redacted>

This leftover is very impt., allows you to save (for things you didn’t get to when you weren’t incorporated), invest in stock/bonds, etc. that money grows over time, more money in corporation, grows at certain percentage. Can fund your vacation, mat leave, sick leave, retirement.

Note about dividends: You might hear about ppl being paid in dividends. <redacted> If you pay yourself in dividends, tax rate is a bit lower. <redacted>

**Proposed Change #1: Income Sprinkling**

<redacted>

Once again MSI pays corporation, lose overhead and taxes, pay yourself dividend, pay your spouse dividend, still leaves with money in your corporation to invest. <redacted>

Impt. to know why these options were implemented. Fees physicians can charge to MSI have been stagnant for a long time. Government said we cannot afford to pay you even more. They said instead, you can spread what you do get over your family, which lowers taxes, gives you amount that is keeping up with inflation, and can come away with more income. Now they are turning that around, saying we are just using it to get more money. That is why they are looking at getting rid of this.

Questions.

IW: what if you don’t have the “little circles” (dependants)

SF: That is a bit of a disadvantage, you don’t get the income splitting. People have said though that your expenses aren’t as much without these dependants. If you’re a 2 doctor household it doesn’t work, but if you have a stay at home spouse, it gives you the ability to income split.

CL: Income splitting is not the only benefit of incorporation. If you keep money in your business account can still get more benefits, you can use that fund to buy the building, invest it, etc.

RD: If you were single, could you income split with your parents, etc.?

SF: Yes, can with dependant parents.

**Compound Interest Slides:**

SF: Gives you more earning potential, that $1050 can be invested and can earn 5%.

Keep reinvesting what you make, it grows over time. If you don’t put any money into it, just let it grow.

Next year have another thousand, invest that too.

We’re only using 1000, but imagine if you leave larger amount. Get to a point where that 5% return will be what you take out in your retirement years to live off of. Take it out of your corporation to live off of.

**Proposed change #2: Passive Income Taxation**

You can invest within corporation. Do piggybank model, put money in, year over year you get more. Not paying fees or anything on it.

Or you can invest at a 5% rate. <redacted>

The extra difference each year is taxed (it’s considered income, you’ve made that money) it’s taxed both federally and provincially. Currently at 8% tax, proposal is to increase to 38%. Leaves less money to invest. <redacted>.

Profound implications over time.

Can see in graph it grows and grows quite substantially with corporate model currently. Good return of investment.

Left how it goes as individual, middle is how it grows after proposed change. Not much of a difference between corporate (proposed) and individual.

**Change #3: Capital Gains and Estate Planning**

Expensive to do, only makes sense if have a lot of money to do this with.

<redacted> gets taxed. Then for family members to take money out of the corp, they pay taxes on it again.

A lot of stuff in media about both sides. Very safe to say general public does not know the overhead, <redacted>. Don’t get the debt and the overhead. Some specialties don’t pay overhead, will affect others disproportionately. Will impact recruitment the most for NS. Cape Breton is in dire situation. Already highest taxed province in country, also lowest paid across board for all specialties. Lowest fee for service in NS.

<redacted>.

Easy to say money shouldn’t matter, but we want to get debt paid off. That 600/month will only get bigger as we go. Important for our generation to raise alarm bells that this is not going to turn out well. Already in a problem situation now, not going to get easier to entice physicians to come and set up practice. Talking to family med resident now, and nobody in her year is opening full time practice here, as it will not make them any more money. Leaves them with as much as they were getting paid in residency. Elect to do emergency, walk in clinics, other things with higher billing rate, which cuts down on family med office days.

Questions:

CL: Government has framed it as tax loopholes. When you keep money in corporation, it doesn’t mean you won’t pay tax on it, it just means you won’t pay tax on it right now. Will still pay tax when you take it out of your corporation. Makes difference for tax savings (Assuming not using tax sprinkling). Think of it like an RRSP. It’s a way of being able to save a little more for retirement. When people say everyone has to pay their fair share of tax, we are, we’re just deferring it.

<redacted>

JB: MarDocs came out with a statement. How did they come up with that decision?

SF: The board was hesitant. All agreed that our Facebook feeds were flooded with negative comments against tax reforms. Maybe biased, lots of physicians on our Facebook. Didn’t want to jump out right away, as we represent all residents in maritimes. We sent out a poll to our resident members, 50% response rate (huge for e-mail poll, especially for residents), overwhelming support against proposed tax reforms. Questions: Do you agree with this proposed change, yes or no. Over 90% for two of them, and 70% for other. Overwhelming numbers. Helped guide us. Did our due diligence, now we know we have massive support for this. Now we can safely go ahead, say we’re against this, release media statements, reach out to politicians, MP’s, etc. Using the approach about recruitment, they will listen.

CL: DNS poll was released today. 864 Doctors responded, 461 said they would consider leaving province, and 375 said they’d consider cutting back on practice hours. Even if only a small percent of those physicians do leave the province, that has a big impact.

AR: What are some arguments from physicians for these changes?

SF: Some people in media have spoken out, I have yet to meet one of them in person. In media, a lot of comments for it are that the extra tax revenue will be invested into healthcare system, which will help our patients and help them with healthcare access. Federal government has not said anything about where the money will go. In whole taxation scheme, will not bring in that much more, but will affect a lot of people.

CL: Deficit will be 4x more than the projected amounts.\*\*

OK: Do you have any recommendations of what we can do as med students. Lot of people writing letters, not getting a response. What else can we do?

SF: I’m not a politician, but to what other people have done is write to their MP. I think for the Halifax area that would be Andy Filmore?

GS: Andy Filmore has come out against some parts of the bill.

SF: Want to see some changes - Write MP. If DMSS decides to write a statement, consider media releases, send to relevant parties. As I eluded to earlier, general public has no idea, so be careful about coming across as greedy doctor. That is why MarDocs is coming up with the recruitment angle: helping us keep more doctors. As opposed to help us keep more of our money.

<redacted>

IW: Who decides, or are there regulations, around how much you can income split?

SF: To my knowledge, no. But there are problems if you pay them too much, it starts to not make sense. Example: paying 50,000 instead of 40,000 in dividends, then the tax on them jumps. You need to find a sweet spot where it works.

CL: Ultimately it has to be reasonable. Tax law dispute would have to end up in lawsuit, they’d have to fight you in court. So you need to be reasonable.

IW: Is there a united front from doctors across country against this?

SF: All provincial agencies, and CMA have all come out against it. MarDocs is the first resident group to come out against it, might open the door for other groups across the country.

AC: If a lot of people are wanting to leave NS, and there are problems recruiting, are there less people that are going into Family med because of this?

SF: No statistics on that, but as said earlier, of the family med residents who have gone into it, fewer are choosing to practice full time. Lots I have graduated with, they are couple years out and none of them have full time practice.

AC: Even without tax increase this seems challenging.

SF: Its the stuff people don’t talk about.

<redacted>.

1. Introductions

JB: DMSS Meeting Procedure. Slides given to me, through the year will run through this as quick update.

*Review of Powerpoint on how DMSS meetings run.*

GS: Is there a difference between tabling and postponing?

JB: Maybe postponed has a specific date attached to it?

PH: Need to vote on postponing?

ST: Need to vote to table something too.

JB: Introductions now.

1. Approval of Agenda

Motion to approve agenda by PH, seconded by ST, motion carried.

1. Approval of Minutes from AGM (Attach as a separate document)

JB: To bring you up to date on AGM. These were attached in separate document. Lot of discussion around certain topics. May come up again this year. Anyone have any opposition to the AGM, or issues around minutes from AGM.

Motion to approve agenda by GS, seconded by CL, motion carried.

1. Approval of Officers’ Reports (Attach as a separate document)

CL: If you miss two you’re out.

PH: If you miss more than two you’re out.

BR: If you say nothing, is that okay?

PH: That’s fair.

JB: We do expect a report each meeting.

Motion to approve officer reports by PH, seconded by TR, motion carried.

1. Financial Report
   1. Current financial position

KM: Go over quickly the budget, talk about couple different things with the budget. Where Saif left off, talk about the year to date, and really quickly the proposed budget.

Not going to try and approve the proposed budget. Needs to be approved by end of Oct. so we will leave time for feedback.

Update, <redacted> we have drafted a new financial ToR. Detailing policies and procedure to prevent that from happening in future. Leave that until next meeting to give time to review and get feedback.

Big changes: better reporting, make sure there are two people signing cheques, reconciliations are done.

TR: Should this discussion be done in camera.

PH: No, might redact some of it in the minutes.

KM: Will send those out, give a couple weeks for feedback.

This summer, we now have records, I’ve created a document and we will have records moving forward. Weren’t getting our funding from DSU because we need to complete audits every semester, and we need records for that. Just got the audit approved, two weeks ago, got money the money recently.

When it was handed to me, we had a deficit, but now we’re looking much better.

Met with accountant to also have a 3rd party opinion.

ToR - Will talk at next meeting, approve at next meeting. Want better oversight, stricter policies.

Where we stand now:

Sitting around 44,000 in our bank. A lot better.

Now we have income and expenses, large portion is DSU. Get a lot from sponsorships, incl. O-Week registration fees, will be more income coming later as well.

Can show where expenses to date have been.

Proposed budget review.

Column most interested in is 2017-18.

Bunch of transactions through PayPal, lots of ins and outs (books, lab coats, nametags, etc.) Net is nil. Based on what was going through paypal last year. Everything is purchased, cost is taken into account.

Come down to Euphoria - based on same as last year. Also nil, give back to charity. Get some sponsorship revenue. Combined, get for O-Week and MedBall at same time. Divided. Some might go to Euphoria depending on need.

DMNB: they deal mostly with their finances. We don’t see the 22,000 that comes through. Basically in and out on our end.

Already designated funds, already decided where it goes.

Funding from Dean’s Office, in past they’ve budgeted about ~23,000.

Met with them recently, have reduced our funding on this line (CFMS funding) but should be fine, as 2nd part of Spring AGM will be here in NS.

Get to DMAA funding. Primarily for student led initiatives. How we use these funds is up to us. In past, we spent some on Global Health Initiatives, DMJ, rest goes to interest groups. Interest group committee, which will determine how we allocate that money. Will talk about later. Want to exhaust the DMAA funding.

Health and Wellness - still in works. Don’t have all details. In past, class of ’83 has donated money for wellness, golf tourney, and mindfulness. That might change this year.

O-Week - mostly expenses have come in. Waiting on one thing. Also might have bit of money left over on that. That’s that.

Funding from Doctors NS- go towards travel. Honorarium for having someone sit in on their meetings.

Lounge - bar services. One change made this year. Having a few more policies around bar services and cash collection. How it works: We order through DSU, we collect funds at bar, deposited in cash. Depending on the event. Don’t make huge amount of money on it. Depends how pricing works out (depends on lounge manager - Nathan).

Lockers - minimal expense, make some money on it.

DSU: normally get 26,500 from DSU. Since didn’t get for 2 years, have $50,681. Have more to work with, but we started out with a deficit. Some goes towards that.

Where does this money go towards. Allocate $1500 to classes for class council budgets. $4500 to graduating class. That amount was agreed on last year, assume same for this year. Other expenses: CFMS and DNS dues for all students. Big expense: $7500 for travel assistance program through the Dean’s Office/Student Affairs to help with travel. Basically our budget this year. Hard to see. Based on this, we’re in the red by $680. Okay though, because we doubled what we got from DSU. That being said want to have a decent amount carried forward.

Give ideas of where money is coming from, where it is going. This will be sent out before next meeting, hopefully approved at that meeting.

CL: Shout out to Kelcy, DSU said this was best audit they’ve received, and the prettiest.

<redacted>

TR: On NB front, talked about a few of the funding sources to clarify on this budget. Wellness funding that comes to NB, can clarify that $2000 does come here. DMAA funding, we need to decide whether everyone agrees that a percentage of that funding should come to NB, something like 25% would seem fair, and whether CoAMS is on there.

KM: We do have supporting documentation for health and wellness dictating that $2000 will go to NB. Other amounts, should probably sit down and figure out, you are proposing 25% of the DMAA money goes to DMNB?

TR: Yeah, based on the population here. Would say that that’s fair.

KM: We might have to sit down and work that out.

PH: Further discussion can work something out, can go through the Interest Group (IG) committee. Purpose is to have some of those funds available to DMNB.

* 1. Proposed budget

JB: Is that an approvable thing? Yes. Any discussion like to have. Maybe more next meeting.

Motion to approve the financial position by KM, seconded by ST, motion carried.

1. Question Period

JB: Any questions for DMSS executive?

Motion to close question period by CL, seconded by SL, motion carried.

1. Old Business
   1. Financial policies ToR- Kelcy M & Pat H

JB: Just talked about that, can skip over.

1. New Business
   1. Interest Groups- Brianne R

BR: I am one of the many people on the IG committee. We just chatted previously and wanted to gather some general feedback on decisions needing to be made about funding. It was decided upon last year that the IG food budget was capped at $150 per group. Feedback last year: didn’t work well. I’d like to get some more feedback around that. Second thing for feedback: Currently DMSS only provides funding for medically related or community based Interest Groups. But in NB, for example, they have other, more social IG’s such as photography, yoga, etc. I was just wondering if we can add another category of IG that can be accepted but go unfunded by the DMSS?

FW: In terms of a cap on food, would a per-capita basis be a good approach? If you sign up for the events on a google form and know numbers, can do the funding based on that?

JB: Quick point of clarification. We you looking for general comments/feedback for discussion?

GS: if you did do per capita, do you mean for event in question, or membership of interest group.

FW: Per event.

RD: I know in NB last year, we changed our IG ToR to work on a capitation basis. We provided so much funding for food based on how many people showed up, it worked well and let the budget stretch more.

ST: Two things: do keep in mind that lifestyles nights, which are usually big food events, are sponsored by Student Affairs. Not an expense in the IG budget. Other thing, with the more social IG’s, I know there are lots of different opinions, my concern is that people are creating IG’s from whatever interests they have as CaRMS buffers. If you leave it too open, you risk that. Keeping it more medically related, creates a more structured concept.

CL: If interest group is unfunded, aside from loading CaRMS up, why would you make it an IG? Why not just get a group of people together?

PH: I just want to throw it to DMNB, since you have these groups, can you let us know what the attendance is like, and what the process is?

TR: Different groups get different amounts of attendance. We have knitting, ice skating (did get funding for rink time), normally IG’s apply at start of year, propose event, # of people they anticipate, proposed budget, and then we allocated an amount. If an event is coming up, request that people like a Facebook post for those planning to attend.

FW: On the note about the value of social interest groups, I think value is in community building. From my stand point it is good to have diverse interest groups, good to be diverse and inclusive of all interests, and have that connection outside of school. For those that exist that are medically minded, should there be differences in the money allocated, maybe? But do think they are of value.

CL: I was told they are unfunded, so how does being considered under the DMSS… what does it change if you don’t have funding? I have a problem with funding, for example there was a group that applied for that last year for Ping Pong. The DMSS pays for the table, paddles, ball etc. and they asked for funding for food. If unfunded, what is the point of having DMSS involved, no benefit to DMSS being involved. If they are funded, there should be a big convo about who gets funding and for what.

JT: For us, since we’re smaller in NB, there is a benefit from being a part of the DMSS, use it for promotion things. At the beginning of the year, can say there is a ski and snowboarding IG. No funding, but if people are interested in doing this, we have a group, encourage you to get out and do this outside of school. No harm in having that as an IG. There might not be a benefit, but there is no harm.

KS: Jordan mentioned promo, it works for NB. Might not be a benefit for those running it, but it is a benefit for DMSS: You are supporting a group for mental and physical wellness, benefit on that end.

OK: I feel like this might almost get out of hand, I agree with what is said about having the DMSS fund physical and wellness activities. If you have very specific group (sports group, basketball group, dribbling group, etc.) all could be under one umbrella term, and have all this people together in one spot. Are there places for these to go? Under humanities, or under sports and wellness. Way to integrate these groups without making them IG’s.

TR: On DMNB side, we have our Sport & Wellness reps, and humanities, they oversee all these events under their umbrella. All in close communication so things aren’t being doubled.

PH: Reiterate what Ola’s saying and going onto the IG committee to approve things. Hit on the big differences between campuses. We need to be on the same rules. From CFMS this weekend, all the other campuses with satellite campuses have the same rules for things like IG’s. Something for the committee to look into to be on same page.

BR: To confirm in SJ, have you already allocated your funding for this year?

TR: Had first round of funding at beginning of Sept., now having second one for Med1’s coming in. Haven’t reviewed their applications yet.

JB: Will table this to the IG committee.

* 1. Tax Reform- Devin O

DO: So basically I’m not going to act like I know as much as that guy who did the presentation. I’m just being the messenger. I am attached to all the SJMS e-mails. They are putting a push towards this at the NB AGM this weekend for physicians. What has happened is SJMS (and DNS also may have talked to us about this), have talked about releasing a statement on behalf of Dalhousie med students. Not sure that is a possible thing to do, don’t know if this is possible especially as the meeting is so soon, but wanted to bring it up to see if this is of interest.

CL: Shouldn’t we be releasing that statement? Where are they getting their info.

DO: They are asking us to release a statement.

AR: If more info from Stewarts presentation was open to the students, many people would have opinions. If the goal is to show that this will affect recruitment for NS/NB, having a voice from students would be powerful if we were able to gather that data.

JB: It’s important to go through checks and balances to release a statement. Similar to what MarDocs did.

ST: Few points: after Stewart left, he texted me and mentioned he didn’t put a disclaimer that it was just his opinion, not MarDoc’s. Don’t want to release the slides to student body. Another thing: timeline, this would have to come together by Oct. 2, have to have some strong advocates. Pat, correct me if wrong, no other student societies in country taking a stance? They try not to take political stances.

PH: At CFMS this weekend, this was a topic of discussion. Yolanda went as well. Students do not want be too political or cause controversy. CFMS as a national organization doesn’t have enough data on how this will affect us as students as it’s so far off for us. Therefore they don’t feel comfortable releasing statement. We can do what we want, but that is what we came away with this weekend.

DO: I don’t know if it’s a good idea to stir things up. The doctors who e-mailed me, the doctors told us that as students if we want to practice here, these are the two provinces affected the most. I’m just the messenger, I don’t really have an opinion.

GS: I think lots of us have an opinion. If we’re going to release a statement, we need to have the majority of all classes on board with that. Need to do that before Oct. 2nd. Wouldn’t be comfortable releasing if we didn’t know that the majority of classes supported it.

YE: At the CFMS meeting, I was in a group talking about this. Lot of schools who did poll their classes didn’t have majority, and you can’t come out with an opinion if don’t have majority.

DO: We would have to poll the students, have to have a majority.

FW: If we had to release something, we would have to break it down by class. Make sure not just one class or another that has majority, but all classes have majority. It would seem strange if we won't be in residency as soon as the Med4’s. Would want to get the full picture.

AR: Other than Oct. 2nd time constraint, is there any reason why we wouldn’t poll students? I know other schools didn’t find this. Any other reason why you wouldn’t try?

PH: Basically the government’s deadline for the consultation period is Oct. 2nd, that is when they are still taking feedback, the will table the legislation and push forward regardless of other points brought up afterwards.

STa: And from a Government/Advocacy point, in the past CFMS has gone in two directions, they have been 1) issues directly pertaining to students (ex. student debt) and 2) marginalized populations, or things that broadly affect Canadians (opioid crisis, pharmacare, etc.), they haven’t taken on in recent years concerns related to practicing physicians.

JB: What would we like to do? Motion? Postpone?

PH: One more thing. What we had with Stewart was valuable to the leaders in this room. We have a responsibility to pass to the rest of classmates. If not through formal slide show, then informally in your classes. Even if we don’t make a statement that does not stop you from informally contacting MP’s in your community.

JB: At this point no formal motion.

ST: This video conference is going to end in 9 mins.

PH: Table mine to next meeting.

* 1. **Personal day policy- Pat H; tabled to next meeting**

MP: Can table mine to the next meeting as well.

* 1. **Attendance at lectures- Melissa P; tabled to next meeting**
  2. **Med/Law Event- Melissa P**

MP: I’ve been approached by my counterpart in the Law society. They want to organize a joint educational event. One night event. Panel to provide perspectives on current issues - pharmacare, opioid crisis. Mixer to follow afterwards. Looking at getting money for food, gifts for speakers, rent out Theatre A. Looking at Winter 2018. Concrete idea by beginning of Nov. 2017. Want some feedback - do we think this is a good idea?

JB: Does this turn into motion? Or still discussion?

MP: Just feedback!

BR: Sounds like a great idea to increase interaction with the Law Society. Would it be speakers brought in, like we’d ask doctors?

MP: Yes.

PH: Any sense of financial costs? Food from DMSS?

MP: Mixer afterwards. Don’t know if we’d want the lounge for that. Are looking at money from their end too.

PH: Theatre A to include DMNB on educational piece. Social part would be separate.

TR: Once we get to NB things, could we do them first, only 5 mins of videoconference.

PH: Have room until 9pm, but just incase lets go to that.

PH: Motion from us to explore this? Or just look into informally?

MP: Look into informally. I will bring it to another meeting later.

PH: Poll classes for numbers. Ask informally.

GS: Wouldn’t poll until more solid. Informal sense.

JB: Jump to DMNB business.

**f. CoAMS conference - Tess R.**

TR: Hopefully you’ve heard, this April 27th-29th we will be hosting what used to be Dal - MUN Conference. Have combined with Sherbrooke campus here in NB. Bringing all Atlantic Med students to SJ this year. Why we’re bringing up today, as a Dal-run event, would love to have full DMSS support. DMSS and Dean’s Office have offered to support financially. We have our Atlantic CFMS rep, Victoria, who will help to promote across Atlantic Canada, Spread the word. We recently learnt that the conference is coinciding with the CCME and CFMS conferences happening in Halifax this spring. If we could switch the date we would, but we have talked and decided that the CoAMS conference will bring a number of people for different reasons as the Spring AGM. Have budgeted for ~200 from all campuses.

**g. Dal Food Services- Chad L**

CL: I meet with Dal people to discuss food services in building. Have been trying to improve. Reason all this food is here, I mentioned ways to improve things. Was told that there are new things at Starbucks. Lots of new sandwiches (6-7$) and salads (6-7$) with lots of good stuff. Have samples here for everyone to try. Let everyone know about it, tell them it’s there. Not much more expensive than going across street to IWK. Point of it being here is to let everyone know it’s there, if people don’t buy it, it’s hard to complain and say we need more. A survey will go out in a bit about it. Any feedback let me know.

JB: Was there a Facebook post to tell the classes?

CL: Wanted to bring it here first. But tell your classes there are new things there! If it starts to sell, we’ll get more stuff and more selection.

SL: Going back to CoAMS conference? Will there be funding available to help with travel for all schools?

TR: In process of applying for funds from local resources and sponsors. One sponsor donated with intent of some travel funds for students. Said he wasn’t sure if it’d work for this year, but still on the table right now. Right now we don’t have the funds for funding Halifax students, but can talk more about it.

**h. Changeover reports- Pat H**

PH: Real quick. Something to keep in mind, as you’ve been elected to new roles for Med1 and Med2’s. make sure you’re keeping good records for changeover reports. Makes it easier for people coming in the next year.

RD: Add to that. The easiest way I found to do that last year. Keep a record of your officer reports, keep in an excel or word doc. Have all the info for your report for the next year.

**i. New DMSS-NB UNBSJ SRC Council Position - Tess R.**

TR: Quick announcement. In Halifax you have had a DSU rep on the DMSS, never had one here in SJ where we’re on the UNB campus, and we pay student fees to them to use their resources. We felt it would be worthwhile that we had council member on their council. Last year Rob started the push, and we continued this summer. Wanted to share this exciting news!

**j. Elections ToR - Sarah T; tabled to next meeting**

ST: Push to next month.

1. Announcements
   1. **DMSS Calendar- Pat H**

PH: Make sure you are submitting things on both campuses to the calendar so that everyone’s aware. For example, there was a Humanities event in NB that we didn’t know about that was also taking place tonight.

TR: The event was in the DMNB Calendar

RD: You can subscribe to both. If Halifax wanted to subscribe they could to the NB calendar.

EB: There should be both events showing up in the calendar online. When I booked the meeting in the calendar I didn’t see the NB event.

DO: Correct me if I’m wrong, but you can see both Hali and NB things. When you subscribe you can click to subscribe to either. One the one on the DMSS website you can see the NB event for tonight, not the DMSS meeting in the NS calendar.

EB: Hmm, that’s weird that it’s not showing up, as though it was booked a bit late, it was in there a couple days ago. Jordan - you’re the one who does the calendar for NB, right?

JT: Yeah I update the calendar for DMNB events

EB: We can chat and sort this out to make sure both events are showing up in the calendar, at least for event that conference both campuses.

JT: Sounds good.

**b. DMSS Retreat- Pat H**

PH: This is for anyone with council positions. I sent an e-mail to Med2, 3 and 4’s, we will be having a retreat on Oct. 5th, from 7-10, just to get everyone on the same page. Get to know each other between campuses, between the different years. To set some very vague priorities for the year. Will send e-mail to Med1’s.

AC: That is on the same night as Career’s Night.

PH: Yes, we are aware of that, but it’s the best night to get everyone together from both campuses. Career’s Night is from 5pm-8pm, this starts at 7pm, gets everyone together but still gives time so you get to go to careers night.

1. **Adjournment**

JB: Can someone put forward motion to adjourn.

Motion to adjourn by GS, seconded by CL, motion carried.