



WORLD MEDICAL ASSOCIATION

COUNCIL MEMBER ORIENTATION GUIDE

**A ROADMAP THROUGH THE POLICIES,
PROCEDURES AND PURPOSE OF THE
WMA COUNCIL**

April 2025

INTRODUCTION

This Guide was developed to assist Council members of the World Medical Association to understand the processes of WMA and to guide their participation as leaders within the organization.

OVERVIEW OF THE WORLD MEDICAL ASSOCIATION COUNCIL

Council Members

WMA Council is a unique international body that includes physicians from every region of the world, representing a variety of languages, cultures, and health systems. Serving on WMA Council provides the opportunity to share ideas and experiences, learn about the challenges facing your colleagues in other countries, form lasting friendships and, most importantly, assume a leadership role in the work of the WMA.

Members of the Council are individuals chosen by the Constituent Member i.e. the medical association elected to occupy a particular seat. The Constituent Member may choose to change or substitute its individual representative at its own discretion, informing the Secretary General as soon as it wishes to make a change. It is generally expected that the Council member will represent the views of their medical association or the region they have been elected from, rather than his or her personal views, however this is a matter to be decided between the Constituent Member and its chosen representative.

Role of the Council

WMA Council is the governing body of the association, responsible to develop policy proposals for General Assembly consideration, set organisational priorities and goals, and oversee financial and administrative functions. For a full description of specific responsibilities of the Council, please see Chapter 3 of the [Procedures and Operating Policies of the WMA](#).

Reporting Relationships

- WMA Council reports to WMA General Assembly, which meets annually. The General Assembly consists of all WMA Constituent Members. All major policy and financial decisions, as well as changes to the WMA Articles and Bylaws, must be approved by the General Assembly.
- The Standing Committees of the Council report to the Council as a whole.
- The Secretary General reports to the Council.

Officers

Only Council members are eligible to stand for election to the following positions:

- Chair
- Vice Chair
- Treasurer
- Finance and Planning Committee Chair
- Medical Ethics Committee Chair
- Socio-Medical Affairs Committee Chair

Elections to these positions are held at the first meeting of each two-year Council term. The Chair, Vice Chair, and Treasurer are elected as soon as the Council convenes. Until the Chair of Council is elected, the Secretary General presides over the meeting. Committee Chairs are elected as soon as each Committee convenes. For all officer positions, nominations are usually made well in advance but they can also be made from the floor of the meeting and a vote is taken. Officers are elected by a simple majority.

- The Chair of Council, Vice Chair and the Treasurer have full voting rights in the Council. They are also ex-officio members of all three Standing Committees with full voting rights. During their tenure the Chair, Vice Chair and the Treasurer are not eligible to be elected as Chair of any Committee.
- Committee Chairs serve on two of the three Committees, like all other Council members. They have no special privileges on any Committee besides the one for which they serve as Chair.
- The President, President-Elect and Immediate Past President are ex-officio members of the Council (and its Committees) with full right of discussion but without the right to vote. The WMA President is elected annually by the General Assembly and serves one year as President-Elect, one year as President and one year as Immediate Past President.

Standing Committees

Proposed policies and actions are considered first by the Standing Committees. The Committees then make recommendations to the Council.

The Council has three Standing Committees:

- Finance and Planning
- Medical Ethics
- Socio-Medical Affairs

Composition

The Procedures and Operating Policies of the WMA require that all Council members serve on at least one but no more than two Standing Committees. In practice, it is extremely rare for a Council member to serve on only one Committee. Before the beginning of the Council term, the Secretary General will request Council members to indicate the Committees on which they would like to serve.

Council members may attend the meetings of a Committee even if they are not members of that Committee. The Chair will normally allow non-members to speak, if requested. However, Council members are encouraged to reserve their active participation for Committees on which they are members.

Additional Standing Committee Members

Constituent members in each region of the WMA which have not obtained a Council Seat, can participate in an election for an Additional Standing Committee seat. This entitles the elected Constituent Member to delegate a person to serve on a maximum of two Standing Committees with active voting rights. The Additional Standing Committee Member attends the Council Sessions without voting rights.

Official Advisors

Official Advisors (non Council members) to the Standing Committees are appointed by the Council for a two-year term. New advisors can be appointed at any meeting of the Council. In most cases, nominations are made by the candidate's medical association, although the Committee or Council (or their members) may nominate individuals as well. Nominees must be members in good standing of constituent members, or Associate Members, or Officials or staff of the Association.

RESPONSIBILITIES OF COUNCIL MEMBERS

Serving as a WMA Council member entails important responsibilities. The Council is elected by the WMA membership to lead the organisation and serve as the voice of the world's physicians when the General Assembly is not in session. Council members not only represent their respective medical associations on the Council, but also represent WMA as a whole and its constituents to the public and the media. Although attending meetings and voting on WMA matters is a key responsibility, Council members should remain engaged in the work of WMA between meetings as well.

Promoting the WMA

Council members should take advantage of opportunities to promote the work of WMA within their own organisations and beyond. The WMA does not have a large public relations budget or staff and depends heavily on its members – and especially its leaders – to raise the public profile of the association.

Currently, despite almost 80 years of work, the WMA is sometimes overlooked by the mainstream international health community and is often confused with the World Health Organization – even among physicians. Nonetheless, the WMA represents the global medical profession, and the potential power of the unified voice of millions of physicians should not be underestimated. Serving as an ambassador for WMA and working to amplify WMA's voice globally should be among the top priorities for WMA Council members. To that end, Council members can:

- Actively support and promote WMA positions and policies within their memberships;
- Increase the visibility of WMA to:
 - find opportunities to discuss the work and role of the WMA when speaking publicly, especially to the media

- write articles for medical journals
- encourage colleagues to view WMA as a resource;
- Bring to WMA's attention relevant national or international issues or events so that WMA can respond either by publicising its existing positions or developing a new policy.

Financial and Administrative Issues

The Secretariat and the financial officers work hard throughout the year to manage most administrative and fiscal matters. The primary responsibility for Council and Finance and Planning Committee members is to review and approve proposals and reports prepared by the Secretariat and the financial officers. Members should arrive at meetings familiar with the documents and prepared to comment, make recommendations, vote, etc. However, most of the difficult background work in these areas is done between meetings by the Secretariat, Treasurer and Finance and Planning Committee Chair.

Medical Ethics and Socio-Medical Affairs Policy Process

The responsibility for the development of WMA policy falls largely to the Council and its Committees. By the time a proposed policy is presented to the General Assembly for adoption, it will have been circulated to Constituent Members for input (sometimes several times), undergone multiple reviews and revisions by the relevant Committee, and received the approval of the Council.

The **workflow** for a policy document normally entails the following steps:

1. New proposed policies or proposed revision of existing policies are submitted to the Secretariat by a Constituent Member or the Associate Members in one of the three official languages of WMA (English, French or Spanish).
2. The Secretariat forwards the proposals to the **Review Committee** which is responsible for ensuring that:
 - a) the proposals lie within the scope of WMA's mission and are realistic (achievable);
 - b) duplication and/or potential conflicts between WMA policies are prevented;
 - c) the standardized WMA policy format and style are respected;
 - d) the overall volume of WMA policy is regulated, including by proposing opportunities to consolidate WMA policies where appropriate.

The Terms of Reference of the Review Committee are available in the [members' area](#) of the WMA website.

3. The document receives initial consideration by the appropriate Committee. In most cases, the Committee will recommend that the document be circulated to WMA members for comments. Council members should encourage their medical associations to submit written comments to the Committee, rather than providing verbal input during Committee meetings. Meeting time generally should be reserved for discussing and debating the comments properly submitted by WMA members.

Overview of the Policy Process at WMA



Red fields indicate that broad membership participation is desired.

4. The comments are reviewed and compiled by the Secretariat and a revised compromise document is prepared by an appointed rapporteur or workgroup. Council members receive the original document, the proposed revision and the compilation of comments to review before the forthcoming meeting.
5. The Committee considers the revised proposal. At this point, the Committee has several options:
 - a) If the document is **acceptable** to the Committee as written, the Committee can approve the document.
 - b) If it is determined that the document requires some additional work, and the Committee believes that this work could be accomplished in a short amount of time, the Committee can use Committee time to further amend the document (which is *not* encouraged) or, preferably, assign the document to a small working group or a rapporteur to revise. In this situation, the objective is for the working group or rapporteur to begin work immediately and submit an amended document back to the Committee or directly to the Council during that session.
 - c) If the Committee agrees that **substantial revisions** are still needed, and these cannot be accomplished within the time period of the Council session, the Committee may assign a workgroup or rapporteur to review the comments and revise the document for consideration at its next meeting. Repeated circulations of the document to WMA members for further comment are possible.
 - d) If it is decided that **special expertise is required** to ensure the best possible policy, the Committee can request the assistance of a particular Constituent Member or WMA advisor. Outside experts can also be consulted.
 - e) If it is clear that **consensus will not be reached**, or the Committee decides that the topic is not appropriate for a WMA policy, the Committee can recommend to the Council that the document be rejected and the subject be dropped. The Council can either accept this recommendation or instruct the Committee to continue working on the subject.

6. Once the Committee agrees that the document is ready, it will submit the proposed policy to the Council with the recommendation that it be approved and forwarded to the General Assembly for adoption. Often, some or all of steps 5-7 outlined above are repeated several times before the Committee is satisfied that the document is ready for consideration by the Council.
7. The Council considers the recommendation of the Committee to approve the document. The Council may:
 - amend the document
 - send the document back to the Committee for additional work
 - reject the document
 - approve the document and forward it to the General Assembly with the recommendation that it be adopted.

The above description of the WMA policy process is not exhaustive. Most policy proposals are handled in this way, but sometimes the Committee or the Council will decide to take a different approach.

Consent Calendar

WMA Standing Committees use a “consent calendar” for their reports to the Council. A consent calendar is a mechanism designed to eliminate time-consuming procedural steps for approving recommendations on items in the report. Instead of addressing these items one by one—which requires introducing the item, stating the recommendation, inviting discussion and taking a vote—the Chair asks the committee members if they disagree with, or would like to discuss for any reason, any recommendation(s) listed in the report. Items identified for discussion or disagreement are “extracted” from the report. All requests for extractions will be honoured. Such requests do not require a vote. Items do not need to be identified in any order.

The Chair then asks for approval of all of the remaining recommendations in the report (the ones that have not been extracted.) The committee votes once to approve all these items without discussion.

The Chair then addresses the items that have been extracted. These subjects are dealt with individually, in the traditional manner.

The following illustrates the operation of a consent calendar:

A report lists 10 items with recommendations. One committee member asks that items numbered 3 and 7 be extracted. Another committee member asks that items numbered 2 and 9 be extracted. Following these extractions, the committee votes on accepting the remaining recommendations (on items 1, 4, 5, 6, 8 and 10) as a whole.

Following that vote, the Chair then allows discussion and vote on item 2, then item 3, then item 7 and then item 9. [When item 9 has been decided, it concludes the discussion on this report i.e. no further voting is needed.](#)

MAKING THE MOST OF COMMITTEE AND COUNCIL MEETINGS

Due to the limited number of hours that Council members sit together to work on policy development, it is important for members to be familiar with both the content and history of the documents on their agenda. Perhaps the most important attribute of a good Council member is that he or she comes to the meeting prepared. The Secretariat works hard to ensure documents are processed and translated as quickly as possible so that they can be circulated to Council members several weeks before a Council session. Please do not leave your preparation to be done on the plane or at breakfast on the day of the meeting!

Discussions

To ensure that discussions run smoothly and to help the Chair expedite the work of the group, Council members should:

Be diplomatic but also precise. In sensitive (especially political) discussions, speakers sometimes try to use images or metaphors to convey messages, expecting others to understand their subtle meaning. In an international meeting, this hardly ever works. Your message will often be lost or distorted through the simultaneous interpretation process or through the cultural perceptions of your colleagues from other countries. Of course, it is important to be thoughtful and avoid making harsh statements. However, if you want your intervention or motion to be understood, you must be very explicit about what you mean.

Make concrete suggestions and amendments. When proposing a wording change to a document, express exactly how you want the new text to read. The Secretariat will project your amendment in English on a large screen visible to all participants. If possible, please give your proposal to a WMA staff member before the meeting. This is especially important when you are proposing a large text change. In some cases, the Secretariat will even give the new text to the interpreters beforehand. This helps ensure that all language speakers have the advantage of a precise interpretation.

Speak clearly and slowly. Remember that to understand you, participants who speak a language other than your own depend either on simultaneous interpretation or on their own ability to translate what you are saying. The WMA employs the best interpreters available. However, no interpreter can perform well if the speaker speaks too quickly or does not enunciate. If you read from a text, provide this text to the interpreters before the session or read extra slowly. Otherwise, what you say may not be completely translated.

Avoid idioms, jokes and abbreviations. Idioms are difficult, sometimes impossible, to translate. The same is true with jokes. There is always a risk that you may not be understood or, even worse, that the jokes you offer with good intentions may actually be misunderstood in a way that offends or embarrasses somebody. It is also uncomfortable when some people are able to enjoy a joke while others are left in the dark. Nobody wants WMA meetings to be gloomy or without any humour, we just want to make sure everyone can understand and enjoy the discussions. Another problem is caused by abbreviations and acronyms. We all use them constantly within our own healthcare systems and organisations, but in an international meeting they are nearly always cryptic and meaningless codes - even to colleagues who share the same language with you. Some of them are very familiar (WMA, UN, WHO, etc.), but most of them should be avoided.

Be sensitive to cultural and linguistic differences. For many Council members, WMA is the only forum in which they have the opportunity to interact with colleagues from so many other places. Remember that in a multi-cultural and multi-lingual meeting, things tend to take a little longer than in your own system. People have different styles of communicating their views, and there is always a delay in discussion due to the use of interpreters.

In addition, some participants tend to be less formal and rule-oriented, while others are accustomed to following a very specific process during group discussions. This is also true of the Chairs. Therefore, it is important to be patient and to enjoy the opportunity to experience the styles and approaches of your international colleagues. As mentioned above, the best way to ensure that your views are heard is to come prepared and provide very specific comments and suggestions.

Proposing and Voting

The WMA uses a fairly universal system of parliamentary procedure. Motions set forward by the agenda, including proposals for new policy, proposed actions on existing policy, committee or commissioned reports, are considered to be main **substantive motions** and don't need to be seconded.

Any Council member can **make a subsidiary motion** on the substantive motion. That motion must be **seconded** by another Council member. Once a motion has been seconded, the Chair will invite **discussion**. After the discussion is finished, or if there is no discussion, the Chair will ask for a decision.

If there seems to be unanimity about the substantive motion, the Chair may ask for any opposition to the motion. If there is none and no member of the body asks for a formal vote, the motion is accepted by consensus.

If a formal vote is necessary or requested, members may vote **for** or **against** a motion or **abstain** from voting. Since abstentions do not count, the Chair does not ask for abstentions. Abstentions will only be recorded when requested.

Members **vote** by raising the voting cards, or by clicking one of the voting options in the e-voting system, provided by the Secretariat. The Chair will begin by asking for a count of those “**For**” the motion and those “**Against**” the motion. The votes will be counted and the Chair will announce whether the motion is **passed** or **defeated**.

For detailed information on the parliamentary procedures of the WMA, please see the [Rules of Procedure for all Deliberative Bodies of the World Medical Association](#), which are available in the Members's Area of WMA website or can be obtained from the Secretariat. A short [Overview of WMA Parliamentary Procedures](#) is also available on the WMA website.

WMA POLICY FORMATS

The WMA has several policy products:

Declarations and Statements

A Declaration or Statement is a document that “reflects WMA policy on an issue considered to be of significance, to be universally applicable and embodying principles that endure over time.” ‘Declarations’ are broader in scope than ‘Statements’, which address more specific or specialised topics.

Examples of WMA Declarations include:

- [Declaration of Lisbon on the Rights of the Patient](#)
- [Declaration of Helsinki – Ethical Principles for Medical Research involving Human Participants](#)
- [Declaration of Seoul on Professional Autonomy and Clinical Independence](#)
- [Declaration on Euthanasia and Physician-assisted Suicide](#)

Examples of WMA Statements include:

- [Statement on Ethical Issues Concerning Patients with Mental Illness](#)
- [Statement on Medical Ethics during Public Health Emergencies](#)
- [Statement on Antimicrobial Resistance](#)
- [Statement on Body Searches of Prisoners](#)

Resolutions

‘Resolutions’ express WMA reaction to a specific, usually urgent, situation. Resolutions are subject to the same basic policy process as Declarations and Statements, however, due to the urgent nature of the topic, the process is usually accelerated and often does not include circulation to Constituent Members for comments. If Constituent Members have concerns or suggestions about a Resolution that has not been circulated, they have ample opportunity to comment when the document is presented for adoption to the General Assembly.

Council Resolutions

The Council may adopt a “Council Resolution” on a matter of substantial importance that requires immediate action which cannot be taken by the General Assembly within the appropriate time. Council Resolutions may not articulate entirely new policy positions. They may only:

- Reaffirm a previous Declaration/Statement/Resolution
- Express a position based on the intent of an existing related policy or WMA action

Council Resolutions are not included in the main body of WMA policy (compiled in the Handbook of WMA Policy), however they may be widely distributed publicly.

The Council shall forward the Council Resolution to the next General Assembly for adoption with a recommendation on how to proceed, considering the remaining urgency and applicability of the Council Resolution at the time of the General Assembly. The latter may be determined at the Council Session immediately preceding the General Assembly.

Background Papers

Background papers are occasionally developed to explore new topics or to examine in detail conflicting views on an important topic. The purpose of these papers is to analyse issues and provide information to guide WMA in addressing particular subjects.

Additional information on topics related to the work of the Council can be found in the “[Procedures and Operating Policies of the World Medical Association](#)”, available in the members’ area of the WMA website.

CONCLUSION

We hope that serving on the WMA Council is an enjoyable and productive experience. The Secretary General and WMA staff are available to provide you with information and will do their best to assist you with any concerns or questions you might have regarding your responsibilities as a Council member.

Telephone: +33 4 50 40 75 75
E-mail: secretariat@wma.net

April 2025