

# Protocol for developing CFMS guiding documents

Canadian Federation of Medical Students

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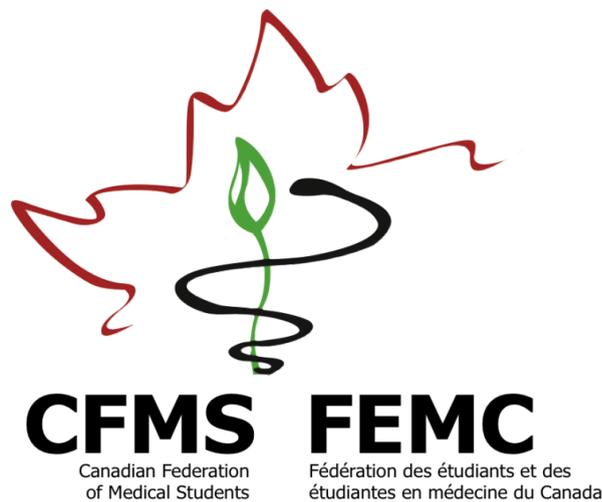
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## Introduction

**Advocacy** is an essential responsibility of the Canadian Federation of Medical Students (CFMS), which represents over 8000 students from fifteen medical student societies across Canada. The CFMS advocates on behalf of these students to lawmakers, healthcare stakeholders, the general public, universities, and to medical students themselves, influencing the development of policies that affect both medical students and the overall health of Canadians.

A key aspect of advocacy is the establishment of **guiding documents**. These papers and statements provide a written foundation for the advocacy work of the CFMS. These documents are written by medical students, reviewed by CFMS committees, and both debated and voted on by CFMS members at general meetings. Writing these documents are an opportunity for any CFMS member to engage with other medical students, raise an issue to target healthcare stakeholders, and make a lasting impact through the advocacy work of the CFMS. There are three types of guiding documents which will be later described in detail: **position papers**, **policy statements**, and **discussion papers**.

These guidelines contain the instructions on how to submit and write CFMS guiding documents, detailing the adoption process and the specific formatting required for the three types of documents. The process for document review and ensuring accountability will also be outlined. Lastly, writing tips and the reviewers' guide are included to help writers prepare high-quality documents, both improving the likelihood of adoption and strengthening the document's ability to engage, enable, and empower CFMS members to advocate on the topic of interest.

## Guiding Document Submission Process

The CFMS updated its guiding document submission process in 2018 to encourage feedback between authors and the relevant CFMS committees. Though not mandatory, this dialogue will strengthen papers, thus increasing support for their adoption. The submission process has been divided into **five main steps**, described and summarized below in writing and also in the flowchart below.

1. **Creation:** Any idea can be proposed for a guiding document, but the CFMS may produce a list of advocacy priorities that serve as ideal starting points. These priorities are based on student surveys or policy review, and reveal current gaps in existing CFMS guiding documents. Additionally, the **advocacy tracker** identifies documents-in-progress to avoid duplication (individuals may contact authors if they wish to assist in the writing process). Once a topic is selected, authors prepare a Statement of Intent, available at [goo.gl/forms/8E13po3YyIXNhouG2](http://goo.gl/forms/8E13po3YyIXNhouG2). Key questions that authors should ask themselves during brainstorming include:
  - a. What type of guiding document is most appropriate?
  - b. How does this topic relate to the CFMS' mission and vision?
  - c. What are some recommendations that may be proposed?
2. **First consultation:** Once submitted, the Statement of Intent will be reviewed by members of the Committee on Health Policy (COHP) or other relevant CFMS committees. Feedback will be provided within **four weeks**. Reviewers may request changes to the proposed guiding document if necessary. Once approved, the topic of interest will be added to the advocacy tracker.

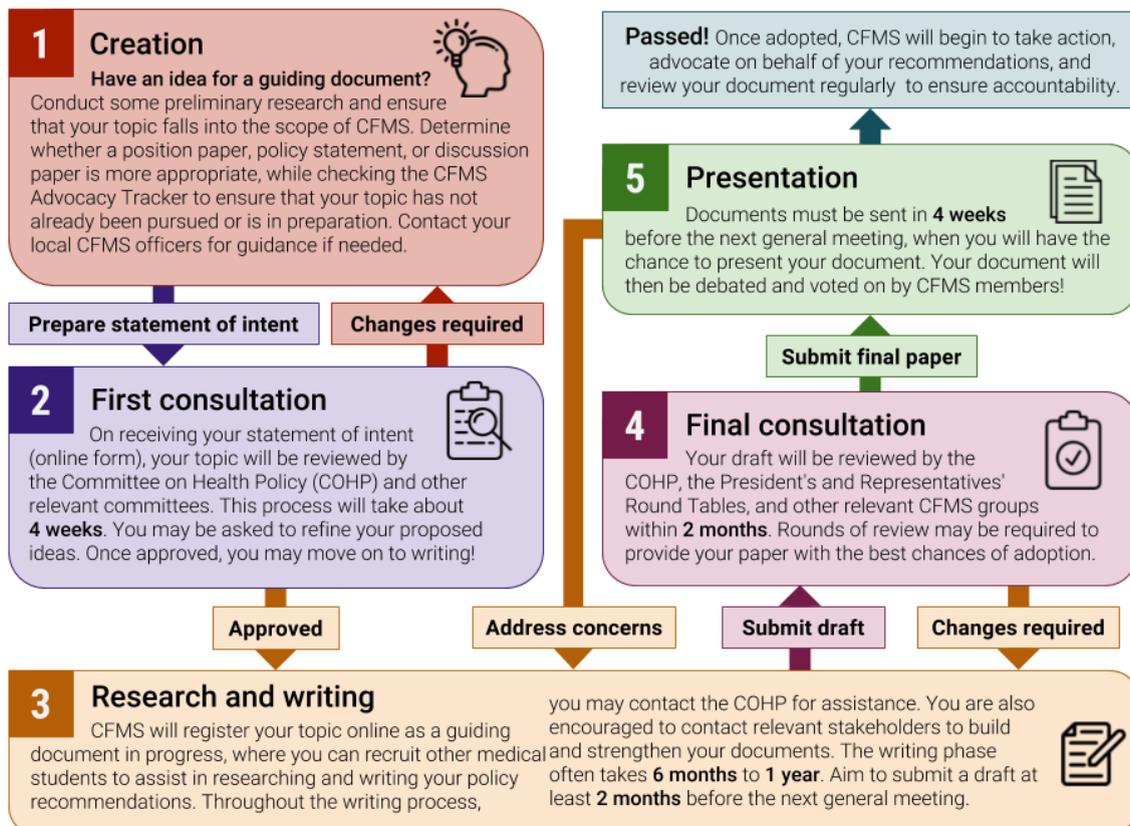
## PROTOCOL FOR DEVELOPING CFMS GUIDING DOCUMENTS

3. **Research and writing:** After approval of the statement of intent, the research and writing process begins. Authors are recommended to keep in touch with the reviewers and can contact the CFMS for feedback or clarification throughout the writing process. Consulting relevant stakeholders is also strongly recommended.
4. **Final consultation:** Once a draft is prepared, your paper or statement will be reviewed by CFMS committee members, including the Presidents' and Representatives' round table, who will provide feedback on the completed document. Changes may be requested, over a process that may take up to two months. The final paper is then submitted four weeks in advance of the next general meeting, providing general members with the opportunity to review your documents.
5. **Presentation:** At the following general meeting, authors have the opportunity to present their paper to general members before a formal vote takes place.

If passed, your document will be considered adopted by the CFMS. You will then be requested to submit a summary statement to the CFMS Advocacy Tracker and engage with any policy recommendations you included. The CFMS will review its papers and statements regularly to ensure accountability to its guiding documents.

If your document does not pass, authors are encouraged to address feedback, including concerns that were expressed at the general meeting. Documents and recommendations should be modified to reflect this feedback, and additional stakeholders may be consulted. Following Robert's Rules, a position paper that has been defeated may not be presented for twelve months. If significant changes were made, authors should resubmit a statement of intent, while a document with minor changes can be resubmitted for "final consultation" (Step 4).

### CFMS Guiding Document Submission Process



## Types of Papers

The CFMS has three types of guiding documents: **position papers**, **policy statements**, and **discussion papers**. These definitions were inspired by the Academy of American Family Practitioners. Templates for each of these papers are available on the [cfms.org](http://cfms.org) website.

	Position Paper	Policy Statement	Discussion Paper
<b>Purpose</b>	Provide Background	✓	✓
	Endorse / Reject Another Organization's stance	(✓)	✓
	Provide Analysis	✓	✓
	Provide a CFMS Stance	✓	✓
	Provide Recommendations	✓	✓
<b>Length</b>	Long	Short	Medium
<b>Format</b>	<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Principles</li> <li>• Concerns</li> <li>• Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Organization</li> <li>• Organization stance</li> <li>• Effect on Medical Students</li> <li>• CFMS Stance</li> <li>• Recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Analysis</li> <li>• Future Directions</li> <li>• Summary</li> </ul>
<b>Submission Process</b>	Deadline	4 weeks prior to next general meeting	
	Distribution	Distributed to all VP Externals prior to general meeting	
	Voting	✓	✓

**Position papers** are comprehensive documents that not only explore an issue of importance to the CFMS but outline an official stance of the CFMS membership and include organizational recommendations. The position paper is a significant undertaking that should explore historical development, facts, recent events and actions from relevant organizations. The vast majority of Guiding Documents are position papers. Position papers are typically based on policy analysis.

**Policy statements** are brief documents that highlight a position of CFMS membership toward an issue of importance but operate primarily through endorsement or rejection of a movement, organization, or legislative material. Policy statements are typically value-based and do not necessarily analyze policy.

**Discussion papers** are comprehensive research documents that provide background information on a topic of interest and explore it, particularly from the medical student perspective. These papers are used primarily to serve as an education resource for said topic. Discussion papers do not hold opinions and in fact should explore all sides of a matter. Discussion papers may include relevant points towards historical development, facts, and recent events pertaining to topic.

## Format for Position Papers

Below is a guide for organizing your position paper. A **position paper template** in a **.doc** format is available at the [cfms.org](http://cfms.org) website. The highlight of these papers are the recommendations. Therefore, ensure that the background, principles, and concerns build a cohesive and consistent argument to provide rationale for the paper’s recommendations. For clarification, please contact the National Officer on Health Policy.

### Recommended Format for CFMS Position Papers

<p><b>Background</b> <i>Paragraph form.</i> ≤ 500 words.</p>	<p>Clearly and concisely, define your topic of interest and provide context. Help readers understand the nature and scope of the problem, including the identification of stakeholders and the relevance of your topic to medical students. If applicable, also include context on how the problem has been addressed in the past, in other jurisdictions, and at present. Information should be up-to-date and backed by references. Sub-headings and figures can be included if needed.</p>
<p><b>Principles/Stance</b> <i>Numbered list.</i></p>	<p>List the key principles that will be the foundation of your recommendations. These principles should reflect the values of CFMS based on the mission statement or prior position papers. These principles are presented as a numerical list, and can be preceded by a sentence stating that “The CFMS endorses the following principles in support of [relevant stakeholder / topic of interest].” Writers should avoid listing more than five principles, though up to ten principles will be considered acceptable. Refrain from using negative wording (eg. “The CFMS does not support...”) to avoid confusion.</p>
<p><b>Concerns</b> <i>Numbered list.</i></p>	<p>This section serves to summarize the key concerns about your topic, which will be addressed in your recommendations. These concerns are presented as a numerical list, similar to the Principles section.</p>
<p><b>Recommendations</b> <i>Numbered list, with brief discussion after each item in paragraph form.</i> ≤ 150 words per recommendation.</p>	<p>List your numbered recommendations, each followed by a concise discussion providing rationale for your recommendation. Writers should explain why this specific recommendation was made and what its implementation will look like in practice. Sub-headings may be used if necessary. Aside from the background, the recommendations usually make up the bulk of the paper.</p> <p><b>Note:</b> Recommendations reflect the voice of the CFMS, and thus should be directed toward external organizations rather than the CFMS itself. For example, a recommendation to “increase Emergency Medicine residency spots” is appropriate, whereas a recommendation “that the CFMS advocate to increase Emergency Medicine residency spots” is not. CFMS actions should be presented as a Resolution at a CFMS General Meeting.</p>
<p><b>References</b> <i>List.</i></p>	<p>Provide a list of references that were used throughout your paper. Vancouver Style is recommended, with numerical citations (superscripts) and no footnotes.</p>
<p><b>Appendix</b> <i>Optional.</i></p>	<p>Appendices can be included if necessary, providing further detail regarding methodology, policy development processes, supplementary research, and case studies. While there is no page limit, evaluate if this additional information is truly beneficial for your paper and keep it as short and concise as possible.</p>

## Format for Policy Statements

CFMS Policy Statements provide a CFMS stance in reference to another organization’s stance or statement. They are used when other organizations have a published paper or document on a particular issue, and the authors wish to address any components of this issue relevant to medical students. A CFMS Policy Statement will typically act as an endorsement or rejection of components or the entirety of the other organization’s stance. Specifically, the unique role of the CFMS Policy Statement will be to identify the way the issue affects medical students (i.e. Effect on Medical Students), and tailor the CFMS statement accordingly. These Policy Statements are solely for the purpose of establishing a stance and recommendations on an issue, thus tend to be shorter than Position Papers; any authors wishing to provide a more in-depth analysis of principles and concerns ought to use the Position Paper format.

Below is the format for your Draft Policy Statement. A **policy statement template** in a **.doc** format is available at the [cfms.org](http://cfms.org) website. Note that discussion papers published prior to 2018 follow a slightly different format, given this specific format was not developed until 2018.

### Recommended Format for CFMS Policy Statements

<p><b>Organization</b> <i>List.</i></p>	<p>List (in bullet form) the other organization(s) who have recently published a paper or document on this issue, primarily those which the CFMS draft policy statement is being developed in relation to. For example, if the Canadian Medical Association (CMA) has published a report on a topic, this section of the policy statement would mention the CMA and link the relevant documents. Typically, no more than three organizations should be mentioned.</p>
<p><b>Organization’s Stance</b> <i>Paragraph form. ≤ 150 words.</i></p>	<p>Briefly summarize the stance of the organizations who have recently published on the issue at hand (4-5 sentences per organization), providing relevant background information where necessary.</p>
<p><b>Effect on Medical Students.</b> <i>Paragraph form. ≤ 200 words.</i></p>	<p>This section outlines the applicability of the topic at hand to medical students. Particular reference should be made to:</p> <ul style="list-style-type: none"> <li>● Which medical students this issue affects (level of training, location,, etc.)</li> <li>● The context in which it affects them (eg. future practice, ability to learn on clerkship, assessment, their ability to contribute to patient care, their opportunities for observership, their in-class learning, residency matching process, etc.)</li> <li>● How it will affect them (positively, negatively, multi-dimensional, etc.)</li> <li>● Why it will affect them in this way</li> </ul>
<p><b>Recommendations</b> <i>Paragraph form. ≤ 100 words per recommendation.</i></p>	<p>List your numbered recommendations, each followed by a concise discussion providing a brief rationale for each. Writers should explain why this specific recommendation was made and what its implementation will look like in practice. Sub-headings may be used if necessary.</p>
<p><b>References</b> <i>List.</i></p>	<p>Provide a list of references that were used throughout your paper. Vancouver Style is recommended, with numerical citations (superscripts) and no footnotes.</p>

## Format for Discussion Papers

Discussion papers offer background information and analysis for a given issue, without taking a stance or suggesting/committing to a plan of action. However, the issue presented should still be appropriate and relevant to medical students. Below is the format for your Discussion Paper. A **discussion paper template** in a **.doc** format is available at the [cfms.org](http://cfms.org) website. Note that discussion papers published prior to 2018 follow a slightly different format, given this specific format was not developed until 2018.

### Recommended Format for CFMS Discussion Papers

<p><b>Introduction</b>  <i>Paragraph form.</i>                  ≤ 150 words.</p>	<p>The introduction is aimed at providing background on the topic at hand. These typically will start broad and end up narrow, highlighting the specific components of the issue that will be addressed under the analysis. Include references where appropriate.</p>
<p><b>Analysis</b>  <i>Paragraph form.</i>                  ≤ 400 words.</p>	<p>This section is where the issue is broken down in a more complex fashion. Specific aspects to consider are the pros and cons of certain approaches, the stakeholders affected, and specifically how the issue affects medical students. Be sure to provide a balanced perspective, outlining both sides of any issue, given that this form of paper does not take a stance or make a recommendation. Where appropriate, include any positions or actions taken by important stakeholders and incorporate them into your analysis. Again, include references where appropriate.</p>
<p><b>Future directions</b>  <i>Paragraph form.</i>                  ≤ 150 words.</p>	<p>This section can highlight areas of future work that are likely to occur. This section is however different than the Recommendations sections of other papers/statement formats. To be specific section is identifying what WILL LIKELY be occurring, but not taking a stance on whether this is positive or negative, or whether this should or should not be happening. This section can also highlight what future work CAN do, but once again not take a stance on whether this is positive or negative.</p>
<p><b>Summary</b>  <i>Paragraph form.</i>                  ≤ 150 words.</p>	<p>This summary should be able to be a stand-alone piece, in that it should recap the relevant background, highlight the key areas of analysis discussed, and the future directions of work relating to this issue. Often, this will be similar to the summary composed for the advocacy tracker.</p>
<p><b>References</b>  <i>List.</i></p>	<p>Provide a list of references that was used throughout your paper. Vancouver Style is recommended, with numerical citations (superscripts) and no footnotes.</p>

## Developing Recommendations

Effective guiding documents must incorporate accountability and actionability. Accountability entrusts both authors and the CFMS with the responsibility of following up on the document's recommendations and advice. Actionability refers to the need for these documents to outline practical, attainable policy changes.

Authors must also acknowledge that advocacy efforts extend beyond document creation. This principle should be reflected while developing recommendations. The National Officer of Health Policy (NOHP), Committee of Health Policy (COHP), and other relevant CFMS membership are responsible for making this literature available to medical students and promote advocacy for these proposed recommendations.

The following sections primarily focus on position papers and policy statements, which include the development of recommendations.

### Accountability

The accountability of guiding document recommendations is multifaceted and involves several stakeholders. The following points will help authors and the CFMS to be accountable for the guiding documents that are written and passed:

- Documents will be reviewed regularly by the Committee of Health Policy (or other relevant CFMS members) at least every 5 years, to evaluate progress on recommendations.
- A document can be rescinded or revised by the Committee of Health Policy (or other relevant CFMS members), guided the question: "is the document still accurate and is there any new evidence to support it?"
- The Committee of Health Policy and National Officer of Health Policy are encouraged to mobilize students to address pertinent topics or recommendations outlined by passed papers, in collaboration with other CFMS committees and students.

### Actionability

For position papers and policy statements, recommendations should be **actionable**. Actionable recommendations are clearly defined and have a reasonable scope, and should be outlined by authors with the intent of students pursuing them with (by proposal of resolution) or without additional support from the CFMS.

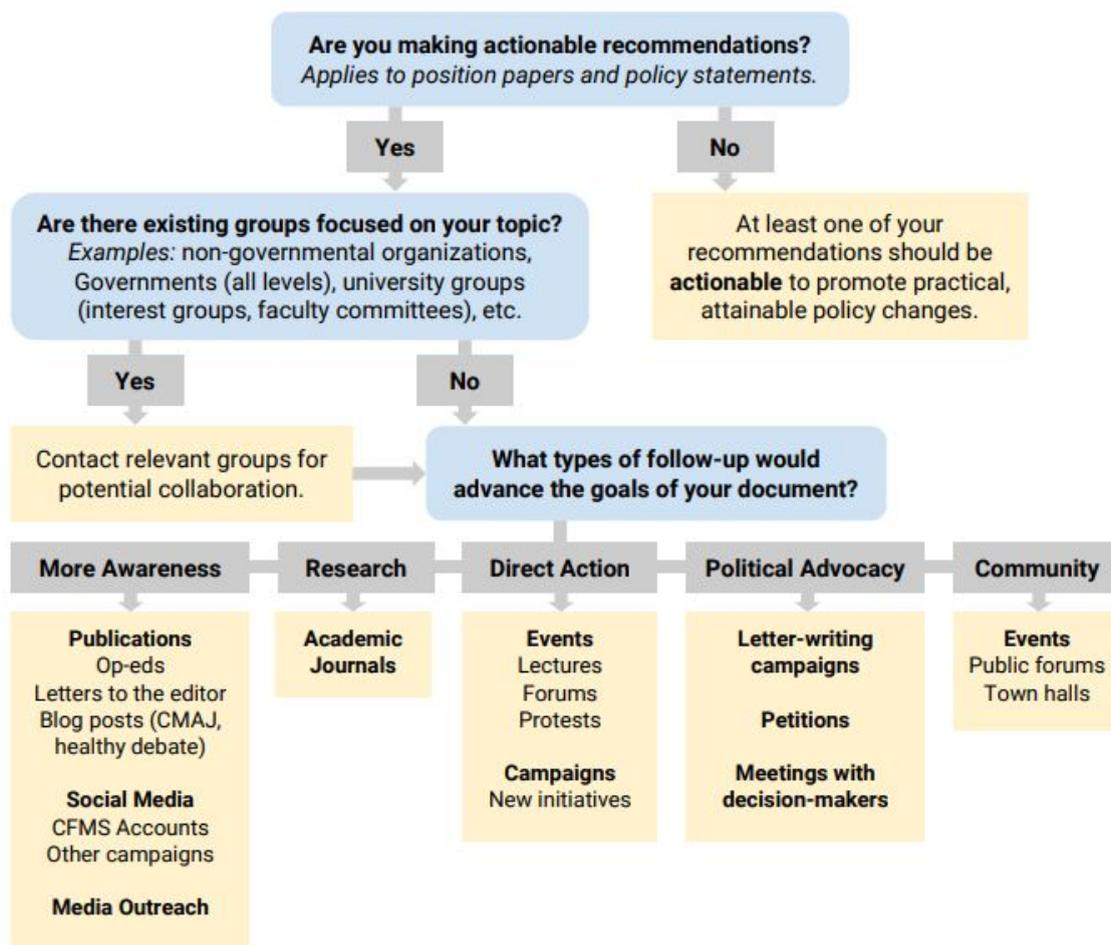
1. **One or more recommendations** must be within reasonable scope to be carried out by stakeholder organizations. Consider the mnemonic SMART (Specific, Measurable, Attainable/Assignable, Relevant, and Time-bound) and the following questions:
  - Effectiveness: Will this alternative produce the desired outcome?
  - Efficiency: Based on a cost-benefit analysis, how will this option affect the target groups?
  - Equity: Is there a fair distribution of costs and benefits?
  - Feasibility/Implementability: Is there a suitable administrative/political/legal framework in place to allow for effective and efficient implementation of this option?
  - Flexibility/Improvability: Does this option have the flexibility to be changed to suit other possible situations or allow for improvements?
2. **Medical students are encouraged to review existing position papers** to tailor their own advocacy and actionability approach.
  - **Students are encouraged to contact authors or COHP for any relevant questions regarding existing documents.**
  - Inquiry may pertain to:
    - i. Revision of documents (in the case they are deemed outdated).

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- ii. Clarification on content suggested in documents. .
- iii. Advice in how to go about advocating with the research and recommendations proposed within documents..
- o Examples of advocacy initiatives include:
  - i. Writing and publishing a news media or op-ed piece
  - ii. Speaking about the document and its contents with a relevant stakeholder
  - iii. Writing a media release for the document for distribution by CFMS and the authors via all relevant social media channels

**3. Medical students who formally request CFMS support to advocate on behalf of their documents must propose a resolution for a General Meeting.**

- o Resolutions for actionability on recommendations should include details pertaining to the type of advocacy intended.
- o Details on timeline, effort, and projected goals/objectives should be outlined.
- o These resolutions are held to stand once passed by CFMS, and are subject for consistent follow-up by relevant CFMS membership (deemed appropriate for the oversight of such mobility of student action).
- o Students are able to request change to resolutions (that have already been passed) based on circumstance deemed acceptable by the Health Policy portfolio.



For more information, please refer to the CFMS Advocacy Toolkit:  
[www.cfms.org/what-we-do/global-health/advocacy-toolkit.html](http://www.cfms.org/what-we-do/global-health/advocacy-toolkit.html)

## Useful Tips

### Idea Generation

1. Search through the **Advocacy Tracker** ([goo.gl/wvn8Ri](http://goo.gl/wvn8Ri)) to confirm that no papers or statements on the topic exist. If they exist, inquire about that document's status and consider offering to assist instead of forming an entirely new document.
2. If authors wish to develop a different type of guiding document (i.e. a discussion paper exists but the aim is to develop recommendations in the form of a position paper), create a new document while making reference to the old paper.
3. Submitting a **Statement of Intent** (<https://goo.gl/forms/3mp6OrW8XfPp3F7c2>) not only helps authors to organize their brainstorming, but helps writers to connect with both fellow medical students with similar interests and the relevant CFMS committee representatives.
4. Ensure that the idea is **relevant to medical students**. Answer the questions "Why should medical students be concerned with this issue?" and "What can the CFMS add to this topic of discussion that could not be facilitated by another organization?"
5. Feel free to reach out to CFMS membership for any clarification or support.
  - a. National Officer of Health Policy: [nohp@cfms.org](mailto:nohp@cfms.org).
  - b. Your local CFMS VP External Representative: <https://www.cfms.org/who-we-are/cfms-representatives.html>.

### Paper Writing

1. Use any referencing style, but **be consistent**. The CFMS recommends Vancouver Style (example guide: [michener.ca/students/library/referencing-writing-help/vancouverstyle/](http://michener.ca/students/library/referencing-writing-help/vancouverstyle/)).
2. For position and discussion papers, **clearly outline the issue**.
3. In the introduction, **refrain from using recommendation or stance-like phrases** (i.e. we "ought", "trust", and "affirm"). The United Nations operative clauses provide a list of words (see below) typically used when taking a stance or making a recommendation, highlighting words to avoid in the introduction.
4. For Policy Statements, **summarize** the stance of the other organization **accurately**.
5. For Discussion Papers, the **future directions should not be phrased as recommendations**. As mentioned above, the United Nations list of operative clauses should be avoided. Specifically, a statement such as "the CFMS considers X and Y to be adequate areas of future work" should be avoided, while "future work will likely consider X and Y" would be appropriate, given that the statement does not associate the CFMS with an active opinion.
6. Finally, **stance and recommendation phrases are distinct**. Recommendation phrases are limited to position papers, while stances can be taken in both position papers and policy statements. Unlike stances, recommendations are associated with action, using words like "requests", "recommends," "invites", and "suggests" (see more listed below).

#### Common words for the distinct sections of a CFMS Paper/Statement

(Developed in part from United Nations operative clauses)

<b>Introduction</b> <i>Discussion papers and position papers</i>	<b>Future Directions*</b> <i>Discussion papers</i>	<b>Stance</b> <i>Position papers and policy statements</i>	<b>Recommendations</b> <i>Position papers</i>
The introduction can use a variety of language, but should refrain from taking any stance or making any recommendation. Words/phrases to the	<i>Future work will likely ...</i> <i>Future work can ...</i> Consider Investigate Note Work towards Draw attention towards	Endorses Supports Condemns Approves Emphasizes its appreciation Expresses its hope	Calls upon Suggests Invites Recommends Requests Encourages

right are to be avoided.

*\*Use of the words to the right is possible if used without implying a specific recommendation.*

Affirms

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### Submission and Dissemination Process

1. Mark all documents as “**draft**”; they are not official until formally approved by the CFMS.
2. Create a **brief summary** (in accordance with the advocacy tracker guidelines outlined in the Submission and Adoption section above). This summary will help in you in the post-voting process in terms of disseminating the message of your paper/statement more widely.
3. You have the option of producing an **infographic**, which outlines the details of your paper in a quarter page. Creating this and having the CFMS distribute it after voting (assuming the paper passes), could help facilitate wide dissemination of your paper/statement’s message.

### Presentation

1. If you plan to present your paper or statement at the General Meeting, be sure to **discuss** the framework of meetings with both a CFMS committee member and a medical student who has presented a paper at a meeting in the past. CFMS committee members can help connect you with these medical students. The purpose of this discussion is to get a framework for how these meetings operate.
2. **Rehearse** your presentation, particularly if you have multiple presenters.
3. **Anticipate potential questions** or concerns.

## Appendix I: Guiding Paper Reviewing Guidelines

The following are questions that evaluators will be asked to consider in formulating feedback during the final consultation stage:

### Major Revisions Guidelines:

*Read the paper **once** focusing on content, and then **again** when you start reviewing.*

<b>Overall</b>	<ul style="list-style-type: none"> <li>Does the paper make sense? This is the most important question you can ask yourself. If something doesn't make sense the authors may have done something wrong, or they may need to provide a better explanation.</li> <li>Are there citations present where they need to be?</li> </ul>
<b>Background</b>	<ul style="list-style-type: none"> <li>Is the background <b>sufficient</b> and <b>relevant</b>?</li> <li>Is everything cited that is not the author's work?</li> <li>Is the ensuing information sufficiently supported?</li> <li>Is this longer than three pages single-spaced?</li> <li>Does this explain how the problem has previously been addressed?</li> </ul>
<b>Principles</b>	<ul style="list-style-type: none"> <li>Do these principles sufficiently and rationally support the recommendations?</li> <li>Do these principles reflect the values of the Canadian medical students?</li> <li>Are the key principles coherent?</li> <li>Are these numerically listed?</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>Are the recommendations numbered?</li> <li>Are the recommendations each followed by a concise discussion?</li> <li>Do these align the values of Canadian medical students?</li> <li>Are these rational?</li> <li>Are the recommendations actionable by parties external to the CFMS?</li> </ul>
<b>Figures and Legends</b>	<p>Figures should not be copied from other sources unless they have express permission of the publisher. Otherwise, figures must be adapted and the original work from which the adaptation was made must be cited in the figure text.</p>

### Minor Revisions Guidelines:

*Read the paper once more to focus on **minor** revisions.*

<b>Organization and Appearance</b>	<ul style="list-style-type: none"> <li>Does it follow the format of a model position paper on the CFMS website?</li> <li>Does the paper follow the proper organization of headings?</li> <li>Are the columns and text formatted correctly? Papers should proceed down the left column to the bottom of the page then proceed down the right.</li> </ul>
<b>Grammar</b>	<ul style="list-style-type: none"> <li>Correct grammar is important: commas, spellings, capitalization, etc. No need to get bogged down in looking for poor pronoun use, just make note of things that jump out.</li> <li>Watch for consistency. For example, if two spellings of a word are both correct, make sure they use the same spelling consistently throughout.</li> </ul>
<b>Figures and Legends</b>	<ul style="list-style-type: none"> <li>If possible, figures should be on the same page as the text that refers to them.</li> <li>There should be text beneath each figure that provides an explanation.</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>Are the references consistently formatted and numbered properly?</li> </ul>
<b>Appendix</b>	<ul style="list-style-type: none"> <li>Is the formatting consistent?</li> </ul>