

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

December 14, 1973

M E M O R A N D U M

TO: OSR Administrative Board

FROM: Robert J. Boerner *RB*
Associate Director for Student Programs
Division of Student Programs and Services

SUBJECT: Administrative Board Meeting on January 11 and 12

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As you know from Dan Clarke-Pearson's recent communication, a meeting of the OSR Administrative Board is planned for January 11 and 12. The tentative schedule is as follows:

January 11:

9:00 a.m. - 3:00 p.m.	Orientation Meeting with AAMC Department and Division Directors (An AAMC organization chart is attached)
3:00 p.m. - 5:00 p.m.	OSR Administrative Board Business Meeting
7:00 p.m. - 9:00 p.m.	OSR Administrative Board Business Meeting

January 12:

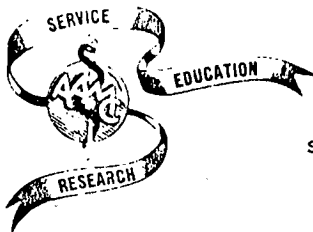
9:00 a.m. - 12 Noon	OSR Administrative Board Business Meeting
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Specific agenda will be forwarded later.

If you would like a travel advance or a room reservation for the night of January 11, please phone collect Vilena Eiland at 202/466-5157.

RJB/vre

Attachment



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

December 10, 1973

TO: Dr. Swanson, Department of Academic Affairs
Mr. Keyes, Division of Institutional Studies
Dr. Knapp, Department of Teaching Hospitals
Dr. Wilson, Department of Institutional Development
Dr. Ball, Division of Biomedical Research
Mr. Bowsher, Division of Federal Liaison
Dr. W. Cooper, Department of Academic Affairs
Dr. Erdmann, Division of Educational Measurement and Research
Mr. Fentress, Division of Public Relations
Dr. Johnson, Division of Student Studies
Dr. Jolly, Division of Operational Studies
Dr. Howell, Division of Program Liaison and Evaluation
Dr. Hudson, Department of Health Services
Dr. Schofield, Division of Accreditation
Dr. Suter, Division of International Medical Education
Dr. Thompson, Division of Student Programs and Services
Mr. Prieto, Office of Minority Affairs

FROM: Robert J. Boerner, Associate Director for Student Programs
Division of Student Programs and Services

SUBJECT: Organization of Student Representatives (OSR)
Administrative Board Meeting - January 11, 1974

The ten-member Administrative Board of the Organization of Student Representatives will meet in Washington on Friday, January 11, 1974. The Division of Student Programs and Services has arranged this meeting to provide an opportunity for the newly elected OSR leaders to become better acquainted with the structure and goals of AAMC so that OSR policies and programs may be realistically designed to complement AAMC activities as a whole.

An agenda for this meeting is being developed. It is our hope that each of the Department, Division, and Office heads listed above will be able to make a brief presentation concerning his or her area of responsibility, with emphasis on major issues of medical education, including ways in which students might contribute to the work being done. Including a question-and-answer period, it is expected that we would take no more than half an hour of anyone's time.

Would you please respond to Vilena Eiland on extension 5157 at your earliest convenience regarding whether you will be available on January 11 to participate in this program and approximately what time of day between 9:30 a.m. and 3:00 p.m. would be best for you. As soon as possible, I will put together a tentative schedule for your information. We will distribute a final agenda to OSR participants by December 28.

Thank you for your assistance with this important project. Please let me know if you have any questions or would like additional information.

Copies to Dr. John A.D. Cooper, Dan Clarke-Pearson

[*Then in the Agenda*]

Organization of Student Representatives
Association of American Medical Colleges

Administrative Board Meeting
January 11-12, 1974
Washington, D.C.

- I. Call to Order
- II. Orientation to AAMC
- | | |
|-------------------------|--|
| A. Dr. John A.D. Cooper | Welcome and Remarks: Overview of AAMC Goals and Activities |
| B. Dr. Richard Knapp | Departments of Teaching Hospitals |
| C. Dr. Davis Johnson | Division of Student Studies |
| D. Dr. Michael Ball | Division of Biomedical Research |
| E. Dr. James Erdmann | Division of Educational Measurement and Research |
| F. Mr. Joseph Keyes | Division of Institutional Studies |
| G. Ms. Wendy Waddell | Division of International Medical Education |
| H. Dr. James Schofield | Division of Accreditation |
| I. Mr. Charles Fentress | Division of Public Relations |
| J. Mr. Prentice Bowsher | Division of Federal Liaison |
| K. Dr. Robert Thompson | Division of Student Programs and Services |
| L. Mr. Dario Prieto | Director of Minority Affairs [Department] |
| M. Mrs. Lily Engstrom | Division of Health Services |
| N. Dr. Paul Jolly | Division of Operational Studies |
- III. Minutes of Previous Meetings
- OSR Annual Meeting - 11/3-4/73
 - OSR Administrative Board Meeting - 11/5/73 (Addendum 9)
- IV. Regional Reports
- Lisa Bailey
 - Stan Pearson
 - Serena Friedman
 - Cindy Johnson
- V. Task Force Reports
- MCAAP and the Admissions Crisis
 - Legislation and Medicine
 - Student Information: Confidentiality and Related Issues (Addendum 5)
 - Financial Aid and the OSR (Addendum 4)
 - Evaluation of OSR Structure and Function (Addendum 6)
- VI. OSR Committee Reports
- NIRMP Violation Monitoring: Elliott Ray
 - Student Administrative Listing: Elliott Ray
 - MCAAP: Progress Report
 - Senior Electives Catalogue Committee
 - Liaison with External Organizations
- VII. Chairperson's Report
- AAMC Officers' Retreat 12/5-7/73
 - COD Administrative Board Meeting - 12/13/73
 - AAMC Executive Council - 12/14/73
 - Other Activities

VIII. Action Items

- A. Appointment of OSR Members to AAMC and GSA Committees
- B. OSR Resolutions
- C. New OSR Resolutions
- D. OSR Rules and Regulations
- E. OSR Proposals

IX. Discussion Items

- A. Moonlighting of House Officers
- B. Proposal on Evaluation in the Continuum of Medical Education
- C. AAMC Policy for Financing OSR Administrative Board: Bob Boerner
- D. MCAAP Interim Board - Letter from Dale Antanitus
- E. AAMC Annual Meeting
 - 1. Focus
 - 2. OSR Plans
- F. OSR Name and Address List
- G. Selective Service Procedures 2M Classification: Bob Boerner
- H. Modifying the Characteristics of the Process and Output of Medical Education
 - 1. Number of M.D.'s
 - 2. Speciality Distribution - Report by the AAMC Graduate Medical Education Committee
 - 3. Geographic Distribution
 - 4. Education of the Health Care Team
 - 5. Physician Manpower and Distribution - Report to the CCME
- I. National Health Insurance
- J. FMG Task Force Recommendations
- K. Distinguished Service Members and AAMC Structure
- L. Definition of OSR Goals and Priorities for 1974

X. Information Items

- A. Policy Guidelines on Extramural Academic Experiences
- B. AAMC Recommendations on Medical School Acceptance
- C. Report of the AAMC Committee on Health Manpower
- D. Report of the Committee on the Financing of Medical Education - A Plan for the Committee's Statement of Policy on the Financing of Undergraduate Medical Education

XI. Old Business

XII. New Business

XIII. Adjournment

ORGANIZATION OF STUDENT REPRESENTATIVES
OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MINUTES

BUSINESS MEETING

November 3-4, 1973
Washington Hilton Hotel
Washington, D. C.

1. Call to Order

The meeting was called to order by the Chairperson, Kevin Soden, at 8:15 p.m. Saturday, November 3, 1973, in the Military Room.

2. Roll Call

Mr. Soden declared the presence of a quorum. Seventy-seven member schools were represented.

3. Minutes of the Previous Annual Meeting

The minutes of the meeting held in Miami Beach, Florida, on November 2-3, 1972, were approved as written in the Agenda.

4. Chairperson's Report

The Chairperson, Kevin Soden, stated that the OSR is now being more widely recognized and its members are consulted earnestly for active student participation and input. He thanked the Regional Chairpersons for their successful Regional Meetings. He also thanked the Administrative Board for their efforts in making this past year a success, noting that "the continued working of the OSR during the year is through the Administrative Board." The Chairperson drew attention to an additional Administrative Board meeting held in September. He then commented briefly on several bylaw changes he felt necessary and "recommended" their approval. Attention was focused next on the five task forces: (1) MCAAP and the Admission Crisis (2) Legislation and Medicine (3) Student Information - confidentiality and related issues (4) Financial Aid and the OSR (5) Operational Aspects of OSR. Finally, it was announced that the OSR is now under a new division of the AAMC (Division of Student Programs and Services). He concluded with a brief rundown of the OSR events for the annual meeting.

5. Regional Reports

Three Regional Chairpersons gave reports of their Spring Regional Meetings.

Southern Region - H. Jay Hassell, Chairperson

Western Region - Patrick Connell, Chairperson

Central Region - Dan Clarke-Pearson, Chairperson

The Northeast Region, it was explained by Representative-at-Large Robert Kohn, did not have a quorum present at the Regional Meeting.

6. Report on Health Service Advisory Committee

Dan Clarke-Pearson, the OSR representative to this AAMC Committee, noted that the Primary Care Task Force focused on new delivery models for primary health care, primary care graduate training, and new health practitioners in primary care. The Quality of Care Task Force dealt with PSRO legislation and its implications for teaching hospitals. The HMO Prototype program was also discussed. He encouraged attendance at The Primary Care, Quality of Care Program being held November 7 at 9:00 a.m.

7. National Intern and Resident Matching Program (NIRMP)

Elliott Ray, OSR representative-at-large, gave an extensive history and progress report on NIRMP. The importance of NIRMP was reemphasized. Concern was voiced over continuing violations of the NIRMP honor code. He stated that an OSR member is now an official voting member of the NIRMP Board of Directors.

8. Medical Colleges Admission Assessment Program (MCAAP)

Alvin Strelnick presented a briefing on the development and present status of the MCAAP. He stated that representatives from OSR have been involved in the development of recommendations and the actual determination of the needs in admission assessment. He stated that the final report for MCAAP would be presented at this annual AAMC meeting. He also congratulated James C. Angel for his work in administering the project.

9. OSR Task Force Discussion Groups

Kevin Soden clarified the room assignments and time changes for the discussion groups.

A. 1:30 to 3:30 p.m.

1. MCAAP and the Admission Crisis
Chairperson: Patrick Connell
2. Legislation and Medicine
Chairperson: H. Jay Hassell
3. Financial Aid and OSR
Chairperson: Alvin Strelnick
4. Student Information-Confidentiality and Related Issues
Chairperson: Kevin Soden

B. 4:00-5:00 p.m.

1. Operational Aspects of OSR
Chairperson: Dan Clarke-Pearson

C. 5:00-6:00 p.m.

1. MCAAP Seminar
Discussion Leader: James Angel
Panel: Mark Cannon, Joanne Scherr, Hal Strelnick

10. Action Items

- A. The Rules and Regulations Reforms as printed on page five of the Agenda were then presented and discussed item per item.

ACTION: On motion, seconded and carried, the OSR approved the following change in wording of their Rules and Regulations:

That the words "chairman," "vice chairman," etc., be changed to "chairperson," "vice chairperson," etc., in every instance where applicable.

ACTION: On motion seconded and carried, the OSR approved the following addition in their Rules and Regulations Section 4, Subtitle A, Section 1.

The Chairperson must be an official OSR representative at the time of his or her selection, and must have attended the previous OSR annual meeting and the most recent official regional meeting of his or her OSR region. In the event that no OSR representative who satisfies these criteria desires to seek the office of Chairperson, the requirements of previous attendance shall be waived.

ACTION: On motion, seconded and carried, the OSR, following the recommendations of the Administrative Board (September 7, 1973), approved the following changes in their Rules and Regulations:

Section 4, subtitle (a), section 2: This should be changed to read: "The Vice Chairperson, whose duties are to preside or otherwise serve in the absence of the Chairperson. If the Vice Chairperson succeeds the Chairperson before the expiration of his or her term of office, such service shall not disqualify the Vice Chairperson from serving a full term as Chairperson." (Wherever appearing in the Rules and Regulations of the OSR, the words "Chairman-elect" shall be replaced by the words "Vice Chairperson." In the Rules and Regulations this will include changes in Section 4D, line 2; Section 4F, line 7; and Section 5, item 2.)

Section 4, subtitle (a), section 3: This section shall be replaced by the following: "The Secretary whose duties it shall be to (a) keep the minutes of each regular meeting, (b) maintain an accurate record of all actions and recommendations of the organization; and (c) insure the dissemination of minutes of each regular meeting and a record of all actions and recommendations of the organization and of the organization's representatives on the committees of the AAMC within one month of each meeting."

Section 4, subtitle (d): This shall be changed to read: "There shall be an Administrative Board composed of the Chairperson, the Vice Chairperson, the Representatives-at-Large, the Secretary, and one member chosen from each of four regions, which shall be congruent with the regions of the Council of Deans. Regional members of the Administrative Board shall be elected at the Annual Meeting by regional caucus."

Section 6, subtitle (d) shall be deleted and replaced by the following: "Formal actions may result by two mechanisms; (1) By a majority of those present and voting at meetings at which a quorum is present and (2) when three of four regional meetings have passed an identical motion by a majority of those present and voting."

Section 4, subtitle (e): This section would be eliminated completely.

Section 3, Membership: Add subtitle (c) "Each school shall choose the term of office of its representative in its own manner."

- B. Chairperson-elect speaks to Resignation. Alvin Strelnick, Chairperson-elect, 1972-1973, spoke to his letter of resignation which had been accepted by the Administrative Board. He explained that he resigned with the intention to submit his name for renomination under the new Rules and Regulations as presented.

11. Additional Topics of Discussion

- A. The chairperson reasserted the importance of continuity to the successful operation of the OSR and gave additional explanation about the alternate and official OSR representative. He stressed that the official representative is the only voting member at the OSR meeting.

12. Recess

The meeting was recessed at 11:50 p.m., to be reconvened Sunday, November 4, at 8:00 p.m.

13. OSR Business Meeting Reconvened: November 4, 1973

A. Call to Order

The Chairperson, Kevin Soden, called the meeting to order at 8:40 p.m., Sunday, November 4, in Georgetown West Room.

B. Determination of Quorum

Quorum was declared.

14. Regional Chairperson Reports

The four regional chairpersons gave reports of the business in their respective regional meetings held earlier that day. Two regions announced the election of their new 1973-74 Regional Representatives to the OSR Administrative Board (the other two were elected at the conclusion of this business session but are included here in the minutes for continuity). The new regional representatives are:

Southern:	Stan Pearson, Meharry Medical College
*Northeast:	Serena Friedman, New Jersey College of Medicine
*Western:	Cindy Johnson, University of Washington
*Central:	Lisa Bailey, Northwestern University

* Minutes of these meetings constitute Addenda items #1, #2, and #3 of these minutes.

15. Task Force Reports

The detailed reports of three of the OSR Task Forces are included as Addenda items #4, #5, and #6. The following is an abbreviated outline of each Task Force's presentation.

A. Financial Aid and OSR

1. Alvin Strelnick reported briefly on the decrease in loans and scholarships available to medical and graduate students. The Recommendations of the Task Force were approved by the OSR Assembly (See Addendum #4).
2. Martin Wasserman explained the National Health Service Corps and the important role medical students could help play in fulfilling its objectives. He left his address for those who desired further information.

Martin Wasserman
NHSC, RM, 6-05 Parklawn
5600 Fishers Lane
Rockville, Maryland

B. Legislation and Medicine

Joanne Scherr reported briefly on (a) Federal Assistance to the Health Professions, (b) The Federal Appropriation Process, (c) The status and future of Health Maintenance Organizations, (d) Research Ethics and Research Training. She stated that a good deal of this information is distributed in the AAMC weekly letter of Dr. Cooper and encouraged all members to read it regularly in order to keep abreast of important legislative issues.

C. MCAAP and the Admission Crisis

Patrick Connell explained what great progress has been made during the past year. He explained many of the programs and ideas which have been initiated by medical schools and undergraduate colleges. He expressed the hope that these changes would help relieve many psychological pressures of medical school admissions. He stressed improved guidance from pre-med advisors and a more realistic appraisal of applicant's abilities.

D. Student Information-confidentiality and Related Issues

Kevin Soden reported that his group opposed release of any student's name and school by the AAMC without the expressed approval of that individual and/or the OSR administrative board. They recognized many requests for medical student and school listings were made to AAMC each year but requested that personal student information be placed in the "Restricted" classification under the AAMC's proposed policy for release of information.

E. Operational Aspects of OSR

Dan Clarke-Pearson reported that his task force spent the first hour in evaluating the OSR, examining the function of the Administrative Board and elucidating the numerous AAMC committees and the degree of student participation on them. The recommendations of the Task Force (see Addendum #6) were approved by the entire OSR Assembly.

16. Information Items

- A. Resolution on the NIRMP - attention was called to this resolution printed completely on page 17 of the Agenda and the fact that it was passed September 7, 1973, by the OSR Administrative Board.

B. Proposed Policy for Release of AAMC Information

ACTION: On motion, seconded, and carried.

The OSR approved the proposed policy for release of AAMC information as printed on page 18 of Agenda, with the stipulation that any information including the names of individual medical students be in the "restricted" category, and that this information be released only with the approval of that individual and/or the OSR Administrative Board.

- C. AAMC Executive Council recommendation to increase CAS and COTH Assembly Representation - The complete recommendation was printed on page 17 of the Agenda. It was noted that the number of voting assembly delegates of the OSR would continue to be 10 percent of the OSR membership.

D. Proposed Policy Guidelines on Extramural Academic Experiences -

These policy guidelines were written by the Division of Student Programs and Services. It is their intent that an application of them would keep to a minimum future misunderstandings related to unexpected monetary charges, supervisory responsibilities and academic record keeping.

- E. Resolution on Availability of Admissions Data - This resolution had passed at three OSR spring regional meetings. It was written by Mark Cannon. As noted on pages 22-23 of the Agenda, it had been adopted by The OSR Administrative Board in June, 1973, and was presented to the AAMC Resolutions Committee in September, 1973. (This resolution was adopted, with modification, by the AAMC Assembly on November 6, 1973; see Addendum #7.)

- F. Student Administrative Listing - Elliott Ray gave an explanation of a study he has attempted to coordinate concerning student input to administrative activities. He presented summary drafts on his study to date, based on returns of less than 16 percent. He encouraged the OSR representatives to disregard the old forms, and stated that new ones would be sent to the OSR representatives shortly.

- G. Medical Colleges Admission Assessment Program - The MCAAP goal of providing more information to prospective applicants and actual applicants, to medical school people directly involved with admissions, and to premedical advisors was singled out. OSR representatives were acknowledged for active participation.

H. Summary of U. S. Medical Schools Using EDP and/or Uniform Acceptance Dates in Admitting 1974-75 Entering Class - The present status of study was briefly presented. It was noted that 51 medical schools had agreed to use EDP and 69 schools were to use the uniform acceptance dates. The purpose of the AAMC staff committee has been to make the admission process more equitable and less wasteful. It was hoped that their suggestions about the application process would help reduce uncertainty and anxiety of applicants. Prompt rejection letters to those who are "clearly non-competitive" would also allow these applicants to make alternative plans.

I. Calendar of 1974 OSR Regional Meetings - The following dates and locations were identified for spring meetings:

<u>Region</u>	<u>Dates</u>	<u>Location</u>
West	3/31-4/2	Asilomar, California
South	4/11-4/13	Birmingham, Alabama
Northeast	4/29-5/1	White Sulphur Springs, West Virginia
Central	5/2-5/4	Minneapolis, Minnesota

J. Guidelines for consideration of Resolutions by the AAMC Resolutions Committee - It was pointed out that by AAMC Executive Council action on June 22, 1973, future resolutions would adhere to the four guidelines as outlined on page 39 of the Agenda. In addition, attention was placed upon the function and role of the AAMC Resolutions Committee and upon the OSR representative to that committee.

17. Election of National Officers

A. The following OSR members were nominated OSR officers for 1973-74.

1. Chairperson

- a. Daniel Clarke-Pearson, Case Western Reserve School of Medicine
- b. Alvin Strelnick, Yale University School of Medicine
- c. Elliott Ray, University of Kentucky School of Medicine

2. Vice Chairperson

- a. Fred Sanfilippo, Duke University School of Medicine
- b. Mark Cannon, Medical College of Wisconsin
- c. Dale Antanitus, University of Rochester School of Medicine

3. Secretary

- a. Richard A. Marfuggi, University of Vermont College of Medicine
- b. Bob Rosenbaum, University of Michigan Medical School
- c. David Stein, Wayne State University School of Medicine

4. Representatives-at-large

- a. David Van Wyck, University of Arizona College of Medicine
- b. Michael Victoroff, Baylor College of Medicine
- c. Stan Pearson, Meharry Medical College
- d. Elliott Ray, University of Kentucky College of Medicine
- e. Frank Handle, University of Pennsylvania School of Medicine
- f. Russ Keasler, LSU-Shreveport School of Medicine
- g. Joel Davin, Boston University School of Medicine
- h. Ernie Turner, University of Kansas School of Medicine
- i. Paul Pitel, Brown University Medical College
- j. Burt Adelman, Cornell University School of Medicine
- k. Jerry Zeldis, Yale University School of Medicine

B. The following OSR members were elected for 1973-74 offices:

1. Chairperson - Daniel Clarke-Pearson, Case Western Reserve School of Medicine
2. Vice Chairperson - Mark Cannon, Medical College of Wisconsin
3. Secretary - David Stein, Wayne State University School of Medicine
4. Representatives-at-large
 - a. Russ Keasler, LSU-Shreveport School of Medicine
 - b. Elliott Ray, University of Kentucky School of Medicine
 - c. Ernie Turner, University of Kansas School of Medicine

18. New Business

- A. Resolution on Primary Care Training, submitted by Fred Sanfilippo, Duke University, and Kevin Soden, University of Florida:

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

WHEREAS, the urgent need for primary care physicians in the U.S. has been made evident and,

WHEREAS, the current mechanism for meeting much of this need is through the use of foreign medical graduates in community hospitals at the intern and resident levels, which in turn is depriving other countries of badly needed doctors, and

WHEREAS, medical schools in the U.S. often provide inadequate exposure for medical students in the area of primary care and emphasize role models of the academic specialist, often to the exclusion of the primary care specialist; be it therefore RESOLVED that experience in primary care be incorporated into the core curriculum of each medical school as part of the required clinical training of all medical students, and RESOLVED, that the AAMC should work with the member institutions to achieve this goal.

B. Resolution on Safeguarding Data Systems, submitted by Kevin Soden, University of Florida:

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

WHEREAS, there are both potential and realized harmful consequences that may and have resulted from the use of automated and nonautomated personal data systems.

RESOLVED that the AAMC urge its member institutions to establish a mechanism with representation of all constituent groups within the academic health center and/or the medical college to develop a set of "safeguard requirements" for automated and nonautomated personal data systems that includes the following points:

- a. There must be no personal data record-keeping systems whose very existence is secret.
- b. There must be a way for an individual to find out what information about him is in a record and how it is used.
- c. There must be a way for an individual to be informed when information about him that was obtained for one purpose is being used or made available for other purposes without his consent.
- d. There must be a way for an individual to correct or amend a record of identifiable information about him.
- e. Any organization creating, maintaining, using, or disseminating records of identifiable personal data must assure the reliability of the data for their intended use and must take precautions to prevent misuse of the data.

C. Change in Rules and Regulations of the Organization of Student Representatives, submitted by Jacqueline Wertsch, Medical College of Pennsylvania:

ACTION: Following discussion, on motion, seconded and carried, the OSR approved the following resolution calling for a change in the Rules and Regulations under Section 3 entitled Membership.* It is to read as follows:

Section 3 Membership

(A) An OSR representative shall be a medical student representing an institution with membership on the Council of Deans, selected by a process appropriate to the governance of the institution. The selection should facilitate representative student input. Each such representative must be certified by the dean of the institution to the Chairman of the Council of Deans.

(B) Each OSR representative shall be entitled to cast one vote at meetings of the Organization.

(C) Each institution with an OSR representative may select an OSR alternate who may attend regional and annual OSR meetings.

D. Resolution on NIRMP, submitted by Jacqueline Wertsch, Medical College of Pennsylvania; and the Northeast Region:

ACTION: On motion, seconded and carried, the OSR membership approved the following resolution:

That the OSR (1) encourage continuing collection of data on the success of NIRMP operations via polling each Fall immediately following the Annual OSR meeting of all senior medical students via OSR mailing of a generated anonymous questionnaire (2) encourage NIRMP to investigate and enforce penalties against NIRMP violation (3) encourage NIRMP to reweigh and be more explicit in defining a student's liability when he/she participates in NIRMP.

E. Resolution on Medical School Curriculum, submitted by Serena Friedman, New Jersey Medical College:

*Since this Rules and Regulations change was not circulated 30 days prior to the annual meeting, it must be circulated 30 days prior to, and approved at, the next annual meeting in order to become part of the OSR Rules and Regulations.

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ACTION: On motion, seconded and carried, the OSR membership approved the following resolution:

RESOLVED that medical school curricula require instruction of at least two lecture hours each in:

1. Nutrition
2. Medical ethics
3. Human Sexuality
4. Medical hypnosis
5. Non-Western medicine

Furthermore that

1. Nutrition
2. Medical ethics
3. Human Sexuality

be required as integral parts of the curriculum taken by medical students.

F. Resolution for OSR Committee Placement, submitted by Fred Sanfilippo, Duke University:

ACTION: On motion, seconded and carried, the OSR membership approved the following:

WHEREAS, at present there is no direct mechanism for student input to the Coordinating Council on Medical Education, the Liaison Committee on Medical Education or the Liaison Committee on Graduate Education be it therefore

RESOLVED: that the AAMC appoint a member of the OSR as one of its representatives to each of these committees.

G. Resolution on Random Admission Selection, submitted by Jerry Zeldis, Yale University:

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

BE IT RESOLVED that the AAMC establish a committee to consider a feasibility study of the philosophical and technical aspects of random or partial random admission of qualified applicants to medical schools; the limitation of student applications should be considered.

H. Resolution on Pass-Fail System, Submitted by Joel Daven, Boston University:

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

BE IT RESOLVED that the OSR study the feasibility of instituting a pass-fail system in an effort to equalize the post-graduate training application process.

I. Resolution on Minority Applicant Pool, submitted by Serena Friedman, New Jersey College of Medicine:

ACTION: On motion, seconded and carried, the following resolution was approved by OSR:

BE IT RESOLVED that the causes for the minority applicant pool appearing to be leveling off need to be investigated more fully and that an OSR committee be created to do so.

19. Adjournment to Regional Elections

The meeting was adjourned at 12:25 a.m.

Respectfully submitted

H. Jay Hassell
Southern Regional Chairperson
Acting Secretary

ADDENDUM #1

Minutes
Western Region OSR

The Western Region representatives of the OSR met twice during the National meetings with ten of the fourteen schools represented. A large part of the first meeting was spent in the orientation of new OSR representatives and discussion of the structure and function of the AAMC and the role of OSR within the organization. The NIRMP proposal was discussed and Elliott Ray answered questions and further clarified the issues.

The following officers were chosen:

Chairperson: Cindy Johnson
University of Washington
Seattle, Washington

Vice-Chairperson: Joanne Scherr
USC
Los Angeles, California

Secretary: Craig Moffat
University of Utah
Salt Lake City, Utah

During the second meeting we talked about the potential of the OSR and the problems of continuity. Each representative will try to bring the new OSR representative with them to the regional meeting in the spring. Women's issues were also discussed, particularly in regard to the general lack of sensitivity to these issues by many of the OSR representatives. There was some thought of planning a session on women's issues for the next National meeting.

APPENDUM #2

Minutes

Central Region OSR Business Meeting
10:00 a.m. - 12:00 noon
November 4, 1973

Chairperson - Daniel L. Clarke-Pearson
Case Western Reserve University

- I. Following some opening remarks, there was a brief discussion of the previous evening's OSR Business Meeting and a look ahead to the upcoming Task Force and OSR Business Meetings scheduled for later in the day.
- II. Report of Action Taken on Central Region Items. Dan Clarke-Pearson reviewed Central Region Action items adopted at the spring regional meeting and what action has been taken on these items:
- A. NIRMP Resolution. Following general discussion, Elliott Ray told the region why our resolution was modified in order to be suitable for adoption by the AAMC. Although the Central Region understood this, it was still felt that there needed to be found a more effective threat to deter internship and residency programs from violating NIRMP rules.
- B. Suggestions on the "4 Stage Plan to Alleviate the Admissions Crisis". The history and structure of the plan was discussed. The Central Region's proposed alterations were then outlined. It was pointed out the extent to which these have been implemented to date (i.e., Information Dissemination, Early Decision Plan, and Uniform Acceptance Dates).
- Mark Cannon's "Resolution on the Availability of Admissions Data" and the Central Region's "Resolution on Information Dissemination to Pre-Medical Students" were mentioned. (I would like to inform the Region that both resolutions were adopted by the AAMC Assembly on Tuesday, November 6, 1973.)
- C. MCAAP. Regional MCAAP Task Force representative Mark Cannon outlined briefly the progress and present status of the MCAAP. He urged the members to attend the "MCAAP Program" scheduled for later that day.
- D. Catalogue of Student Officers. This catalogue, which was adopted by the Central Region, has become a national priority. The members were urged to return all questionnaires regarding this project.
- E. Resolution on Open Records. This resolution, written by Gene Stringer, has been forwarded to the Task Force on Student Records which met later that day. This resolution was incorporated into another resolution which was adopted by the OSR.

F. Resolution for More Rapid Action on OSR Items by Mark Cannon. This resolution was approved by the OSR Administrative Board and was included as a change in the OSR Rules and Regulations which were approved the previous evening at the OSR Business Meeting.

III. Report of Central Region AAMC Meeting. Although the Central Regional OSR did not officially participate in this meeting, several members attended as observers. Bob Rosenbaum reported on the major topic of discussion--the proposed alterations in the National Board Examinations.

The Central Region has been very interested in several aspects of the National Boards for the past two years, so this discussion renewed interest. Mark Cannon reported on some research he has been doing related to the National Boards and promised to keep the region informed on new items.

Robert Lemanske reported that the University of Wisconsin's study of selection criteria for internships ranked National Board Scores about fifth behind personal recommendations and several other criteria. Bob will distribute this study to the Central Region in the near future.

Finally the Central Region decided to investigate the possibility of having (a) student(s) placed on the Advisory Board of the National Board of Examiners.

IV. Election of Regional Officers. The following people were elected to serve as Central Region officers for the coming year:

Chairperson - Lisa Bailey
Northwestern

Vice-Chairperson - Dan Plautz
University of Missouri-Columbia

Secretary - Holly Doyne
University of Minnesota

Respectfully Submitted

Daniel L. Clarke-Pearson

ADDENDUM #3

Minutes The Northeastern Region

Meeting of November 4, 1973

1. Discussion of the NIRMP - The National Intern and Residency Matching Program - use of an anonymous form for violation reportage
 - whether accreditation should be threatened for violations
 - the use of fines or blacklisting programs from catalogue as penalties for violations
2. Grading systems at the various schools
3. Letter to the American Psychiatric Association - motion tabled
4. Sub-division into three sub-regions:
 - Northern: Rhode Island, Mass., Vermont, New Hampshire, Conn.
 - Central: New York, New Jersey
 - Southern: Washington, D.C., Maryland, Maine, Penn.
5. Meetings of the Sub-Regions and Selection of their representatives:
 - a. Paul Pitel, 60 Charlesfield St., Providence, R.I. 02906
 - b. Serena Friedman, 43 Glenwood Rd., Upper Montclair, N.J.
 - c. Tessa Fischer, 4504 MacArthur Blvd. NW, Wash. D.C. 20007
6. Additional report of meeting in detail by Robert Kohn, sent to National OSR

Meeting of November 5, 1973

1. Selection of one Regional Chairperson from the three Sub-Regional Representatives - Serena Friedman of the NY-NJ sub-region was selected.
2. Vote on Regional Resolutions:
 - a. Prison Health Resolution - Passed, text to follow in next letter
 - b. Minority Representation on OSR Resolution - inviting Black, Puerto Rican, Indian, and Chicano minority medical students to sit as official members of the OSR General Assembly - Tabled
 - c. Regional GSA Meeting Resolution - The scheduling of the Group on Student Affairs regional Northeast meeting at White Sulphur Springs, West Virginia was felt to be in an obscure location outside the region and not easily reachable by our regional representatives. The following resolution was PASSED:

RESOLVED: The Northeast Region recommends that

1. In the future the interests of Student Representatives to OSR should be considered with respect to transportation costs and difficulties when scheduling the annual regional meetings;
2. This year the Northeastern OSR representatives will meet at a location convenient to the majority of OSR representatives and alternates on a date before the April 29th GSA Northeast Meeting;

3. The Northeast Region will send student representatives to the GSA Meeting in West Virginia
- d. Hospital Workers Union 1199 Resolution: (From Rick D'Amico)
The following resolution from the NYU Representative was modified and passed after much discussion, some of which follows:

RESOLVED: "That the Northeast Region of the OSR opposes the selective regulation of the Health Services Industry by the Federal Government via the Cost of Living Council and supports the right of Health Services workers to unionize in order to bargain for better wages and working conditions."

As related during the discussion Local 1199, a union including non-medical hospital workers at the non-voluntary hospitals, signed a contract with hospitals asking for a 7 1/2 percent annual increase in wages for the two year period beginning June, 1972, subject to approval of the Cost of Living Council. This money had been budgeted and the contracts signed but the Council only approved the first year's increase and not the second. The Local 1199 union workers did go out on strike as of this writing. This resolution in support of these workers addresses itself to the issue of the selective regulation and discriminatory regulation of the health industries, adversely affecting health services personnel.

3. AAMC COMMITTEES - Attached is an incomplete list of committees on which OSR Representatives may sit if selected by the OSR Administrative Board. A more complete list plus application forms will follow in a future letter. Interested students are URGED to join these committees to help balance the inequality or lack of Northeastern representation on the elected Administrative Board. (Forward applications to your Sub-Regional Representative.)
4. November 5th Meeting with the Administrative Board - The follow-up on resolutions passed by the Northeastern Region and submitted to the other regions for approval is that more documentation and historical background must be provided regarding the resolutions on Prison Health and Hospital Workers Union 1199 Support. This information by the proposers of the resolutions should be sent as soon as possible to Serena Friedman, the NE Region Representative.

The Administrative Board of OSR will meet January 11, 1974 in Washington, D.C. All Northeastern Sub-regions are urged to meet with their school representatives prior to this date and all new business should be forwarded to the Regional Representative.

THE GREATER NORTHEASTERN NEW YORK-NEW JERSEY SUB-REGION
OF THE NORTHEASTERN REGION OF THE OSR

The following summarizes the discussions and actions of the sub-region at their November 5th, 1973 meeting in Washington, D.C. at the Annual OSR Meeting:

(See attached list of those representatives attending this meeting.)

1. The Draft - Discussion centered on those medical students already committed to serving, etc. Burt Adelman of Cornell Medical School will do further research on this issue and report back to the region.
2. Family Practice Programs - Eric Soned of Columbia is interested in a listing of available programs in the Northeastern area, especially in New York City, for undergraduate Medical School electives. This request is to be forwarded to proper channels (i.e. the N.Y. Chapter of the Academy of Family Practitioners) along with a request to initiate additional N.Y. programs.
3. A National Electives Catalogue - A unanimous decision was reached to press for a listing nationally for all available electives available to third and fourth year students at the various medical schools. In addition, all representatives in the Northeastern Region are requested to collect a listing of available electives at your own schools and forward this list to your sub-regional representative. A final list, then, will be available through the Regional representative.
4. NIRMP Violations Form - National Intern and Residency Matching Program Questionnaire - This anonymous form which permits violations of NIRMP to be described will be distributed to seniors at all the NY-NJ Sub-Region Schools (attached).
5. Resolution on Athletic Facilities - The sub-region asks the other sub-regions to discuss the following resolution and to plan to vote on it regionally:

RESOLVED: "Athletic facilities should be made available by each Medical School for student use, open at times convenient for student use, adequate to accommodate the numbers of students desiring them, and should be included into future planning (adjacent to or within proposed structures)."

6. Resolution on Child-Care Facilities - The sub-region also requests each sub-region to consider and vote/discuss the following resolution:

RESOLVED: "Childcare facilities should be incorporated into future planned Medical School constructions and where possible should be available in existing institutions."

7. Grading Systems - Regarding the feasibility of uniform pass/fail grading systems, one member requests each school representative to forward to the Regional Representative a description of the grading system used at his/her school.
8. Evaluation of the Clinical Rotations - The sub-region asks other sub-regions to consider the following resolution:

RESOLVED: "There is a need for continuous ongoing evaluation from teaching staff during the clinical rotations."
9. Hospital Internship - Residency Programs - The sub-region asks the other sub-region to consider the following resolution:

RESOLVED: "The AAMC should annually request its member programs to submit information on what factors are used as criteria for acceptance into their programs, how these factors are weighed, and of those accepted what qualifications made them acceptable." (i.e. grades, recommendations, minority, sex, interviews, etc.)
10. Systems Approach - i.e. Cardiovascular, used in teaching - One representative wants to know which schools use this approach in the region.
11. Payment for Acting Internships - One representative wants to know how many schools pay students who are acting interns in their clinical years (ex: Cornell pays tuition, room and board)
12. Attendance at (Sub) Regional Meetings - Our Sub-Region has elected to invite students and representatives of other student organizations to their meetings (such as SNMA, MCHR) and encourages other sub-regions to do so.
13. Resolution Concerning Local 1199 - A resolution was formulated concerning the hospital workers union 1199 by the NYU representative.* The background of this issue and the final form in which the region passed this resolution follows in the regional report. (The Administrative Board of OSR desires more documentation and historical background on this resolution before it can endorse it. Will the NYU representative please forward this before January 11, 1974.)

* Rick D'Amico

Serena Friedman - Chairperson
The Greater Northeastern NY-NJ
Sub-Region
College of Medicine and Dentistry
of New Jersey at Newark (CMDNJ)
OSR Representative
100 Bergen Street
Newark, New Jersey

ADDENDUM #4

TO: David Stein
OSR Secretary

FROM: Hal Strelnick

SUBJECT: Report of the Task Force on Financial Aid and OSR

The OSR Task Force on Financial Aid met from 1:30 to 4:00 p.m. on Sunday, November 4, 1973 in the DuPont Room of the Washington Hilton Hotel during the AAMC Annual Meeting. Discussion was begun by soliciting questions and areas of particular concern from the participants to be focused upon during the discussion. These were incorporated in the discussion as the Task Force followed the revised outline (see below) that provided historical background and identification of existing financial resources available to medical and health science students. In attendance with members of the OSR was a reporter for Medical World News who is researching this problem. Due to a conflict in scheduling, no member of the GSA Committee on Financial Problems of Medical Students was able to attend.

Federal, state, and private involvement in financial aid was identified with a short background of the development of each. Discussion focused primarily on the new directions federal loan and scholarship support seems to be heading. Current Administration proposals would shift support from institutions to students and from existing loan and scholarship programs to administration by the National Health Service Corps, which would require post-graduate service in medically indigent areas for financial support during medical school. The future of federally insured loan programs did not seem to be clear. The concept of an Educational Opportunity Bank was explained and discussed. Such a deferred tuition program was proposed in the HEW "Mega-proposal" for all higher education, but its present state in terms of pending legislation or appropriation was not known. Experimental models already are working at Yale University, for example, and other institutions with Ford Foundation grants. It was felt that such a Bank need not be only a Federal program, but either a state or private program as well.

The cost of medical education was discussed, particularly in regard to criticism leveled by the current Administration that medical schools and other educational institutions falsely depress tuition charges. The example of the University of Colorado Dental School was cited and discussed. Tuition charges there are \$10,000 and approach the said costs of education; however, no student can afford such tuition. The state provides loans with up to 80% forgiveness for practicing in indigent areas. Even with such forgiveness, students would still have \$8,000 in debts after dental school and service, plus whatever debts might have been accumulated in college. The magnitude of such debts certainly would reduce the "buy-out" rates; however, these would also create financial pressures that even the most idealistic graduate could not avoid. Students from low income backgrounds have shown considerable reluctance in the past for accumulating even considerably smaller debts, so even with such loans available, such "apparent costs" might prohibit their interest or entrance

in such programs. Unquestionably, these costs would be eventually passed on to the medical consumer.

The question of "who should pay for medical education?" divided the Task Force as it has other groups which have examined this question. The current Administration has raised the question of whether students of such high earning potential as medical students should be underwritten to such a great extent as they have in the past. Already capitation grants to medical schools seem to be threatened with elimination. If the AAMC Task Force on Financing Medical Education is, indeed, correct in estimating the per student /per year costs at \$15-25,000, who is to pay for this? Although the student is the direct benefactor, he or she cannot afford such costs at the time he or she receives medical education. Accumulated debts of young medical graduates at present scales (\$5-15,000 for college and medical school) are already feared to be passed on to medical consumers and to serve as deterrents for entering the most needed medical specialties (e.g., family practice). Increased debts would not only exacerbate this, but would also eliminate the low-income student so important to recent attempts to increase student heterogeneity and identify students likely to practice in medically indigent areas and specialties. Although not the direct benefactor, both society and patients receive the services provided. Medical center patients receive the non-learning medical student services (so-called "scut") as well as the common role of "patient advocate" played by students with their far busier instructors. Society, of course, receives the medical services provided by the post-graduate, as intern, resident, practitioner, and researcher. It seems clear that the division in the Task Force, and elsewhere, results from the unnecessary dichotomy drawn about "who pays?". Society and the student must share the costs. The formula for such sharing must recognize the benefactors of all existing "learning services" and proportion costs accordingly. All these issues seem to argue for the establishment of an Educational Opportunity Bank, among other methods of financial assistance.

Finally, a full consensus of the Task Force agreed upon and recommended the following policies:

- 1) The AAMC, OSR, and GSA Committee on the Financial Problems of Medical Students should be active in promoting continued and increased heterogeneity in the variety and sources of financial aid. Though the Task Force welcomes financial aid support connected to a service commitment in medically indigent areas, it rejects a monopoly of that or any other single form of financial aid. A heterogeneous student body requires a variety of methods for solving its financial aid problems.
- 2) The AAMC should encourage and assist in the generation of sources of financial aid from the private sector, such as the First Chicago University Financing Corporation. This should include investigation of the feasibility of promoting student community contact to result in mutually negotiated aid support in exchange for service. Either a community listing available to interested students or a matching program should be considered.
- 3) The AAMC should investigate the feasibility and creation of an Educational Opportunity Bank, such as that proposed in the so-called HEW "Mega-proposal" and the Association's own report on Expanding Educational Opportunities for Minorities, based on a tuition deferment and repayment plan. Sources in both the public and private sector should be explored.
- 4) The AAMC should increase significantly communication to students and medical schools concerning the available sources of financial aid as well as

relevant legislation and government policy development. This might take the form of a single publication or newsletter. A specific example of this shall be OSR's cooperation with the National Health Service Corps in disseminating information and arranging programs at individual medical schools.

5) It should be an AAMC policy that the requirement of financial aid should not affect a student's admission or retention in medical school. That is to say, every student should be able to find some sort of financial support.

6) It shall be an AAMC policy that medical schools be open and candid about their methods of awarding financial aid with their students, specifically as to minimum need levels, determination of need, policy of scholarship and/or loan awards, etc. There shall be legitimate channels for grievances concerning aid awards for students at each school.

These policies were presented to the OSR assembly and approved unanimously.

The Task Force agreed that, as financial aid was an on-going problem with few answers in sight, it would continue through correspondence. The chairman will submit position papers to the membership for criticism and revision; revised positions will be submitted to Regional and National meetings for discussion and action.

I. Identifying existing sources of aid to medical students

A. Federal sources

1. National Defense Education Act
2. Health Professional Education Assistance Act of 1963
3. Comprehensive Health Manpower Training Act of 1971 (PL 92-157)
4. Emergency Health Personnel Act Amendments of 1972, etc. (PL 92-585)
5. Federal agencies
 - a. Public Health Service
 - b. Armed Forces Health Professions Scholarship Program (PL 92-425)
 - c. National Health Service Corps
6. Goals and problems
 - a. Instability of funding (impoundment, etc.)
 - b. Priorities--distribution, specialty, income groups
 - c. Access and information

B. State sources

1. Local scholarships and loans (variation)
2. Programs of aid tied to a service commitment
3. Goals and problems
 - a. Service commitment (legality, changed career plans, etc.)
 - b. Limitation of resources and eligibility

C. Private sector sources

1. Federally Insured Student Loan Program
2. First Chicago University Finance Corporation
3. United States Aid Fund
4. Bank of American Student Opportunity Loan Program
5. AMA Education and Research Foundation
6. National Medical Fellowships, Inc.
7. Robert Wood Johnson Foundation Student-Aid Program

D. Medical students and employment

1. Non-medical work
2. Medically-related employment
 - a. MECO, PHS grants, etc. (i.e., summer support)
 - b. Paid externships ("moonlighting")
 - c. Medical student labor ("scut")

II. Generating other sources

- A. Service-related financial aid--the community commitment
- B. OSR's "Matching Program for Redistribution of Health Personnel"
- C. Educational Opportunity Bank
- D. OSR's role in development (generating data, etc.)

III. Policy

- A. Effect on admission or retention, attracting low-income students, etc.
- B. Availability of information at institutional level, grievance, award policy, etc.
- C. Consortium of 12 Medical Schools--"unit loan" policy
- D. External audit of need--policing need
- E. Awards in relation to specialty or area of practice
- F. Who should pay for undergraduate medical education? How much?
- G. OSR and AAMC roles and policies

A good summary of available sources is to be found in Chapter 4, Medical School Admission Requirements, 1974-75, AAMC, Washington, D.C., 1973 (pp.30-41).

See also, Financial Information National Directory/'72: Health Careers, Chicago, AMA, 1972. (\$2.95)

TASK FORCE ON FINANCIAL AID AND OSR

Participants

- | | | |
|---|-------------------------------|-----------------------|
| 1. Jerry Bettinger | University of Texas Med. Sch. | Houston, Texas |
| 2. Sue Boetteher | Univ. of Colo. School of Med. | Denver, Colo. |
| 3. Robert Boska | SUNY-Upstate Med. Center | Syracuse, N.Y. |
| 4. Beane Crandall | Emory Med. School | Atlanta, Ga. |
| 5. John Guercio | Tufts Med. School | Boston, Mass. |
| 6. Cindy Johnson | Univ. of Washington Med. Sch. | Seattle, Wash. |
| 7. S. Russ Keasler | LSU-Shreveport School of Med. | Shreveport, La. |
| (GSA Committee on Financial Problems of Medical Students) | | |
| 8. Bob Lemanske | Univ. Wisconsin Med. School | Madison, Wisc. |
| 9. Henry H. Macer | Albany Medical College | Albany, N.Y. |
| 10. Rick Marfuggi | Univ. Vermont Med. School | Burlington, Vt. |
| 11. Craig Moffat | Univ. Utah School of Med. | Salt Lake City, Utah |
| 12. Gary Peterson | Univ. of So. Florida Med.Sch. | Tampa, Florida |
| 13. Bob Roche | Loyola Stritch Med. College | Maywood, Ill. |
| 14. Paul Romain | Univ. of Ill. Med. School | Chicago, Ill. |
| 15. Joseph L. Ryan | Univ. of Missouri-Kansas City | Kansas City, Missouri |
| 16. Lyman B. Spaulding | Univ. of New Mexico Sch. Med. | Albuquerque, N.M. |
| 17. A. Hal Strelnick
(Chairperson) | Yale Univ. School of Med. | New Haven, Ct. |
| 18. Ernest A. Turner | Univ. of Kansas Med. School | Kansas City, Kansas |
| 19. Fred Waldman | NYU Medical School | New York, N.Y. |

ADDENDUM # 5

To: OSR Administrative Board

From: Kevin Soden, Chairman, OSR Task Force on Confidentiality of Student Records and Related Issues

In Re: Report of Task Force

There were approximately twelve people in attendance including Dr. Paul Jolly and Mr. Gerald Kurtz of AAMC staff.

Question #1 - Should the student have access to his records?

Without any doubt, a student should be allowed to see his records including faculty evaluation of the student. Faculty evaluations were felt to be especially important as this gave students the opportunity to realize and act upon both strong and weak areas identified by the faculty and house staff.

The Dean's letter sent out by the Dean's office about a student when he applies to an Internship or Residency should be able to be reviewed before being sent out.

All felt that the letter of recommendation sent by pre-medical people for admission to medical school should not be seen by the student.

Question #2 - What about the confidentiality of health records, especially medical student health records?

There was concern expressed over the fact that medical student health records may be reviewed without the student's consent to possibly ascertain drug use, psychiatric problems, etc., before allowing a student to continue in medical school, or to undertake a residency program. Therefore, it was felt that the OSR ought to draft a resolution stating that all medical student health records are confidential unless release is authorized by the student.

Resolution Presented to OSR

The resolution presented to (and passed by) the OSR was an outgrowth of this Task Force and was an attempt to insure the confidentiality of records of all people within the academic health center.

Plan for the Future

- (1) Have resolution passed by the Executive Council of the AAMC.
- (2) Submit the resolution to SAMA for their approval at their annual meeting (February 28-March 4) in Dallas.
- (3) Submit the resolution to the AMA House of Delegates (through (SAMA) for approval of their annual meeting in June.

Respectfully Submitted

Kevin Soden

ADDENDUM #6

MINUTES

OSR TASK FORCE ON
EVALUATION OF OSR STRUCTURE AND FUNCTION

Chairperson: Daniel L. Clarke-Pearson
Case Western Reserve University

Recorder: Holly Doyne
University of Minnesota

This OSR Task Force met and discussed the following topics:

- I. OSR Purpose
- II. OSR Organization
 - OSR Members
 - OSR Administrative Board
 - OSR Members on AAMC/GSA Committees
- III. Goals of the OSR Annual Meeting
- IV. Communications
 - Existing OSR and AAMC Publications
 - Areas needing Communication Development
- V. Comprehensive Proposal for OSR Reorganization and Action
by Dan Plautz - University of Missouri, Columbia, Mo.

The following recommendations summarize the thrust of the task force discussion. These recommendations were presented to and approved by the OSR Assembly at its Annual Business Meeting, November 4, 1973.

1. OSR representatives should assume a greater responsibility in:
 - A. Communicating with their respective student bodies
 - B. Responding to OSR and AAMC action items and questionnaires
2. Each OSR representative should establish and maintain a file of AAMC and OSR communications which will be passed on to the succeeding OSR representative from that Medical School.
3. The OSR Administrative Board should investigate and correct mistakes in official OSR mailings. (A significant number of official representatives did not receive a copy of the Agenda for this Annual Meeting.)

4. The OSR Administrative Board should assume the following responsibilities:
 - A. Address and act on national and regional OSR issues.
 - B. The Ad Board should identify and act on other issues raised in the interim.
 - C. The Representatives-at-Large should assume more specific roles
 - D. The Ad Board should communicate all actions to the OSR membership within one month of each meeting.
5. A listing of all AAMC and GSA Committees which have OSR members should be compiled and distributed to the OSR.
6. The OSR member of an AAMC or GSA Committee should submit a written report of discussion topics, action and future plans of the Committee within one month of each meeting. This report should then be distributed to the OSR membership.
7. The OSR Annual Meeting should be longer in duration. It was suggested that the meeting convene on Friday afternoon or evening and conclude on Sunday evening.
8. The task force felt that the annual meeting should consist of a balance between regional meetings, task forces, and OSR business meetings.
9. The concept of forming task forces at the annual meeting was approved.
10. It was strongly suggested that there be time allotted at the annual meeting for two regional meetings: one regional session early and one near the conclusion of the annual meeting.
11. The OSR secretary should be responsible for the collection and distribution of the minutes and reports of the following meetings:
 - A) OSR Annual Meeting
 - B) OSR Regional Meetings
 - C) OSR Task Force Meetings
 - D) Reports from OSR members on AAMC/GSA Committees
 - E) OSR Administrative Board Meetings

-]2. After discussing Dan Plautz's "Comprehensive Proposal for OSR Reorganization and Action," the Task Force felt that the proposal should be circulated to the general OSR membership for consideration. It was further recommended that this proposal be discussed at all regional meetings this spring.

Task Force members who will lead discussion at the regional meetings were selected:

Southern - Mike Victoroff - Baylor
Northeast - Dan Diaglin - Georgetown
Central - Dan Plautz - Univ. of Missouri, Columbia, Mo.
Western - (none named at this time)

In the interim, suggestions, criticisms, comments and opinion regarding this proposal may be sent to either Dan Plautz or Dan Clarke-Pearson.

Respectfully Submitted,

Daniel L. Clarke-Pearson

ADDENDUM # 7

RESOLUTION ON AVAILABILITY OF ADMISSIONS DATA

Many U. S. medical schools have the problem of receiving more applications for admission than they can realistically consider. One major cause of this problem is the fact that applicants have little idea about how to assess their chances for admission at any given school, and therefore, feel that they serve themselves best by submitting applications to as many schools as possible within human and financial limitations. We feel that if applicants had access to some detailed data on the members admitted to the first term class at each school, they would be able to make better decisions regarding the schools which should be eliminated from their consideration. There would be fewer students applying to schools at which they have virtually no chance for admission. This reduction in applications would benefit medical schools as well as applicants.

We concur in the unanimous recommendation of the GSA Committee on Relations with Colleges and Applicants (November 2, 1972) that medical schools make such admissions data available for publication by the AAMC.

BE IT RESOLVED that the AAMC annually request its member schools to submit information on grade-point averages, MCAT scores, college majors, sex, and minority group composition of the students in as recent a freshman class as possible, this information to be included in each year's edition of Medical School Admission Requirements. Where appropriate, schools should also be urged to submit data on any other variables (e.g., age, state of residence) that they feel would assist applicants in deciding whether or not to apply for admission, and should also be urged to stress the level of importance of non-cognitive factors.

We further recommend that medical school admissions officers be urged to present the GPA and MCAT data in one of a number of "sample standard formats" to be suggested by the AAMC.

Sponsor: Mark Cannon, author Daniel L. Clarke-Pearson
 Medical College of Wisconsin Chairperson, Central Region OSR

Adopted by Central Region OSR, May 12, 1973
Adopted by OSR Administrative Board, June 1973
Adopted by AAMC Assembly, November 6, 1973

RESOLUTION ON INFORMATION TO PRE-MEDICAL STUDENTS

BE IT RESOLVED that the AAMC should encourage and assist undergraduate colleges and universities in gathering and disseminating information to their pre-medical students regarding the qualifications and results of the applicants to medical school from the preceding classes of pre-medical students.

Sponsor: Daniel L. Clarke-Pearson
Chairman, Central Region OSR

Adopted by Central Region OSR, May 12, 1973

Adopted by OSR Administrative Board, June, 1973

Adopted by AAMC Assembly, November 6, 1973

ADDENDUM #9

To: OSR Body
From: David Stein, Secretary OSR
Re: OSR Administrative Board Meeting, 11/5/73

On Monday at the AAMC Annual Meeting, the new OSR Administrative Board held its first meeting. The initial emphasis concerned questions from OSR members to members of the Administrative Board.

- A. The fate of OSR resolutions in the AAMC Resolutions committee was discussed briefly. The point was made several times that the "Fatality Rate" of OSR resolutions is very high. It was generally felt that some resolutions sent to this committee had not been properly researched and fully thought-out prior to submission. Attempts to by-pass the Resolutions Committee and introduce resolutions directly from the floor during the AAMC Assembly showed the highest fatality rate. Such attempts are usually aborted without actual consideration of the resolution by the AAMC.
- B. The suggestion was made by Dan Clarke-Pearson that authors of resolutions follow those resolutions as they are introduced to the AAMC Assembly.
- C. It was again stressed that an attempt be made to contact those schools not sending representatives to the OSR in an effort to include them in the organization.
- D. Each member present at the meeting was urged to check whether his/her school teaches nutrition, medical ethics, human sexuality, and medical hypnosis and how much time on each.
- E. Mark Cannon proposed holding "sub-regional" meetings between national and regional meetings in an effort to promote continuity to accomplish more.
- F. Dan Clarke-Pearson, OSR Chairperson, suggested the following actions be taken concerning OSR representatives to AAMC Committees:
 - (1) Prepare a list of all AAMC Committees on which OSR members function.
 - (2) Attempt to expand the number of Committees on which the OSR sits. (Note that we just acquired representation on the COD).

- (3) Send a letter to each O.S.R. Representative for self-nomination to an A.A.M.C. Committee. From these "applications" members to the Committees could be chosen by the OSR Administrative Board at its next meeting, January 11-12, 1974.
- G. The suggestion was also made that the O.S.R. send Representatives to S.A.M.A. and S.N.M.A. functions. Elliott Ray, Ernest Turner, and Stan Pearson accepted the responsibilities for establishing liaison with these organizations.
- H. A brief discussion ensued on when the next Administrative Board meeting should be held. Early January 1974 was considered the best time.
- I. Regarding the fate of task forces initiated at the national meeting: Hal Strelnick's task force on Financial Aid will continue, and Kevin Soden's task force on Student Confidentiality awaits the outcome of its Resolution on the "Confidentiality of Student Records."
- J. As the resolutions acceptance system of the A.A.M.C. now stands, the O.S.R. resolutions approved by us on Saturday night cannot be brought before the AAMC Resolutions Committee in time for evaluation AND consideration at this year's national meeting. Therefore, to be considered at this national convention, these ideas would have to be introduced from the floor. The attrition rate for "bills" entering by this route is astronomical. In lieu of this, the O.S.R. Administrative Board considered it wise to submit these Resolutions to the AAMC Executive Council later this year.

Meeting Adjourned.

Respectfully submitted

David E. Stein
OSR Secretary

Final Report of the
AAMC National Task Force
With Recommendations for the MCAAP

VI-C

who interview applicants to medical schools, including preprofessional advisors and members of medical school admissions committees.

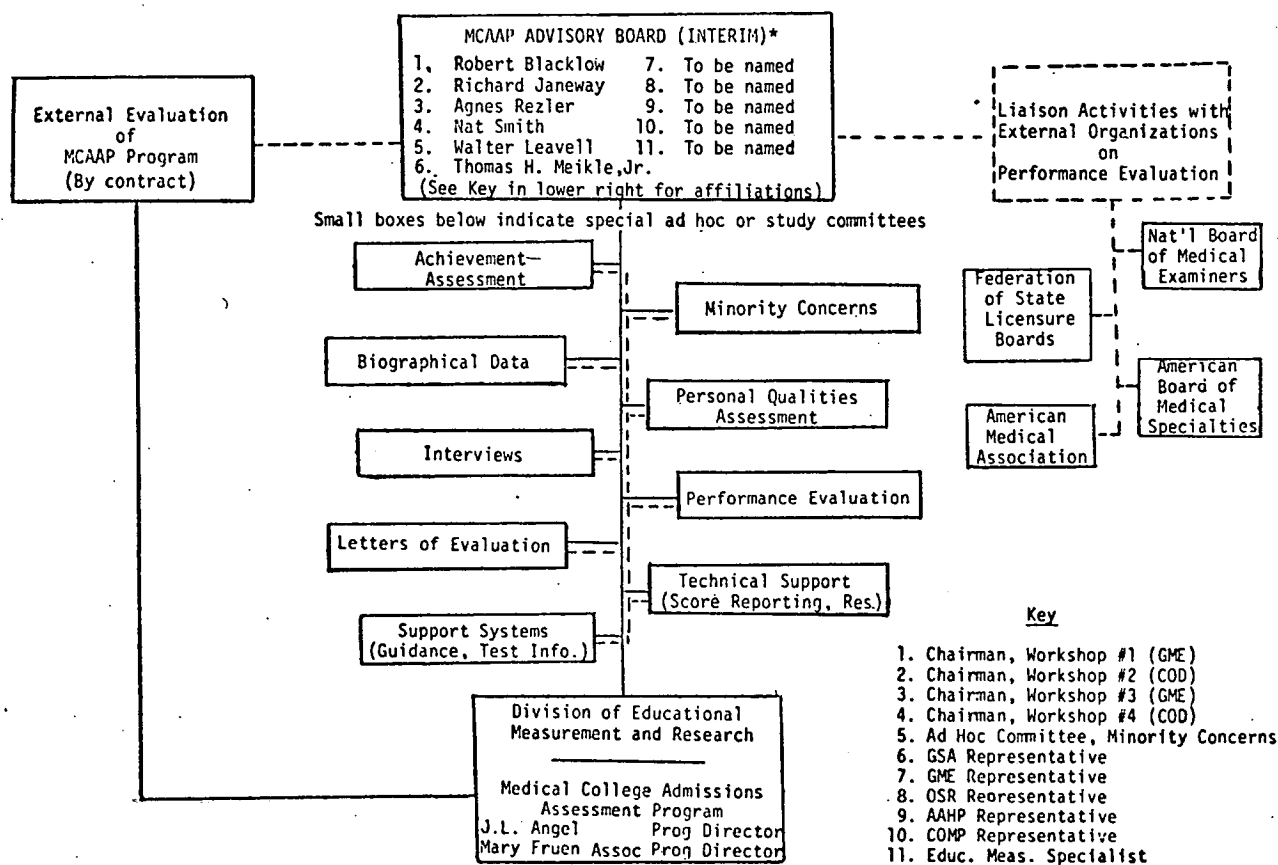
RECOMMENDATION #13: The Task Force recommends that the GSA Committee on Medical Education of Minority Students together with the AAMC Office of Minority Affairs compile a national directory of regional interviewers especially well qualified for interviewing applicants from the various minority groups.

RECOMMENDATION #14: The Task Force recommends appointment of a committee to direct and coordinate a research program for the formalized assessment of non-cognitive characteristics of applicants to medical schools.

RECOMMENDATION #15: The Task Force recommends appointment of study committees as needed, to assist in the development of ongoing informational and educational services to support the implementation of MCAAP.

TABLE 2

PROPOSED ADVISORY SERVICES TO MCAAP STUDY
FROM MCAAP TASK FORCE REPORT



* Appointments on this Board run through the AAMC Annual Meeting, 1974.

[These are the Minutes]

ORGANIZATION OF STUDENT REPRESENTATIVES

Of The

Association of American Medical Colleges

MINUTES:
ADMINISTRATIVE BOARD MEETING

January 11-12, 1974

One Dupont Circle, N.W., Washington, D.C.

1. Call to Order

Daniel Clarke-Pearson, Chairperson of the O.S.R., called the meeting to order at 9:00 AM.

2. Roll Call

PRESENT:	<u>Chairperson</u>	Dan Clarke-Pearson
	<u>Vice chairperson</u>	Mark Cannon
	<u>Secretary</u>	David Stein
	<u>Regional Representatives</u>	Serena Friedman (Northeastern)
		Stan Pearson (Southern)
		Lisa Bailey (Central)
		Cindy Johnson (Western)
	<u>Representatives-at-Large</u>	Russ Keasler
		Ernest Turner
		Elliott Ray
	<u>AAMC Staff Participants</u>	Bob Boerner
		Diane Matthews
	<u>Guest</u>	Russ Kridel (S.A.M.A.)

3. AAMC Orientation

The morning and early afternoon of the first business day were spent in orientation to the AAMC. Dr. John A. D. Cooper, president of the Association, presented an overview of A.A.M.C. goals and activities and spoke briefly of the organization's new vice-president and Director of Planning, Dr. John Sherman.

Dr. Cooper was followed sequentially by twelve speakers representing twelve divisions or departments within the AAMC. Each speaker discussed the structure and function of the division in which he or she serves and answered questions from the floor. A short outline of each presentation is included in Addendum #1. The orientation program concluded at 3:30 PM., January 11.

4. Minutes of Previous Meetings

The minutes of the National Meeting (11/3 - 4/73) were discussed. It was explained that these minutes have not been distributed to the OSR membership because they were not received by Mr. Boerner until late December.

Acting Secretary, H. Jay Hassel, did not submit these minutes until that time. The Administrative Board was assured by Mr. Boerner that the minutes were at the printers and would be distributed shortly.

It was generally felt that the National minutes lacked sufficient detail. Attempts to avoid this situation in the future were urged.

Minutes of the 11/5/73 Administrative Board meeting were reviewed without comment.

5. Regional Reports

A. Lisa Bailey, Chairperson of the Central Region, informed the Administrative Board that a subregional meeting within the Central Region had been held in Chicago and that 5 schools had attended to discuss the proposed changes in the National Board Examinations. (see: "Evaluation of the Continuum of Medical Education", AAMC). Members of the Central Region felt a House Officer should sit as a voting member on the Administrative Board of the N.B.M.E. and that passage of Part I of the National Boards should not be required by any medical school for promotion to the clinical years. The proposed O S R Bulletin was considered favorably while 3 -year medical curricula met with disfavor. The Central Region Subregion will meet again in February.

B. Stan Pearson, Chairperson of the Southern Region, stated that financial conditions and dispersed membership prohibit multiple regional meetings in the South. A questionnaire on OSR functions and representative selection processes for each southern medical school campus will be distributed to gather information on OSR structure. Elliott Ray mentioned that his questionnaire on Student Administrative Listings in each medical school has been returned by only 30 OSR members. It was suggested that each Regional chairperson promote the return of this questionnaire from his/her membership.

C. The Northeast Region, Chaired by Serena Friedman, also held a subregional meeting since the National Convention and has formulated several resolutions for consideration by the Administrative Board (see Resolutions Section). The Eastern Region has tentatively chosen not to meet with the G S A for its Regional meeting due to geographic inconvenience but rather to send delegates to the G S A convention.

D. Cindy Johnson, Chairperson of the Western Region, stated that "women in medicine", and "continuity in the OSR" were issues discussed at the Western Regional meeting during the National Convention. A "mini" Senior Electives Catalogue for the Western Region has been constructed

and attempts are underway to contact schools not sending OSR representatives to the AAMC.

By general concensus the Administrative Board agreed that each region should consider the topic of women in medical education. Russ Kridel, President of SAMA, spoke briefly of that organization's committee on women in medicine.

6. Task Force Reports

A. MCAAP and Admissions Crisis: This was an information Task Force that formulated the resolution on random admissions.

B. Legislation and Medicine: Also an information Task Force that is no longer active. Elliott Ray suggested distribution of the SAMA "Legislative Round-up" to each OSR Administrative Board member in an effort to keep abreast of changes in medical legislation.

C. Financial Aid Task Force: Submitted a list of recommendations to the AAMC. (see National Minutes Addendum #4).

D. Student Information Task Force: Presented the resolution on the safeguarding of data systems. As suggested by Kevin Soden, Chairperson of this group, the resolution will be submitted to SAMA for consideration. If adopted, SAMA will submit it to the AMA House of Delegates for approval and implementation in June. The OSR will present it to the AAMC Executive Council for consideration in March.

E. Evaluation of OSR Structure and Function: As an offshoot from this group, Dan Plautz is working to establish better communications within the OSR. Representatives are again urged to create and maintain a file of AAMC and OSR communications to be passed on to the succeeding OSR representative at each school.

7. OSR Committee Reports

A. NIRMP Violations Monitoring Committee: The activities of this group were outlined by Elliott Ray who presented an information packet for distribution to the OSR membership regarding the information and function of an NIRMP Monitoring Committee at each school. Administrative Board members were instructed to read this in preparation for Saturday (1/12) Business Meeting.

Elliott has communicated with the chairman of the American Psychiatric Association Task Force studying the value of participation in the NIRMP in an attempt to retain the APA in the matching program.

B. Student Administrative Listings: Elliott Ray reiterated that the questionnaire on Administrative Listings distributed at the National Convention to each OSR member has been returned by only 30 schools. Members are again urged to complete this form and send it to Mr. Boerner.

C. Senior Electives Catalogue Committee: This committee is concentrating on adopting the AAMC Curriculum Directory to satisfy the need for a senior electives listing. The present Curriculum Directory lacks information on tuition and fees, housing, and who to contact for more information. It is the committee's plan to incorporate this information into the Directory.

Members of the Administrative Board suggested that this committee continue to investigate the feasibility of publishing its own senior electives catalogue. It was also suggested that the committee contact those in charge of the Curriculum Directory at the AAMC for more information and direction and create a computer listing of senior electives which would be available upon request for a fee.

The Eastern and Western OSR Regions have already created "mini-directories" for their regions. The efficacy of these pilot projects has yet to be ascertained.

D. Liason with External Organizations: An attempt will be made again this year to establish better communication with student facets of the Federation of Associations of Schools of the Health Professions, e.g., osteopaths, podiatrists, dentists, veterinarians, optometrists, as well as SAMA, SNMA, and the Canadian Medical Schools. Mark Cannon was asked to contact these groups and inform them of our interest in a liason and in the exchange of meeting minutes and publications. Invitations should be extended to these organizations to attend our Regional and National Conventions at their own expense.

Russ Kridel mentioned the strong liason between SAMA and the OSR. Each organization sends delegates to the other's major meetings and to the Administrative Boards. An intensified effort will be launched to introduce OSR resolutions and proposals to SAMA for consideration, and vice-versa. This will minimize duplication of effort and double the exposure of any topic on a national level, thus increasing the likelihood of constructive action.

The February 1-2 AMA Congress on Medical Education was discussed. Russ Kridel will attempt to have information on this convention distributed to each OSR member. Further information is available at each Dean's office.

8. Chairperson's Report

Dan Clarke-Pearson briefly reviewed the topics of discussion

at the AAMC officer's retreat, the COD Administrative Board meeting, and the AAMC Executive Council. Outlines covering this material are included as Addendum #2.

A. National Health Insurance Policy: Ernest Turner was nominated to the committee evaluating plans for National Health Insurance. It was suggested that the OSR membership receive copies of a table summarizing all the present health insurance proposals. (see Addendum #3).

B. Graduate Medical Education Committee: Dan Clarke-Pearson requested of the AAMC Executive Council a student delegate to be placed on this committee. Since the Graduate Medical Education Committee is an on-going group that must maintain continuity, the Executive Council felt that a transient student member might not be effective. A house officer, Christian Ramsey, who sits on this committee, and who was formerly the student representative, was agreed upon by the Executive Council to continue to represent student interests. Dan Clarke-Pearson will contact him.

9. Discussion Items

A. Moonlighting of House Officers: The COD voted to recommend that the AAMC Executive Council authorize the appointment of a task force, with representatives from the 3 councils, charged with the task of developing an appropriate AAMC policy statement on this subject. In regard to this matter, the Executive Board created such a committee with members from the COD, CAS, and COTH. The OSR Administrative Board felt that student or House Staff representation on this committee was highly desirable. The Physician's National Housestaff Association will be contacted on this subject to ascertain their interest in sending a representative.

Marc Cannon suggested that the AAMC form a committee to evaluate the quality of medical care rendered by moonlighting housestaff. The feeling arose that the burden of proof of incompetence should be placed on those individuals attempting to stop moonlighting rather than forcing moonlighters to prove their competency.

B. Evaluation, Certification, and Licensure in Medicine: Consideration of this topic was motivated by the proposed changes in the National Board Examinations.

Marc Cannon suggested that the OSR undertake its own study of the NBME Report and, in this regard, foundations for such a task force will be established. It was also proposed that the OSR seek voting positions on the Board of the NBME with SAMA and SNMA and that provisions be made for student representation on the Executive Board of the NBME. (see Addendum #4).

10. The meeting was concluded until the following day at 9:00 AM.
11. The meeting was recalled to order at 9:00 AM, January 12, by Chairperson, Dan Clarke-Pearson.
12. NIRMP Monitoring Committee

Elliott Ray presented a letter and an information packet to the Administrative Board for discussion before distribution to the membership. The packet is a "how-to-do-it" pamphlet which outlines the creation of a monitoring committee and answers common questions asked about the NIRMP. The letter is a more formal communication to be sent to the Deans of U.S. medical schools and to the Student Affairs Deans.

Russ Keasler proposed that each hospital be allowed to divulge its student rank order after the date of list submission to the NIRMP. This would give students greater time to solidify their plans such as moving and apartment hunting. It was suggested that a formal proposal be submitted on this topic.

Student Administrative Listing was again discussed. Members are again urged to return the completed form from Elliott Ray. Marc Cannon suggested re-sending this information to each OSR member; Russ Kridel suggested disseminating the form to SAMA in an effort to include all U.S. medical schools in this study. Both proposals were received favorably.

13. MCAAP Progress Report

A. Jim Angel, Program Director of MCAAP, has informed the OSR of new MCAAP committee positions which will be available to OSR members in the next few months. A newsletter regarding this subject will be forthcoming. Mr. Angel's present design is to have one OSR member and one minority student representative on each committee. This request will be discussed with SNMA.

14. OSR Bulletin

A. Bob Boerner offered the following comments:

1. A pilot issue might be established with a tear-off "R.S.V.P." on student interest.
2. The "AAMC Bulletin" is now being sent to Deans. It contains a great deal of information on AAMC functions and is obtainable from your Dean's office.
3. OSR items might be included in a separate two page section of the Student Affairs Reporter which is

sent primarily to Student Affairs Deans at Medical schools.

4. OSR topics might be included in the Student Affairs Reporter and the Advisor. The latter publication is directed primarily to health professions advisors.
5. The Education News might be distributed to OSR members.
6. Administrative Board was told that money may be a problem. It would probably cost \$1200.00 for one pilot issue of 4 pages with 100 copies sent to each school. The present AAMC staff situation is such that they cannot take on full editorial responsibility for the OSR newsletter.
7. The OSR should consider utilizing existing publications as much as possible.

B. The following individuals volunteered to form a committee on this issue: Lisa Bailey, Dan Clarke-Pearson, Marc Cannon, David Stein, and Dan Plautz.

C. Money can be requested in next year's budget to finance such a bulletin.

15. "How to Run a Regional Meeting":

A pamphlet on "How to Run a Regional Meeting," created by Dan Clarke-Pearson, was distributed to each Administrative Board member.

16. Appointment of Committee Members:

The following OSR members were appointed to serve on AAMC Committees:

- A. Health Services Advisory Committee
 1. Joanne Scherr
- B. Committee on Relations with Colleges and Applicants (GSA)
 1. Susan Stein
- C. International Relations
 1. Jeff Horovitz
- D. Borden Award
 1. David Stein
- E. Flexner Award
 1. Jerry Zeldis
- F. Biomedical Research
 1. James Wright

- G. Medical Student Information Systems (GSA)
 - 1. Fred SanFillipo
- H. Financial Problems of Medical Students (GSA)
 - 1. Russ Keasler
 - 2. David VanWyck
- I. Resolutions Committee
 - 1. Serena Friedman
- J. Financing of Medical Education
 - 1. Paul Romain
 - 2. Craig Moffat
- K. Medical Education of Minority Group Students (GSA)
 - 1. Stan Pearson
- L. J.M.E. Editorial Board
 - 1. undecided
- M. Data Systems Development
 - 1. H. Jay Hassel

17. Action Items:

A. The Administrative Board approved Dr. Paul Jolly's recommendation to allow the limited release of information on 75 medical students to Dr. Herman A. Wilkin to promote a longitudinal study on cognitive factors in pre-medical education.

18. Status of OSR Resolutions: (see National minutes)

A. Proposed Policy on Release of AAMC Information:

This resolution was sent to Dr. Paul Jolly, Director of the Division of Operational Studies. No further action needs to be taken on this item.

B. Primary Care Training:

This resolution has already been implemented by the AAMC Task Force on this topic.

C. Safeguarding Data Systems:

This will be presented to SAMA for their consideration and approval. If accepted, it will be submitted to the AMA House of Delegates for approval and implementation. The OSR will present this resolution to the AAMC Executive Council in March. This double approach allows a greater chance of acceptance.

D. Resolution on the NIRMP:

It was felt that the objectives of this resolution have already been met and no further action needs to be taken at this time. Elliott Ray was asked to write Jacqueline Wertsch informing her of this decision.

E. Change in Rules and Regulations of the OSR:

This item was not submitted 30 days ahead of the National Convention and, therefore, is not in effect. It will be resubmitted 30 days prior to the upcoming National Convention for approval and implementation.

F. Resolution on Medical School Curriculum:

It was agreed that this item be directed to the LCME for inclusion as a desirable course of instruction. The idea of creating a task force to study this issue and gather information was considered favorably.

Russ Kridel pointed out that the LCME alluded to each school's responsibility of providing an education to meet the selected community or regional health needs (see "Functions and Structure of a Medical School", p. 4).

G. Resolution for OSR Committee Placement:

It was agreed that the OSR would benefit by voting membership on the CCME, LCME and LCGME. The LCGME already has a House Officer representative and is very reluctant to add a student member. Fred SanFillipo will be asked to compose a position paper on this topic.

H. Resolution on Random Admission Selection:

The objectives of this proposal are already integrated in a pilot study underway in California and Michigan. It was further felt that more background research is necessary on this topic, and Jerry Zeldis has been asked to write such a paper.

I. Resolution on Pass-Fail System:

Joel Daven has been asked to establish a committee to study the feasibility of creating a pass-fail grading system.

J. Resolution on Minority Applicant Pool:

It was suggested that a copy of this resolution be sent to Susan Stein, OSR delegate to the Committee on Relations with Colleges and Applicants and that a committee be formed to study the problem. Stan Pearson was selected to organize this committee.

K. Resolutions submitted by the Eastern sub-regions will be distributed to each region for consideration at the Regional Meetings.

19. Rules and Regulations of the OSR

A. It was suggested that the immediate past OSR chairperson sit on the new Administrative Board to provide continuity. This will be considered in detail later.

B. A Nominations Committee was suggested to request and evaluate nominations for OSR positions.

20. OSR Calendar

The following dates were mentioned in order to facilitate greater representation by allowing more time to plan for OSR events.

- A. March 16 - Administrative Board Meeting (tentative)
- B. June 15 - Administrative Board Meeting
- C. Sept. 14 - Administrative Board Meeting

21. Funding of the OSR

Mr. Boerner informed us of the following points of AAMC policy on funding of OSR Administrative Board members to Administrative Board meetings.

A. An Administrative Board member who is no longer the official OSR member from his or her school should seek funding first from his school. If funds from the school are not forthcoming, the AAMC will provide them.

B. An official member on the Administrative Board will be funded by the AAMC to attend Board meetings.

22. The Draft - 2M Classification:

With the expiration of the military medical specialist draft in July 1973, the U.S. government cannot resume medical inductions without approval of Congress. In an attempt to keep track of medical personnel, a new classification system has surfaced. Medical students have been reclassified from 1-H to 2-M which extends eligibility to age 35 years. Reclassification requires contacting the hometown draft board.

23. The 1974 Annual Meeting:

The theme for the 1974 Annual Meeting will be "The University Medical Center Role in the Education of the Public." Comments were entertained on whether the OSR should sponsor a special program geared to the student's viewpoint and whether the OSR should request student speakers before the General Assembly on this issue.

24. OSR Mailings:

Any member not receiving AAMC/OSR mail should send his/her address to the OSR secretary - David Stein
18935 Wildemere
Detroit, Michigan 48221

25. FMG Task Force Recommendations

This group has not formalized its final position.

26. The meeting adjourned at 6:00 PM.

Respectfully Submitted,

David Stein
OSR Secretary

Projects, Programs and Activities of the
Division of Student Programs and Services

From:
Dr. Thompson

Student Services (Kurtz)

1. AMCAS Program maintenance and development
2. Medical student records
3. Admissions Matching, technical support
4. Medical Student Information System development
4. COTRANS - primary support

Minority Affairs (Prieto)

1. Workshops for the selection and retention of minority students
2. Health Careers for American Indians
3. Med-MAR

Special Programs (Dulcan)

1. Liaison with Preprofessional Advisors
2. Irregularity reports
3. Robert Wood Johnson Project
4. Preprofessional Advisors Information Service
5. GAA Regional groups--principal staff support for local arrangements
6. Coordination of day to day activities in the Pilot Matching Program

Student Programs (Boerner)

1. GSA program planning and development
2. GSA-GME liaison (with Thompson)
3. Second year transfer
4. OSR liaison

Projects under active development

1. A Directory of Advisors in the Health Professions (Dulcan)
2. Financial Aid Workshops (Boerner)
3. Reporting system for the RWJ Program (Dulcan - Kurtz)
4. Inter-divisional Retreat for program planning (Thompson)
5. Reorganization of the GSA (Thompson - Boerner)

Long-range projects either in preliminary development or
in the conceptualization phase

1. The Division of Student Programs and Services in 1975 in view of MCAAP
2. The definition of programs and services which may be required for the area of graduate medical education.
3. The definition of programs and services which can be offered for developing medical schools or schools which ask for them.

MOST URGENT

Development of an AAMC strategy for both short-range programs and long-range plans for financing medical education. (Students)

RLT/vlb

Inventory of Programs, Projects and Activities
as of December, 1973A. Studies

1. Annual study of applicants
2. Study of undergraduate origins of applicants
3. Studies of fall enrollment and retention
4. Study of opportunities for graduate education (with Department of Teaching Hospitals)
5. Liaison with SNMA Study of Minority Student Recruitment and Retention
- *6. Study of recent class of medical graduates (re mobility, time to complete M.D., etc.)
- *7. Studies of allocations of financial aid to medical students (from LCME and Robert Wood Johnson data)
8. Miscellaneous Survey Research (e.g. Study of Early Decision Plan and of Proposed Summer Program for U.S. Citizens in Foreign Medical Schools)

B. Publications

1. The Advisor
2. Student Affairs Reporter
3. Medical School Admission Requirements (with Division of Publications)
4. Annotated Bibliography on Admissions
5. Datagrams - re applicants, enrollments, undergraduate origins and COTRANS
6. Summary of Summer Makeup Courses

C. Other Activities

1. Student Affairs Information Service
2. COTRANS (gradually being shifted to Division of Student Programs and Services)
3. Work with MCAAP, Longitudinal Study and FMG Task Forces

*Perceived as needed but not yet underway.

DGJ/sg

- I. Liaison with constituency, external organizations, and other AAMC units
- A. Staffing GME
 - B. Staffing Advisory Committees
 - C. GSA and other AAMC Organizational Liaison
 - D. ACMC, NBME, etc. - Dr. Erdmann discussed the proposed changes in the National Boards Tests.
- II. Medical College Admission Test (MCAT)
- A. Administration and Policy
 - B. Operations and Liaison with the American College Testing Program (ACT)
 - C. Investigation of Irregularities
 - D. Research
 - 1. Minority Studies
 - 2. Regular Statistical Reports
 - 3. Scaling Study
- III. Medical College Admissions Assessment Program (MCAAP)
- A. Program Planning
 - B. Test Development
 - C. Interaction with Constituency
 - D. Research and Validation Studies
 - E. Support Systems
 - e.g. Educational Programs for Admissions Officers
 - Additional Information to Students
 - etc.
- IV. Educational and Test Development Research
- A. Research in Measuring Problem Solving Ability
 - B. Non-Cognitive Assessment
 - 1. Typology Measures
 - 2. Career Choice and Development Measures
 - 3. Environment Measures
 - C. Student and Applicant Characteristics
 - e.g. Flow of Talent from Undergraduate to Graduate and Professional School
- V. Longitudinal Study Project
- A. Operation of Data Bank
 - B. Review of Data Requests
 - C. Development of Follow-up Protocol
 - D. Preliminary Analyses

VI. Communications

- A. Annual Meeting Programs
 - 1. Conference on Research in Medical Education (RIME)
- B. Information Exchange
 - 1. Periodicals
 - DEMUR Report
 - HPEER
 - 2. Publications (examples)
 - Directory of Medical Education Specialists
 - Survey of Non-Cognitive Instruments
 - Survey of Physician Performance Measures
 - 3. Workshops
 - e.g. Minority Admissions Simulations
 - 4. Responding to Requests Regarding Research Information

VII. Biochemistry Special Achievement Test (BSAT)

- A. Test Development and Validation
- B. Operations and Policy
- C. Routine Statistical Reports

VIII. Test Item Library Project

- A. Further Specification of AAMC Role
- B. Development of Proposal for Future Activities
- C. Purpose: To provide a library of tests to all interested medical schools for independent student self-evaluation and ranking on a national scale. These tests are designed as a student aid in the evaluation of his/her level of knowledge, not as an index for promotion by the school.

ADDENDUM #1

I. Department of Teaching Hospitals - Dr. R. Knapp

A. Works with the Council of Teaching Hospitals to study:

1. House Staff Unions
2. House Staff income tax problems, especially the recent deduction changes (\$3600.00)

B. Publishes "House Staff Salary Survey," a comparison of the benefits and salaries of House Officers in various regions of the country.

C. Conducts studies on problems in teaching hospitals.

D. Conducts comparison studies between teaching and community hospitals--cost, quality of care, etc.

E. Informs House Staff of changes in, or the meaning of, social security medicine.

II. Department of Academic Affairs - Dr. M. Ball

A. Dr. Ball represented the DAA since neither Dr. Swanson or Dr. W. Cooper could attend the meeting.

B. The DAA encompasses the following divisions:

- Division of Biomedical Research
- Division of Curriculum and Instruction
- Division of Education Measurement and Research
- Division of Educational Resources
- Division of Student Programs and Services
- Division of Student Studies

C. The DAA employs approximately 50 percent of all the AAMC professional staff.

III. Division of Biomedical Research - Dr. M. Ball

A. Establishes ethics in biomedical research

B. Works with the N.I.H. to set biomedical research goals for each fiscal year.

IV. Division of Student Studies - Dr. D. Johnson
(See Handout p. 2)

V. Division of Educational Measurement and Research - Dr. Erdmann
(see Handout p.3)

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VI. Division of Institutional Studies - Mr. J. Keyes

A. Works with the Council of Deans (COD) on problems of institutional development.

B. Provides the Management Advancement Program to instruct new Deans in the managerial aspects of their new positions.

1. Phase One: Introduction to Management Techniques
2. Phase Two: A "Team" of people from the Dean's school join him to learn methods of handling specific problems.
3. Phase Three: Implementation of the techniques learned in the first two phases. Consultants from the AAMC provide background knowledge to the Dean and his personnel.

VII. Division of International Medical Education - Ms. W. Waddell

A. Assesses health care systems in other nations.

B. Studies the education and delivery of medical care by F.M.G.'s applying for residencies and internships in the U.S.

C. Established the Foreign Electives Program for U.S. students--Yugoslavia Program.

VIII. Division of Accreditation - Dr. J. Schofield

A. The Division's major responsibility is the accreditation of Medical Schools. In a discussion of the criteria and method of medical school accreditation, Dr. Schofield explained that no written criteria exist. Decisions are made on the basis of the site inspector's experience and concurrence by the AAMC Executive Council and the Council on Undergraduate Medical Education.

B. Published "Functions and Structure of a Medical School" AAMC 1973.

IX. Division of Public Relations - Dr. C. Fentress

A. Informs the media of Association developments.

B. Works with Dr. Cooper's office on the Weekly Activities Report.

C. Creates programs to improve the medical school image in the surrounding community in an effort to increase rapport and funding.

D. Establishes guidelines on how to treat the V.I.P. patient.

E. Generates letters from the constituency on legislative issues.

X. Division of Student Programs and Services - Dr. R. Thompson
(See Handout page 1)

XI. Division of Minority Affairs - Mr. D. Prieto

A. Mr. Prieto urged the OSR to take a more active role in the field of minority affairs.

B. The following programs are established or being created by this branch of the AAMC:

1. Information clearing house to disseminate information on opportunities in medicine for the minority student.
2. Identification of programs at various schools that are successful in increasing minority student enrollment.
3. Methods for solving the retention problem of minority students.
4. Medical Minority Applicant Registry (Med-MAR) - a list of all minority students interested in applying to medical school.

XII. Division of Health Services - Mrs. L. Engstrom

A. Develop prototype HMO's within medical centers.

1. Five programs are now in progress or at various stages of development.

B. Sponsor training programs in HMO's.

C. Encourage prison health care reform.

D. Conduct a National Symposium on primary care.

XIII. Division of Operational Studies - Dr. Paul Jolly

A. Controls the data flow within the AAMC.

B. Analyzes the costs of medical education:

1. The percent of each school's income directed to M.D. education vs. Ph.D. training or research.
2. Publication of "Financing of Medical Education."

C. Compiles data profiles for the AAMC on:

1. All medical students in U.S.
2. All medical faculty in U.S.
3. All medical institutions in U.S.

This information can be released only with the permission of the persons or institutions involved or, in the case of student information, through special dispensation by the OSR.

ADDENDUM #2

REPORT OF THE AAMC OFFICERS' RETREAT

December, 1973

The Chairman, Chairman-Elect, and President of the Association along with the Chairman and Chairman-Elect of each Council, the OSR Chairperson, and key AAMC staff met from December 5 - 7 to review the activities of the Association and to discuss the major issues which the AAMC will confront in the coming year.

Foremost among the issues identified for major Association effort are:

- 1) the development of recommendations on the financing of medical education by the Sprague Committee with the input already put forth by the Krevans Committee on Health Manpower;
- 2) the development of a more specific AAMC position on national health insurance by a Special Task Force; such a position must lay out legislative specifications on every aspect of national health insurance affecting the medical schools and teaching hospitals;
- 3) the consideration, by the AAMC Graduate Medical Education Committee with input to the Coordinating Council on Medical Education, of ways to better relate the specialty and geographic distribution of physicians to the needs of the population;
- 4) the organization of agencies collecting data on medical schools to avoid duplication and provide a more coherent and better utilized information system -- charge to the Data Development Liaison Committee;
- 5) an examination of the role of the medical schools and teaching hospitals in educating the public about health; this topic would be the theme of the 1974 AAMC Annual Meeting.

Another major consideration was felt to be biomedical research, particularly the issue of assuring adequate research manpower. The Braunwald Committee was asked to evaluate the need for researchers in specialty areas and to recommend an appropriate financing mechanism. This committee was also asked, through the appointment of subcommittees, to consider the peer review system and recommend a mechanism for assuring the appointment of qualified individuals to Advisory Councils and to develop criteria for determining which research areas might benefit from a targeting of federal support (research center approach).

The Retreat participants discussed the Foreign Medical Graduate issue and the overall question of how many physicians are needed. While it was felt impossible to determine the number of M.D.'s needed until problems such as specialty and geographic maldistribution and the disorganization of the health care system are resolved, it was asserted that the number of graduate positions must reflect the needs of the population and all who enter graduate training must demonstrate a high level of competence.

After supporting in concept the use of the health care team to alleviate shortages caused by maldistribution of physicians and recommending that financial incentives to encourage schools in this area be built into Comprehensive Health Manpower legislation, the Retreat considered the accreditation of physician assistants' and allied health educational programs. The newly-formed Commission on Physician Assistants and the proposed Joint Council for the Accreditation of Allied Health Education were discussed, along with the established AAMC position that the LCME should accredit Type A physician assistants programs. The issue of separating the Type A programs from the remainder of the allied health field was left unresolved. If the Association supports this segregation of Type A programs, it may choose to continue to support LCME accreditation or, alternately, may accept the jurisdiction of the CPA and choose to participate on that body. The relationship of the Coordinating Council to the CPA and JCAHE must also be defined.

There is mounting pressure to form a Liaison Committee on Continuing Medical Education under the Coordinating Council. The Retreat recommended that the Association elaborate detailed specifications on the role and function of such a Liaison Committee during the deliberations of a now-appointed CCME ad hoc committee. The stress should be placed upon stimulating continuing education programs which are linked to quality of care appraisal. The Group on Medical Education should be encouraged to include in its membership those individuals in the institutions who are responsible for continuing medical education, and should evolve programs directed toward improving the effectiveness of educational efforts directed toward practicing physicians. Association activities directed at helping the institutions effectively meet the requirements of the PSRO legislation should include the establishment of a central clearinghouse to collect and disseminate information on medical care evaluation studies. This would include developing a network of quality assurance correspondents at each institution.

The Retreat considered pressures being brought to develop national curricula to train medical students in categorical disease areas such as cancer and high blood pressure. It was felt that the Association should encourage these efforts at the level of public and continuing education, but should not support this at the undergraduate level.

The Retreat participants also discussed issues concerning the constituent composition of the AAMC, the responsiveness of the Association to the needs of various segments of the membership, and the AAMC's liaison with other organizations in the health field. As a final item, the format and program of the 1974 Annual Meeting were briefly discussed and referred to the Executive Committee, which serves as the Annual Meeting Program Committee.

COUNCIL OF DEANS
ADMINISTRATIVE BOARD

AAMC Conference Room
Thursday, December 13, 1973
9:00 a.m. - 3:00 p.m.

AGENDA

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EXECUTIVE COUNCIL AGENDA

Conference Room
AAMC Headquarters
Washington, D. C.

December 14, 1973
9:00 a.m. - 3:00 p.m.
Lunch

- I. Call to Order
- II. Consideration of Minutes. 1
- III. Report of the Council of Deans
- IV. Report of the Council of Academic Societies
- V. Report of the Council of Teaching Hospitals
- VI. Report of the Organization of Student Representatives
- VII. Report of the Chairman
- VIII. Report of the President
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XIV. Old Business

XV. New Business

XVI. Executive Session

XVII. Adjournment

ADDENDUM #3

CURRENT HEALTH PLANSHEALTH SECURITY
(S.3) (H.R. 22-23)

CONCEPT Universal comprehensive health insurance for all U.S. residents.

SPONSORS Sen. Edward Kennedy (D-Mass.)
Rep. Martha Griffiths (D-Mich.)

SUPPORTERS Committee of 100, AFL-CIO, Teamsters, UAW

BENEFIT PATTERN Benefits cover the entire range of personal health care services including prevention and early detection of disease, care and treatment, and medical rehabilitation. There are no cut-off dates, no co-insurance, no deductibles, no waiting periods. Principal limitations: adult dental care, psychiatric care, nursing home care, and some prescription drugs. Provides pilot project benefit for home care for chronically ill and aged.

NATIONAL HEALTH
INSURANCE PARTNERSHIP
(S. 1623) (H.R. 7741)

Family Health Insurance Plan (FHIP); federally subsidized insurance for poor families; National Health Insurance Standards Act (NHISA), a modest medical insurance program for employed persons under 65.

Sen. Wallace Bennett (R-Utah)

Nixon Administration

NHISA requires employers to purchase minimal health insurance for employees. Basic health care plan includes inpatient hospital, physician, and other services with heavy deductibles and co-pay and well-child care with no co-pay. FHIP provides limited ambulatory and institutional care (30 days), with deductibles and co-pay for all but poorest.

HEALTH CARE

Tax incentives for employers and individuals to purchase broad standard coverage; private health insurance for poor, near-poor, and uninsurables through government-subsidized state insurance pools.

Sen. Thomas J. McIntyre (D-N.H.)
Rep. Omar Burleson (D-Tex.)

Health Insurance Association of America

Phased-in benefits. Physicians service (office, home, and health facility), laboratory and X-ray expenses, general and psychiatric hospital services (in- and outpatient), home health services, dental care for children, prescription drugs, and catastrophic illness coverage. Most of these are subject to sizable deductible and co-insurance requirements.

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HEALTH SECURITY
(S. 3) (H.R. 22-23)

**NATIONAL HEALTH
INSURANCE PARTNERSHIP**
(S. 1623) (H.R. 7741)

HEALTH CARE

FINANCING

Health Security Trust Fund derived as follows:
50% from general tax revenue; 36% from a
3.5% tax on employer payroll; 12% from a 1%
tax on the first \$15,000 of individual
income; 2% from a 2.5% tax on the first
\$15,000 of self-employment income.

Increase in Social Security tax base for
catastrophic insurance. NHISA employer
required to pay 65% of employee's coverage
the first 2-1/2 years, 75% thereafter,
employee pays balance. FHIP paid from federal
general revenues.

General revenues and Social Security.
Tax incentives to encourage purchase of
insurance policies (individual and
employer contribution 100% tax-deduct-
ible if coverage meets federal stand-
ards). Poor pay no premiums. Near-
poor pay increasing amounts; balance
financed by federal (up to 90%) and
state general revenues.

ADMINISTRATION

Publicly administered program in HEW. Policy-
making, five-member, full-time Health Security
Board appointed by the President. Field ad-
ministration through ten HEW regions and ap-
proximately 100 health subregions. Advisory
councils at all levels with the majority of
members representing consumers. Single na-
tional financing system supports pluralism in
organization and delivery of health services.

Private health insurance industry retained
and financially supported. Medicare and
parts of Medicaid retained with modifica-
tions.

Council of Health Policy Advisors estab-
lished to coordinate federal health
programs. Program subsidizes and retains
private health insurance carriers with
some supervision by state insurance
commissioners. More controls on insurers.

MEDICREDIT
(S. 444) (H.R. 2222)**BENEFIT
PATTERN
cont.****FINANCING**

The government would pay all premiums for low-income persons—individuals and dependents with no income-tax liability. For others, the government would pay between 10% and 99%, based on family or individual income. It would pay everyone's premium for catastrophic expense coverage. Coverage would be provided through private health insurance. Enrollment in prepaid groups would be included.

ADMINISTRATION

Establishes an 11-man Health Insurance Advisory Board, including the HEW Secretary and the IRS Commissioner. The remaining members, not otherwise in the employ of the U.S. shall be appointed by or under the direction of an MD or DO.

CATASTROPHIC
HEALTH INSURANCE

Social Security financing with a 0.3% tax on the first \$9,000 of employees' wages and a 0.3% tax on employer payroll (first \$9,000 of each employee's earnings).

Through Social Security Administration using carriers and intermediaries as in Medicare.

HEALTH CARE SERVICES
(H.R. 1)

Multiple sources of financing, public and private. Employers would be required to purchase for their employees a comprehensive level of benefits, paying at least 75% of the premium costs. Registrants at Health Care Corporations would be entitled to a 10% federal subsidy on their health insurance premiums. Health services for the aged would continue to be financed through a combination of the Social Security tax mechanism and general federal revenues.

Would consolidate programs now administered by HEW in a new Department of Health headed by a Cabinet-level Secretary of Health. State health commissions would implement federal legislation and regulations and would develop state plans; subject to approval by Secretary of Health. Bill also provides for creation of Health Care Corporations, community-based, not-for-profit, private or governmental organizations.

CATASTROPHIC HEALTH INSURANCE
AND MEDICAL ASSISTANCE REFORM
(S. 2513)

Furthermore sets standards for private insurance policies at a reasonable price for individuals not eligible for the low income plan.

The cost of the catastrophic proposal, estimated at \$3.6 billion would be borne by the Social Security System. The low income plan would be financed from general resources just as the Federal share of the current Medicaid program is now financed. States would contribute a fixed amount which would be equivalent to their total expenditures for state funds under Medicaid during the year prior to the effective date of this program.

Private health insurance retained, but incentives introduced to assure that private insurance policy packages are available at reasonable costs to anyone wishing to purchase it through instrument of government-certification of standardized policies. Medicaid eliminated and replaced by universal medical assistance program for low income families. Catastrophic insurance for all Americans regardless of age, administered through Social Security Administration.

HEALTH SECURITY
(S. 3) (H.R. 22-23)

**EFFECT ON
HEALTH SYSTEM**

Provides legal and financial means to restructure health delivery systems. Resource Developmental Fund places strong emphasis on development of HMOs. Substantial grants to develop and support innovative health systems and to assure the availability of services in local communities. Absorbs Medicare and most of Medicaid.

**NATIONAL HEALTH
INSURANCE PARTNERSHIP**
(S. 1623) (H.R. 7741)

Encourages development of comprehensive prepaid group practice plans and HMOs. Proposes a limited amount of planning grants, start-up money, and operational grants to organizations in areas of particular need, and loan guarantees for capital costs and operations.

HEALTH CARE

Few changes. Promotes ambulatory care facilities and group practice organizations.

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QUALITY

Establishes quality control commission and national standards for participating professional and institutional providers. Regulation of major surgery and certain other specialist services; national licensure standards and requirements for continuing education.

Establishment of Professional Standards Review Organization (PSROs) to review health insurance and HMO contracts and quality standards.

Federal tax leverage used to bring insurance benefits and coverage up to new federal standards.

MEDICREDIT
(S. 444) (H.R. 2222)

CATASTROPHIC
HEALTH INSURANCE

HEALTH CARE SERVICES
(H.R. 1)

CATASTROPHIC HEALTH INSURANCE
AND MEDICAL ASSISTANCE REFORM
(S. 2513)

EFFECT ON
HEALTH SYSTEM

12

QUALITY

Every HCC would have to make available within its state plan, comprehensive health services to everyone in its area, including health maintenance and catastrophic illness services. After the first five years, an HCC would be required to offer, as an option to its registrants, services on a capitation basis of payment. HCC's could span political boundaries where necessary. Few changes - merely a method of financing costs of care.

The Department of Health would be responsible for all federal supervisory and regulatory aspects of the national health care program, setting basic standards for care and establishing the scope of health insurance benefits for all. It would have final authority over program activities at the state level. Incentives through government - certificates of standardized insurance policies to bring private insurance benefits and coverage up to federal standards. Utilization and quality of services to be reviewed by PSRO's.

PROPOSAL FOR STUDENT PARTICIPATION IN
THE NATIONAL BOARD OF MEDICAL EXAMINERS

WHEREAS, the Organization of Student Representatives (OSR) of the AAMC, the Student American Medical Association (SAMA), and the Student National Medical Association (SNMA) recognize that the report of the Committee on Goals and Priorities of the National Board of Medical Examiners, "Evaluation in the Continuum of Medical Education," addresses many issues of concern to medical students, and that the NBME will be dealing intensively with these issues in the near future;

WHEREAS, in medical areas of concern to them, medical students, through the OSR, SAMA, and SNMA, have clearly demonstrated the value and effectiveness of their formal representation on committees of other organizations;

BE IT RESOLVED that in order to facilitate student input regarding the many issues that are to be dealt with by the National Board of Medical Examiners,

(1) the OSR, SAMA, and SNMA be extended the opportunity to have voting representatives on the Board of the NBME as it is presently organized;

(2) provision be made for formal student representation on the Executive Committee of the NBME;

(3) the OSR, SAMA, and SNMA shall have voting representatives on the proposed Council for Undergraduate Medical Evaluation if such a council is eventually set up within the NBME.