



Resolution Writing Guidelines

National Conference of Family Medicine Residents and Medical Students – Kansas City, MO

Each year, the National Congress of Family Medicine Residents (NCFMR) and the National Congress of Student Members (NCSM) meet to discuss issues of interest to residents and medical students. Resolutions adopted by the appropriate Congress will be forwarded from the conference to the AAFP Board of Directors and/or appropriate commission for further consideration.

The major purpose of a resolution from NCFMR or NCSM may be to:

- establish AAFP policy,
- request investigation or implementation of an AAFP program,
- address issues of interest or concern to residents and/or students 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. Resources are available at National Conference and online at www.aafp.org to provide information on the AAFP's policies, positions and current activities.

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

1. **What strategic priority /priorities of the AAFP does this resolution address?** (More information about these priorities can be found at <http://www.aafp.org/about/the-aafp/vision.html>)
 - a. Support and Sustain Comprehensive Family Medicine Practices – AAFP works to advocate for models of payment reform that result in greater investment in family medicine. The AAFP drives the widespread adoption and implementation of the five advanced primary care functions in family medicine practices: access and continuity, planned care for chronic conditions and preventive care, risk-stratified care management and coordination of care across the medical neighborhood. The AAFP informs, influences and applies the appropriate use of technology and data to facilitate comprehensive care, population management and the implementation of patient-centered practice.
 - b. Reduce Administrative Complexity – AAFP works to reduce point-of-care administrative functions that detract from patient care activities or do not add value. The AAFP also works to achieve alignment and harmonization of quality and performance improvement measurement among all payers. The AAFP provides clear and ongoing communications to AAFP members regarding the impact of administrative burden on family physicians and their practices and provides timely, detailed updates on steps being taken to modify or reduce this burden.
 - c. Equip Members with Clinical Expertise to Improve Individual and Population Health – AAFP provides broad scope, personalized learning opportunities for members and other learners through relevant educational venues and formats. The AAFP takes a leadership role in the training of family physician to address health disparities and social determinants of health as they impact individuals, families and communities across the lifespan and to strive for health equity. AAFP works to accelerate the generation and implementation of new knowledge and research in family medicine to improve population and community health.

- d. Grow a Diverse Family Physician Workforce – AAFP develops communication strategies to drive awareness around the importance of family medicine. The AAFP works to expand and support high-quality family medicine GME positions and to develop a robust family medicine workforce that is inclusive and representative of those underrepresented in medicine.
2. **Can this issue be addressed via the National Conference survey** (e.g. suggestions about food choices, speakers, logistics)? If yes, please do not submit a resolution but provide your suggestion in your National Conference evaluation or a AAFP staff member.
3. **How many residents, students, family physicians or others are affected by this recommendation?**
4. **Does this 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. **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.
6. **Has this recommendation already been addressed by the resident and/or student congress or the AAFP Congress of Delegates? If so, what action was taken by the referral body?**
Review previous NCFMR, NSCM and COD resolutions and actions taken on them for the past several years. Resources are available onsite and/or on the [AAFP Web site](#).
7. **Is the AAFP currently addressing this issue/topic?**
 - Consult the AAFP's website at www.aafp.org.
 - Review the most recent transactions of the AAFP Congress of Delegates, paying special attention to the annual reports of the Board of Directors. 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.
 - Prior to the resolution deadline, consult current AAFP resident and student leaders, Board members and AAFP staff. Board members and resident and student leaders will be available during the discussion groups and in the Resolution Writing Center.

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 member 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

The [online submission portal](#) will be posted in late July.

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

- A maximum of five (5) resolved clauses are allowed for each resolution.
- 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:

- A maximum of five (5) whereas clauses are allowed for each resolution.
- 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	<i>Identification of the WIC program</i>
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 (<u>American Journal of Clinical Nutrition, 40:579, 1984; JADA 80:221, 1982</u>), and	<i>Statistics on its effectiveness</i>
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	<i>Demonstrates need for funding</i>
WHEREAS, the AAFP supports cost effective, preventative health measures and adequate nutrition for all children, now, therefore, be it	<i>Meets an Academy objective</i>
RESOLVED, That the AAFP actively encourage the United States Congress to support increased funding for WIC to enable higher participation in the	<i>Stands well alone; calls for action within</i>

program.	<i>Academy purview</i>
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Example 2:

WHEREAS, a great number of physicians practicing in the United States are of Hispanic origin, and	<i>Concise, clearly stated</i>
WHEREAS, there is a vast interest among Latin American physicians for continuing educational material in family practice, now, therefore, be it	<i>Good preface to the resolved clause</i>
RESOLVED, That the American Academy of Family Physicians study the economic and educational viability of translating into Spanish the Home Study Self-Assessment Course and any other pertinent material of educational value.	<i>Calls for the study of its viability. More suitable than a directive to action without study</i>

Example 3:

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	<i>Well-state premise for action requested</i>
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. 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 recommend that a resolution be adopted, not adopted, offer a substitute resolution for adoption, or recommend the resolution be included on a “reaffirmation calendar” because it reflects current policy or is being addressed in existing programs and services.
- The reference committee presents its report during the final business session. This report summarizes the hearing discussion and the rationale for the committee's recommendations. The report includes a consent calendar, an index listing all items with the committee's recommendations. Based on the consent calendar, reference committee reports are voted on in one vote. However, any item or items may be extracted for debate. If items are extracted, those items are 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 extracted 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 NCFMR and NCSM?

- Only those resolutions adopted and approved by the COE are submitted directly to the AAFP Congress of Delegates. The EVP/CEO will recommend a disposition of all resolutions adopted or adopted with modification to the AAFP Board Chair for final disposition.
- The vast majority of resolutions are referred to commissions. Commissions may address resolutions at any time throughout the year, either at a face-to-face meeting or via conference call. To access information on the status of the resolutions acted upon by the resident and student congresses click [here](#).

How to Write a Resolution

Idea / Issue to be solved



Is there existing AAFP policy / BOD action (directive or programming)?

No

Yes

Write clear "resolved" clause(s) that can stand alone (What can the AAFP do?)

Does it meet the needs of your idea / to solve your issue?

No

Yes

Write limited number of supporting "whereas" clauses

No further action needed

Review resolution writing checklist

Possible actions

Develop directive

Develop policy

Develop program