

Association of American Medical Colleges
Organization of Resident Representatives
Minutes from the June 21, 1995
Administrative Board Meeting

The meeting was called to order at 8:35 am by Nicholas Gideonse, MD on behalf of Denise Dupras, MD, PhD. Members present included: Deborah Baumgarten, MD, Fernando Daniels III, MD, Judith Hoover, MD, David R. Jones, MD, and Dr. Dupras. Attending members from the AAMC staff included Michael Whitcomb, MD, David Altman, MD and Michelle Reddie.

The minutes from the February meeting were reviewed and approved. A brief discussion about the dissemination of the minutes followed and it was agreed that the minutes from the previous meeting would be sent out to the members at large.

Dr. Gideonse then introduced Dr. Michael Whitcomb, Senior Vice President for Medical Education. Dr. Whitcomb spoke about the changing role of graduate medical education (GME) within the Association. It is hoped that these changes will not only enhance the Association's role in GME issues but will provide for more effective leadership. For example, the Association is pushing for the Council for Academic Societies (CAS) to become a major forum for addressing issues related to GME since it includes organizations representing program directors and department chairs. Currently, the Accreditation Council for Graduate Medical Education (ACGME) is regarded as a forum for such issues but it does not have the representation of all of the academic societies.

Dr. Whitcomb also announced Dr. Altman's appointment as the Director for the newly reactivated Section of Graduate Medical Education, effective July 1. Dr. Whitcomb discussed changes planned for the Section on Resident Education (SRE) and the Group on Educational Affairs (GEA). Following his update, the floor was opened for a brief question and answer session.

Dr. David Altman, Director of the Section for Graduate Medical Education informed the Board that a staff associate will be hired for this section within a couple of months. Part of the responsibilities of this individual will include staffing of the ORR. Dr. Altman continued the discussion about the CAS and its changing role within the Association. He also suggested that a primer be included in the orientation manual with a description of how resident education is funded and who are the parties involved.

Dr. Nicholas Gideonse introduced the travel policy as the next business item to be discussed. Dr. Altman distributed a draft of this policy to the Administrative Board for review. During the discussion it was suggested that a sentence be included in the revised travel policy document stating that **"...the final decisions will rest with the Administrative Board in the settling of travel disputes."** Overall, the revised travel policy was very well received.

Dr. William Fortuner was unable to attend the meeting and provide an update on the Advisory Panel on Mission and Organization of Medical Schools (APMOMS), and Dr. Altman briefed the board on the activities of this group. The panel came together about a year ago and they have subdivided their work into a series of special working groups: 1) Institutionalizing Issues of Primary Care; 2) Biomedical Research; and 3) Social Responsibility. A series of articles will be published in the *Reporter* about the work of the APMOMS.

Dr. Gideonse introduced the topic of the National Consortium of Resident Physician Organizations. NCRPO sent information to Dr. Dupras and Dr. Gideonse regarding a meeting that is scheduled to be held September 22-24 at the Key Bridge Marriott, Rosslyn, VA. The Board unanimously decided that the ORR should be represented at this meeting and asked for a volunteer. Judith Hoover agreed to attend the meeting and will provide an update at the next meeting.

Dr. Gideonse mentioned the conference that Janet Bickel has planned during the annual meeting. Unfortunately, there is a schedule conflict with the ORR business meeting and this two day conference. Dr. Gideonse wondered if it would be possible to have a few ORR representatives as guest observers to the opening session. Dr. Altman said that he would speak with the meeting organizers as well as Janet Bickel to see what could be worked out.

The next issue to be addressed on the agenda was the Executive Council items. The Executive Council is interested in changing the membership criteria and possibly the name of COTH to allow health systems to be better represented. Currently, a system with multiple hospitals is only eligible for one membership seat on the COTH. Membership criteria would be that a system is self defining but must contain in the system what was previously defined as a teaching hospital. The second issue Executive Council item to be addressed related to the handling of transfer students. The Ad Board recommended approval of both resolutions.

Dr. Deborah Baumgarten and Dr. Fernando Daniels provided a brief update from the Association's strategic planning effort's Committee on Momentum. During the last meeting a draft of the Executive Summary with a new mission statement and a few paragraphs describing the future of academic medicine commitments and strategic goals for the group was distributed for review. Dr. Baumgarten read a few passages from the section of "Changing Constructs of Academic Medicine."

"We are going from an education based principally based on medical students in medical schools to education focused on the physician as a life long learner of the academic center serving as important resource throughout the lifelong process. We are going from an educational system built on lectures, labs and clinical experience to an educational system built increasingly on computer and information technology. From a research rationale based largely on discovery for discovery sake, to a research rationale with more explicit attention to solving urgent societal needs . . . From a health care system oriented toward individual patient illness to a health care system

informed by epidemiology and focused on population based medicine."

Dr. Altman introduced the discussion of annual meeting planning. A discussion followed as to what some of the topics might be and who the speakers could be as well. The quality of resident education was discussed at length. Dr. Denise Dupras arrived and briefed the members about the CAS spring meeting and her discussion with Paul Friedman, MD. The CAS is still very interested in doing a joint program on quality and perhaps comparing that to the issue of accreditation.

Katie Patton from the OSR spoke for a few minutes about the ORR/OSR joint reception scheduled for Saturday, October 28 from 5:00-5:45 pm. Steve Allen, Jr., MD, (the son of the actor Steve Allen) is a family physician from upstate New York and is scheduled to speak for that session.

One of the suggested topics for the 1:30 - 2:45 session was a workshop on presentation skills. Dr. Gideonse suggested that because the turnover rate for the representatives would be high for this year another option would be to be a little more informal to discuss issues such as: the AAMC, workforce issues, funding of GME or resident issues, health policy the "Washington" process and a section on residency accreditation. Someone suggested that Dr. Michael Whitcomb would be a good person to have present this type of information to the ORR members. Small group discussions should also include articles on topics which will be brought to the September meeting. Suggested topics for discussion are as follows: effects of state health care reform, state initiatives, managed care, job market forces/rightsizing, teaching and presentations, professional developmental issues.

At noon the meeting recessed for lunch.

Dr. Dupras called the meeting back to order and gave a brief update on the meeting of the Advisory Panel on Strategic Positioning for Health Care Reform that was held on May 31. One of the major topics to be addressed during the last meeting was the increasing numbers of residents as it relates to workforce issues. For a number of years the AAMC has had a policy which states that Medicare should **only** support the training of physician graduates from LCME-accredited schools. Both Fitzhugh Mullan, MD and Michael Whitcomb, MD spoke to the panel about where the increased number of residents is coming from. Dr. William Vaughn from New Jersey and Ms. Barbara Green from New York state also provided their respective statements related to international medical graduates (IMGs). Dr. Dupras reminded the Ad Board that when the issue of IMGs first arose, it was noted that New York state would be very vulnerable, particularly New York City, where a large percentage of housestaff are IMGs.

The idea that IMGs provide a disproportionate amount of care to rural areas is apparently not true. The distribution among specialties is much the same as it is for LCME-school graduates. In Internal Medicine IMGs subspecialize at the same frequency if not higher than LCME graduates. There was no firm decision made by the advisory panel

concerning revision of the AAMC policy, however, and they decided to bring it to the AAMC and all of its constituents bodies as a whole for discussion.

Although unable to attend the meeting, Dr. Michael Greenberg provided Dr. Dupras with an update on the Electronic Residency Application System (ERAS) and informed her that the Obstetrics and Gynecology programs will come on line in 1995, and the average cost per student will be \$25 for 15 applications. A surcharge of \$50 for IMGs, in addition to their other service fees, has been tentatively decided on. The AMA will maintain its FREIDA system (information about all the residency training programs) which will run in parallel with ERAS.

Dr. Altman mentioned a note that he had received from Ingrid Philibert asking that we reappoint a liaison to the SRE in place of Christina Gutierrez, MD. The Ad Board decided that would be dealt with during the elections at the annual meeting.

The legislative update was provided by Jeff Sanders, one of the newest members in the Office of Governmental Relations. The House and the Senate were holding conference committee meetings concerning the federal budget. The main issue of contention is the Senate Republican opposition to the level of tax cuts offered by the House Republicans. As far as Medicare cuts, they are expected to be somewhere between the House proposal of \$282 billion and the Senate proposal of \$256 billion. A proposal circulated in the House gave three options of how to achieve the Medicare cuts. Option A gave 35 ways to achieve the cuts including two which stated 1) reduce the Indirect Medical Education Adjustment from 7.7% to 3% ; and 2) reduce the level of funding for Direct Medical Education support by \$6.1 billion over a 7 year period. The issue of debt ceiling was also addressed. Following Mr. Sanders update there was a brief discussion. The meeting then adjourned at 2:30 pm and re-convened on June 21 at 8:30 am.

The business meeting was called to order by Dr. Dupras in the Imperial Room II at the ANA Hotel. Dr. Dupras continued the discussion of annual meeting planning. The topics that will be addressed during the annual meeting are: SRE, health care reform, ERAS, resident organization consortium, OSR, e-mail list server, strategic planning and APMOMS, and the generalist physician initiatives. It would also be nice to add on a briefing of the Hill visit and something on the transitional forum. Dr. Dupras suggested that the new member orientation be slotted for Saturday 7:30 - 8:00 am and have breakfast served from 7:30 - 8:30 am, leaving 30 minutes or so for people to come in and meet each other etc. The meeting would begin at 8:30 am. The welcome from Drs. Cohen, Whitcomb and Altman along with the introduction of new members will take place from 8:30 - 9:30 am. The GME contacts will be 9:30-10:30. A break has been scheduled for 10:30 - 10:45. The business meeting with reports has been scheduled for 10:45 - Noon. Lunch will be served from Noon - 1:30 pm and the rest of the business meeting/ wrap-up of small group discussions from 1:30 - 2:45 pm. The joint session with CAS will be held from 3:00 - 4:30 and the ORR/OSR reception from 5:00 - 6:30 pm.

For Sunday, October 29 the business meeting will be continued. Breakfast will be held at 8:00 am and the business meeting will begin at 8:30 am. A legislative update will be given and a wrap-up of small group discussions will take place if they run out of time on Saturday and elections. A written survey will be given out during the meeting to have people give them feed back on how the meeting went. The new ad board will meet from 11:30 - Noon, and members will be encouraged to attend the AAMC plenary session afterwards.

Dr. Altman discussed the fact that there is a goal for the ORR to be a professional development activity for residents who are seen as potential future academic leaders. However, we are trying to do those things while keeping the meetings as short as possible because residents cannot take that much time off. To do something in an hour is difficult, compounded by the fact that the ORR membership at large meets only once a year. It was suggested that in the spring a professional development activity for the ORR can be offered to its members for one day, perhaps in June. Tying it in with the CAS spring meeting would be very helpful. Further comment regarding this idea would be welcome.

Dr. Dupras introduced the "Ethics" program that is scheduled for October 27-28. She spoke with Janet Bickel who would like to have the residents involved. She said that it would not be problem if people only attended that conference for one day.

Dr. Dupras then re-introduced the Executive Council item concerning IMGs. The OSR has said that it does not agree with some of the reasoning in relation to the IMGs. One of the Deans has stated that the IMGs was a surrogate for quality. The general response was supportive of quality, but it is not clear how quality is defined. Dr. Altman suggested that the critical issue may be the number of positions being offered. The second concern is that if the IMGs are excluded we will still have some poor or mediocre programs, particularly in the primary care disciplines, which will have been filled by IMGs which may have no incentive for increasing their quality. There are moral, ethical, and political issues tied up in the discussion on IMGs. Following the discussion, the Ad Board voted to accept all four recommendations of the Executive Council items. Dr. Dupras promised to voice some of the opinions/concerns that had been raised about this issue during the Executive Council meeting.

The next issue addressed was strategic planning. The ORR was asked to review the draft strategic plan developed under Dr. Cohen's leadership. Particularly pertinent to the ORR was the plan concerning future education policy and career counseling. It was agreed that the Association could provide more data on the current job market and how the residents will fit into the workforce. The complete strategic plan will be discussed further at the September governance meetings and presented to the membership at the Annual Meeting in October-November 1995.

Dr. Dupras thanked everyone for attending the meeting and adjourned at 11:16 am.