



## **Resident and Fellow Section**

# **Leadership Handbook**

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# About The AMA

The American Medical Association (AMA) was founded by Nathan Smith Davis, MD. In 1845, Dr. Davis presented a resolution to the New York Medical Association calling for a national medical convention, which led to the formation of the AMA. Dr. Nathaniel Chapman was elected as its first president in 1847.

Dr. Davis became president of the AMA in 1864 and was the first editor of the Journal of the American Medical Association from 1883 to 1888. At the founding meeting, the Delegates adopted the first code of medical ethics and the first national standards for preliminary medical education for the degree of MD.

The mission of the AMA is to promote the art and science of medicine and the betterment of public health. The Core Values of the AMA with regards to this mission are: (1) Leadership; (2) Excellence; and (3) Integrity and Ethical Behavior.

As a professional association, the AMA focuses on:

- Representation and Advocacy - Providing a common voice and an issue-specific agenda.
- Image and Identity - Responding to the needs of the entire medical profession to maintain a position of respect and integrity in society.
- Standards - Setting and implementing professional educational, scientific/clinical, and behavioral/ethical standards in medicine.
- Information - Providing necessary and pertinent information to its membership.
- Products and Services – Providing material and resources to help members deal with the practical implications of issues addressed in the advocacy agenda and the requirements flowing from meeting professional standards or externally imposed regulations.

The AMA helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues. The vision is to be an essential part of the professional life of every physician.

# Structure of the AMA

The internal organizational elements that play key roles in the AMA's system of governance and policymaking process include: the House of Delegates; the Board of Trustees; Executive Vice President; Councils and Committees; Special Sections; and Staff.

## House of Delegates

The [House of Delegates](#) (HOD) is the principal policy-making body of the AMA. The HOD is comprised of nearly 550 voting Delegates (and an equal number of Alternate Delegates). Delegates are selected by one of the following entities: [state or territorial medical societies](#), [national specialty societies](#), branches of the US Military, and six Sections (to be discussed below).

Members of the HOD serve as an important communications, policy, and membership link between the AMA and physicians nationwide. Delegates and Alternate Delegates are key sources of information on activities, programs, and policies of the AMA. Delegates are also direct contacts for individual members to communicate with and contribute to the formulation of AMA policy positions, the identification of situations that might be addressed through policy implementation efforts, and the implementation of AMA policies. Delegates are expected to foster a positive and useful two-way relationship between grassroots physicians and AMA leadership, and must take into consideration a variety of perspectives (including those of patients, their sponsoring organizations, and their physician constituents) when considering business before the House. However, in voting on matters before the HOD, Delegates should vote on the basis of what is best for patients and American medicine.

During HOD meetings, Delegates have a number of responsibilities and functions. These include submitting resolutions, serving on HOD Committees, and testifying at Reference Committee hearings on the merits of reports and resolutions. After Reference Committees submit their reports to the HOD, Delegates have the opportunity to testify and vote on the merits of reports and resolutions during HOD business sessions.

Alternate Delegates technically are not members of the HOD, meaning they cannot themselves introduce resolutions or vote in elections. Alternate Delegates may, however, testify on resolutions and reports in Reference Committees, serve on HOD Committees, and substitute for a Delegate. While substituting for a Delegate, an Alternate Delegate may speak and debate on the floor of the HOD, offer an amendment to a pending matter, and make motions and vote (except when the vote is by written ballot).

## Committees of the House of Delegates

There are several types of House of Delegates committees: Reference Committees, Convention Committees, and Special Committees. The Speaker appoints Delegates and Alternate Delegates to serve on Reference Committees and convention committees. Some special committees are formed to study major issues facing the AMA and may include individuals who are not Delegates or Alternate Delegates.

# AMA Officers

The key [AMA Officers](#) include the following:

- **President** - The President of the AMA is a central force in the Association's governance and works closely with the Board Chair, the Executive Vice President, and other AMA officers to further the Association's mission and goals. The President serves as the principal spokesperson in enunciating and advocating the official policies and positions of the AMA and also serves as an ex-officio voting member of the Board of Trustees.
- **President-Elect** - The President-Elect is elected annually and serves in that position until the installation of a successor. If the Office of President becomes vacant, the President-Elect immediately becomes President. Also, the President-Elect serves as an ex-officio voting member of the Board of Trustees.
- **Immediate Past President** - The Immediate Past President serves as an ex-officio voting member of the Board of Trustees, and carries out such tasks as may be designated from time to time by the President.
- **Speaker and Vice Speaker** - The duty of the Speaker is to preside over meetings of the HOD and to perform such duties as custom and parliamentary usage require. The primary duty of the Vice Speaker is to officiate at HOD meetings at the request of the Speaker or in the absence of the Speaker. Both serve as voting members of the Board of Trustees.
- **Chair of the Board of Trustees** - The Board Chair exercises overall supervision of the work of the Board of Trustees and presides over all meetings of the Board.
- **Executive Vice President** - Although not one of the elected general officers of the AMA, the Executive Vice President is one of the AMA's key officials. The EVP is appointed by the Board to manage and direct the activities of the Association and to perform the duties commonly required of the chief executive officer of a corporation.

## The Board of Trustees

The nineteen-member [Board of Trustees](#) (BOT) is responsible for transacting all business for, and on behalf of, the AMA. In doing so, the Board is required to have the accounts of the AMA audited at least annually and to make financial reports concerning AMA affairs to the HOD at the Annual Meeting. The Board is also responsible for the appointment and ongoing evaluation of the Executive Vice President. The Executive Vice President and a staff of approximately one thousand are responsible for the day-to-day affairs of the Association. One resident or fellow physician is elected by the HOD as a voting member of the BOT.

# AMA Councils

The AMA has a long history of using [AMA Councils](#) as a way to study a variety of issues. The Councils provide an opportunity for the expertise and diverse views of practicing physicians to be applied to the variety of challenging issues facing physicians and the AMA. Councils also serve the Board of Trustees by freeing up time for the Board to carry out its important governance responsibilities. Each of the Councils has a designated seat for a RFS member, and the application process for each is laid out in the Leadership Opportunities section of this handbook.

The seven AMA councils and their key responsibilities are as follows:

- [Council on Constitution and Bylaws \(CC&B\)](#) - Serves as a fact-finding and advisory committee on matters pertaining to the AMA Constitution and Bylaws.
- [Council on Ethical and Judicial Affairs \(CEJA\)](#) - Serves as the judicial authority of the AMA, interpreting the Principles of Medical Ethics and the Constitution and Bylaws of the AMA.
- [Council on Legislation \(COL\)](#) - Serves as a reference council through which all legislative issues of the AMA are channeled prior to final consideration by the Board of Trustees.
- [Council on Long Range Planning and Development \(CLRPD\)](#) - Makes recommendations on the long-range objectives of the AMA, studies and reports on anticipated changes in the medical practice environment, and identifies ways to enhance the AMA's policy development processes.
- [Council on Medical Education \(CME\)](#) - Responsible for studying, evaluating, and making recommendations regarding all aspects of medical and allied health education.
- [Council on Medical Service \(CMS\)](#) - Serves as a resource to study and evaluate the social and economic aspects influencing the practice of medicine and to suggest means for the development of services in a changing socioeconomic environment.
- [Council on Science and Public Health \(CSAPH\)](#) - Advises on developments in the scientific aspects of medicine and biomedical research and assists in the development of policy positions on scientific and biomedical research issues.

# AMA Sections and Special Groups

Over the years, the AMA has created a number of [Sections and Special Groups](#) to provide for closer involvement with various segments of the physician population and facilitate the participation of those segments in the AMA policy development process. Sections usually meet on the Friday and Saturday immediately preceding the opening of the House of Delegates at the AMA Annual and Interim Meetings. Each Section has its own policymaking process and typically will forward reports and resolutions to the House of Delegates that arise out of the Section's deliberations.

Special Groups also contribute to the policy development process by working with the Sections, appropriate delegations, and the AMA Councils. The special groups also link to the BOT, affecting policy through BOT reports to the HOD.

Sections and Special Groups offer many levels of involvement and opportunities to shape policies affecting various physician constituents and their patients.

The AMA currently has six Sections and five Special Groups:

- [Medical Student Section \(MSS\)](#) - Provides a direct means for medical students at accredited U.S. medical school to participate in AMA activities.
- [Section on Medical Schools \(SMS\)](#) - Provides a direct means for accredited medical schools to participate in AMA activities.
- [Resident and Fellow Section \(RFS\)](#) - Composed of resident and fellow physicians who are serving in approved training programs.
- [Young Physicians Section \(YPS\)](#) - Focuses on the needs of physicians under 40 years of age or in their first eight years of professional practice.
- [Organized Medical Staff Section \(OMSS\)](#) - Focuses on the issues of medical staffs of hospitals and organized delivery systems, and provides a direct role in the AMA policymaking process for physicians who participate in organized medical staffs.
- [International Medical Graduates Section \(IMG\)](#) - Provides a means for international medical graduates (IMGs) to participate in AMA activities and facilitates the development of information and educational activities on topics of interest to IMGs. Any AMA member, including non-IMGs, may join this Section. Non-AMA member IMG physicians may participate in this Section, as provisional members, for a one-year period.
- [AMA Advisory Committee on Gay, Lesbian, Bisexual, and Transgender \(GLBT\) Issues](#) - Provides timely advice and counsel on policy matters pertaining to GLBT physicians, medical students and patients. The goals and objectives of the GLBT Advisory Committee include enhancing AMA advocacy and education on GLBT health and professional issues and providing a dedicated forum for involvement, mentoring and networking for GLBT physicians and medical students.
- [Senior Physicians Group \(SPG\)](#) - Open to all AMA members 65 years of age or older, the Senior Physicians Group brings together like-minded individuals to share their thinking on topics such as planning for retirement, volunteerism and mentoring the next generation of physicians.
- [Minority Affairs Section \(MAS\)](#) – Focuses on eliminating racial and ethnic health disparities, increasing diversity in the profession, and supporting young people of color in becoming physicians. The MAS promotes education and advocacy on minority health issues and works to increase diversity in the AMA through involvement programs such as the Doctors Back to School program, Commission to End Health Disparities and Minority Scholars Award.
- [Women Physicians Congress \(WPC\)](#) – Focuses on concerns of special interest to women physicians. In addition to bringing forward topics for debate such as professional advancement issues, career flexibility/balancing options and increasing job satisfaction, the WPC also develops policy recommendations and builds awareness and advocacy on gender-based health differences and related women's health issues. The WPC represents all female members of the AMA automatically and male members can “opt in.”
- [Advisory Committee on Group Practice Physicians](#) - Made up of physician leaders from large multi-specialty groups from across the country, the Advisory Committee on Group Practice Physicians tackles issues and disseminates information germane to this audience. Among its activities and initiatives, the Committee sponsors a CME educational program and networking luncheon at the Annual and Interim Meetings geared specifically to the needs of group practice physicians.

# AMA Policy Formation

“Policy” is a guide to decision-making and action. When people refer to “AMA policy,” they are usually referring to the set of normative statements the AMA has developed on health care issues and the health care system. They may also be referring to the set of statements the AMA has developed about its internal organizational structure and decision-making process (governance system) as well as medical science and technology.

The [AMA policy system](#) outlines:

- The processes of how AMA policy positions are established
- The processes to record and disseminate AMA policy
- The activities through which the AMA promotes and advocates its policy positions.

Categories of policy include:

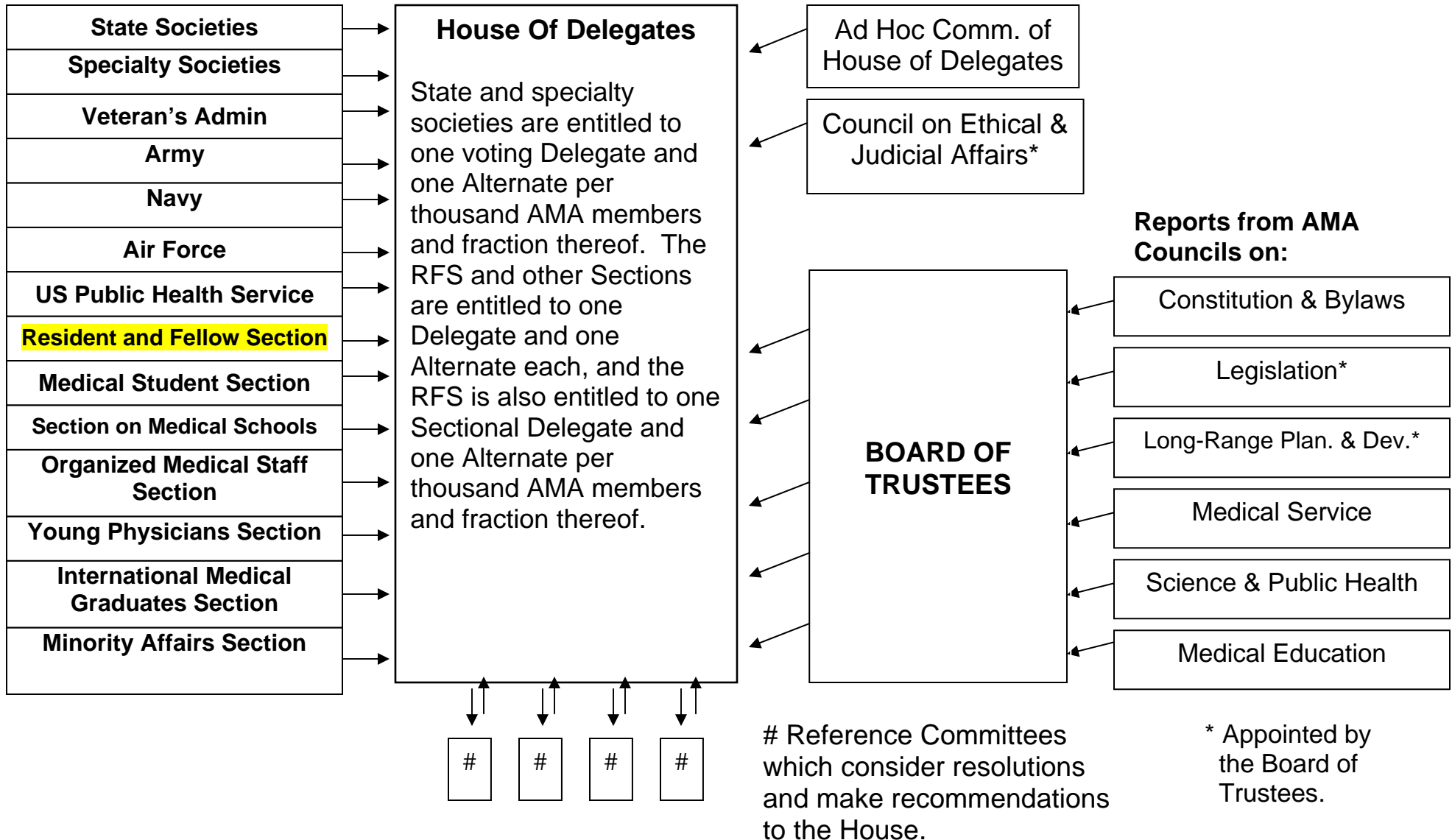
- Policies of the AMA House of Delegates - The HOD’s policy statements on health topics that provide information and guidance that physicians and others seek from the AMA about health care issues. The HOD also establishes policies on the governance of the Association and policies that direct the Board to take specific actions.
- Code of Medical Ethics - This category includes the two components of the AMA’s Code of Medical Ethics: the AMA Principles of Medical Ethics, which establish the core ethical principles of the medical profession, and current Opinions of the Council on Ethical and Judicial Affairs (CEJA).
- AMA’s Constitution and Bylaws - The Constitution establishes the basic principles of the AMA and the Bylaws provide the framework for the governance and administration of the Association. The HOD establishes the content of the AMA Constitution and Bylaws.



# How AMA Sets Policy

Resolutions  
From Delegates  
Representing:

Input into the Meetings of the AMA House of Delegates



# About the RFS

The AMA Resident and Fellow Section (RFS) acts as the liaison between resident physicians and the AMA, overseeing section projects and organizing and facilitating meetings. It also provides policy information and develops tools and services important to individual residents, resident organizations, and state and specialty societies.

The RFS has representation and direct involvement in all levels of AMA governance and policy formation. The following descriptions lay out the roles that resident and fellow members assume in the governance of the AMA and the RFS. Furthermore, it describes how resident and fellow members create resolutions for consideration by the RFS Assembly that may eventually become AMA policy.

For over 25 years, the RFS, as the largest national organization of resident and fellow physicians, has set policies that have been incorporated into national legislation or have been adopted by regulating bodies. The policymaking process and leadership opportunities of the RFS give residents and fellows the power to create change and are some of the most unique and powerful privileges of membership.

# Structure of the RFS

The RFS, like all the Sections, is designed to provide a voice in the larger organization to the particular AMA membership segment that it represents. Consequently, the RFS structure is designed to feed into the larger decision making body of the AMA, which is the HOD. Before going into the descriptions of various RFS leadership positions and the policy process, the following explanation is intended to reduce confusion about the multiple “Delegate and Alternate Delegate” positions in the policymaking process and their respective functions.

- **Delegates to the RFS Assembly:** Each meeting, more than 100 Delegates and Alternate Delegates take part in the RFS Assembly. Delegates are either selected by state and specialty societies to represent their resident and fellow membership, or they are At-Large Delegates who have applied to represent the general AMA resident and fellow membership. These Delegates have full voting privileges in the RFS Assembly and vote to establish RFS policy.
- **RFS-GC Delegate and Alternate Delegate:** Of the titles of the eight residents/fellows serving on the RFS Governing Council (RFS-GC), one is Delegate and one is Alternate Delegate. These two elected positions represent the RFS in the House of Delegates, and they have the same voting and speaking privileges as any other physician member of the HOD. The purpose of the RFS-GC Delegate and Alternate Delegate is to work as a liaison between the RFS Assembly and the HOD. Policies that are passed by the RFS Assembly and forwarded as resolutions to the HOD for consideration are brought forward on behalf of the RFS Assembly by the RFS-GC Delegate. The RFS-GC Delegate then advocates for these policies in the HOD on behalf of the RFS Section.
- **RFS Sectional Delegates:** Sectional Delegates are elected by the RFS Assembly to represent the Section, in addition to their designated state or specialty society, in the HOD. The number of Sectional Delegates is dependant on the total AMA resident and fellow membership; the Section gets one Sectional Delegate per 2,000 members. The Sectional Delegates also represent their sponsoring state or specialty societies, and will often caucus with their societies.

# Delegates and Alternate Delegates to the RFS Assembly

Delegates to the RFS Assembly represent the interests of resident and fellow physicians, and are voting members of the RFS Assembly and create RFS policy. Delegates to the RFS Assembly are certified (confirmed as representatives to the RFS Assembly) by the state or specialty that is sponsoring them. If the entity the resident or fellow is representing does not have a structure or process in which they certify Delegates, RFS members may apply to serve as an At-Large Delegate.

Delegates to the RFS Assembly meeting may be:

- **State Federation Members:** Resident and fellow AMA members may be selected as Delegates by their state medical society. The state medical society determines the manner in which resident and fellow physicians may be selected to represent them at the RFS Assembly meeting. RFS staff informs state societies how many Delegate positions are available for them to fill based on one representative for every 100 (or fraction thereof) resident and fellow members of the AMA in that state.
- **Members Serving in the Military or in Federal Agencies:** Resident and fellow AMA members serving in the United States Armed Forces or other Federal agencies may be selected as Delegates by their military branch or federal agency. The branch or agency determines the manner in which the Delegates are selected. RFS staff informs bodies how many Delegate positions are available for them to fill based on one representative for every 100 (or fraction thereof) resident and fellow members of the AMA in these approved training programs.
- **National Medical Specialty Organizations:** National medical specialty organizations that have been granted representation in the AMA House of Delegates and have established a resident and fellow physician membership component may select residents and fellows as Delegates to the RFS Assembly. RFS staff informs specialty societies how many Delegate positions are available for them to fill based on one representative for every 100 (or fraction thereof) resident and fellow members of the AMA serving in those approved training programs.
- **Professional Interest Medical Associations:** Each qualified Professional Interest Medical Association may select a resident and fellow physician Delegate to the RFS Assembly.
- **National Resident and Fellow Organizations:** National medical resident and fellow organizations that have been granted representation in the RFS Assembly may select one Delegate and one Alternate who must be AMA members.
- **At-Large Delegates:** Any resident or fellow physician member of the AMA may apply to serve as an At-Large Delegate to the RFS Assembly. These positions were created to provide representation for the entire population of the RFS, especially those who are new to organized medicine or are not affiliated with their state or specialty societies. Applications can be found on the Annual and Interim Meeting webpages.

Only duly selected Delegates and Alternate Delegates to the Assembly meeting shall have the right to vote. However, access to the meeting floor and right to testify shall be open to all residents and fellow members of the AMA.

# Assembly Convention Committees

The RFS has several involvement opportunities available for residents and fellows interested in being active at the Annual and Interim meetings. Convention Committees are vital to the operation of the Assembly.

## **Reference Committee**

The RFS Reference Committee consists of a chair, four other members and an alternate. The Reference Committee, like those in the AMA House of Delegates, serve to:

- Hear testimony during open hearings from interested individuals on the items referred to the Committee;
- Deliberate as a group and prepare a report summarizing testimony and making recommendations to the Assembly for action; and
- Respond to questions and explain the rationale behind their recommendations at the report's subsequent presentation to the Assembly.

## **Credentials Committee**

The Credentials Committee consists of a chairperson and two to eight other members. The Credentials Committee's major responsibilities are to:

- Credential Delegates (ensure the Delegate's eligibility to vote) on both mornings of the meeting and immediately prior to elections;
- Verify a quorum is present; and
- Distribute election ballots.

## **Rules Committee**

The Rules Committee serves as a reference on the floor of the Assembly to assist attendees with parliamentary questions. The Rules Committee's main responsibilities are:

- Review late and emergency resolutions and make recommendations to the RFS Assembly whether they should be considered as business items by the Assembly;
- Collect and tabulate ballots for RFS elections; and
- Count votes during the business meeting as requested by the Speakers.

## **Logistics Committee**

The RFS Logistics Committee consists of three to five people. The Committee is responsible for assisting the staff and ensuring a well-run meeting by providing logistical support on Friday and Saturday during the Assembly business meeting at the Annual and Interim meetings.

# Governing Council

The RFS Governing Council is the guiding force of the RFS. It is the GC's responsibility to direct the programs and activities of the Section, oversee RFS standing committees (see below), set the both the Annual and Interim Assembly meeting agendas, and monitor resolutions and reports both in the RFS and HOD.

The GC officers are elected by the RFS Assembly at both the Annual and Interim meetings by written ballot. During the Annual Meeting, the offices of Vice Chair, Speaker, Vice Speaker, Delegate, Alternate Delegate, and Member-at-Large are considered. During the Interim Meeting, only the Chair-Elect position is voted on. A description of the each position on the GC [can be found here](#).

## Standing Committees

The Standing Committees are appointed by the RFS-GC and assist the GC in furthering the mission of the Section. The term for a Standing Committee member is one year. Each Standing Committee is assigned a GC liaison through which the committees receive tasks and communication from the GC as a whole. Assigned tasks may involve research, conducting meetings or conference calls and writing reports. Reports and information to be presented to the Assembly or others on behalf of the Standing Committee must go through a review process by the GC. Each GC liaison will manage work flow, convey information back to the GC, and contact staff to assist when the need arises. The GC and RFS staff direct information flow to members, other AMA staff, and the public to ensure that the Section's communications are consistent, coordinated, and reach the intended target audience. The Standing Committees are:

- Committee on Long Range Planning
- Committee on Medical Education
- Legislative Advocacy Committee
- Membership Committee
- Committee on Scientific Research
- Public Health Committee

A description of the each standing committee [can be found here](#).

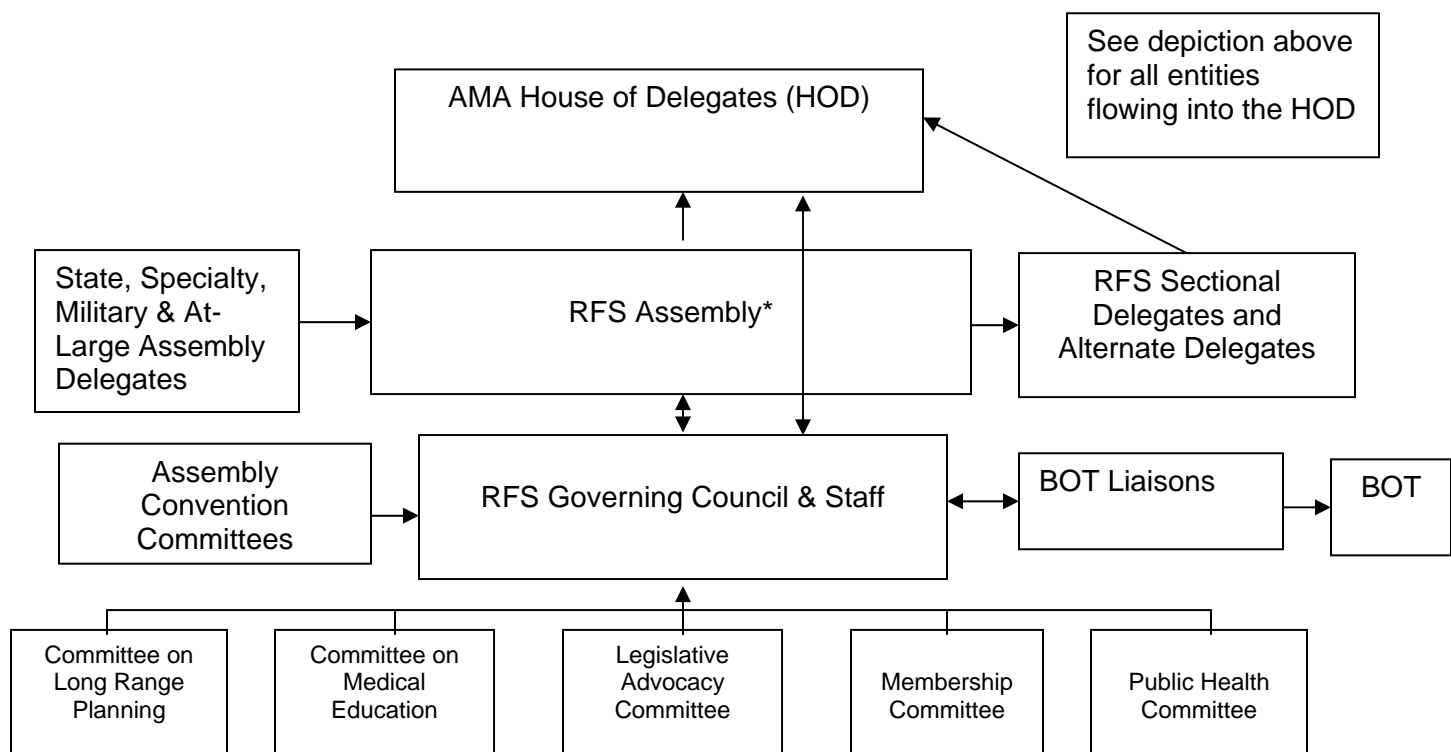
## Sectional Delegates

Sectional Delegates and Sectional Alternate Delegates represent the interests of resident and fellow physicians in the HOD. They are elected by the RFS Assembly at the Interim Meeting and must be endorsed by either their state or specialty society. Information about the Sectional Delegates [can be found here](#).

# RFS Policy

The chart below shows the typical flow of policy and reports within the RFS Section and then externally to the HOD. During a typical Assembly meeting, business in the form of reports and resolutions can be brought by Standing Committees, the Governing Council and Delegates and Alternate Delegate members of the RFS Assembly. For example, a typical report may be created by a standing committee, such as the Membership Committee, and provided to the GC for comment. It is then forwarded to the RFS Assembly as information or for action.

Any AMA member may introduce a resolution, which is a privilege of membership. State or specialty medical associations may introduce resolutions through their sponsored Delegate(s) in the RFS Assembly. If a resolution is adopted by the RFS Assembly and the actions require advocacy or other AMA support, it may be forwarded to the HOD for their consideration. This is one of the main reasons that the RFS Assembly business is conducted two days prior to the opening of the HOD. The following depicts the structure and policy process of the RFS.



\*The RFS is governed by the [AMA Bylaws](#) and [RFS Internal Operating Procedures](#).

The RFS Assembly transacts its business according to a set of rules imposed by its bylaws, which are generally pursuant to the principles outlined in The Standard Code of Parliamentary Procedure by Alice Sturgis. No rigid codification of its rules exists. Parliamentary law protects the right to free and fair debate, the right of the majority to decide, and the right of the minority to protest and be protected.

There are two major ways in which business generally is introduced to the RFS Assembly: resolutions and reports. Both are deliberated in Reference Committee hearings prior to their introduction on the Assembly floor for a vote. The RFS Assembly is officially opened for business once the quorum count has been presented and met, and the "Rules of Order" have been adopted.

# Reference Committee

Generally, prior to the Assembly business meeting, a five-member Reference Committee made up of RFS Assembly Delegates is selected to hear testimony from Assembly members on resolutions and reports. Any resident or fellow member is permitted to present information on the resolutions and reports under consideration. Other individuals, upon recognition of the chair of the Reference Committee, may also be permitted to speak. The testimony can include both opinions and additional factual information. After the Assembly hearings, the Reference Committee convenes an executive (closed) session to write a report summarizing the testimony heard and providing recommendations to the RFS Assembly. The report is then presented by the Reference Committee to the Assembly, and Assembly Delegates can accept the recommendations made in the Reference Committee report or extract items that warrant additional debate or action.

The Assembly meeting is too short for every Assembly Delegate to become familiar with all issues raised in the resolutions and reports. By dividing the work of hearing, investigating, and making recommendations on motions among small representative groups, i.e. Reference Committees, the Assembly is able to transact an enormous amount of business with a thorough understanding of the facts about each motion.

## Reference Committee Reports

Following its open hearings, the Reference Committee will convene an executive (closed) session for deliberations and construction of its report. The committee may call into executive session anyone whom it wishes to hear or question. A staff member of the RFS will attend the executive sessions.

The staff person provides information on related RFS actions and AMA policy, and assists in devising the appropriate format for reports, gathering additional information that the committee requests, and producing a report to be distributed to the Assembly the following day.

Reference Committee report recommendations should correspond to the standard types of Assembly actions. These are defined as follows:

- **Adopt:** Approve report or resolution as action to be implemented through GC and/or transmitted to the House of Delegates for its consideration;
- **File:** Accept report for information only;
- **Refer:** Send report or resolution to GC for further consideration and a report at a later date;
- **Refer For Decision:** Delegate to the GC the decision as to what action is appropriate; and
- **Not Adopt:** Defeat report or resolution



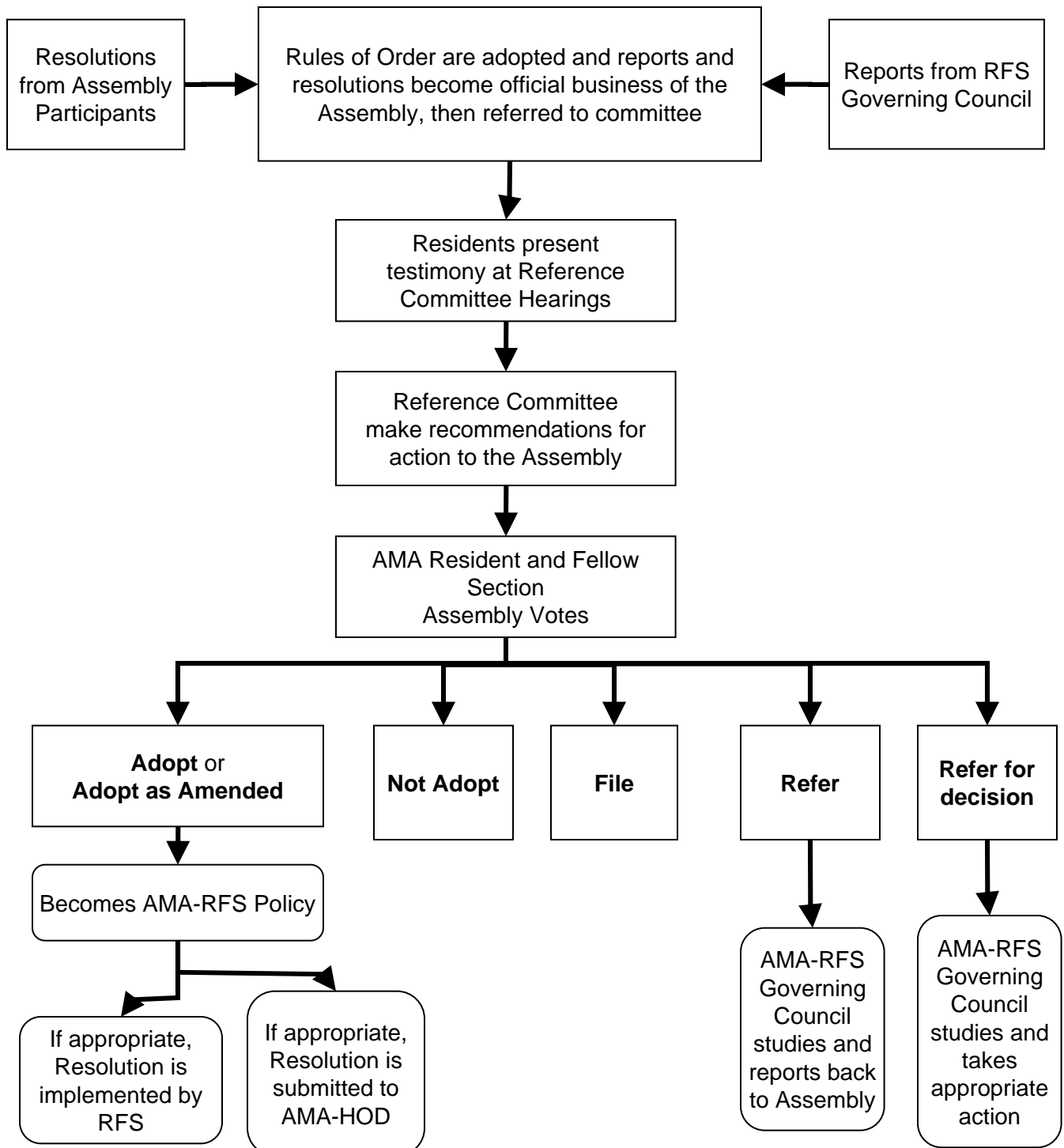
# RFS Assembly Business Session

The Reference Committee report will be available for distribution on the day (Saturday of the meeting) following the Reference Committee hearings. The chair of the Reference Committee will then present the report to the Assembly during the business portion of the meeting. The Assembly then votes on the committee's recommendations. The Assembly may vote to adopt, not adopt, amend, or refer the items of business based on recommendations. Only Assembly Delegates or their credentialed Alternates may speak to Assembly or vote during the business portion of the meeting.

## Resolutions to the AMA House of Delegates

The Delegate and Alternate Delegate of the RFS-GC officially transmit resolutions from the Assembly to the House of Delegates.

# Policy Development Process



# What Are Resolutions?

Resolutions generally propose policy or action on issues affecting patients, public health, resident physicians, or the medical profession as a whole. Other resolutions may address changes in the structure or function of the RFS Assembly or the AMA.

A resolution is a main motion in parliamentary procedure, which expresses the Assembly's formal opinions or sentiments.

RFS resolutions may call on the RFS to take a specific action or position ("Internal Resolution"), may call on the AMA to take a specific action or adopt a policy ("External Resolution"), or may call for both.

The RFS Handbook, a guide to the upcoming RFS Assembly meeting, is posted on the RFS website prior to each meeting. The Handbook contains, among other things, the resolutions and reports that will be considered by the Assembly.

To start the process of writing a resolution, take a look at the ["Guidelines for writing an RFS Resolution."](#)

## Developing Sound Policy

Creating or changing policy generally is initiated when an inequity is perceived, a problem is recognized, or a potential problem is identified - e.g., the effects of passive smoking, uncompensated or under compensated residencies, or a decrease in graduate medical education funding. Those who frame resolutions for consideration first find the underlying problem and then identify specific objectives that will resolve the issue.

While experienced Assembly Delegates may find the process of evaluating issues easy, the novice may find it complicated and arduous. Complex though it may be, the process produces sound policy and helps those who frame resolutions to produce a sound defense for their proposals.

When the RFS Assembly meets, Assembly Delegates are responsible for developing policy for AMA resident and fellow physician members. Sound policy is formulated, by answering yes to the following criteria:

1. Is the proposed matter feasible? (Can it be done?)
2. Is it advisable? (Should it be done?)
3. Is it efficient? (What is the cost-benefit ratio?)

Consult the RFS Guide on [Developing Sound Policy](#) for more information.

## Writing a Resolution

A resolution is often prefaced by statements, each introduced by the word "whereas" and known as "WHEREAS" clauses, that state the reasons for the resolution. The statements contained in the "WHEREAS" clauses are of no legal effect, and are used primarily to convey the background of the issue at hand to the Assembly. The "WHEREAS" clauses are useful mainly when the organization plans to publish the resolution and wants the reasons for its adoption included. A "Preamble" paragraph can be substituted for the "WHEREAS" clause. It serves the same purpose, but is less formal.

The “RESOLVED” clause(s) comes at the end of all prefacing statements and is the language that would become policy if adopted by the Assembly. It should be written in a concise and clear manner.

“RESOLVED” clauses should be stated in the affirmative, since the negative form is often confusing to the Assembly. If the wording of the resolution is unclear, confusing, unnecessarily long, involved, or if the “RESOLVED” clause is stated in the negative, it is within the purview of the Speaker to request the proposer to rephrase the motion prior to the Assembly being opened officially for business, and if necessary, provide help in doing so. However, the motion can be rephrased only in wording that is approved by its proposer.

If a resolution is designed to be both an Internal Resolution and External Resolution (as described above), the “internal” and “external” positions should appear in separate, free-standing “RESOLVED” clauses to facilitate transmittal of the external position to the AMA.

**All resolutions must include pertinent references and clearly state present AMA and RFS policy on the issue or explicitly state that no such policy exists.** [The RFS Digest of Actions](#) covers actions of the RFS and is updated annually. Current AMA policies can be found in the AMA PolicyFinder, available in the Policy and Advocacy section of the [AMA website](#).

**All resolutions must be submitted by the deadline determined by the Speaker and announced well in advance of the meeting. In general, the resolution deadline is forty-two days before the first day of the Assembly business meeting. Resolutions submitted after this date will be considered late resolutions and will require written background describing the importance and urgency of the resolution’s concept as well as a convincing reason for the resolution’s late submission.**

The proposer may rephrase or withdraw a resolution at any time before the opening of the Assembly meeting. After Assembly business has begun, the proposer may modify a resolution when it is introduced in its turn during the business session. When planning to submit resolutions, the author confers with the Speaker, Chair, Delegate, or staff to ensure the resolution is in proper form.

In summary, the following points should be considered when writing a resolution:

- All resolutions must be typed and in proper form to be considered by the RFS Assembly.
- “WHEREAS” clauses or preambles of the resolution should identify a problem or need for action, address its timeliness or urgency and its effects on the RFS, AMA or the public at large. They must also include references and indicate whether the proposed policy or action will alter current AMA or RFS policy.
- Neither “WHEREAS” clauses nor preambles will be voted upon. Instead they offer an explanation and the rationale of the resolution.
- “RESOLVED” clauses are the essential part of the resolution; they should positively state the action or policy called for by the resolution.
- Requests for internal (RFS) action and external (AMA) policy should be stated in separate “RESOLVED” clauses.
- A single issue should be addressed in each resolution. If multiple “RESOLVED” clauses are included in a resolution, each “RESOLVED” clause must be independent, related to the central subject, stated in simple and concise terms, and able to stand on its own after removal of the supporting “WHEREAS” clauses.
- All resolutions must state existing policy on the topic.
- All resolutions must include an estimate of the cost to implement the proposed policy, called a “fiscal note.” RFS staff will complete this.
- Samples of past resolutions are available in both the RFS Digest of Actions and the AMA Policy Finder.

Use the [resolution template](#) to document your resolution.

# Late Resolutions

[Late Resolutions](#) should be avoided whenever possible. The introduction of timely resolutions allows Assembly members to adequately research background information and AMA policy and prepare testimony either for or against a resolution. In addition, it gives Reference Committee members an opportunity to study background information in order to make an informed recommendation on the disposition of a resolution to the Assembly.

- **Late Resolutions** - Resolutions introduced after the pre-imposed deadline for publication in the Handbook (approximately 5 weeks before the meeting), but before the opening session of the RFS Assembly is called to order. They require a two-thirds vote of the Assembly to be debatable on the floor.
- **Emergency Resolutions** - Resolutions that are submitted within 7 days of the meeting or after the meeting has been called to order require a three-fourths vote of the Assembly to be debatable on the floor. The Rules Committee then makes a recommendation to the Assembly on whether or not they should be considered for business. Emergency resolutions approved for consideration will be debated on the floor of the Assembly without referral to a Reference Committee.

# Parliamentary Procedure

The RFS Assembly transacts its business according to a blend of rules imposed by its bylaws, and generally pursuant to the principles outlined in The Standard Code of Parliamentary Procedure by Alice Sturgis. No rigid codification of its rules exists. Parliamentary law protects the right of the free and fair debate, the right of the majority to decide, and the right of the minority to protest and be protected.

## Parliamentary Procedure at a Glance - Principal Motions (Listed in Order of Precedence)

TO DO THIS	YOU SAY THIS	May You Interrupt Speaker?	Must You Be Seconded?	Is The Motion Debatable?	What Vote is Required?
*Adjourn the meeting	"I move the meeting be adjourned"	NO	YES	YES (RESTRICTED)	MAJORITY
*Recess the meeting	"I move that the meeting be recessed until..."	NO	YES	YES**	MAJORITY
Complain about noise, room temperature, etc.	"I rise to the question of personal privilege"	YES	NO	NO	NONE
Postpone temporarily (Table)	"I move that this motion be tabled"	NO	YES	NO	MAJORITY (REQUIRES TWO-THIRDS IF IT WOULD SUPPRESS)
End debate	"I move to vote immediately"	NO	YES	NO	TWO-THIRDS
*Limit debate	"I move that each speaker be limited to a total of two minutes per discussion"	NO	YES	YES**	TWO-THIRDS
*Postpone consideration of an item to a certain time	"I move to postpone this item until 2:00pm..."	NO	YES	YES**	MAJORITY
*Have something referred to committee	"I move this matter be referred to..."	NO	YES	YES**	MAJORITY
*Amend a motion	"I move to amend this motion by..."	NO	YES	YES	MAJORITY
*Introduce business (the Main Motion)	"I move that..."	NO	YES	YES	MAJORITY
*Amend a previous action	"I move to amend the motion that was adopted..."	NO	YES	YES	MAJORITY
Ratify action taken in absence of a quorum or in an emergency	"I move to ratify the action taken by the Council..."	NO	YES	YES	MAJORITY
Reconsider	"I move to reconsider..."	YES	YES	YES**	MAJORITY
Rescind (a main motion)	"I move to rescind the motion..."	NO	YES	YES	MAJORITY
Resume consideration of a tabled item	"I move to resume consideration of...?"	NO	YES	NO	MAJORITY

\*Amendable, \*\*Debatable if no Other Motion is Pending

# Parliamentary Procedure at a Glance

Based on *The Standard Code of Parliamentary Procedure* by Alice Sturgis

## Incidental Motions

TO DO THIS	YOU SAY THIS	May You Interrupt Speaker?	Must You Be Seconded?	Is The Motion Debatable?	What Vote is Required?
Vote on a ruling by the Chair	"I appeal the Chair's decision"	YES	YES	YES	MAJORITY
Consider something out of its scheduled order	"I move to suspend the rules and consider..."	NO	YES	NO	TWO-THIRDS
To discuss an issue without restrictions of parliamentary rules	"I move that we consider informally..."	NO	YES	NO	MAJORITY
To call attention to a violation of the rules or error in procedure, and to secure a ruling on the question raised	"I rise to a point of order"	YES	NO	NO	NONE
To ask a question relating to procedure	"I rise to a parliamentary inquiry"	YES	NO	NO	NONE
To allow the maker of a motion to remove the motion from consideration	"I move to withdraw my motion"	YES	NO	NO	NONE
To separate a multi-part question into individual questions for the purpose of voting	"I move division of the question"	NO	NO	NO	NONE
To verify an indecisive voice or hand vote by requiring voters to rise and be counted	"I move to divide the Assembly"	YES	NO	NO	NONE

**\*Amendable, \*\*Debatable if no Other Motion is Pending**

# The Chief Purpose of Motions

PURPOSE	MOTION
Present an idea for consideration and action	Main motion Resolution Consider informally
Improve a pending motion	Amend Division of question
Regulate or cut off debate	Limit or extend debate Close debate
Delay a decision	Refer to committee Postpone to a certain time Postpone temporarily Recess Adjourn
Suppress a proposal	Table Withdraw a motion
Meet an emergency	Question of privilege Suspend rules
Gain information on a pending motion	Parliamentary inquiry Request for information Request to ask member a question Question of privilege
Question the decision of the presiding officer	Point of order Appeal from decision of chair
Enforce rights and privileges	Division of assembly Division of question Parliamentary inquiry Point of order Appeal from decision of chair
Consider a question again	Resume consideration Reconsider Rescind Renew a motion Amend a previous action Ratify
Change an action already taken	Reconsider Rescind Amend a previous action
Terminate a meeting	Adjourn Recess

(From *The Standard Code of Parliamentary Procedure* by Alice Sturgis)



# Parliamentary Strategy

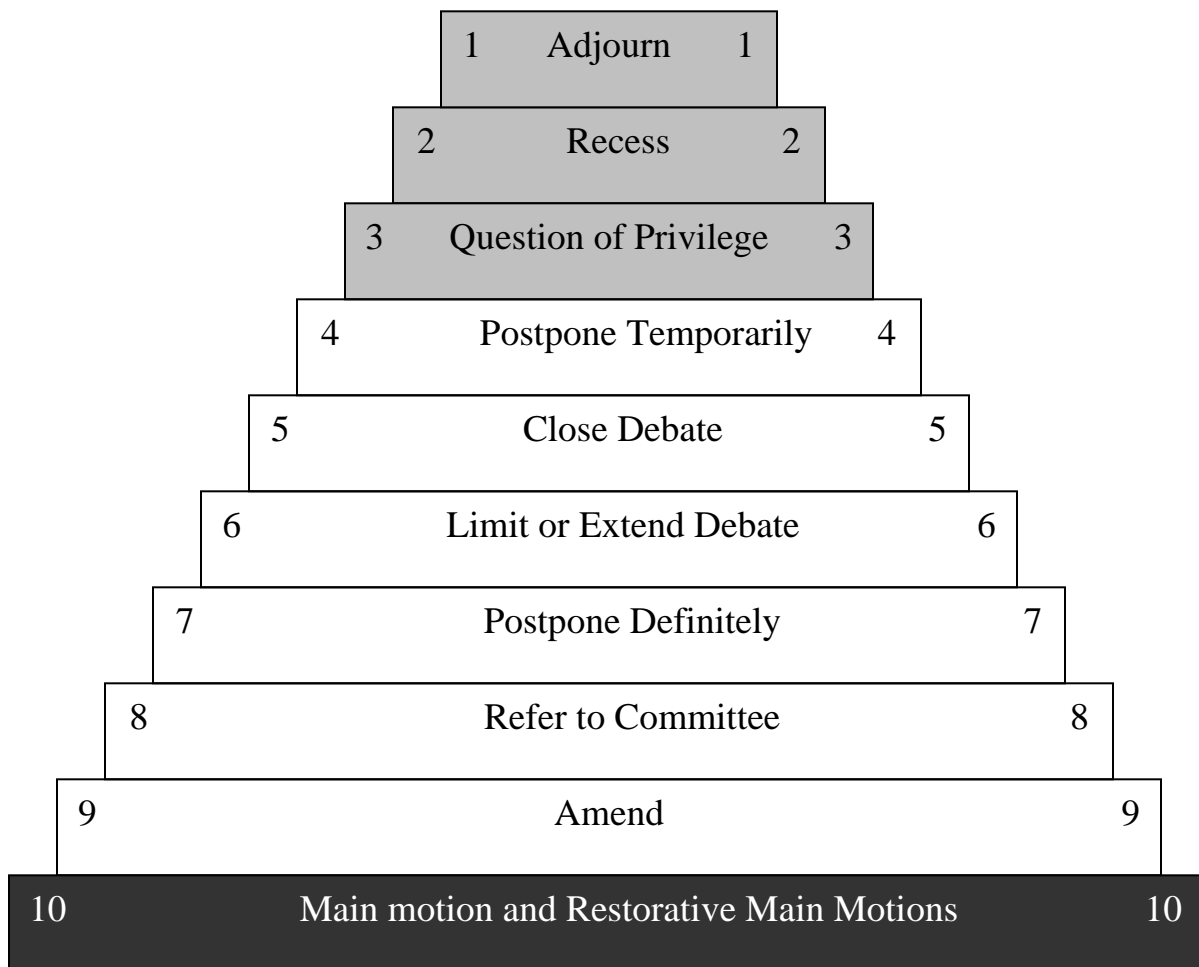
From *The Standard Code of Parliamentary Procedure* by Alice Sturgis

TO SUPPORT A MOTION	TO OPPOSE A MOTION
<ol style="list-style-type: none"> <li>1. Second it promptly and enthusiastically.</li> <li>2. Speak in favor of it as soon as possible.</li> <li>3. Do your homework; know your facts; have handouts, charts, overhead projector slides, etc., if appropriate.</li> <li>4. Move to amend motion, if necessary, to make it more acceptable to opponents.</li> <li>5. Vote against motion to table or to postpone, unless delay will strengthen your position.</li> <li>6. Move to recess or postpone, if you need time to marshal facts or work behind the scenes.</li> <li>7. If defeat seems likely, move to refer to committee, if that would improve chances.</li> <li>8. If defeat seems likely, move to divide question, if appropriate, to gain at least a partial victory.</li> <li>9. Have available a copy of the organization's standing rules, its bylaws, and <i>The Standard Code of Parliamentary Procedure</i>, in case of a procedural dispute.</li> <li>10. If motion is defeated, move to reconsider, if circumstances warrant it.</li> <li>11. If motion is defeated, consider reintroducing it at a subsequent meeting.</li> </ol>	<ol style="list-style-type: none"> <li>1. Speak against it as soon as possible. Raise questions; try to put proponents on the defensive.</li> <li>2. Move to amend the motion so as to eliminate objectionable aspects.</li> <li>3. Move to amend the motion to adversely encumber it.</li> <li>4. Draft a more acceptable version and offer as amendment by substitution.</li> <li>5. Move to postpone to a subsequent meeting.</li> <li>6. Move to refer to committee.</li> <li>7. Move to table.</li> <li>8. Move to recess, if you need time to round up votes or obtain more facts.</li> <li>9. Question the presence of a quorum, if appropriate.</li> <li>10. Move to adjourn.</li> <li>11. On a voice vote, vote emphatically.</li> <li>12. If the motion is adopted, move to reconsider, if you might win a subsequent vote.</li> <li>13. If the motion is adopted, consider trying to rescind it at a subsequent meeting.</li> <li>14. Have available a copy of the organization's standing rules, its bylaws, and <i>The Standard Code of Parliamentary Procedure</i>, in case of a procedural dispute.</li> </ol>

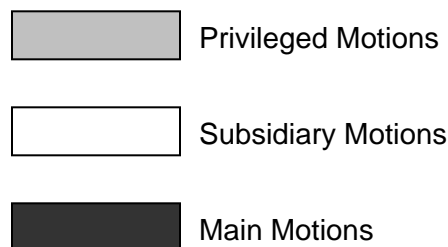
# Precedence and Rank of Motions

The following is the order of precedence in which motions must be proposed, considered, and disposed. Motions are listed from the highest ranking to the lowest ranking.

Pursuant to *The Standard Code of Parliamentary Procedure* by Alice Sturgis



## Precedented Motions



# Leadership Opportunities and Resources

A complete description of open leadership opportunities and applications [can be found here](#).

Applications are made available on the website for various leadership opportunities usually about a month in advance of deadlines. Applications are considered complete when all materials associated with applying for the position are received by the Section by the posted deadline. The materials usually require (in addition to the application) a statement of interest, CV, and signed statement that you've reviewed the [AMA Conflict of Interest Policy](#) and [Principles](#). Incomplete applications may not be considered. The process of how these positions are filled varies depending on the position,.

## Leadership Positions & How they are Filled

### **Appointed by the Board of Trustees**

There are several positions in which the AMA Board of Trustees makes the final selection of the appointee. Applications are first reviewed by the RFS-GC. The GC decides which candidates they will endorse. That endorsement, plus all applications received, are submitted to the BOT. Applications are then reviewed by the BOT and a candidate is selected to hold the position. The positions appointed by the BOT include:

- [American Medical Political Action Committee \(AMPAC\)](#)
- [AMA Council on Legislation](#)
- [Accreditation Council for Graduate Medical Education \(ACGME\)](#)
- [National Board of Medical Examiners \(NBME\)](#)

### **Appointed by the Board of Trustee and the Speaker of the House of Delegates**

Submitted applications are reviewed by the RFS-GC. Up to two candidates are then nominated for that position and their applications, along with all others received, are forwarded to the BOT and the Speaker of House to make a final selection.

- [Council on Long Range Planning and Development \(CLRPD\)](#)

### **Elected by the House of Delegates**

Applications for these positions may be submitted to the RFS or directly to the BOT Office. Candidates who run for these positions usually apply for the endorsement of the RFS Assembly. Elections are then held in the HOD. [AMA Election process and campaign rules](#) must be followed. The positions elected by the HOD include:

- [AMA Board of Trustees \(BOT\)](#)
- [AMA Council on Constitution and Bylaws](#)
- [AMA Council on Medical Education \(CME\)](#)
- [AMA Council on Medical Service](#)
- [AMA Council on Science and Public Health \(CSAPH\)](#)

### **Endorsement by RFS Assembly for Elected AMA Councils and BOT**

The RFS Assembly may endorse at least one resident or fellow member candidate per council at the Interim or Annual Meeting for a single term. Other candidates are still eligible to run for the position in the HOD but will not receive the Section's written support.

The endorsement of resident and fellow candidates for Councils occurs during the voting period at the Interim Assembly Meeting of the RFS. Residents and fellows seeking endorsement for a resident position on an AMA Council must submit an application, CV, and statement of interest by the posted deadline in order to be listed in the Assembly Handbook. Incumbent residents seeking re-election may enter the endorsement process if they wish to be re-endorsed.

A candidate may seek a late endorsement by the Assembly at the Annual meeting. The process is the same as the endorsement at Interim, except a 2/3 vote of the Assembly for endorsement is required. In the case of an individual seeking late endorsement, an individual who has already been endorsed for the position shall be allotted equal time before the Assembly and shall have his or her materials reprinted in the Assembly Handbook upon request.

### **Nominated by the President and Elected by the House of Delegates**

Submitted applications are reviewed by the RFS-GC. Up to two candidates are then recommended for that position and their applications, along with all others received, are forwarded to the AMA President for nomination. Elections are then held in the HOD.

- [Council on Ethical and Judicial Affairs \(CEJA\)](#)

### **Elected by the Governing Body**

Submitted applications are reviewed by the RFS-GC. Up to two candidates are then nominated for that position and forwarded to the corresponding group or Section for inclusion in their elections.

- [International Medical Graduates Governing Council](#)
- [Women Physicians Congress Governing Council](#)

### **Appointed by the RFS Governing Council**

Applications are submitted to the Section. They are reviewed by the GC who then appoints to the position based on their qualifications to serve. The positions that the RFS-GC appoint include:

- [Minority Affairs Section \(MAS\) Governing Council](#)
- [AMA Advisory Committee on Gay, Lesbian, Bisexual, and Transgender \(GLBT\) Issues](#)
- [RFS Standing Committees](#)
- [Surgical Caucus Executive Committee](#)
- [RFS Convention Committees](#)

# Leadership Development

In addition to the various leadership positions, there are [programs, grants and awards](#) offered by the RFS which promote leadership development. These include:

- [RFS Policy Promotion Grant Program](#)
- [Discovery Channel “Medicine and the Media” Elective](#)
- [AMA Foundation Seed Grant Research Program](#)
- [AMA Foundation Leadership Award](#)
- [Paul Ambrose Award](#)
- [Jordan Fieldman MD Award](#)
- [RFS Legislative Awareness Internship Program](#)
- [AMA-WPC Physician Mentor Recognition Program](#)
- [Doctors Back to School program](#)

## Contact Information

For additional questions regarding the information in this handbook, or any other information necessary, contact RFS staff at 312-464-4978 or at [rfs@ama-assn.org](mailto:rfs@ama-assn.org)