Resolution Writing Template

SUBJECT:

PRESENTED BY:

AUTHOR:

WHEREAS……. , and,

WHEREAS…… , THEREFORE BE IT

RESOLVED that…..

- - - - - - - - - -

ADOPTED FROM AAFP GUIDELINES FOR WRITING RESOLUTIONS

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, NYSAFP and/or the public at large and indicate whether the proposed policy or action will alter current NYSAFP policy. The "resolved" clause(s) are the meat of the resolution. These clauses should 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 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 leaves everyone confused.

Rule #5 ONLY ONE 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.

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 NYSAFP?
3) Is the recommendation relevant to the Academy's strategic priorities?
4) Does the recommendation have cost implications for the Academy (in terms of research, meeting costs, production charges, travel expenses, staff time, etc.)?
5) Is the Academy currently addressing this issue/topic? (check existing AAFP and NYSAFP at these respective links:

Current NYSAFP Policies
Current AAFP Policies

Research is the first step in developing a resolution. Solid data must be presented that support the requested action. In addition, it is imperative to cast the resolution in light of the overall historical development of the issue.

The history of an issue can be approached both with respect to current NYSAFP actions and past NYSAFP policies, as well as the positions and actions of other organizations. During the conference, resources will be available to provide information on the Academy's policies, positions and current activities.

What is the process for submitting a resolution?
The basic format of a resolution and sample resolutions are attached.

Deadline The deadline for submitting resolutions at the next Congress of Delegates is April 15 2019, at 6:00 p.m. Submissions after that date will be considered late and may not make it into the COD Delegates Handbook.

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 wants to. 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, 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 an index page, listing all items with the committee's recommendations. This is a consent calendar. 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.

What happens to resolutions that are adopted by the COD?

- Resolutions may be directed to the AAFP Congress of Delegates, which convenes in late September/early October or they may be directed to the appropriate bodies (e.g., Board of Directors, commissions). The Board Chair reviews these recommendations. Once the recommendations are approved, the resolutions are distributed to the appropriate bodies for consideration.

SAMPLE RESOLUTION #1

RESOLUTION
16-00 (to be filled in by staff)

SUBJECT: Preserve the Affordability of Physical Therapy

PRESENTED BY: Wayne S Strouse, MD

AUTHOR: Wayne S Strouse, MD

WHEREAS Physical Therapy (PT) has long been an important part of the Family Physician's armamentarium for ameliorating joint and muscle pain, and

WHEREAS there is extreme concern as to the overuse of opioids in the treatment of pain, and

WHEREAS the majority of the pain seen in the Family Physician's office is caused by joint and muscle pain, and thus amenable to a PT intervention, and

WHEREAS for any modality to be properly utilized, it must be affordable to our patients, and

WHEREAS many insurance companies now require a specialty copay PER VISIT, amounting to as much as $75 per visit, and

WHEREAS for PT to be optimal, the patient needs to be seen two or three times PER WEEK, and

WHEREAS for the patient to be compliant with their doctor's PT order, the monthly cost may be as much as $600 PER MONTH or more, rendering PT unaffordable to most of our patients, THEREFORE, BE IT

RESOLVED, that the New York State Academy of Family Physicians advocate with the State Department of Health, as well as state senators and assemblymen to pass legislation or regulation to mandate that the patient copay/coinsurance for a Physical Therapy visit may not exceed 20% of the cost the insurer pays for that visit.

_____

Footnote:

American Physical Therapy Association Website: www.apta.org

SAMPLE RESOLUTION #2

SUBJECT: Increase CME Continuing Medical Education Credit Requirement to a Maximum of 50 percent

PRESENTED BY: Dr. Margarita De Federicis

AUTHOR: NYSAFP Education Commission

WHEREAS Family Medicine community preceptors make a significant impact on the success of medical student and residency training programs and

WHEREAS there is a shortage of medical student preceptors in Family Medicine and

WHEREAS the need to increase medical school enrollment to meet the growing physician shortage in the United States will place more demands on physicians who teach and increase the need for preceptors. () and

WHEREAS requirements for increased productivity and reduced reimbursement by third party payers have placed additional burdens on these preceptors, affecting the number of preceptors willing to teach and

WHEREAS a well conducted study indicated that family physicians more often reported that helping recruit for their specialty was an important factor in their decision to teach, and family

physicians placed more importance on receiving continuing medical education credit for teaching compared with other specialties and

WHEREAS it is imperative to develop new incentives to maintain and increase the number of Family Medicine community preceptors and

WHEREAS the American Board of Family Medicine (ABFM) currently allows teaching medical students and physicians to count for Division II Continuing Medical Education (CME) credit, which may be a maximum of 50% of the 150 hours of CME credit required for each three year cycle, or 75 hours for each cycle and

WHEREAS the American Academy of Family Physicians (AAFP) currently has a lesser CME allowance for teaching, allowing members to claim a maximum of only 60 hours of CME credit for teaching health professions learners out of the 150 hours of CME required for each three year election cycle THEREFORE, BE IT

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) delegates to the American Academy of Family Physicians (AAFP) Congress of Delegates submit a resolution directing the AAFP to Increase the allowable Continuing Medical Education (CME) Credit provided for teaching to a maximum of 50 percent of the CME hours required over a 3-year cycle [up to 75 hours of the presently required 150 hours].