

ORGANIZATION
OF
RESIDENT REPRESENTATIVES

Association of American Medical Colleges
Organization of Resident Representatives

Administrative Board Meeting Agenda
Wednesday, February 15, 1995

AAMC Headquarters
2450 N Street, NW, Washington, DC
Petersdorf Conference Room (130)

8:30 a.m.-9:00 a.m.
BREAKFAST

9:00 a.m.-12:00 n.

1. CALL TO ORDER Denise Dupras, M.D., Ph.D., ORR Chair

2. BUSINESS MEETING
 - A. Approval of October Minutes Denise Dupras, M.D., Ph.D.

 - B. AAMC Update David Altman, M.D.
Associate Vice President
Division of Education Policy

 - C. Report on the AAMC Officers' Retreat Denise Dupras, M.D., Ph.D.
Nicholas Gideonse, M.D.

 - D. Annual Meeting Planning Denise Dupras, M.D., Ph.D.

 - E. Report on the Advisory Panel
on Health Care Reform Denise Dupras, M.D., Ph.D.

 - F. Report on the AAMC Strategic Planning Activities
Working Group on Momentum Deborah Baumgarten, M.D.
Fernando Daniels, M.D.

 - G. CAS Relations with ORR John Diggs, Ph.D., Vice President
Douglas Kelly, Ph.D., Associate Vice President
Division of Biomedical Research
Paul Friedman, M.D., Chair, Council of Academic Societies

 - H. ORR Newsletter Denise Dupras, M.D., Ph.D.

12:00 n.-1:00 p.m.
LUNCH

1:00 p.m.-3:30 p.m.

3. BUSINESS MEETING (Cont'd)
 - A. ACGME Update Robert Dickler, Vice President
Division of Clinical Services

- B. Report on the ERAS Project Frances Hall, Director
Section for Student Programs
- C. Legislative Update Mary Beth Bresch-White
Office of Governmental Relations
- D. ORR Orientation Manual Nathalie Bera, M.D., M.P.H.
- E. 1995 Interest Group Discussions
Residents as Teachers
Quality Measures for Residency Programs
Mistreatment in the Workplace
Choosing to Practice in Underserved Areas
- F. Executive Council Items Denise Dupras, M.D., Ph.D.

3:30 p.m.

4. ADJOURNMENT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF RESIDENT REPRESENTATIVES
FALL BUSINESS MEETING

OCTOBER 29-30, 1994
BOSTON, MA

MINUTES

Saturday, October 29

The meeting was called to order at 8:15 AM by the ORR Chair, Michele C. Parker, M.D. Members present were Denise Dupras, M.D., Ph.D., Deborah Baumgarten, M.D., Fernando Daniels, III, M.D., Michael Greenberg, M.D., William J. Fortuner, III, M.D., Nicholas Gideonse, M.D., Julia Corcoran, M.D., Alan Zacharias, M.D., Charles Lewis, M.D., Christina Gutierrez, M.D., Joe Schwartz, M.D., Theodore Wells, M.D., Ed McNellis, M.D., Daniel Vincent, M.D., Steve Ripple, M.D., Kishore Tipirneni, M.D., David Jones, M.D., Natalie Bera, M.D., Natalie Ayars, M.D., Leslie Laurel, M.D., John Shumko, M.D., John Comerci, M.D., Stephen Shultz, M.D., Joyce Paterson, M.D., Kelly Roveda, M.D., Peter Bach, M.D., Judy Hoover, M.D., Marci Roy, M.D., John Biglow, M.D., Geronimo Sahagun, M.D. Also present were AAMC staff David Altman, M.D. and Michelle Reddie.

Dr. Altman, Associate Vice President for Education Policy and Director, Office of Generalist Physician Programs (OGPP) was introduced and gave a brief summary of changes that had occurred during the last six months at the AAMC and its effects on the ORR.

The minutes from last year's Annual Meeting and the Administrative Board meetings held throughout the year were reviewed and approved. John Biglow suggested that copies of the minutes be sent to the ORR members prior to the annual meeting.

The next item to be addressed was the ORR newsletter. Dr. Parker requested feedback from the ORR members regarding what changes could be made to improve the newsletter. Dr. Laurel Leslie suggested that the newsletter be used as a mechanism to keep residents abreast of what other resident organizations are doing and that we should provide information to those other organizations as well. It was also suggested that legislative updates be included in the newsletter.

Dr. Michele Parker discussed the changes in the bylaws that had been made last year to include in the ORR membership single representatives from the Council of Academic Society (CAS) groups that did not currently have representation in the ORR. This had been due to the fact that with the initial organization of the ORR, members were drawn from CAS

organizations that represented either department chairs or program directors. The new by-laws would also allow ORR membership from CAS member organizations representing specialties recognized by the Accreditation Council for Graduate Medical Education (ACGME) but not previously included due to the above restriction. The change has allowed the Association of Academic Physiatrists and the Association of Teachers of Preventive Medicine to designate new ORR representatives, John Shumko, M.D. and Natalie Bera, M.D. respectively.

The Executive Council of the AAMC approved the change to the bylaws, but they also suggested that designating two residents from each of the organizations to be newly included would be more equitable. Dr. Parker suggested that part of the bylaws be changed under Section 3 - Membership, second paragraph to read:

"To the extent that a specialty recognized by the ACGME with accredited residency training programs is not represented on the ORR by either a CAS member program director or clinical chair group, a member society may submit a letter of interest to the ORR stating a desire to designate two resident physicians to the ORR. Upon approval by the ORR Administrative Board and Executive Council of the AAMC, the society will be asked to forward the name of the resident physicians the society wishes to designate." (changes underlined)

Following a brief discussion, a motion to approve this change of the bylaws was made, seconded, and passed unanimously.

Dr. Altman commented on the procedures used by CAS organizations to designate residents as ORR members, as there has been concern raised regarding situations when both ORR representatives from a specialty society come from the same program. Dr. Altman suggested that academic societies be requested to select their resident representatives whenever possible from different programs. After various selection methods had been suggested, Dr. Dupras was asked to present informally to the CAS the concerns of the ORR regarding representation within the organization.

Dr. Parker then introduced Dr. Jordan J. Cohen, President of the AAMC. Dr. Cohen briefly described the success of National Primary Care Day which was held on September 29, 1994. Events occurred that day in over 98% of US medical schools. The program was cosponsored by a number of student organizations and the Association. National Primary Care Day also received the support of Hillary Rodham Clinton who gave a speech that day at George Washington University Medical School. In addition, a pre-recorded video-taped address by C. Everett Koop, M.D. was distributed to the participating institutions.

Dr. Cohen reported that the number of medical school applicants increased this year to over 45,000 college graduates, even though the number of places available has not changed in almost a decade. In addition, the number of underrepresented minorities

(African-Americans, Mexican-Americans, Mainland Puerto Ricans, and Native Americans) has also increased. When the AAMC's *Project 3000 by 2000* first started, only 9% of the matriculating class was made up of underrepresented minorities; today it has increased to 12% which is in keeping with the "linear track" of 3,000 matriculants by the year 2000.

Dr. Cohen then discussed the three new advisory panels that have been formed in order to address issues that affect a large part of the AAMC constituency. The Advisory Panel for Biomedical Research is addressing issues such as conflict of interest and scientific misconduct. The Advisory Panel on Strategic Positioning for Health Care Reform was established during the recent national debate on health care reform as a means of helping the Association formulate its policies and issues. With the assistance of the panel, the Association was able to propose policy positions that were presented to Congress and other policymakers early in the debate. The third and newest is the Advisory Panel on the Mission and Organization of Medical Schools (APMOMS), chaired by Andrew Wallace, M.D., Dean of Dartmouth Medical School. Participants on this panel include student and resident representatives. Its purpose is to investigate the impact on medical schools of the transformations in the practice of medicine and the delivery of health care, the developments in science and technology, and the changing societal expectations for medicine and medical science.

Dr. Cohen also mentioned that the Association has currently undertaken a strategic planning effort. This process is designed to take a very thorough look at what the Association is doing in terms of programs and policies, to review how it would best serve its constituency, and to provide insight into long term changes in its environment. The two primary objectives of the strategic plan are 1) to create a vision for the AAMC that will enable the Association to be a proactive force in the development of academic medicine; 2) to review the present products and processes to ensure that they are in "good alignment" with our constituents. Following Dr. Cohen's summary, a question and answer period followed.

Dr. Paul Jolly, Associate Vice President and Director of the Section for Operational Studies, then spoke about the latest developments regarding ERAS (Electronic Residency Application Service). ERAS, which has been in development for the last two years, was prompted by students, student affairs deans, program directors, and others who thought that there had to be a better way to deal with the process of applying for residencies. An electronic system was conceived and developed, and programs have now been written to support computer work stations for students, deans offices, and program directors. Testing of the system will begin later this winter with full implementation expected within two years.

Dr. Parker then gave her report as the liaison to the Section on Resident Education (SRE), including her attendance at the SRE meeting held in June 1994 in La Jolla, CA. She noted that the SRE has now formed a permanent steering committee and has requested that the ORR designate a resident representative to that committee.

Dr. Denise Dupras reported on her activities as a member of the Advisory Panel on Health Care Reform. She said that the AAMC has succeeded, with the help of the Advisory Panel, in ensuring that the general public and government officials are more aware of what academic medicine is and does. An important issue that has come to the forefront is health care workforce reform. She said that it is very important that the resident voice is heard at this time on this issue as any changes will have a profound effect on students now in the pipeline and those to come afterwards.

Steve Northrup from the AAMC Office of Governmental Relations gave a brief legislative update. He summarized the events that led up to the failure of health care reform. He then shared some predictions for 1995 (Medicare cuts to support deficit reduction will hurt teaching hospitals; the reauthorization of Title VII programs faces an uncertain future) and engaged in a short question and answer period.

Dr. Fernando Daniels reported on the conference of residents he attended sponsored by the Health Resources and Services Administration (HRSA) of the Public Health Service. He explained that HRSA has assembled a national consortium of resident physicians very similar to the ORR. During the meeting many talks were given regarding graduate medical education and health care reform. Dr. Daniels reported that Martin Seig-Ross, legislative aide to Sen. Nancy Kassebaum, predicted that graduate medical education will be taken out of the health care reform debate and addressed as a separate issue in 1995.

During the luncheon that followed, Dr. Parker distributed a survey which would be used to determine how residents judge the quality of their education and, if there was to be a move toward training in managed care settings, what changes should be made to maintain quality in resident education.

A series of speakers followed the lunch break. The first was Edward Stemmler, M.D., the former Executive Vice President and Senior Advisor to the President at the AAMC. Dr. Stemmler's talk, entitled "An Historical Perspective on Residency Training," described how residency training has evolved in the United States in the last 150 years.

The second speaker was Dr. Gordon Moore, Director of Teaching Programs at Harvard Community Health Plan, who spoke on "The Effect of Managed Care on Residency Training." Dr. Moore gave a thoughtful overview of the relationship between managed care organizations and teaching hospitals and the effect it will have on residency education. He outlined the challenge of training residents in an environment increasingly sensitive to costs. He also discussed the need to train residents to work more effectively in managed care settings.

Following Dr. Moore's talk, a joint session sponsored by the ORR and the CAS addressed the issue of the impact of "rightsizing" of resident physician workforce on education and career choice. Dr. Dupras served as moderator, and speakers included Dr. Michael Whitcomb of the AMA, Dr. Jack Colwill of the University of Missouri, and Dr.

Julien Biebuyck of Penn State University. The meeting was adjourned at 5:00 p.m. until the next day.

Sunday, October 30

Dr. Michele Parker called day two of the Fall Business Meeting to order at 8:30 AM. She began with the remaining liaison reports.

Dr. Michael Greenberg reported that the Organization of Student Representatives (OSR) has published a document that outlines students' rights with regard to issues of mistreatment ranging from physical abuse and sexual harassment to intentional neglect or lack of communication. It was suggested that the incoming Administrative Board address this issue as it relates to residents. Those interested in a copy of the OSR document can obtain it from Darnell Privott at the AAMC, who can be reached at (202) 828-0681.

Dr. William Fortuner discussed his membership on the Advisory Panel on Mission and Organization of Medical Schools. The group had its first meeting in August and was charged with looking at the changes and the forces at work that will affect the future mission and organization of medical schools. Subcommittees of the Advisory Panel have been charged with examining the following major areas: enhancing the competitiveness of academic medical centers; nurturing the development of primary care; capturing the promise of biomedical research; tapping the power of information; adapting to resource constraints; and fulfilling the social contract.

Members of the Administrative Board who chaired discussions at the previous day's lunch tables presented brief summaries of the ideas that had been generated. Deborah Baumgarten chaired a discussion on working conditions and provided an annotated bibliography (attached). Fernando Daniels reported on a discussion of residents as teachers and the pressures on residents in their working with students and others. William Fortuner led a discussion of cost containment issues in health care and their impact on resident education.

Prior to the election of new members of the Administrative Board, Dr. Parker briefly described the responsibilities of the Board, the chair, and the chair-elect. Following this discussion, the elections were held with the results as follows (new Administrative Board members indicated with asterisks):

Administrative Board

Chair

Denise Dupras, M.D., Ph.D.

Chair - elect

Nicholas Gideonse, M.D.

Administrative Board (cont.)

Immediate Past-Chair

Michele C. Parker, M.D.

Members

Deborah Baumgarten, M.D.

Natalie Bera, M.D.*

Julia Corcoran, M.D.*

Fernando Daniels, M.D.

Judith Hoover, M.D.*

David R. Jones, M.D.*

Elections were then held for representatives to serve as liaisons to other AAMC organizations and committees. The results of those elections were as follows:

Liaisons

Advisory Committee for the Office of Generalist Physician Programs - Stephen Shultz, M.D.

Section on Resident Education - Christina Gutierrez, M.D.

ERAS - Michael Greenberg, M.D.

Organization of Student Representatives - Marci Roy, M.D.

Dr. Michele Parker gave closing remarks and officially retired as Chair of the ORR. Following Dr. Parker's remarks, the new Chair, Dr. Denise Dupras, thanked Dr. Parker for her excellent service and spoke of her plans for the coming year.

The meeting was adjourned at 11:15 AM.

**RULES AND REGULATIONS
OF THE
ORGANIZATION OF RESIDENT REPRESENTATIVES
THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES**

**ADOPTED BY THE ORGANIZATION OF RESIDENT REPRESENTATIVES
NOVEMBER 1992**

**APPROVED BY THE EXECUTIVE COUNCIL
FEBRUARY 1993**

AMENDED NOVEMBER 1994

The Organization of Resident Representatives was established with the adoption of the Association of American Medical Colleges bylaw revisions of November, 1991.

Section One--Name

The name of the organization shall be the Organization of Resident Representatives (ORR) of the Association of American Medical Colleges.

Section Two--Purpose

The purpose of this organization shall be 1) to provide a mechanism for the interchange of ideas and perceptions among resident physicians and others concerned with medical education, 2) to provide a means by which resident physician views on matters of concern to the Association may find expression, 3) to provide a mechanism for resident physician participation in the governance of the affairs of the Association, 4) to provide a forum for resident physician action on issues that affect the delivery of health care, and 5) to provide professional and academic development opportunities.

Section Three--Membership

Members of the Organization of Resident Representatives shall be resident physicians or fellows when designated by the member organizations of the Council of Academic Societies of the Association of American Medical Colleges that represent chairs of medical school clinical departments or directors of residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Two resident representatives shall be designated by each of these member organizations by a process appropriate to the governance of the designating organization. The selection process should involve resident input to the extent possible by the organization's administrative structure and governance. The president or chair of the organization will respond to the Association with the names of the two resident physicians the organization wishes to designate.

To the extent that a specialty recognized by the ACGME with accredited residency training programs is not represented on the ORR by either a CAS member program director or clinical chair group, a member society may submit a letter of interest to the ORR stating a desire to designate two resident physicians to the ORR. Upon approval by the ORR administrative board and Executive Council of the AAMC, the society will be asked to forward the names of the resident physicians the society wishes to designate.

Members of the ORR shall be designated to serve for a two-year term and may be reappointed by the societies for another two-year term if they meet membership requirements. The selection process should involve resident input to the extent possible by the organization's administrative structure and governance. The president or chair of the organization will respond to the Association with the names of the two resident physicians the organization wishes to designate.

Each member of the Organization of Resident Representatives shall be entitled to one vote at meetings of the ORR.

Section Four--Officers and Administrative Board

The officers of the Organization of Resident Representatives shall be as follows:

- 1) The chair whose duties shall be to:
 - a) preside at all meetings of the ORR
 - b) serve as ex-officio member of all committees of the ORR
 - c) communicate all recommendations and actions adopted by the ORR to the Executive Council
 - d) represent the ORR on the Executive Council
- 2) The chair-elect whose duties are to preside or otherwise serve in the absence of the chair and to succeed the chair in that office at the completion of his/her term of office. If the chair-elect succeeds the chair before the expiration of his/her term of office, such service shall not disqualify the chair-elect from serving a full term as chair.

The term of office of the chair and chair-elect shall be one year.

There shall be an administrative board composed of the chair, chair-elect, immediate past chair and six members-at-large. The term of office of the members-at-large shall be for one year, and this service shall not disqualify them from serving a full term as chair-elect, chair and immediate past-chair if so elected. The chair-elect and members-at-large will be elected annually at the time of the annual meeting of the Association of American Medical Colleges. Members-at-large may be re-elected to the administrative board providing they fulfill membership requirements. Those members serving as officers or administrative board members shall be designated resident representatives by their respective Council of Academic Societies member organization. Retiring officers and administrative board members shall be non-voting members at the annual meeting. The Council of Academic Societies' organizations who are represented by retiring officers or administrative board members shall designate a

total of two voting resident representatives to the annual meeting.

Nominations for chair-elect and the administrative board will be accepted with appropriate supporting materials (curriculum vitae and a statement of intent) prior to the annual meeting. Additional nominations may be made by the membership of the Organization of Resident Representatives at the time of the election.

Candidates for each respective office will be allowed to provide a brief oral summary of their qualifications and interest in the Organization of Resident Representatives prior to the casting of ballots. Election will be by closed ballot. The first to be called will be for chair-elect. The nominee receiving the most votes shall be elected. In the event of a tie, a run-off election will be held.

The next ballot will be for members-at-large of the administrative board. The individuals receiving the highest number of votes shall be elected. In the event of a tie, a run-off election will be held.

The administrative board shall be the Organization of Resident Representative's executive committee to manage the affairs of the Organization of Resident Representatives and to take any necessary interim action that is required on behalf of the Organization.

Section Five--Representation on the AAMC Assembly

The Organization of Resident Representatives is authorized twelve seats on the AAMC Assembly. Representatives of the Organization to the Assembly shall be determined according to the following priority:

- 1) the chair of the Organization of Resident Representatives
- 2) the chair-elect of the Organization of Resident Representatives
- 3) the immediate past-chair of the Organization of Resident Representatives
- 4) members-at-large of the administrative board of the Organization of Resident Representatives
- 5) additional members as designated by the chair of the Organization of Resident Representatives

Section Six--Meetings, Quorums and Parliamentary Procedure

Regular meetings of the Organization of Resident Representatives shall be held in conjunction with the Association annual meeting.

Special meetings may be called by the chair upon majority vote of the administrative board provided that there is at least thirty days notice given to each member or the Organization of

Resident Representatives and appropriate funding for a special meeting is available.

A simple majority of the voting members shall constitute a quorum.

Formal actions may be taken only at meetings at which a quorum is present. At such meetings decisions will be made by a majority of those present and voting.

Where parliamentary procedure is at issue, Roberts Rules of Order shall prevail, except where in conflict with Association bylaws.

All Organization of Resident Representatives meetings shall be open unless otherwise specified by the Chair.

Section Seven--Operation and Relationships

The Organization of Resident Representatives shall relate to all three Councils of the Association of American Medical Colleges and shall be represented on the Executive Council by the chair and the chair-elect of the Organization of Resident Representatives.

Section Eight--Adoption and Amendments

These Rules and Regulations shall be adopted and may be altered, repealed, or amended by a two-thirds vote of the voting members present and voting at any annual meeting of the membership for which thirty days prior written notice of the Rules and Regulations change has been given, provided that the total number of votes cast in favor of the changes constitutes a majority of the Organization's membership.

**Association of American Medical Colleges
Organization of Resident Representatives**

**Administrative Board Meeting Minutes
Wednesday, February 15, 1995**

The meeting was called to order at 9:00 AM by the Chair, Denise M. Dupras, MD, PhD. Members present included: Nicholas Gideonse, MD, Deborah Baumgarten, MD, Nathalie Bera, MD, Julia Corcoran, MD, Fernando Daniels, MD, Judith Hoover, MD, David R. Jones, MD. Also present from the AAMC staff were David Altman, MD, and Michelle Reddie.

The minutes from Annual Meeting 1994 were reviewed and approved. Dr. Dupras mentioned that she had received a letter from the Dr. Donald Curry, Associate Professor at the University of Texas, San Antonio, regarding how the Association of Academic Physiatrists appoints their representatives to the ORR. This topic was discussed further during the presentation of the CAS representatives.

Dr. Altman, Associate Vice President for Education Policy and Director, Office of Generalist Physician Programs (OGPP) was introduced and gave a brief summary of AAMC changes. Dr. Michael Whitcomb has been appointed as the Vice President for Education Policy. Dr. Altman also mentioned that Janet Bickel, Assistant Vice President for Institutional Planning and Development, is planning a professional seminar on "Students and Residents Ethical and Professional Development," that will be held on October 28. The AAMC's current travel policy was also briefly discussed.

Dr. Nicholas Gideonse provided a summary of the Officers' Retreat. He mentioned that attending this gathering allowed him to explain to members of the AAMC governance who he was and to clarify some questions about the ORR. Overall it was a good meeting and time well spent.

Dr. Dupras introduced the theme for the 1995 AAMC Annual Meeting, "Taking Charge of the Future." Dr. Dupras expressed interest in a joint function with the OSR. Suggested topics were as follows: 1) patient physician relationships- Faith Fitzgerald or Wendy Levinson from the west coast; 2) communication issues related to gender differences - Deborah Tanner or John Ray; 3) professionalism - which fits in with Janet Bickel's seminar; 4) evidence based medicine or critical appraisal - David Sacket who is now at Oxford; 5) clinician investigators - a time of crisis; and/or 6) a joint reception or lunch. There are also a number of people who have expressed interest in going to the Hill.

Dr. Dupras followed with an update on the Advisory Panel for Strategic Positioning on Health Care Reform. The future role of the advisory panel and a review of current AAMC policies were addressed during these meeting. Dr. Dupras continued her discussion by updating the Board on trends related to DME and IME funding by Medicare and changes

in teaching hospitals.

Dr. Deborah Baumgarten and Dr. Fernando Daniels are the designated ORR representatives for the AAMC strategic planning activities' Working Group on Momentum. Dr. Baumgarten gave a brief report about the meetings that have been held throughout the year. Discussion topics ranged from issues on improving and maintaining communication between the AAMC and its constituents and how the AAMC can become more valuable to the missions of academic medicine to how should the AAMC enter onto the information superhighway. She stated that the input from the ORR has been useful and appreciated by the panel. If any of the members would like more detailed information about the meetings they should feel free to contact Dr. Baumgarten.

Katie Patten was introduced as the new OSR liaison to the ORR board. The ORR liaison to the OSR is Marci Roy.

The ORR Newsletter will be distributed after each Administrative Board meeting and will include updates and minutes from the meeting. Dr. Dupras has volunteered to be the newsletter editor. It was suggested that a list of the Ad Board's e-mail addresses be given in the next newsletter. The Administrative Board also decided to change the color of the paper for the ORR newsletter to ivory.

The meeting recessed for lunch at 12 noon.

Immediately following lunch, Mary Beth Bresch-White from the AAMC Office of Governmental Relations provided a legislative update. She briefly discussed the current political environment and its impact on medical education. The Association has recently hired two outside political consultants to assist them as they seek to inform and educate the new members of Congress, now 52% of that body.

Ms. Bresch-White described the effects that the cuts in Medicare and Medicaid, made in an effort to balance the federal budget and in keeping with the "Contract with America," will have on medical schools and teaching hospitals. Decreases in those two programs will cause (1) limitations and changes to physician payment fee schedules under Medicare and Medicaid; and (2) cuts in payments to teaching hospitals. The budget that has been drafted by the Chair of the House Budget Committee, Mr. Kasich from Ohio, talks about reducing the Indirect Medical Education Adjustment from its current level of 7.7% to 3%, representing a 60% reduction from current levels.

The IME payments for 1995 are estimated at \$4 billion. Although these funds were received by about 1,000 hospitals, the payments were highly concentrated among 150 hospitals, predominantly AAMC members. Every tenth of a percent of a reduction in the IME is worth \$50 million annually. Reducing the IME from 7.7% to 3% would be cut about \$2.4 billion annually and about \$13.5 billion over a period of five years. A brief discussion followed Ms. Bresch-White's report. A visit to Capitol Hill by ORR members prior to the

Annual Meeting was mentioned, and Ms. Bresch-White expressed an interest in working with the ORR in arranging such an event.

Dr. Dupras introduced Frances Hall, the Director for the Section for Student Programs. Ms. Hall gave a summary of the status of the Electronic Residency Application System (ERAS) project. Software is now being tested at twenty medical schools and thirty programs in what is called an alpha test. Next year there will be a pilot test in which as many ob-gyn programs as possible will sign onto ERAS. The ob-gyn specialty was chosen because it is a medium sized specialty and it does not have a large number of applicants who are International Medical Graduates. A nationwide launch of ERAS is expected to occur by 1997.

The Administrative Board then returned the topic of Annual Meeting planning. The Saturday morning business meeting will include small group discussions. In the afternoon from 1:30 - 3:00 there will be presentations of interest to ORR members, and from 3:00-5:00 there will be a joint session with the Council of Academic Societies, with possible topics being the clinician investigator time of crisis and quality in residents education. A joint ORR/OSR reception is planned for 6:30 - 8:00 pm. Dr. Altman suggested that by the June meeting we should have selected all of topics for the meetings. The Sunday business meeting will include elections. A brief discussion of how to have more members participate in the elections for Administrative Board this year followed. It was suggested that a description of what the Board is and what the expectations are should be sent to the ORR members prior to the annual meeting. Dr. Altman also suggested that binders with copies of all of the members cv's be circulated during the Sunday session.

Nick Gideonse and Nathalie Bera presented the outline for a new orientation manual. It was decided that a welcome letter should be sent to all of the new members followed by the orientation manual prior to the annual meeting. The manual should include the following: 1) history of the AAMC; 2) organizational chart; 3) history of the ORR; 4) list of all the members and their specialties; 5) current newsletter; and 6) list of ORR representatives to other outside committees and descriptions of positions and requirements. The final version of the orientation manual will be distributed during the annual meeting.

Dr. Altman then introduced Bob Dickler, Vice President of the Division of Clinical Services, and Ingrid Philibert from that division. Mr. Dickler provided highlights from the most recent meeting of the Accreditation Council for Graduate Medical Education (ACGME). The Committee on Structure and Function of the ACGME, which deals with how to establish the ground rules for the accreditation process and for writing the program requirements etc., held discussions of interest to the ORR. It has been decided that reviewers of new program requirements will put their comments in writing and that the Residency Review Committees will have a chance to respond before the meeting of the full ACGME. If there is a dispute between specialties regarding the propriety of proposed requirements, these will be resolved prior to the full meeting. Discussion also took place concerning notification of residents related to adverse actions about their program,

particularly the timing of notification about probation status.

The ACGME also approved new program requirements in four specialties: 1) radiation oncology; 2) anesthesiology/critical care; 3) obstetrics-gynecology; and 4) physical medicine and rehabilitation. Obstetrics/gynecology has modified their programs requirements to call for more training in primary ambulatory care for women. There was also discussion about the new requirement that "...all residents who do not have religious or moral objections must receive training in abortion. All residents irrespective of their religious or moral objections must receive training in the complications of abortions."

The ACGME has appointed a special ad hoc committee on generalism. They were given the charge of defining what is a generalist and what are the requirements to be a generalist. The ACGME received the report but did not endorse it because it failed to describe what needs to be done in training and education to be a generalist. A number of organizations including the AAMC sent letters to the ACGME in protest of this document. As a result, the ACGME has not adopted a position as to what are the educational requirements "generically" to be a generalist.

Finally, there has been a revision of the institutional requirements that a sponsoring institution must fulfill to sponsor training programs. A brief question and answer session followed Mr. Dickler's report.

The status report on COGME was given by Ingrid Philibert. The January meeting focused on the impact of changes in the delivery system on medical education and the physician workforce. This is a new orientation for COGME in that they are moving from advocacy of a 50/50 distribution of specialists and generalists to considering Jonathan Weiner's model which shows that we may have about enough generalist physicians. They also focused on changes within the 104th Congress on health care workforce and educational issues which differ substantially from the 103rd Congress. They also discussed the five year reauthorization and the future federal budgetary funding under Titles III (community health centers), VII (generalist physician education), and VIII (nursing education) of the Public Health Service Act.

Dr. Dupras followed with a discussion of issues from the Executive Council agenda: minutes, memberships, GSA bylaws, and strategic planning. The Administrative Board reviewed and approved the minutes from the last Executive Council meeting, as well as proposals dealing with the election of new COTH members and proposed changes to the GSA bylaws.

Dr. David Jones provided a brief report on the issue of quality of resident education. He discussed a questionnaire that he helped put together for information regarding thoracic surgeon residents and what they consider to be quality issues in education. He suggested that the Board might want to develop a position paper on the quality in residency education. The newsletter could be used to request opinions from the ORR members of what they feel are

issues of quality in their education. He also indicated that the questionnaire could be modified to apply to programs in other specialties and sent to ORR members.

Dr. Dupras thanked all of the members for attending the meeting and promised to see them at the next meeting in June. The meeting was adjourned at 3:30 pm.