

# NATIONAL OFFICER REPORT

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## I. DESCRIPTION OF POSITION

The National Officer of Health Policy is responsible for overseeing the development and maintenance of the CFMS's health policy position papers as well as chairing the Committee on Health Policy (COHP). This includes identification of new position paper topics, review and revisions to previously approved papers and providing support to other colleagues engaging in the policy development process.

## II. ACTIVITIES

### COHP meetings

This has been the first year in operation for the COHP. We have tried to meet at least one every 1-2 months, with individual work and feedback on projects being communicated offline as well. In pairs, members selected position papers to review and provide recommendations for revisions to be proposed at SGM and AGM. COHP meetings also discussed issues such as organization of the health policy portfolio of the CFMS and how best to engage stakeholders in the review process. There are currently 12 members on the COHP.

### COHP Terms of Reference

The TOR that the COHP is currently operating under was written for the first iteration of the COHP only, as it refers only to what needs to be accomplished for the 2014 SGM. I have used that document to update the TOR to provide guidance for the COHP and NOHP moving forward beyond just goals for this year.

### Creating a formal position paper review process

The only requirement of the current TOR is that there is a recommendation from the committee on how position papers should be reviewed (i.e. how long?) in the CFMS. We have included in our proposed TOR, stipulations for how often a position paper needs to be reviewed, what the review could entail and who should be consulted. We have also developed a standardized review form that evaluates each position paper and should be filled out before any recommendations for revisions are made by the COHP.

### Position paper writing and review

Aside from providing guidance to individual members as they took on the review process, I have also undertaken reviews myself. I have contributed to the revisions of the health human resources paper as well as the writing of the trade and health paper that are both being voted on at this SGM.

### CFMS health policy primer

One of the greatest needs that our committee identified throughout this year was the importance of collaboration with other CFMS stakeholders. We wanted to make sure that we are not seen as an arms-length body that deals with paper revisions but actively contributes to the improvement of the health policy portfolio of the CFMS as a whole. A significant part of this is empowering any CFMS member to join the policy development process and do so in an effective way. As a result, I developed the CFMS health policy primer – a comprehensive document that leads any member through the steps of policy writing from idea generation to recommendation formation. It is our hope that the promotion and utilization of this document will help empower students but also encourage a rigorous and standardized policy development process.

#### National lecture series on health policy

Through the initiative of our president, Jesse Kancir, we have begun the development of a national lecture series on health policy that will culminate in the development of a national online curriculum of health policy issues that medical students and external stakeholders think are critical to the success of our health care system. We have sent out letters to garner feedback from medical students and I have developed a critical path to organize ourselves as we begin to tackle this project.

### **III. FOLLOW-UP GOALS**

#### Produce new position papers

The COHP this year has been burdened with reviewing old position papers, simply given that there has been no formal mechanism for this in the past and there is an immense amount of work needed just to standardize the documents so that they all are formatted the same, for example. With that being said, the vision of this committee long-term includes the creation of new position documents and we look forward to contributing to this component of the policy process as well.

### **IV. SUGGESTIONS FOR IMPROVEMENT**

#### Collaboration with other CFMS committees

It is crucial for the COHP to start to build relationships with the other portfolios in the CFMS. In my opinion, there is currently a lack of trust and understanding of the role of the COHP. Some members of the committee have expressed frustration in their attempts to review certain papers because of differences in priorities between the COHP and the CFMS committee whose jurisdiction the paper falls under. In order for the COHP to truly fulfill its mandate it must learn how to gain the support of other committees and associated VPs when reviewing papers. Likewise, we encourage CFMS members to engage and support COHP members when a position paper is being reviewed under your portfolio.

#### Position statements vs. policy papers

Another recommendation of the NOHP and COHP moving forward is to separate position documents into two categories: position statements and policy papers. Crucial to the success of a document is a clear goal for a clear audience. Our documents currently try to achieve two different goals and as such should be separated into two distinct types of documents. Position

statements are shorter documents that highlight a stance the CFMS is taking on an issue, often in the form of agreement or disagreement with a certain previously established prospective (i.e. stance on induced abortion or cigarillos). Policy papers tackle larger issues and are therefore larger documents usually. They produce actionable recommendations to help solve a policy problem (i.e. mental health or health human resources) and these recommendations require more detailed explanations as a result. Framing papers to tackle a specific purpose will make the documents more user-friendly and easier to be acted on when using them for advocacy and lobbying.

### Flagship reports

This idea is in its infancy and I hope to see more discussion and feedback on it at this SGM. The basic premise is that once a year, the CFMS would pick a topic (hopefully in line with the global health advocacy and GAAC lobby day priorities) and produce a comprehensive policy brief that explores the issue from a holistic, systems lens. From my limited time with CFMS as the NOHP, it looks like the way CFMS influences policymaking is through: A) lobbying MPs in meetings; B) collaborating with the CMA and indirectly engaging in their advocacy efforts; and/or C) responding to an inquiry from a policymaker directly or through press releases.

Having short, concise documents are beneficial for these types of advocacy but I think we are missing out on a significant part of the policy process, which is to directly influence policy formation (vs. agenda setting) at the committee and civil servant level of government. Many successful representative organizations submit policy briefs/government submissions to budget committees or CSLP, for example, when it is known that an issue is on the decision agenda. In order to engage in this process though, we need much larger documents that explore problems and policy solutions in greater detail and include considerations such as implementation barriers, funding allocation, etc.