



Resolution Guidelines

National Conference of Constituency Leaders

The AAFP's National Conference of Constituency Leaders (NCCL) 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 in certain circumstances, upon approval of the Commission on Membership and Member Services, be forwarded from the NCCL to the AAFP Congress of Delegates.

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

- suggest 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 member 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. Payment Reform – AAFP works to demonstrate the value family medicine brings to the health care system and increase the investment all payers and employers make in primary care. AAFP's efforts are focused on reducing administrative burden, standardizing and harmonizing administrative requirements, and ensuring appropriate valuation of services.
2. Practice Transformation – AAFP develops practical tools and resources to help all family physicians—regardless of practice type—build and sustain high-functioning primary care practices. AAFP works to enhance patient care and to help every family physician achieve professional fulfillment.
3. Workforce – AAFP is committed to increasing and supporting the family medicine workforce, from the time a student chooses family medicine through the completion of a satisfying career. By advocating for graduate medical education and payment reform, AAFP works to rebalance the composition and distribution of the physician workforce in the United States.

4. Clinical Expertise – AAFP equips members with the data, knowledge, competencies and skills to provide high quality, evidence-based, safe care of their patients in the context of family and community.

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 NCCL? If so, what action was taken by the referral body?

Review [previous NCCL 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](#).
- Review the most recent [transactions of the AAFP Congress of Delegates](#). This information can be accessed on the AAFP's website at **and is searchable by issue/topic**.
- Review current [AAFP policies](#) on the AAFP website.
- Consult current AAFP member constituency leaders, Board members, and AAFP staff. Member 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 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.

RESOLUTION REQUIREMENTS

- To be considered for introduction to a reference committee, submitted resolutions must be endorsed by at least two NCCL Chapter Delegates.
- A maximum of 50 resolutions will be accepted for consideration. Each constituency may submit up to 10 resolutions. The determination of which constituency submitted the resolution will be based on the constituency represented by the chapter delegate serving as the resolution's primary author.

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 *the* 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 WIC program

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

Statistics on its

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 *alone*; Congress to support increased funding for WIC to enable higher *within* participation in the program.
purview

Stands well calls for action Academy

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 the economic and educational viability of translating into Spanish the *suitable* Home Study Self-Assessment Course and any other pertinent material of educational value.

Calls for study of its viability. More 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 NCCL conference manager determines 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, reaffirmed, 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 NCCL?

Following the National Conference of Constituency Leaders (NCCL), 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 NCCL 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.?