



About Resolutions: Information and 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. This discussion generates resolutions, which often influence AAFP policy and activities. If you would like to be a part of this process, the following information will be useful.

What is the purpose of a resolution?

The major purpose of a resolution 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.

What is the first step in developing 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 positions and actions of other organizations. Resources will be 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. Is this issue/topic of special interest to many, some or a few residents, students, 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 strategic priorities?

The following are the four AAFP strategic objectives:

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.

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.

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.

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 the potential impact on existing resources.

5. Has this recommendation already been addressed by the resident and/or student congress? If so, what action was taken by the referral body?

Review previous NCFMR and NSCM resolutions and actions taken on them for the past several years. Resources will be available onsite and/or on the AAFP Web site and can also be accessed by going to www.aafp.org/nc/resolutions.

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

- Consult the AAFP's Web site 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 and various commissions. This information can be accessed on the AAFP's Web site at 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.

What are the basic rules for writing a resolution?

Rule #1 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 general idea of the topic of the resolution. The "whereas" clauses should explain the rationale for the resolution -- identify a problem or need for action, address its timeliness or urgency, its effects on residents, medical students, AAFP and/or the public at large, and indicate whether the proposed policy or action will alter current AAFP policy. The "resolved" clause(s) are the meat of the resolution. These clauses should also be clear and concise and positively state the action or policy called for by the resolution.

Rule #2 Give special attention to the following: 1) Limit the number of "whereas" clauses to the minimum required to provide reasonable support for the "resolved" clause(s). 2) Carefully check the facts and verify the data used. 3) Limit the use of adjectives or qualifying adverbs which are considered "editorial opinion" and focus on the essentials.

Rule #3 If a resolution is adopted, the only part that remains is the "resolved" clause(s). Consequently, the "resolved" clause(s) must be written to stand alone. This means that you should be able to read these statements separately and have them make sense. Avoid using acronyms. 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.

Rule #4 Less is more – if "resolved" clauses become too long or involved, the intent may be lost. It is better to split an idea into two "resolved" statements than to create a single clause that doesn't cause confusion.

Rule #5 Only one topic/issue should be addressed in each resolution. If multiple "resolved" clauses are included in a resolution, each "resolved" clause should be related to the central subject of the resolution. 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.

Rule #6 Before submitting a resolution, carefully weigh the merits of your proposal by considering the following questions: 1) Is this issue/topic of special interest to many, some, or a few members, family physicians, others? 2) Is the recommendation within the scope or authority of the AAFP and its resources? 3) Is the recommendation relevant to the AAFP's strategic priorities? 4) Does the recommendation have cost implications for the AAFP (in terms of research, meeting costs, production charges, travel expenses, staff time, etc.)? 5) Has this recommendation already been addressed by the resident or student congress? If so, what action was taken by the referral body? 6) Is the Academy currently addressing this issue/topic?

Tip: Write the "resolved" clause(s) of the resolution first. 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.

Sample Resolutions

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 (American Journal of Clinical Nutrition, 40:579, 1984; JADA 80:221, 1982), 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, preventive 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 program.	<i>Stands well alone; calls for action within Academy purview</i>

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 study of its viability, which is more suitable than a directive to action without study</i>

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	<i>Well-stated 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 is the process for submitting a resolution?

Deadline

Resolutions are submitted onsite at National Conference, with the deadline being Thursday at 6:00 p.m. A resolution form is available at www.aafp.org/resolutions and in the **Resolution Writing Center**. The Resolution Writing Center will be equipped with a limited number of computers and printers and a variety of resource materials. **It is recommended that resolution authors bring a laptop and USB flash drive for writing and transfer of resolutions.** [Note: Resolutions are not accepted in advance of the National Conference.]

Discussion Groups

Time will be reserved Thursday afternoon for **facilitated group discussions**. These discussions are facilitated and provide an ideal forum for generating and refining resolutions.

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 the resident and student congresses?

- Following the National Conference, the Commission on Education (COE) reviews all resolutions adopted by the NCFMR and NCSM. The purpose is to identify resolutions to be directed to the Congress of Delegates, which convenes in the fall (September or October).

The following criteria are used by the COE 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.?

- The COE also makes recommendations for referral of the remainder of the NCFMR/NCSM resolutions to the appropriate bodies (e.g., Board of Directors, commissions, AAFP staff). The Board Chair reviews these recommendations. Once the recommendations are approved, the resolutions are distributed to the appropriate bodies for consideration.
- 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, go to www.aafp.org/nc/resolutions.

How have the actions of the resident and student congresses influenced AAFP policies and programs?

Over the years, the resident and student congresses have successfully advocated for the AAFP to support legislation, issue new or revised policy statements, and develop programs and resources.

The range of topics covered by these groups is impressive. For example:

- Since the mid-1970s, the resident and student congresses have addressed a wide range of **education issues**, including funding for graduate medical education, family medicine clerkships, curriculum guidelines, medical student debt, and resident work hours.
- Throughout the 1980's, the resident and student congresses lobbied for changes in the Academy's policies regarding **tobacco** advertising, sale of tobacco products in drug stores, and labeling of tobacco products.
- In 1988, the resident congress called for the Academy to increase its emphasis on **adolescent health** via both resident and CME training. This prompted the Academy to form the AAFP Adolescent Health Task Force which produced a number of resources.
- In 1988, the resident congress also called for AAFP to strongly encourage all family physicians to participate in CME activities related to **AIDS** to insure their ability to competently care for AIDS patients and their families.
- During the 1990s, resident and student leaders adopted a series of resolutions urging the Academy to support the inclusion of **cultural competency** training in all residency programs.
- In 1999, at the encouragement of the resident and student congresses, the Academy actively lobbied for federal legislation to clarify the Pregnancy Discrimination Act to ensure that **breastfeeding** was protected under civil rights law.
- As a result of resolutions adopted by the 2006 resident congress, the Academy developed a policy regarding hospital use of **infant formula** in breastfeeding infants, went on record opposing actions that would criminalize the medical care of **undocumented foreign-born individuals**; and refined its position on **abortion**, using language crafted by the resident congress.
- The AAFP Congress of Delegates urged the AAFP to consider seeking sponsorship to launch a **national media campaign** to educate the public and all health professionals about the scope and value of family physicians. This action was prompted by a resolution submitted by the 2010 resident congress.
- The 2012 AAFP Congress of Delegates adopted AAFP policy supporting **civil marriage for same-gender couples** put forth by both the resident and student congresses.

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?

Write limited number of supporting "whereas" clauses

No

Yes

Review resolution writing checklist

No further action needed

Possible actions

Develop directive

Develop policy

Develop program