



# Resolution Guidelines

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The AAFP's National Conference of Special Constituencies (NCSC) utilizes the resolution format to influence policies and programs of the AAFP. Resolutions which convey ideas or concerns that have not yet been fully developed will be forwarded from the conference to the AAFP Board of Directors for further consideration. Resolutions which convey fully developed proposals or policy statements may be forwarded from the conference directly to the AAFP Congress of Delegates.

The major purpose of a resolution from NCSC may be to:

- establish AAFP policy,
- request investigation or implementation of an AAFP program,
- address issues of interest or concern to family physicians and the specialty of family medicine, or
- request the elimination of AAFP activities considered non-essential.

## **PURPOSE OF A RESOLUTION**

Research is the first step in developing a resolution. Solid data must be presented that supports the requested action. It is also imperative to put the resolution in the context of the issue's history. The history can include current and past AAFP actions and policies, as well as the actions and policies of other organizations.

To assess the merits of a proposed resolution, consider the following questions:

- 1. Is this issue/topic of special interest to many, some, or a few special constituency members, family physicians, others?**
- 2. Is the recommendation within the AAFP's scope or authority?**

The AAFP was founded to promote and maintain high quality standards for family physicians. Its mission is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity. Major functions of the organization include the following: promoting the science and art of family medicine; providing advocacy, representation, and leadership for the specialty; preserving and promoting high quality, cost-effective health care; protecting the right of family physicians to perform medical and surgical procedures for which they are qualified by training and experience; and providing responsible advocacy and education for patients and the public in health-related matters.
- 3. Is the recommendation relevant to the AAFP's four strategic priorities?**
  1. Advocacy – Influence and shape health care policy through interactions with government, the public, business, and the health care industry by: advancing health care for all, advancing the patient centered medical home, increasing payment equity for family physicians, promoting family physician leadership in health care delivery, and increasing the family physician workforce.

2. **Practice Enhancement** – Enhance and support members’ abilities to fulfill their practice and career goals by: assisting member practices to transform into and sustain designation as patient centered medical homes, promoting the ongoing imperative for practice redesign through education, communication, and research, and assisting members to sustain financial success through optimal practice management.
3. **Education** – Promote high-quality, innovative, comprehensive family medicine education for physicians, residents, and medical students to improve the health of their patients by: increasing the number of members and non-members who utilize AAFP continuing medical education in pursuit of life-long learning, increasing medical student interest in family medicine careers, assisting members in sustaining American Board of Family Medicine Maintenance of Certification, and enhancing the quality of family medicine residency education through curricular and operational support to family medicine residency programs, including those in development.
4. **Health of the Public** – Assume a leadership role in advancing the health of the public and evidence-based medicine by: providing expertise to members through research, evidence-based clinical guidelines, and public health interventions to improve the health status of their patients, families, and communities; supporting, conducting, and disseminating practice-based research to enhance family medicine practices, to support the development of the patient centered medical home, and to facilitate disease prevention and chronic disease management; empowering members with knowledge and tools to address health equity and the social determinants of health impacting their patients and communities; and promoting healthful lifestyles to members, their staff, and patients.

**4. Does the recommendation have financial implications for the AAFP (e.g. costs associated with research, meetings, production, travel, staff time)?**

Consider the financial implications associated with your resolution. Cost factors should not prevent you from proposing specific action; however, it is essential to recognize the general level of funding needed to implement your resolution and its potential impact on existing resources.

**5. Has this recommendation already been addressed by the NCSC? If so, what action was taken by the referral body?**

Review [previous NCSC resolutions and actions](#) taken on them for the past several years.

**6. Is the AAFP currently addressing this issue/topic?**

- Consult the AAFP’s website at [www.aafp.org](http://www.aafp.org).
- Review the most recent transactions of the AAFP Congress of Delegates, paying special attention to the annual reports of the Board and various commissions. This information can be accessed on the AAFP’s website at <http://www.aafp.org/congress>.
- Review current AAFP policies on the AAFP website at [www.aafp.org/policies](http://www.aafp.org/policies).
- Consult current AAFP special constituency leaders, Board members, and AAFP staff. Special constituency leaders will be present in the discussion groups and resolution writing rooms. Board members and AAFP staff will also be available.

**CONTENT OF A RESOLUTION**

Every resolution must have a title, “whereas” clause(s), and “resolved” clause(s) and carry the author’s name(s). The **title** should be clear and concise and convey the issue/topic of the resolution. The **“whereas” clause(s)** should explain the rationale for the resolution – identify a problem or need for action; address its timeliness or urgency; its effects on special constituencies, AAFP, and/or the public at large; and indicate whether the proposed policy or action will alter current AAFP policy. The **“resolved” clause(s)** should be clear and concise and positively state the action or policy called for by the resolution. They are the only portion(s) of the resolution which are subject to adoption.

## **WRITING A RESOLUTION**

Remember these tips when writing the "resolved" clause(s):

- The "resolved" portion(s) must be written to "stand alone". This means that you should be able to read these statements separately and have them make sense. There should be no pronouns used (e.g., it, they, we, etc.) that refer to other resolved statements or the "whereas" clause(s). Each "resolved" clause should be perfectly clear without the rest of the document present.
- The action called for must be action within the purview and resources of the AAFP.
- Call for only one action in each "resolved" clause. If there are two or three related actions being proposed, write a separate "resolved" clause for each. If multiple "resolved" clauses are included in a resolution, each "resolved" clause should be related to the central subject of the resolution.
- If an expenditure of AAFP funds is necessary to implement the "resolved" clause(s), a fiscal note must be included with the resolution.

Once the "resolved" clause(s) are written, prepare the "whereas" clause(s). If "whereas" clauses are not stated clearly, factually, and limited to relevant information, they may produce unnecessary debate and, therefore, detract from the effectiveness of the resolution. Though they precede the "resolved" portion in presentation, it is best to develop them after the "resolved" portion is written. This makes it easier to limit the "whereas" clause(s) to relevant and necessary information.

Give special attention to the following:

- Limit the number of "whereas" clause(s) to the minimum required to provide reasonable support for the "resolved" clause(s).
- Carefully check the facts and verify the data used.
- Limit the use of adjectives or qualifying adverbs which are considered "editorial opinion." (Don't get on a soap box – stick to the essentials!)

The following are historic examples of well-stated resolutions, causing little debate and adopted as written.

### **Example 1:**

WHEREAS, the Women, Infants and Children Supplemental Food Program (WIC) was initiated to provide better nutrition and nutritional counseling to pregnant women, lactating mothers and their infants and children up to five years of age, and

*Identification of the WIC program*

WHEREAS, studies at the Harvard School of Public Health have determined that the program is effective in decreasing the number of premature births and low birth weight infants (American Journal of Clinical Nutrition, 40:579, 1984; JADA 80:221, 1982), and

*Statistics on its effectiveness*

WHEREAS, nine million women, infants and children are estimated to be eligible for the WIC program but currently only one-third of these are being served, and

*Demonstrates need for funding*

WHEREAS, the AAFP supports cost effective, preventive health measures and adequate nutrition for all children, now, therefore, be it

*Meets an Academy objective*

RESOLVED, That the AAFP actively encourage the United States Congress to support increased funding for WIC to enable higher participation in the program.

*Stands well alone; calls for action within Academy purview*

### Example 2:

WHEREAS, a great number of physicians practicing in the United States are of Hispanic origin, and

*Concise,  
clearly stated*

WHEREAS, there is a vast interest among Latin American physicians for continuing educational material in family practice, now, therefore, be it

*Good preface to  
the resolved clause*

RESOLVED, That the American Academy of Family Physicians study economic and educational viability of translating into Spanish the Home Study Self-Assessment Course and any other pertinent material of educational value.

*Calls for study of its the  
viability. More suitable  
than a directive to action  
without study*

### Example 3:

WHEREAS, population studies predict a substantial national growth of ethnic minorities, and

WHEREAS, these patients as consumers of primary care services may have unique health care needs, and

WHEREAS, it is acknowledged that cross-cultural issues do affect health care delivery in family practice settings, now, therefore, be it

*Well-stated premise  
for action requested*

RESOLVED, That the AAFP support an active program of cross-cultural education of its members through continuing medical education programs.

### **WHAT HAPPENS TO A RESOLUTION WHEN IT IS SUBMITTED?**

Each resolution is assigned to a reference committee. The Conference Convener and next year's Conference Convener determine the ultimate designation of which reference committee will act on a resolution. This determination looks at the relevance of the issue, the possible grouping of like issues for consideration, and the relative workload of each committee. At the publicized time, the committee hears testimony on its resolutions. The author of the resolution is allowed to testify first if he/she so desires. Then, anyone with an interest in the resolution being discussed may offer input.

Following the hearing, the reference committee discusses what was said and develops a report that includes a recommendation on each resolution. The committee will either recommend that a resolution be adopted, not adopted, or offer a substitute resolution for adoption.

The reference committee presents its report during the Business Session. The Reference Committee Chair will present the report based on a consent calendar, an index indicating all items from the report, allowing the business session to approve the report in its entirety with no debate, if so desired. Any item(s) on the consent calendar may be extracted for debate. If items are extracted, those items will be voted on separately. After the consent calendar has been approved, minus any extractions, the Reference Committee Chair will present each extracted item. The floor will, then, open for discussion of the resolution. Testimony for and/or against each resolution will be heard. The Reference Committee Chair will read the testimony from the report for each extracted item only after the first person has spoken for or against the item. If the reference committee has done its job, the report should summarize the hearing discussion and the rationale for the committee's recommendation.

## **WHAT HAPPENS TO RESOLUTIONS THAT ARE ADOPTED BY NCSC?**

Following the National Conference of Special Constituencies (NCSC), the resolutions forwarded to the Board of Directors are reviewed and assigned to the appropriate commission(s) or AAFP staff and distributed for consideration. Commissions may address resolutions at any time throughout the year, either at a face-to-face meeting or via conference call. A summary of the outcomes of the resolutions from the previous year's NCSC are included in the conference materials provided for attendees.

Any resolution forwarded to the Congress of Delegates (COD) is reviewed by the Commission on Membership and Member Services (CMMS) to determine whether the resolution is appropriate to refer to the COD. The following criteria are used by the CMMS to make its determination:

1. Importance of topic/issue to membership – Is it relevant to many or only a few members?
2. Relevance of topic/issue to the AAFP's strategic objectives – Is there a direct connection between the recommended action and the AAFP's current priorities?
3. Nature and scope of the recommendation – Does it require action by the Congress of Delegates or is it better suited for discussion at the Board of Directors or commission level?
4. Degree to which issue/recommendation has been researched – Does the rationale/background reflect a thorough review of prior AAFP actions, positions, current programs, and services; acknowledgment of potential cost implications, etc.?