



IOWA ACADEMY OF FAMILY PHYSICIANS

GUIDELINES FOR WRITING RESOLUTIONS FOR CONSIDERATION BY THE IAFP TO THE AAFP CONGRESS OF DELEGATES

Resolutions are the official means by which you as a member have input into the governance and political process of the American Academy of Family Physicians. If you have a topic you are interested in addressing then we encourage you to submit a resolution for consideration by the IAFP Board of Directors. IAFP can help guide you through the process of writing your resolution.

Resolutions submitted by individual members who wish to have it considered to be submitted by the IAFP must submit them to IAFP by June 30 each year.

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 the specialty of family medicine, to residents or students, or

Request the elimination of AAFP activities considered non-essential.

CONSIDERATIONS FOR WRITING 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 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?

(Information about AAFP priorities can be found at <http://www.aafp.org/about/the-aafp/vision.html>)

a. Payment Reform– AAFP works to demonstrate the value family medicine brings to the health care system and increase the investment all third-party 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.

b. 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.

c. 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.

d. 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.

2. How many 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 AAFP Congress of Delegates? If so, what action was taken by the referral body?

Review previous 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 with IAFP Delegates.

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 only include one statement per clause and each clause should be factual. 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. Try to limit the resolution to one page.

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 a call for 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, preventative 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 the economic and educational viability of translating into Spanish the Home Study Self-Assessment Course and any other pertinent material of educational value.

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

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

(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?

By the IAFP

Resolutions must be submitted to the IAFP Board of Directors by June 30 in order to be considered for submission to the AAFP Congress on behalf of the IAFP. Final approval

for any resolutions submitted by the IAFP rests with the Board of Directors who will recommend that the resolution be approved, disapproved, amended or deferred. If approved, the resolution will be sent by the IAFP to the AAFP for inclusion on the on-line Delegates Handbook.

AAFP policy states that constituent chapters, the National Congress of Family Medicine Residents (NCFMR), the National Congress of Student Members (NCSM), the National Conference of Constituency Leaders (NCCL), and the Board of Directors can submit resolutions to the AAFP Congress of Delegates for its consideration. **Resolutions introduced by constituent chapters shall be considered to be introduced by the chapter delegates.**

By the Individual Member

Individual AAFP members may also submit resolutions on their own. The AAFP Bylaws allow any member of the AAFP to present a written resolution to the COD that is pertinent to the AAFP's objectives or relates to a report of any AAFP officer, commission, or committee. Resolutions from AAFP members must meet the following criteria:

- Be presented by the author (or his/her designee) during the opening session of the COD, at a time specified by the speaker
- Be submitted in the official form; in addition, a copy must be sent electronically to the speaker and secretary of the COD by 9:00 pm on the day before the opening session

Resolutions that are not prepared properly will not be accepted. Upon introduction of the resolution at the COD meeting, approval of two-thirds of the delegates present and voting is required for further consideration. Please see the **Standing Rules of the Congress of Delegates** for additional information.

By the AAFP Congress of Delegates

Each resolution is assigned to a reference committee. At the publicized time, the committee hears testimony on its resolutions by AAFP members. (NOTE: If your resolution is approved to be submitted to the AAFP as an IAFP resolution, the IAFP will be listed as the author and IAFP Delegates or Alternate Delegates will testify on behalf of the resolution.)

- 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 reaffirmed as current policy because it reflects current policy or is being addressed in existing programs and services.

- The reference committee presents its report during one of the business sessions of the Congress. 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. If the reference committee has done its job, the report should summarize the hearing discussion and the rationale for the committee's recommendation.

Please refer to the template for writing resolutions for additional guidance.

If you have questions please contact staff of the IAFP at 515-283-9370 or contact Pam Williams at pwilliams@iaafp.org