OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
AAMC Headquarters
Washington, D.C.

September 13, 1974
7:00-10:00 p.m.
September 14, 1974
9:00 a.m. - 4:00 p.m.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

June 15, 1974
AAMC Headquarters
Washington, D.C.

PRESENT:	Chairperson	--	Dan Clarke-Pearson
	Vice-Chairperson	--	Mark Cannon
	Regional Representatives	--	Lisa Bailey (Central) Serena Friedman (Northeastern) Cindy Johnson (Western) Stan Pearson (Southern)
	Representative-at-Large	--	Stephen Keasler Elliott Ray Ernest Turner
	AAMC Staff Participants	--	Robert Boerner Prentice Bowsher Diane Mathews August G. Swanson Bart Waldman

I. Call to Order

The meeting was called to order by Dan Clarke-Pearson at 9:00 A.M.

II. Consideration of Minutes

The minutes of the March 16 meeting were approved with the following changes:

A. Page 1, Item 3A. The first sentence was changed to read, "The Executive Council will be requested to approve four OSR Administrative Board meetings per year."

B. Page 6, Item 8.3. The entire paragraph was changed to read, "One of the recommendations before the Executive Council was to request AAMC representation on the National Commission on Certification of Physicians Assistants. Mark Cannon pointed out that the proposed

guidelines for this Commission would give to the NBME a major role in the certification of physicians assistants and in this light noted some parallels to the GAP report's recommendations regarding certification of physicians. The OSR Administrative Board felt strongly that the AAMC should have input to this Commission and supported the recommendation for AAMC presentation."

III. Geographic Distribution in Health Manpower Legislation

Prentice Bowsher, from the AAMC Division of Federal Liaison, discussed with the Administrative Board the options which Congress will be considering to deal with the problem of geographic maldistribution of physicians. Mr. Bowsher explained that the four primary methods of dealing with this problem are: (1) require a two year period of service in the National Health Service Corps for every graduate of a federally assisted medical school; (2) award a higher capitation to medical schools per student per year for each student agreeing to serve in the Corps; (3) provide several options for eligibility for capitation, one of which would be the schools' securing agreements by a certain percentage of students to serve in the Corps; and (4) require that any federal student aid carries with it an obligation for service in the Corps (see Addendum #1). It was pointed out that SAMA has taken the position that all Americans should be required to serve two years of national service. In general, the Administrative Board disagreed with SAMA's position and agreed that national service by medical students in a physician shortage area be voluntary and contingent upon financial aid or medical school capitation.

IV. Executive Council Agenda

A. Suggested Amendment to the AAMC Position on Foreign Medical Graduates

The Council of Deans recommended an amendment to the report of the AAMC Task Force on Foreign Medical Graduates which would spur the development of a generally acceptable qualifying examination and provide the FLEX exam as an alternative to Parts I and II of the National Boards (see Addendum #2).

ACTION: The Administrative Board endorsed the recommendation to the Executive Council that the COD amendment be approved with the recommended changes.

B. Proposal for the Establishment of a Liaison Committee on Continuing Medical Education

Serena Friedman expressed concern over the proposed membership of the LCCME since one public representative was to be chosen by the professional organizations and no student representation was recommended in the composition of the committee. The Board reached the consensus

that student representation on this committee was inappropriate and approved the proposal for the establishment of the LCCME.

In a discussion of student representation on the other liaison committees, Dr. Swanson outlined the role of each committee and how they interact with the Coordinating Council on Medical Education. The Liaison Committee for Medical Education (LCME), the Liaison Committee for Graduate Medical Education (LCGME), and the proposed Liaison Committee for Continuing Medical Education (LCCME) develop and recommend to the parent bodies through the CCME improved policies and procedures for the review and evaluation of institutions and organizations offering programs of medical education in each of the three areas. The parent bodies consist of the AAMC, the AMA, the Council of Medical Specialty Societies (CMSS), the American Board of Medical Specialties (ABMS), and the American Hospital Association (AHA). Dr. Swanson suggested that student input to the liaison committees would be most appropriate on the LCME.

ACTION: On motion, seconded and carried, the Administrative Board agreed to forward to the Executive Council the request that one student representative be named to both the LCME and the CCME. The Board suggested that OSR, SNMA and SAMA each nominate a student for each position with the LCME and the CCME making the final selection of student representation.

C. Statement on the Responsibilities of Institutions, Organizations, and Agencies Offering Graduate Medical Education

ACTION: On motion, seconded and carried, the Administrative Board approved the recommendation that the Executive Council ratify the Statement. (See Addendum #3.)

D. Seattle Biomedical Research Manpower Report

ACTION: On motion, seconded and carried, the Administrative Board endorsed the recommendations made by the Seattle Research Manpower Conference.

E. Issues, Policies and Programs of the AAMC (Green Book)

ACTION: On motion, seconded and carried, the OSR Administrative Board approved the publication of the booklet describing the issues, policies and programs of the AAMC, with the understanding that it will be distributed to all OSR representatives and updated periodically.

F. Report of the National Health Insurance Task Force

ACTION: On motion, seconded, and carried, the Administrative Board approved the report of the National Health Insurance Task Force as the basis of any future AAMC position on national health insurance.

G. Report of the Ad Hoc Review Committee on the MCAAP

The Executive Council in March appointed an ad hoc review committee to study and evaluate the report of the MCAAP Task Force, and to recommend priorities and mechanisms for its implementation. The Administrative Board discussed the report of this ad hoc review committee and requested clarification on certain recommendations. Mark Cannon questioned the low priority given to the development of a uniform format for the letter of evaluation and the interviewing project.

The Board also expressed concern over the fact that the recommended Committee on Admission Assessment provides for no specific minority representation. The Board recommended that the Executive Council be requested to add a minority representative to the Committee.

H. AAMC Statement on Moonlighting of House Officers

The proposed Statement on Moonlighting of House Officers met with several objections from members of the Board. The objections raised about the AAMC Statement focused on the issue of whether moonlighting activities should be reported and reviewed by program directors prior to engagement in such activities. There was general agreement that moonlighting should be prohibited only in cases where the practice interfered with the house officers' ability to fulfill the educational objectives of graduate medical education.

Dan Clarke-Pearson presented an amendment to the AAMC Statement which was approved for consideration by the Executive Council. (See Addendum #4.)

ACTION: On motion, seconded and carried, the Administrative Board approved Dan Clarke-Pearson's amendment to the AAMC Statement on Moonlighting of House Officers.

I. AAMC Policy Statement on New NIH Institutes and Categorical Research Programs

ACTION: On motion, seconded, and carried, the Administrative Board affirmed the AAMC Policy Statement on New NIH Institutes and Categorical Research Programs. (See Addendum #5.)

V. Chairperson's Report

Dan Clarke-Pearson noted that he has informed the membership about the actions of the Executive Council on items of OSR interest through his Newsletter, and that actions such as the approval of four OSR Administrative Board Meetings have been communicated to the OSR by that means. Dan also noted that interaction between AAMC staff and OSR has improved since the function of OSR within the structure of the AAMC was clarified in an extensive discussion at the March Administrative Board Meeting.

Dan announced that the National Board of Medical Examiners has approved the concept of adding two student representatives to its board, but the official action is pending a change in the NBME Rules and Regulations.

VI. Regional Reports

A. Southern Region

Stan Pearson commented on the Southern Region OSR Meeting in Birmingham. In addition to a joint meeting with the GSA, the Southern Region OSR conducted several constructive discussion sessions on women in medicine, financial aid, minority affairs, and the GAP Report.

B. Western Region

Cindy Johnson reported on the Western Regional OSR Meeting in Asilomar. A major discussion on women in medicine was led by Amber Jones of the AAMC, and a lively discussion also took place on the GAP report. Cindy noted that the Western Region spent a considerable amount of time during their meeting on resolutions, and their resulting recommendations were circulated to the other regions for consideration.(See Addendum #6.)

C. Central Region

Lisa Bailey mentioned that the Central Region met in Minneapolis in conjunction with the GSA and considered the topics of distribution of physicians, student bill of rights, and the GAP report.

D. Northwestern Region

Serena Friedman stated that although the Northeastern OSR met separately from the GSA this spring, plans have been made for OSR and GSA to meet together in the future. At their meeting in New York City, the N.E. OSR discussed a wide variety of topics including NIRMP and the GAP report.

E. Format for 1975 Regional Meetings

Bob Boerner mentioned that plans for next year's regional meetings are in the beginning stages and that the format being considered is a combination of OSR/GSA regional meetings and workshops on financial aid and minority affairs. The three-day format would provide a day and a half of meeting time for the OSR with a portion of that time devoted to joint sessions of OSR and GSA. This format met with approval by the Board.

VII. Committee Nomination

ACTION: On motion, seconded, and carried, Elliott Ray was nominated to the GSA Ad Hoc Committee on Professional Development and Advising.

VIII. OSR Activities at the 1974 Annual Meeting

A. Schedule of Activities

Dan Clarke-Pearson presented a tentative outline for OSR activities at the Annual Meeting. After considerable discussion, the Board reached a consensus on the following schedule:

SUNDAY, Nov. 10, 1974

4 - 6 PM	OSR Administrative Board Meeting
7 - 9 PM	Orientation for new OSR representatives
9 - 11 PM	OSR General Reception, cash bar

MONDAY, Nov. 11, 1974

9 - 11 AM	OSR Business Meeting
11 AM	Coffee break
11:15-12:30PM	OSR Regional Meetings
2 - 5 PM	OSR Discussion Sessions
7 - 10 PM	OSR Program Session

TUESDAY, Nov. 12, 1974

9 AM-12 noon	OSR Business Meeting: election of officers
10:30 AM	Coffee break
2 - 5 PM	Council of Academic Societies Program
7 - 9 PM	Regional Meetings: election of officers

B. Procedure on Resolutions

In an effort to insure that the OSR portion of the Annual Meeting is as productive and efficient as possible, the Administrative Board discussed various procedures to be used during the meetings. The Board decided to establish the requirement that resolutions be submitted thirty days prior to the Annual Meeting to a Resolutions Committee. This Committee will review all resolutions to alleviate the problem of duplication and will insure that those resolutions which reach the floor are in a concise and well-written form. The Administrative Board will accept new resolutions prior to their meeting on Sunday, November 10, but a two-thirds vote to suspend the rules of procedure will be required for resolutions offered from the floor of the Business Meeting.

C. Procedure for Election of National Officers

Nominations and curriculum vitae will be solicited thirty days prior to the meeting for those candidates who wish to identify themselves in advance. Nominations will be accepted from the floor on Monday morning with nominations closing at the beginning of Tuesday morning's Business Meeting. Candidates will be allowed limited time for speeches at Tuesday's business session.

D. Discussion Sessions

The two topics for the Discussion Sessions which have been specified are Women in Medicine and Peer Review. Cindy Johnson will chair the session on Women in Medicine and Amber Jones of the AAMC will be the primary speaker. Elliott Ray will chair the session on Peer Review. The Board members agreed to leave the other slots open for issues which may develop before the November meeting.

E. OSR Program Session

Dan Clarke-Pearson presented a draft of a possible program session on Health Science Education: Direction for the Next Decade. The Board members were enthusiastic about the proposal and agreed on a program which will include a discussion of present trends of medical education as well as priorities for the decade. Several resource participants were suggested to speak on such topics as medical education and societal needs, continuum of undergraduate and graduate training, integration in curricula, and innovative programs in medical education. The program session will also include discussion between program speakers and the audience. Dan was charged with refining the program outline and working with staff on engaging outside resource participants.

IX. Orientation Booklet for new OSR Representatives

The Board reviewed a draft of the proposed orientation booklet which was developed by staff (Addendum #7.) It was recommended that the Issues, Policies and Programs of the AAMC book be included with the orientation materials. Dan Clarke-Pearson also suggested that the inclusion of a summary of OSR activities during the past year would be helpful to new OSR representatives.

X. OSR Rules and Regulations

Russ Keasler led a discussion on various aspects of the current Rules and Regulations which need revision. The ideas offered by the Board members on such items as selection of membership, length of office, and membership on AAMC committees will be used by Russ in developing a draft of revisions to the Rules and Regulations for the September Administrative Board meeting.

XI. OSR Communication through AAMC Publications

Since the request for a separate OSR Bulletin directed specifically to medical students was not approved by Executive Council, the Board considered other possible methods of communicating OSR issues to the medical student population. The most feasible AAMC publication which could be used to convey issues of student interest is the Student Affairs Reporter (STAR). It was suggested that an insert could be included in STAR which would address student issues in a poster format. The Board agreed that this idea would meet the objectives of stimulating student interest, and it would also be feasible in terms of cost and distribution. Dan will investigate this possibility further with Dr. Johnson, editor of the Student Affairs Reporter.

XII. Senior Electives

Bob Boerner reported that the information which OSR requested to be included in the Curriculum Directory on Senior Electives was omitted due to space limitations.

XIII. Administrative Listing

Elliott Ray stated that he has received responses from 42 schools for the Administrative Listing project, and that he will have a final report prepared for presentation at the September Administrative Board Meeting.

XIV. Ethics Conference

Bob Boerner announced that an Ethics Conference sponsored by the AAMC and the National Academy of Sciences will be held on September 18 in Washington, D.C. The conference will examine some of the broad medical socio-economic issues of an ethical nature from the standpoint of how these issues can be imparted to students in a teaching situation. The Administrative Board expressed interest in the conference and scheduled their next Administrative Board Meeting on September 19 so that they may be able to attend.

XV. The meeting was adjourned at 5:00 p.m.

June 10, 1974

Memorandum

From: Prentice Bowsher

Subject: Geographic distribution in health manpower legislation

Following are four possible methods of attempting to deal with the problem of geographic maldistribution of physicians in consideration of health manpower legislation. They are listed in descending order of preference.

1. Amend the National Health Service Corps provisions to require a two-year period of service in the Corps for every graduate of a federally assisted medical school.

This is the most direct way of getting at a fair and impartial responsibility for national service. If the policy objective is to get large numbers of physicians serving in the Corps, this approach is a far more efficient way of going about it than through approaches involving student assistance or student contracts as a condition for capitation.

2. Provide a minimum capitation, for example $1,000 per student per year, for all full-time medical students, and a higher capitation, for example $3,250 per student per year, for each full-time student agreeing to serve two years in the National Health Service Corps.

This approach maintains the principle of continuing federal assistance for the ongoing, basic educational program of the medical school, while allowing schools that enroll students willing to serve in the Corps to be capitated at a more substantial level. The principle of capitation is an important one. It was established in the 1971 legislation, and should be continued in this extension.

3. Provide as an additional optional condition for eligibility for capitation the entering into by students of agreements to serve for two years on graduation in the National Health Service Corps.

This approach avoids the problem of separate capitation levels. It also avoids the problem of mandating participation by every school as a recruiting agent for the Corps. Under this approach, schools would be eligible for capitation if they either increased enrollment, expanded their physician extender program, expanded their enrollment of USFMGs, received an approved special project application, or secured agreements from their students to serve in the Corps.

4. Provide that any federal student assistance carries with it an obligation for service in the National Health Service Corps.

This is the worst of all possible approaches. While it is true that nearly all medical students require some financial assistance, they do not all need to receive federal student assistance. A predictable result of this approach is that wealthier students would find assistance from nonfederal sources, and poorer students, unable to find such support elsewhere, would be driven into the use of federal programs, and thus into the Corps. This approach would fall hardest on students who already bear many burdens.

RECOMMENDATIONS BY THE TASK FORCE ON
FOREIGN MEDICAL GRADUATES

The Executive Council at its meeting of March 22, 1974, approved the report presented by the Task Force on Foreign Medical Graduates. A copy of the approved recommendations of the report is attached.

The COD membership at a meeting held on April 28, 1974, also approved the report with the following amendment to recommendation number 2 of the Task Force Report:

2. Admission Criteria - The process of certifying FMGs for admission to graduate medical education programs in the United States is inequitable and inadequate. In order to apply the same standards to all medical graduates it is recommended that a generally acceptable qualifying examination (be developed as rapidly as possible and) be made a universal requirement for admitting all physicians to approved programs of graduate medical education. Until ~~another such~~ (such an) examination ~~may become~~ (becomes) available, Parts I and II of the National Board Examination (or the FLEX examination could) ~~should~~ be employed for this purpose. FMGs can register for these examinations only after having demonstrated an acceptable command of spoken and written English. ~~Part III of the National Board Examination or some other method for determining clinical competence should be required for continuation beyond the first year of graduate medical studies or for direct admission to advanced standing in graduate medical programs.~~

In a separate approved motion the COD urged the AAMC to initiate implementation of their recommendations without delay.

Recommendation:

It is recommended that the Executive Council of the AAMC approve the amendment as approved by the COD.

RECOMMENDATIONS

The Task Force recommends the following policies to the AAMC for adoption and implementation by the constituency in collaboration with related agencies:

1. Physician Manpower - Medical schools of the United States must become the major source for educating physicians to satisfy the need for physician services to the American people. This country should not depend for its supply of physicians to any significant extent on the immigration of FMGs or on the training of its own citizens in foreign medical schools. If the anticipated need for physicians exceeds present or future enrollment in our medical schools, appropriate measures including adequate funding must be taken to enlarge the student body accordingly. Since there is a delay of seven to ten years until a corrective increase in first year medical school admissions first becomes manifest in terms of physician manpower, a continuing analysis of our physician needs is called for.

2. Admission Criteria - The process of certifying FMGs for admission to graduate medical education programs in the United States is inequitable and inadequate. In order to apply the same standards to all medical graduates, it is recommended that a generally acceptable qualifying examination be made a universal requirement for admitting all physicians to approved programs of graduate medical education. Until another such examination may become available, Parts I and II of the National Board Examination should be employed for this purpose. FMGs can register for this examination only after having demonstrated an acceptable command of spoken and written English. Part III of the National Board Examination or some other method for determining clinical competence should be required for continuation beyond the first year of graduate medical studies or for direct admission to advanced standing in graduate medical programs.

3. Approval of Programs of Graduate Medical Education - In order to ensure all medical graduates of a continuing exposure to quality education, regulations for the approval of programs of graduate medical education must be strictly enforced. The regulations should emphasize the educational function of these programs. In addition, the relative number of FMGs permitted in any program should be limited and geared to the educational resources of the program. Effective adaptation and enculturation cannot be expected unless special efforts are made and there is a balance between American and foreign graduates in the program. Since undergraduate and graduate medical education are considered integral parts of an educational continuum, it is also recommended that the number of first year positions in approved programs of graduate medical education be adjusted gradually so as to exceed only slightly the expected number of graduates from domestic medical schools, but provide sufficient opportunities to highly qualified FMGs.

4. Pilot Project - Because examinations to determine the professional competence of the physician are still in a developing stage it is recommended that a pilot project be initiated for the enrollment of a limited number of FMGs as students in modified undergraduate medical education programs in United States institutions. The objectives of this project to be undertaken by AAMC and interested medical schools, are to identify the educational deficiencies of FMGs and provide supervised learning experiences to correct these deficits with the goal of bringing the FMG to a level of professional competence similar to that reached by graduates of domestic schools. In this project preference should be given to United States citizens and may include American students enrolled in foreign medical schools qualified for participation in the COTRANS program.

5. Loopholes - On the basis of temporary licenses or exemptions from licensure provisions, a large but unknown number of FMGs is delivering medical services in institutional settings such as state institutions and other medical service organizations. They are active in this capacity without having qualified either for graduate medical education or licensure. The indefinite continuation of unsupervised medical practice on this basis without involvement in approved graduate medical education should be discontinued. It is recommended that AAMC join with the American Hospital Association, the American Medical Association and other agencies to bring this problem to the attention of the Federation of State Medical Boards in a concerted effort to seek and implement appropriate solutions.

6. Hospital Patient Care Services - These recommendations when implemented undoubtedly will reduce the number of FMGs qualified for appointment to positions in graduate medical education. Therefore, new methods must be developed to ensure patient care services in many hospitals. The Task Force believes that other health care personnel can be trained to provide under physician supervision many of the services now required to be rendered by physicians. Projects to study and demonstrate the engagement of such personnel in institutional care settings should be undertaken immediately. Ultimately, the efficient utilization of such personnel depends on appropriate education of the health care team, particularly physicians, and thus is a conjoint responsibility of medical and other health profession faculties.

7. Special Categories - The Task Force recognizes two categories of FMGs which require special consideration. The first category includes FMGs who are seeking limited educational objectives in this country with the full intent of returning to their home country. They may be accepted into special programs without the qualifications contained in the second recommendation of this report, provided these trainees are not permitted to assume any independent patient care obligations and provided the training thus obtained is not credited towards specialty board qualification in this country.

STATEMENT ON THE RESPONSIBILITIES OF INSTITUTIONS, ORGANIZATIONS AND AGENCIES OFFERING GRADUATE MEDICAL EDUCATION

The CCME voted to approve the Statement on the Responsibilities of Institutions, Organizations and Agencies Offering Graduate Medical Education. This statement was carefully reviewed on seven different occasions by the CCME before consensus was reached. The statement is as follows:

Institutions, organizations and agencies offering programs in graduate medical education must assume responsibility for the educational validity of all such programs. This responsibility includes assuring an administrative system which provides for management of resources dedicated to education and providing for involvement of teaching staff in selection of candidates, program planning, program review and evaluation of participants.

While educational programs in the several fields of medicine properly differ from one another, as they do from one institution to another, institutions and their teaching staffs must insure that all programs offered are consistent with their goals and meet the standards set forth by them and by voluntary accrediting agencies.

The governing boards, the administration, and the teaching staffs must recognize that engagement with graduate medical education creates obligations beyond the provision of safe and timely medical care. Resources and time must be provided for the proper discharge of these obligations. The teaching staff and administration, with review by the governing board, must (a) establish the general objectives of graduate medical education; (b) apportion residency and fellowship positions among the several programs offered; (c) review instructional plans for each specific program; (d) develop criteria for selection of candidates; (e) develop methods for evaluating, on a regular basis, the effectiveness of the programs and the competency of persons who are in the programs. Evaluation should include input from those in training.

Facilities and teaching staff shall be appropriate and sufficient for effective accomplishment of the educational mission of each program. If outside facilities or staff are needed to fulfill program needs, the primary sponsor must maintain full responsibility for the quality of education provided.

RECOMMENDATION

It is recommended that the Executive Council ratify the Statement on the Responsibilities of Institutions, Organizations and Agencies Offering Graduate Medical Education.

The second group encompasses FMGs who have established reputations as medical academicians and are appointed by medical schools as visiting scholars. Unless the respective state licensing boards prescribe differently, temporary exemptions from the requirement specified under recommendation two should be accorded these FMGs provided they are visiting members of a medical faculty and their involvement in the practice of medicine is limited to patient care related to their teaching obligations. The granting of these exemptions should be based on a policy agreed upon nationally and should cover a delimited period of time. FMGs who serve on medical faculties as teachers and scientists without patient obligations including supervision of those who render patient care do not fall within the purview of these recommendations.

8. Time Table - In establishing a time table for implementation of these recommendations, considerations must be given to a broad range of consequences including educational policies of our medical schools, maintenance of undisrupted patient care services within and without teaching hospitals, and cost.

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The governing boards, the administration, and the teaching staffs must recognize that engagement with graduate medical education creates obligations beyond the provision of safe and timely medical care. Resources and time must be provided for the proper discharge of these obligations. The teaching staff and administration, with review by the governing board, must (a) establish the general objectives of graduate medical education; (b) apportion residency and fellowship positions among the several programs offered; (c) review instructional plans for each specific program; (d) develop criteria for selection of candidates; (e) develop methods for evaluating, on a regular basis, the effectiveness of the programs and the competency of persons who are in the programs. Evaluation should include input from those in training.

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Organization of Student Representatives
Association of American Medical Colleges

AAMC STATEMENT ON MOONLIGHTING BY HOUSE OFFICERS

AMENDMENT:

The Association of American Medical Colleges is concerned about the quality of graduate medical education and any activity which might compromise the quality of this experience.

The timely debate regarding house officer "moonlighting" involves a number of considerations which include:

a. The rights of an individual to engage in whatever legal activities he chooses during the time when his services are not required by his primary full-time employer.

b. The dependence that has developed in some sections of the country upon physicians from training programs for the provision of primary and emergency care during their off-duty hours.

c. The financial dependence of some married house officers with children, and other house officers with large previous debts, upon incomes larger than those offered while employed in training status.

d. The broadening educational experience for the house officer who practices some medicine outside the graduate medical education institution.

e. The possible injury to the health of the house officer by working excessive numbers of hours.

f. The possible impairment of the caliber of training opportunities experienced by a house officer whose free time is not available for study and recreation.

g. The relationship of the educational institution that has primary responsibility for recruitment and training of house officers to the larger consumer community when its employees serve in a secondary capacity as a part of a health care system outside the aegis of the primary employer

In creating a statement regarding house officer "moonlighting" the AAMC recognizes that there is no documentation which suggests

AAMC POLICY STATEMENT ON NEW NIH INSTITUTES AND CATEGORICAL RESEARCH PROGRAMS

Since the passage of the National Cancer Act of 1971 and the National Heart and Lung Act of 1972, there has been a proliferation of proposals to establish national programs in various categorical fields. For example, there has been a National Diabetes Act, a National Hemophilia Program, the Institute on Aging Act, and more recently, the National Arthritis Act. The Association is frequently requested to endorse these proposals and, in some instances, has been requested to take a position in testimony.

The Committee on Biomedical Research and Research Training met in Washington on May 28 to consider this and other issues. The committee developed a policy statement on new NIH institutes and categorical research programs for consideration by the Executive Council. As of the date of the printing of this agenda, preparation of the policy statement had not been completed. This statement will be distributed to the Administrative Boards at their June meetings and will be available at the meeting of the Executive Council on June 21.

Western Region Recommendations

The members of the Western Group of the Organization of Student Representatives who met at Asilomar on March 31 - April 1, 1974, considered the list of resolutions submitted for possible consideration at the regional meetings. The members observed that a number of resolutions dealt with the problems and process of undergraduate and graduate medical education. The following points emphasize the major issues contained in these resolutions which the members of the Western Region of the Organization of Student Representatives wish to recommend for the consideration and possible approval of the other regional groups for transmittal to the Administrative Board of the OSR.

I. Undergraduate Medical Education

A. Evaluation: pre-clinical and clinical
Objectives and expectations of the faculty for student performance should be clearly stated with ongoing feedback throughout the course or clerkship

B. Grading System
The grading system should be a comprehensive system which is adequately descriptive of the course or clinical experience which will insure a more equitable evaluation for selection into programs in graduate medical education

C. Open Records
All evaluation reports should be available for inspection by the student

II. Graduate Medical Education

A. The AAMC should consider developing a program for providing information about the characteristics of individual programs in graduate medical education and the criteria for selection of participants in these programs

B. The AAMC should consider with other concerned groups the feasibility of a uniform application system for programs in graduate medical education

Draft 5/31/74

Organization of Student Representatives -- 1974-75

Orientation Materials

General Introduction*

A. Introduction to the AAMC

1. Annual Report
2. AAMC Bylaws
3. Organization Chart
4. Governance Chart
5. Publications Available from the AAMC*
6. Common Acronyms*

B. Introduction to the OSR

1. Rules and Regulations
2. Guidelines
3. Current Roster of Membership
4. List of Committees with Student Representation
5. Minutes of 1973 Business Meeting
6. Minutes of September 1974 Administrative Board Mtg.

* Draft attached

ORGANIZATION OF STUDENT REPRESENTATIVES

What is the Organization of Student Representatives?

The OSR was established in 1971 as the mechanism through which medical students participate in the governance of the Association of American Medical Colleges. OSR, with the Council of Deans (COD), the Council of Academic Societies (CAS), and the Council of Teaching Hospitals (COTH), is part of the governmental structure of the AAMC, and its membership consists of medical students representing institutions with membership on the Council of Deans. During the 1973-74 academic year, 104 medical schools were represented in the OSR.

How does the OSR operate within the AAMC?

Each medical school with membership on the COD is entitled to name one voting representative to the OSR. The selection process for OSR representatives is defined by each individual medical school, but each member must be certified by the dean of the institution. During the year the OSR meets in conjunction with the AAMC Annual Meeting to make recommendations and elect officers and administrative board members to govern its affairs.

The OSR Administrative Board is the governing committee of the OSR and consists of the chairperson, the vice-chairperson, the secretary, four regional chairpersons, and three representatives-at-large. The OSR Administrative Board meets four times a year prior to each Executive Council meeting to consider OSR business items. The chairperson of the OSR serves on the AAMC Executive Council, as do representatives from the Council of Deans, the Council of Teaching Hospitals, and the Council of Academic Societies. The OSR also has voting representation on the AAMC Assembly, AAMC's highest legislative body. Voting representation of the Assembly at this time is COD — 115 votes; CAS — 57 votes; COTH — 57 votes; and OSR — 10 votes.

What is AAMC?

The AAMC is the only organization that speaks with a single voice for the entire community of academic medicine. It represents 115 U.S. medical schools and its medical students; 400 U.S. teaching hospitals; and 60 U.S. academic and scientific societies in the biomedical field.

What is AAMC's focus?

Among important areas of activity is maintaining federal liaison. The AAMC keeps members informed of legislative activities on national issues such as National Health Insurance; Comprehensive Health Manpower Training Act; Ethical Aspects of Biomedical Research; Research Training; National Cancer Act; and Appropriations. The AAMC also provides testimony and consultation upon request

to the Congress and federal agencies such as the Health Resources Administration, National Institutes of Health, Social Security Administration, and Veterans Administration.

Other ongoing programs include the following areas:

Academic Affairs--Biomedical Research and Research Training; Continuing Medical Education; Curriculum and Instruction; Educational Resource Development Program; and Graduate Medical Education.

Student Affairs-Applicant Study; Centralized Application Services (AMCAS) Coordinated Transfer Application System (COTRANS); Financial Assistance; Minority Affairs; and Student Records.

Educational Measurement and Research--Biochemistry Special Achievement Test (BSAT); Longitudinal Study; Medical College Admission Test (MCAT); and Research in Medical Education (RIME) Conference.

Health Services--Health Maintenance Organization Resource Development; National Health Services Corps; Primary Care; and Quality of Care.

Teaching Hospitals-Cost of Health Care in the Teaching Setting; Executive Salary Survey; Financing of University-Owned Hospitals; House Staff Survey; and Sources of Capital Financing.

Institutional Development-Graduate and Undergraduate Accreditation; Management Advancement Program; and Women in Medicine.

Operational Studies--Costs Allocation Project; Data Collection; Faculty Roster; Financing Study; and Salary Studies.

International Medical Education--Foreign Medical Graduate; Health Care in Guatemala; and Medical Education in Latin America.

How Does AAMC communicate with OSR?

AAMC President Dr. John A. D. Cooper communicates with AAMC constituents weekly by means of his Weekly Activities Report. This goes routinely to the OSR Administrative Board, and WAR is available to all OSR members for the price of postage involved. The AAMC maintains a mailing list of OSR representatives, and mailings are issued to advise the OSR of actions taken at Administrative Board meetings, and to address other items of interest to medical students.

What do AAMC's Programs cost?

AAMC program for F/Y 1973 cost $6,318,139. The Audited Treasurer's report is published each year in the Proceedings of the AAMC which appear in the Journal of Medical Education each spring.

AAHP - Association of Advisors for the Health Professions

AAMC - Association of American Medical Colleges

AMA - American Medical Association

AMCAS - American Medical College Application Service

CAS - Council of Academic Societies

COD - Council of Deans

COTH - Council of Teaching Hospitals

COTRANS - Coordinated Transfer Application Service

DEMR - Division of Educational Measurement and Research

DIME - Division of International Medical Education

ECFMG - Education Council for Foreign Medical Graduates

FMG - Foreign Medical Graduates

GME - Group on Medical Education

GSA - Group on Student Affairs

HPEA - Health Professions Education Act

LCGME - Liaison Committee on Graduate Medical Education

LCME - Liaison Committee on Medical Education

MCAAP - Medical College Admission Assessment Program

MCAT - Medical College Admission Test

Med-MAR - Medical Minority Applicant Registry

MSAR - Medical School Admission Requirements

MSOUSMS - Minority Student Opportunities in U.S. Medical Schools

NBME - National Board of Medical Examiners

NIRMP - National Intern and Residency Matching Program

NMA - National Medical Association

OEO - Office of Economic Opportunity

OSR - Organization of Student Representatives

RIME - Research in Medical Education

SAMA - Student American Medical Association

SNMA - Student National Medical Association

STAR - Student Affairs Reporter

WAR - Weekly Activities Report

RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

Section 1. Name

The name of the organization shall be the Organization of Student Representatives of the Association of American Medical Colleges.

Section 2. Purpose

The purpose of this Organization shall be 1.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education, 2.) to provide a means by which medical student views on matters of concern to the AAMC may find expression, 3.) to provide a mechanism for medical student participation in the governance of the affairs of the Association, 4.) to provide a vehicle for the student members' action on issues and ideas that affect the delivery of health care.

Section 3. Membership

A. Members of the Organization of Student Representatives shall be medical students representing institutions 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 member must be certified by the dean of the institution to the Chairman of the Council of Deans.

B. Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization.

C. Each school shall choose the term of office of its representative in its own manner.

Section 4. Officers and Administrative Board

A. The officers of the Organization of Student Representatives shall be as follows:

1. The Chairperson, whose duties it shall be to (a.) preside at all meetings of the Organization, (b.) serve as ex officio member of all committees of the Organization, (c.) communicate all actions and recommendations adopted by the Organization to the Chairman of the Council of Deans, and (d.) represent the Organization on the Executive Council of the Association. The Chairperson must be an official member of the Organization of Student Representatives at the time of his or her election and must have attended the previous Organization of Student Representatives annual meeting and the most recent meeting of his or her Organization of Student Representatives region. In the event that no Organization of Student Representatives member satisfying these criteria seeks the office of Chairperson, these criteria shall be waived.

2. 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 this term of office, such service shall not disqualify the Vice-Chairperson from serving the full term as Chairperson.

3. 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.

B. The term of office of all officers shall be for one year. All officers shall serve until their successors are elected.

C. Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.

D. 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.

E. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees, with the Vice-Chairperson serving as the Chairperson when it so functions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall be determined according to the following priority:

1.) The Chairperson of the Organization of Student Representatives.

2.) The Vice-Chairperson of the Organization of Student Representatives.

3.) The Secretary of the Organization of Student Representatives.

4.) Other members of the Administrative Board of the Organization of Student Representatives, in order of ranking designated by the Chairperson, if necessary.

5.) Members of the Organization of Student Representatives elected by the membership in a number sufficient to fill any additional positions on the Assembly which may be vacant.

Section 6. Meetings, Quorums and Parliamentary Procedure

A. Regular meetings of the Organization of Student Representatives shall be held in conjunction with the AAMC Annual Meeting.

B. Special meetings may be called by the Chairperson upon majority vote of the Administrative Board provided there be given at least 30 days notice to each member of the Organization of Student Representatives.

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

D. 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.

E. Where parliamentary procedure is at issue, Roberts Rules of Order (latest edition) whall prevail, except where in conflict with Association Bylaws.

F. All Organization of Student Representatives meetings shall be open unless an executive session is announced by the Chairman.

Section 7. Operation and Relationships

A. The Organization of Student Representatives shall report to the Council of Deans of the AAMC and shall be represented on the Executive Council of the AAMC by the Chairperson of the Organization of Student Representatives.

B. Creation of standing committees and any major actions shall be subject to review and approval by the Chairman of the Council of Deans of the AAMC.

Section 8. Adoption and Amendments

These Rules and Regulations shall be adopted and may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given, provided that the total number of the votes cast for the changes constitute a majority of the Organization's membership.

EVALUATION

1. Evaluation: Pre-clinical and clinical

Objectives and expectations of the faculty for student performance should be clearly stated with ongoing feedback throughout the course or clerkship. (W)

2. All evaluation reports should be available for inspection by the student. (W,NE)

3. Western Region Resolution (#2 above) with the following addition: "All evaluations and reports should be available for inspection by the student and should be released only with permission of the student." (W,NE)

DISPOSITION: Passed as amended above (with some objection to release of Student's Psychiatrists's office records).

4. OSR recommends to the Council of Deans that the directors of medical education of the various clinical rotations instruct their teaching residents to provide to the incoming group of students at the beginning of each rotation written clarification of all parameters taken into consideration in the compilation of the evaluations of the students' performance during that rotation; further, that the incoming students be provided with a written description of their duties and obligations during that rotation. (NE)

DISPOSITION: Passed.

EVALUATION (Cont.)

5. Faculty objectives and expectations for student performance should be clearly defined and stated at the outset of a course. During a course or clerkship faculty should provide ongoing feedback including at least one discussion, sufficiently in advance of the end of the clerkship, on a student's performance, especially if the performance is inadequate to date. (C)

Revised from the Western Region.

6. All evaluations of students should be signed by the student concerned to indicate that the student has reviewed the evaluation. No faculty should review the student's record without that student's permission. (C)

Revised from the Western Region.

FINANCIAL AID

1. To adequately provide funding of Medical Education for those students requiring financial assistance the following plan should be adopted: "An Educational Opportunity Bank shall be created whereby: (1) Money can be allocated to needy students to provide for educational and living expenses during the 3 or 4 years of medical school; and (2) such funds will be reimbursed by a determined percentage of their annual income commencing upon graduation and continuing until such time as this said loan and appropriate interest have been reimbursed. (3) Initial funding is to be paid from federal sources and when possible can be supplemented from state sources." (NE,C)

FINANCIAL AID (cont.)

DISPOSITION: Passed in principle with endorsement of investigation of other alternatives such as a stock investment fund, etc. Referred to Craig Moffat of the GSA Committee on Financial Problems of Medical Students.

2. The Health Professions Scholarship Program should not be terminated as it is a vital encouragement to economically underprivileged medical school applicants. (NE)

DISPOSITION: Passed; to be referred to GSA Committee on Financial Problems of Medical Students.

3. At the present time the Public Health Service does not permit participation in its programs as recipients of Public Health Professions Scholarships by individuals who seek classification I-O from the Selective Service System, whereas persons classified as I-A-O are eligible for participation. Since these exclusions do not appear to have any rational basis; in view of the dearth of alternative Federally sponsored scholarship programs; and because of the likelihood that I-O registrants would be willing to serve in these understaffed PHS programs, the OSR urges the AAMC to use its influence in order to have the Public Health Service correct this unfortunate policy. (NE)

For information purposes:

I-A-O: By reason of religious training and belief, one who is conscientiously opposed to participation in war in any form; who claims exemption from combatant training and service in the Armed Forces; but, who is prepared to serve in a non-combatant capacity if called.

FINANCIAL AID (cont.)

I-O: By reason of religious training and belief, one who is conscientiously opposed to participation in war in any form and further conscientiously is opposed to participation in non-combatant training and service in the Armed Forces; who claims exemption from both combatant and noncombatant training and service in the Armed Forces; but, who is prepared to perform civilian alternative service if called.

Public Health Service Programs: (5) The National Health Service Corps, the Public Health Service Hospitals, the Indian Health Service Hospitals, the Federal Prisons Medical Facilities, and the U.S. Coast Guard Medical Facilities.

DISPOSITION: Passed in principle and revised as above by Bob Bernstein, University of Connecticut Medical School.

ACCREDITATION

1. Since a mere lunch hour is devoted to meeting with students in "on site" visits by members of the AAMC Division of Accreditation, the OSR Northeast Region urges that (1) Three months advance notice be given to Student Council or Student Representative through the Dean's office prior to Accreditation On-Site Visits to allow for prior consideration of complaints, issues of concern, accumulation of data; (2) Students be permitted to submit these materials prior to on-site visits for preliminary consideration by the Division of Accreditation; (3) Students be inserted into the "on-site" teams. (NE,C*)

DISPOSITION: Passed as revised above. Suggest this go through the Administrative Board of the OSR and with approval be referred to Dr. Schofield of the AAMC.

2. 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 within future planning, adjacent to or within proposed structures. (NE)

DISPOSITION: Passed.

3. Childcare facilities and/or services should be incorporated into future planned medical school constructions and where possible should be available in existing institutions. (NE)

DISPOSITION: Passed.

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* NOT PASSED

GRADUATE MEDICAL EDUCATION

1. The AAMC should consider developing a program for providing information about the characteristics of individual programs in graduate medical education and the criteria for selection of participants in these programs. (W)

2. The AAMC should consider with other concerned groups the feasibility of a uniform application system for programs in graduate medical education. (W,C)

3. The AAMC should consider developing a program for providing information about the characteristics of individual programs in graduate medical education and the criteria for selection of participants in these programs. (W,C)

   From the Western Region.

4. The AAMC should consider with other concerned groups the feasibility of a uniform application system for programs in graduate medical education. (W,C)

   From the Western Region.

GRADING SYSTEM

1. The grading system should be a comprehensive system which is adequately descriptive of the course or clincial experience which will insure a more equitable evaluation for selection into programs in graduate medical education. (W,NE*)

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*NOT PASSED

GRADING SYSTEM (Cont.)

2. Each medical school should employ a Pass-Fail record system. Each evaluation should include a full description of the student's clincial experience and performance. (C)

Revised from the Western Region.

PRISONS

1. Since it is the concern of medical students that health care in prisons is often inadequate, it is recommended that the AAMC institute a study regarding the quality of care in the prisons and the possible role of medical shcools and teaching centers in providing care. (NE,C*)

DISPOSITION: Passed, 8 votes in favor and 6 against.

PHYSICIAN DISTRIBUTION

1. An annual listing of medical positions available in communities throughout the United States with some description regarding the medical needs in those communities should be provided to medical students and house staff in an attempt to alleviate the maldistribution of medical doctors. (NE)

DISPOSITION: Passed as revised above.

NBME

1. Once the National Board Scores reach the individual medical schools: (1) Listings of these scores must be kept anonymous; (NE)

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*NOT PASSED

NBME (Cont.)

(2) Scores may only be released in listings and on transcripts with the written permission of the student involved.

DISPOSITION: Passed; with the approval of the OSR Administrative Board. It is suggested that a copy of this resolution be sent to the National Board of Medical Examiners.

FACULTY PROMOTIONS

1. Within the framework of the academic medical center we recognize that there are roles for primary educators. On this assumption, we urge that the university strive to hire and promote individuals on the basis of their ability and interest in teaching, in addition to more traditional criteria. Further, we urge that departmental and student evaluations be the basis for promotion of primary educators. (C)

Submitted by Gaines Talbott, University of Kansas Medical Center

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

July 29, 1974

Dan Clarke-Pearson
2649 East 126th Street
Cleveland, Ohio 44120

Dear Dan:

This is a follow-up to our conversation concerning the OSR Program Session at the Annual Meeting. After discussing with you the idea of narrowing down the various segments of the program, I suggested the following outline to Dr. Swanson:

Segment I - Present Trends of Medical Education
One speaker (possibly Dr. Jason) would cover this topic; primary emphasis would be on integration in curricula.

Segment II - Medical Education and Societal Needs
One speaker would cover this topic; primary emphasis would be on gearing medical education to meet the nation's future health care needs. The issues covered would depend upon the speaker, but possible "sub-topics" might include distribution of physicians and the future of primary care and health care delivery.

Segment III - Innovative Programs in Medical Education
This segment would consist of a description by two speakers of innovative programs currently in existance. Logically, this segment would be a means for pulling together the two main topics--present trends and future directions.

As you can see, the issues discussed in the program remain the same; the primary change is in the number of speakers. Dr. Swanson agreed with this outline, and now I'd like to hear your reactions. We do need to get this program firmed up soon so that we can make definite arrangements for the speakers.

Sincerely yours,

Diane Mathews
Staff Assistant for Special Programs
Division of Student Programs