OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

June 18, 1975
9:00 am-4:00 pm

I. Call to Order

II. Consideration of Minutes 1

III. Report of the Chairperson

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V. DISCUSSION ITEMS

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DRAFT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

April 1, 1975
AAMC Headquarters
Washington, D.C.

Chairperson	---Mark Cannon
Vice-Chairperson	-- Cindy Johnson
Regional Representatives	-- Stevan Gressitt (Southern) -- Stephen Scholle (Central) -- Frederick Waldman (Northeast)
Representatives-at-Large	-- Serena Friedman -- Elliott Ray -- Phillip Zakowski
Immediate Past-Chairperson	-- Dan Clarke-Pearson
AAMC Staff	-- Robert J. Boerner -- John A.D. Cooper -- Joseph Keyes -- Diane Mathews -- Paul H. Jolly -- August G. Swanson -- Bart Waldman
Guests	-- Laurel Cappa -- John Barrasso

I. Call to Order

The meeting was called to order by Mark Cannon at 7:00 p.m.

II. Consideration of Minutes

The minutes of the January meeting were approved with the following changes:

Page 7, Item VIII. First sentence under Action changed to read: "On motion, seconded and carried, the OSR Administrative Board proposed the following changes in the OSR Rules and Regulations with the understanding that such changes would be subject to approval by the Council of Deans and the entire OSR:"

Page 12, Item XII. Addition of an action item to read, "Recommendation #8 Approved."

The OSR Recommendation #8 to the GAP Task Force Report regarded the provision that input and review by minority group representatives be obtained for the development of all medical licensing examinations. Dr. Cooper pointed out the increasing sentiment that "minority" as a classification is inappropriate terminology, and the OSR Administrative Board agreed that future recommendations to the GAP Task Force Report would be rephrased to refer to input and review by representatives of socially and culturally disadvantaged groups.

III. Chairperson's Report

Mark Cannon provided for the board a summary of actions taken at the January Executive Council Meeting. He explained that after meeting with the Council of Deans Administrative Board, he requested that the OSR Recommendations which had appeared in the Executive Council Agenda be withdrawn in order to reword them in more general language.

Mark reported that he had attended the annual meeting of the National Board of Medical Examiners and that one topic of discussion at that meeting was a fee increase for Parts II and III. Mark related that while he remained opposed to such a fee increase, it had been approved at that meeting since other members of the NBME felt it was necessary to maintain financial solvency. Mark reported that he had also voiced a concern at the meeting about the content of National Boards. The opinion has been expressed by OSR members that an attempt should be made by NBME to include a higher percentage of clinically essential information in the exam and especially in Part I. This topic was discussed by NBME, and Mark reported that he was hopeful that it would be an agenda item at next year's NBME meeting.

IV. MCAT and AMCAS Income

Mark Cannon reviewed major points of the discussion which took place at the January Executive Council Meeting regarding Student Services income and expenditures. He expressed the hope that the Executive Council be receptive to requests by the OSR for such discussions in future years. One board member expressed concern about the application costs for schools participating in AMCAS since many of those schools require the filing of supplemental applications. After brief discussion, the Administrative Board requested that staff provide at the June meeting an analysis of application fee trends for AMCAS and non-AMCAS schools over the past several years.

V. COTH Workshop

At the January Executive Council meeting, Dr. Sidney Lewine reported that COTH had scheduled a one day workshop on April 11 about housestaff union organization to assist COTH members in understanding the many issues related to housestaff union recognition. The OSR Administrative Board discussed at length many of their concerns about this workshop. One of the primary concerns was that since the workshop would deal with issues with which house officers are intimately involved, house officers should have had input into the development of the workshop and should have been permitted to participate in it. In addition, several board members raised a question about the appropriateness of an AAMC constituent body sponsoring a closed workshop which

does not seem to directly relate to the stated goals of the Association, i.e., insuring the quality of medical education, patient care, and biomedical research. The discussion also addressed the more philosophical question of whether house officers are students or employees. It was pointed out that the thrust of many of AAMC's efforts in the area of graduate medical education have been to move graduate medical education out of the "apprenticeship/employee" realm and into a system of organized, institutionalized education programs. Efforts on the part of housestaff to unionize as "employees" may reverse that general movement. The OSR Administrative Board stressed the importance of providing some mechanism for housestaff input to the AAMC and especially to activities such as the COTH workshop which directly relate to housestaff issues.

VI. The meeting was recessed at 10:00 p.m.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

April 2, 1975
AAMC Headquarters
Washington, D.C.

Chairperson	--Mark Cannon
Vice-Chairperson	--Cindy Johnson
Regional Representatives	--Stevan Gressitt (Southern) --Stephen Scholle (Central) --Frederick Waldman (Northeast)
Representatives-at-Large	--Serena Friedman --Elliott Ray --Phillip Zakowski
Immediate-Past-Chairperson	--Dan Clarke-Pearson
AAMC Staff	--Robert J. Boerner --John A. D. Cooper --George R. DeMuth --Charles Fentress --Joseph Keyes --Diane Mathews --James Schofield --August G. Swanson --Bart Waldman
Guests	--Laurel Cappa

VII. The meeting was recalled to order at 9:00 a.m.

VIII. Medical School Accreditation

Dr. Schofield described in detail to the Administrative Board the entire process of medical school accreditation. Following this introduction, the board members discussed with Dr. Schofield many of their concerns about ensuring effective student input to the accreditation process (See OSR Report on Accreditation, Addendum 1). The Administrative Board questioned the length of time the site visit team spends with student representatives during the visit. Generally, the team discusses student issues with student representatives during a lunch

hour, and the OSR has expressed the opinion that one hour is an inadequate time period to thoroughly review issues of interest to students. Dr. Schofield responded that student representatives who have been informed in advance of the nature and time of the site visit and who have had an opportunity to organize points about their school which they wish to discuss with team members, should be able to concisely present all of their concerns within one hour. He also stressed that site visit schedules are flexible to a certain degree and the site visit team occasionally makes provisions to extend the generally allotted period of time spent with the student representatives. This discussion also raised the issue of possible mechanisms for insuring that student representatives of schools to be accredited receive adequate notice of the time and nature of the LCME's visit. Dr. Schofield suggested that the OSR take the initiative to develop a pamphlet describing the accreditation process, listing items of concern to students (See Appendix IV to Addendum I of these minutes) which might be raised with the team members, and generally informing students as to how to respond to an approaching site visit. Dr. Schofield also indicated that a list of schools due to be accredited and site visit dates for each could be made available to the OSR each year to facilitate distribution of the pamphlets to student representatives at those schools.

One member of the board expressed the view that since accreditation is the public's instrument of assurance of quality medical education the reports should perhaps be accessible to the public. A medical school's accreditation report is made available to the Dean, the President, and the Chairman of the Board. The report which is submitted to those individuals is written in a form which assumes that the reader has prior knowledge of the accreditation process. Dr. Schofield indicated that if reports were to be made public, much of the constructive criticism contained therein would have to be deleted to obviate the potential for legal action against the LCME. He further explained that release of accreditation reports is left to the discretion of individual schools.

Dan Clarke-Pearson who, as a member of Executive Council last year, reviewed many accreditation reports, questioned the lack of uniformity of the reports and the varying amount of information provided on student affairs in each report. Dr. Schofield explained that the LCME secretary, who drafts each accreditation report, alternates between an AMA staff member and an AAMC staff member. Thus the reporting format changes from year to year, and no one secretary has the authority to require other secretaries to follow a uniform format in drafting the report.

The Administrative Board also discussed a recommendation to request the Executive Council to appoint an AAMC Task Force on Accreditation. Mr. Keyes pointed out that the LCME at its last meeting had decided to conduct an examination and re-evaluation of the accreditation process due to numerous concerns voiced by various sources. The LCME will be meeting again in June to develop a mechanism for conducting their internal evaluation and the AAMC could have input to a reexamination of the accreditation process at that time. Thus, the Administrative Board felt it would be premature to recommend formation of an Association Task Force. The board also decided that, if LCME appoints a committee or Task Force as the evaluation mechanism, they would request the opportunity for representatives to meet with such a group to convey to LCME student concerns about the accreditation process.

ACTION: On motion, seconded, and carried the OSR Administrative Board recommended the formation of an OSR Ad Hoc Committee on Accreditation which would work with AAMC staff in developing a pamphlet to be distributed to student representatives at schools being accredited, in designing a mechanism for notifyirg students at schools to be accredited of the time and nature of the LCME site visit, and in developing a built-in mechanism to keep such a system of ensuring effective student input operating in future years.

IX. Health Manpower Legislation

Charles Fentress, Director of the AAMC Division of Public Realtions, met with the OSR Administrative Board and provided a review of the latest congressional action on health manpower. Mr. Fentress described the bills that are currently before the House and Senate and discussed with the board the AAMC's recent efforts in providing testimony and communicating the Association's views on health manpower to individuals in Congress.

X. OSR Rules and Regulations

At the January Administrative Board Meeting the Board proposed changes in the OSR Rules and Regulations which would require that all Administrative Board members be the official OSR representatives of their institutions. In order to execute this change, Dr. Cooper wrote letters to the Deans of all schools with an Administrative Board member, requesting them to certify their board members as their official OSR representative through the conclusion of the 1975 Annual Meeting. Since the University of Kentucky School of Medicine had held a student election and thus had an official OSR representative from their school replacing Elliott Ray, OSR Representative-at-Large, that institution felt it would be inappropriate to set aside the student election in order to certify Elliott Ray as the official representative from the University of Kentucky. This situation posed the short-range problem of whether Elliott should be allowed to continue as a member of the Administrative Board and the long-range problem of how to maintain continuity on the Administrative Board and at the same time insure that students on the Administrative Board are institutional representatives throughout their entire term of office. After an extensive discussion on Monday evening of possible solutions, the staff presented to the board on Tuesday a proposal for membership on the OSR Administrative Board. This proposal provided for Elliott Ray's continued participation on the Administrative Board as a non-voting member and suggested revisions in AAMC Bylaws and OSR Rules and Regulations to allow schools with Administrative Board members to certify, at their discretion, a second OSR representative. In cases where schools do certify two representatives, the proposal specified that only one member from each school could serve as a voting representative. The board accepted the staff proposal and requested that staff prepare necessary changes in the AAMC Bylaws and OSR Rules and Regulations for consideration at the June meetings.

XI. Chairperson's Recommendations

The Administrative Board reviewed the Chairperson's Recommendations made at the 1974 Annual Meeting (See Addendum II) and discussed the status of each recommendation.

Recommendation 1. The Administrative Board has discussed informally the possibility of elevating the OSR in the AAMC governing structure. Since this recommendation would require that a change be made in the AAMC Bylaws by the Assembly, it may be disucssed more formally later in the year.

Recommendation 2. The OSR Chairperson and Vice-Chairperson discussed this recommendation with other officers of the AAMC at the Retreat and will continue to urge the inclusion of housestaff representation in the AAMC.

Recommendation 3. Progress has already been made on this recommendation, and the OSR and staff have attained a higher level of effective interaction and communication.

Recommendation 4. This recommendation would also require a change in the AAMC Bylaws and may be considered more formally by the board later in the year.

Recommendation 5. Progress has been made on this recommendation since the OSR Administrative Board at its January meeting reviewed a request to the Executive Council for OSR budget revisions and the board members discussed budgetary needs with staff at that time.

Recommendation 6. In response to this recommendation, the Executive Council reviewed Student Services income and expenditure, and the OSR Administrative Board requested more data on AMCAS and non-AMCAS fee trends.

Recommendation 7. This recommendation has been accomplished through a letter written by Mark Cannon to students on committees requesting those students to communicate their activities to the Administrative Board.

Recommendation 8. This recommendation was discussed by the board, and it was agreed that more information should be gathered on the financial feasibility as well as other practical considerations of requiring the OSR Chairperson to assume responsibilities of OSR leadership on a full-time basis.

Recommendation 9. After discussion of this recommendation, it was agreed that cooperating with other student groups to develop student government workshops would be a continuing priority for the OSR.

Recommendation 10. This recommendation has also been accomplished by joint meetings of AMSA, OSR, SNMA, and Student Business Session of the AMA.

XII. Student Nominations for Committees

Mark Cannon reported that all four student groups are now soliciting nominations from medical students to serve on three committees: Council on Medical Education of the AMA, Advisory Committee on Undergraduate Medical Evaluation of NBME, and the NIRMP Board. These positions are available for all medical students and are not restricted to members of any specific student organizations. Mark requested that a notice be sent to all OSR members about the availability of these positions.

XIII. Executive Council Agenda

A. The Role of Research in Medical School Accreditation

The CAS Administrative Board forwarded to the Executive Council a statement originating from the Association of Chairmen of Departments of Physiology regarding the importance of evaluating a school's biomedical research efforts in the accreditation process. (See Addendum III). While the Administrative Board endorsed the segment of the final paragraph of the statement which recommended that accreditation include an identifiable component which addresses itself to the quantity and quality of biomedical research, it expressed the opinion that the decision of whether or not to include a recognized investigator in biomedical sciences on the team should be made by the LCME.

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the segment of the last paragraph of the Statement which reads, "That the evaluation of medical schools for the purposes of accreditation include an identifiable component which addresses itself to the quantity and quality of biomedical research."

B. National Health Insurance and Medical Education

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation to the Executive Council that the AAMC consider adding the summary positions to its policy on national health insurance, that they comment on those recommendations to the CCME, and that a new task force not be appointed.

C. Health Services Advisory Committee Recommendation

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation of the Health Services Advisory Committee regarding the establishment of a national health professions data base.

XIV. OSR's Role Within AAMC

Dr. Ivan Bennett, Chairman of the Council of Deans, was invited to attend the OSR Administrative Board meeting to discuss OSR liaison with other student groups and the general topic of the OSR's role within the AAMC. Dr. Bennett clarified for the Administrative Board that in order for OSR to fulfill its stated purpose of providing input to the AAMC, the OSR as an integral part of the Association, must be content with the consensus reached by all of the governing bodies. It was also pointed out that the purpose of an organization such as AAMC which represents several diversified interests, is to evolve positions acceptable to each of the constituent bodies. In such a system, each constituent group must compromise and must realize that the ultimate position of all may reflect only slightly or not at all the individual policy of each. The advantage of this system is in the exchange of ideas and blending of opinions between and among those representing the major interests of medical education,(i.e., students, deans, hospital administrators, and faculty). Since the OSR operates in this manner, it is inappropriate for the OSR to respond to outside organizations in any way that does not include the consensus of all the constituents of the Association.

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

ADDENDUM #1

"Medical School Accreditation: Process and Criteria" (With Special Attention to Student Affairs)

A Report to the Organization of Student Representatives Administrative Board

Daniel L. Clarke-Pearson
Immediate Past OSR Chairperson

Case Western Reserve University
School of Medicine

March 1975

INTRODUCTION

Over the past twelve months, the medical school accreditation process has been a topic of discussion and concern among the various AAMC constituent bodies. In response to this concern, a 37 page memorandum appeared in the September 19, 1974 agenda of all three councils. The memorandum reviewed the LCME, its role in accreditation, and three facets of the accreditation process: the standards, the evaluators, and the procedures for evaluation. At that time, the COD expressed concern that the report review process does not necessarily influence the final outcome of LCME decisions and that AAMC Executive Council members receive no feedback as to how final accreditation decisions are reached. At the same meeting, the CAS felt that the role of the basic sciences is not evaluated thoroughly enough and recommended, therefore, that each LCME site visit team include a basic scientist.

The OSR, too, has been concerned with the accreditation process as it insures the quality of medical education, and several OSR actions have called for specific modifications in the accreditation process (see Appendix I). Most recently, this concern was reflected in a statement of January 14, 1975 which in part said that in the case of the Chicago Medical School, the LCME was too lenient, should condemn certain admission processes at that school, and should have placed the school on probation. The OSR also questioned the public accountability and credibility of the LCME. As a result, the AAMC Executive Council on January 16, 1975 adopted a modified statement which in part read:

> Based on information available concerning recent LCME accreditation decisions, the Executive Council expresses concern about accrediting medical education programs of apparently submarginal quality. Where there is evidence of major educational deficiencies, the Executive Council recommends that involved programs be denied accreditation or placed on probation. This action is intended primarily to provide a stronger stimulus for educational improvement and, secondarily, to assure continuing credibility for accreditation decisions.

Although the OSR is concerned with the total process of medical school accreditation, resources and time have limited the extent of our review and evaluation. This report, which deals with the methods and process of accreditation as it relates to

medical students and student affairs, is intended to be the first step toward a re-assessment of the accreditation process. In a similar manner, the OSR hopes that other groups of the AAMC will undertake evaluations from their particular vantage points.

This report deals with three major areas of concern and interest to medical students:

1. That students make optimum input to the accreditation team visit.
2. That student affairs be thoroughly evaluated by the site visit team.
3. That the LCME site visit report be sufficiently comprehensive in order that reviewers (members of the AAMC Executive Council and the AMA's Council of Medical Education) may make a decision as to the state and problems of student affairs at the particular school.

I.. Optimizing Medical Student Input to the Site Visit

The core of the accreditation process involves the site visit to a particular medical school. Prior to the visit, a volume of background information on the school is collected and reviewed by the LCME site visit team members. The site visit itself is a closely scheduled series of meetings with various members of the medical school's administration, faculty, student body, and affiliated hospitals. Students are usually invited to meet with the team for a lunch hour to discuss their particular concerns. Doubts about the quality and quantity of this student input have been raised on several occasions.

In order to establish a data base to evaluate the process of student input to the site visit team, a brief questionnaire was sent to the OSR members at 31 fully developed medical schools which were accredited during 1973-74. In the three instances where an OSR member was not identifiable, the questionnaire was directed to the student body president. Of the 31 schools surveyed, 22 returned the completed survey form (71% response). A copy of the questionnaire, as well as fully tabulated results, appear in Appendix II.

Results

In reviewing the responses, it was apparent that most students questioned were aware of the LCME team's impending visit (18 of 22 respondents). Of the 22 respondents, 13 were actually invited to meet with the LCME team. Of these 13 students, 9 were informed of the visit less than 3 weeks prior to the team's arrival. (The Dean routinely knows of the visit approximately 3 months in advance.) The 13 students were informed of the visit by the Dean or Associate Dean in all cases.

The question of whether the students who met with the team were felt to be representative was answered affirmatively in 10 of 13 cases. However, in 4 of 10 replies, the students felt they did not understand the purpose of their meeting with the LCME team. Several comments to this effect were received which are reflected by the remarks of one respondent who wrote:

> Although we had some advance notice of the team's arrival we had no idea what was expected of us, either by the team or by the school. We were told to meet with the team for lunch and discussion between their scheduled meetings. The student affairs office asked us to answer honestly any questions the committee might ask; no guidelines as to what these questions might pertain. Basically we went into the interview cold, and as a result, time was wasted on both sides. In retrospect, some type of written report or at least a preliminary discussion among the students should have been organized. We went into the meeting feeling we had to 'protect' our school or at least some of its more progressive aspects of training. We hadn't examined closely enough some of the flaws, and therefore could not intelligently discuss the problems, our reactions, and possible solutions. Having had the experience, I know that subsequent meetings will be more worthwhile--our student representatives will know what to expect and how to interact with the team.

The irony of this student's closing remark is that he still does not fully understand the accreditation process, in that the next site visit will occur in 7 years, long after he and his classmates have graduated.

The questionnaire also showed that at none of the 22 schools was the student body formally polled nor did any of the site visit teams receive prepared documents from the students. Further, it was felt by 50% of the students that the time available to meet with the team was too short--usually 1-1½ hours over lunch.

Discussion

This survey, although of a small sample, identifies certain problems with the site visit as it relates to students. The major deficiencies identified by this survey include:

1. Lack of advance notice of the impending visit.
2. Lack of understanding of the "purpose" of the site visit.
3. Lack of planning, review, and documentation by students for the site visit team (due to problems #1 and #2 above).
4. The brief amount of time allotted to meet with the LCME team.

On the other hand, it is encouraging to know that so many student leaders are aware of the pending site visit and that the student who met with the LCME team were felt to be fairly representative of the student body.

In order to partially resolve the first three deficiencies, it would seem appropriate and easily implemented, to include a letter in the pre-survey materials from the LCME addressed to the student leader at the school to be accredited. This letter, which could be transmitted from the Dean to the appropriate student leaders, would explain the purpose of the LCME site visit and would outline topics which might be used for discussion at the site visit meeting. The letter would also invite students to collect and submit background materials prior to the site visit.

The LCME should also consider extending the length of time spent with the students. In addition, the inclusion of a medical student on the site visit team to review student-related areas would seem appropriate and might make the process more efficient. It is suggested that officers of OSR, SAMA, SNMA, and the Student Business Session of the AMA would form an easily identifiable, concerned, and well informed pool of students who could participate in site visits.

II. Criteria for Evaluation and Site Visit Reports

The areas of criteria for evaluation and the content of the site visit reports are so closely intertwined that they will be discussed together. Criteria for

evaluation of a medical school are included in the document Functions and Structure of a Medical School which was adopted by the AAMC Assembly in 1972 and the AMA House of Delegates in 1973. This eleven page document, however, only outlines "general but not specific criteria"[1] for a medical school, allowing ample room for experimentation and diversity. In addition, it is apparent that other criteria are used in the site visit team's evaluation of a school. These criteria are most likely a function of the concern, interest, and expertise of the various site visit team members who visit one or two schools per year in this capacity.

The accreditation site visit report conveys the team's findings to members of the AAMC Executive Council and the AMA's Council of Medical Education. Included in the report is a listing of the major areas which are to be commended as well as those matters which need to be improved or corrected at a particular school. Those who review the report are asked to evaluate it and to submit their comments as well as a formal recommendation as to the status of accreditation that the school should be granted. The LCME utilizes these recommendations in its final decision making process.

The site visit report often includes over 100 pages of discussion and documents. Although reflecting the style of the team's secretary, most conform to a rough format which includes a section identified as "Student Affairs." It has been noted that within the reports a brief and variable amount of information is presented. Consequently, it is very difficult to evaluate a medical school's quality from the reports, and it is equally difficult to compare one medical school with another due to the lack of standardized information in any two reports.

To document the lack of uniformity of information presented in the accreditation reports, the "Student Affairs" section of ten random reports were reviewed for their content of specific items which received mention. Full results of this survey are included in Appendix III.

[1] Functions and Structure of a Medical School, Statement by the LCME, page 3.

Results

It should first be pointed out that no item was mentioned in all 10 or in 9 of 10 reports. In 8 of 10 reports the "number of applications" and "number of students enrolled" were noted. In 7 of 10 reports, "financial aid" and the "name of the Dean of Student Affairs" were mentioned. Included in 6 of 10 reports was a list of the "average MCAT scores for the entering class" and mention of "admissions criteria" and the "student counseling/advising system."

Thus, 5 of 10 or less of the reports contained an even more varied listing of information which was intended to help the report reviewer assess the school's student affairs. For example, such important information as discussion of the grading system, attrition, student records, minority affairs, and student health care were mentioned in less than 50% of the reports.

The amount of information presented is often equally scarce with usually only a brief mention of the above topics. Rarely is an item discussed at any great length. Further, the reports frequently contain statements which have little or nothing to do with the quality of medical education. As a blatant example, the following statement appeared in the Student Affairs section of one of the reports:

> The surveyors were of the impression that the medical students were of a conscientious concern and demeanor, not given to rabble-rousing and striking.

This sort of comment seems to be inappropriate and adds little (except the author's prejudice) to the report.

Discussion

It is readily apparent that the accreditation reports lack a uniform data base. In addition, it is this writer's impression, although not quantifiable, that reports often are cursory in their discussions. If the report is to be a document on which the AAMC Executive Council and the AMA's Council on Medical Education are to base their decision as to the quality of medical education at a particular school, it would seem imperative that the report be complete and have at least a uniform amount of information.

This problem relating to the site visit report most likely stems from the lack of criteria outlined in the Functions and Structure of a Medical School. This document deliberately was left open-ended to encourage diversity and experimentation in medical education. This is an important goal, and one which the OSR strongly supports. However, the review of a medical school must, and does, go beyond those criteria listed in the Functions and Structure of a Medical School.

These additional criteria are often areas where there is no single way to achieve ends. They are, nonetheless, criteria which are important to the quality of a medical school. With regards to the area of Student Affairs, an expanded list of questions appropriate to review at the time of accreditation has been compiled (Appendix IV). These questions, although not making any factor a requirement, are areas and issues which should be pursued by the accreditation site visit team.

In order to make the accreditation reports more uniform, a basic amount of information should be included in every report. Those items in Appendix IV which are asterisked are suggested as being of such importance to be included in all site visit reports. Of course, this does not limit the amount of information and discussion in any report; it simply sets a basic amount of uniform information to be included in all reports.

III. Conclusion

This paper stems from the OSR's concern and desire that the accreditation process be as viable as possible. Due to limitations of time and resources, the paper was written from the point of view of how Student Affairs relates to the accreditation process. Several areas of deficiency have been identified through surveys and review of random accreditation reports, and simple constructive solutions to these problems have been proposed.

In light of the many problems that relate to Student Affairs, it is possible that similar deficiencies exist in other areas of the accreditation process such as

curriculum, faculty, facilities, administration and governance, and finances. Since these are more in the realms of the Council of Deans, the Council of Academic Societies, and the Council of Teaching Hospitals, the Organization of Student Representatives strongly urges that the other constituent groups of the AAMC undertake a review of the accreditation process and criteria from their particular vantage points. Since insuring the quality of medical education is the cornerstone of the AAMC, it seems appropriate that this review of the accreditation process be coordinated by an Executive Council Task Force.

SUMMARY OF RECOMMENDATIONS

1. A letter should be sent with the pre-survey materials addressed to medical student leaders which would (a) explain the purpose of the accreditation site visit, (b) outline areas which the site visit team would like to discuss with the students, and (c) invite students to submit background material prior to the site visit.

2. The length of time which the site visit team spends with students should be extended.

3. A medical student should be represented on the site visit team to review student-related areas.

4. The criteria for evaluation of student affairs should be expanded to include items listed in Appendix IV.

5. The site visit report should at least include mention of the items with an asterisk in Appendix IV.

6. Since it is apparent that there are many deficiencies in the accreditation process, an AAMC Task Force should be created in order to thoroughly review the criteria and process of accreditation.

APPENDIX I.

OSR Actions related to Medical School Accreditation, 1974-75

"Athletic facilities should be made available by each medical school for male and female 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."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the Steering Committees of the GSA and GME and the Administrative Boards of the Council of Deans, Council of Academic Societies, and Council of Teaching Hospitals as an information item. The content of the resolution will also be included in the list of accreditation factors to be submitted to Dr. Schofield.

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

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution and referred it to the Steering Committees of the GSA and GME and the Administrative Boards of the Council of Deans, Council of Academic Societies, and Council of Teaching Hospitals as an information item. The content of the resolution will also be included in the list of accreditation factors to be submitted to Dr. Schofield.

"Since only an hour is usually devoted to meeting with students in on-site visits by members of the LCME Accreditation Team, the OSR requests that (1) at least one month advance notice be given to Student Council or student body representatives through the Dean's office prior to Accreditation Team visits to allow for development of student input to the Accreditation Team; (2) students be permitted to submit materials prior to on-site visits for preliminary consideration by the Accreditation Team; (3) student(s) be included on Accreditation Teams."

ACTION: On motion, seconded and carried, the Administrative Board approved the resolution as amended above and referred it to Dr. Schofield, Director of AAMC Division of Accreditation.

Ratification of LCME Accreditation Decisions

In a discussion of the LCME decision to grant accreditation to Chicago Medical School, several board members expressed the opinion that consideration of financial contributions as an admission selection factor is unethical and that, in effect, the LCME was condoning such a practice by granting accreditation. The point was made by Mr. Keyes that the LCME does not view the accreditation process as a punitive measure and that at the time of the accreditation visit substantial progress had been made in correcting the unfortunate admission practices. It was also noted that while the LCME granted accreditation, it was contingent upon continued progress as demonstrated in a series of campus visits and written progress reports in resolving the many problem areas identified by the LCME. At a later time during the meeting, the board members considered a recommendation drafted by Dan Clarke-Pearson which urged the Executive Council to request that 1) Chicago Medical School be given Probationary Accreditation, 2) the LCME condemn the practice of considering financial contributions as a factor in admission decisions and 3) the AAMC and LCME offer assistance to this school in developing an appropriate admission procedure. An extensive discussion ensued during which Dr. Cooper clarified the role of the Executive Council in ratifying LCME accreditation decisions. Since both the AAMC and the AMA have empowered the LCME to make final accreditation decisions, it would be inappropriate for the AAMC to revoke that power and request the LCME to reverse a decision previously determined. The consensus was reached that while the decision to grant accreditation could not be reversed, the AAMC should express dissatisfaction with the decision and formally condemn the previous admission practices of Chicago Medical School.

ACTION: On motion, seconded, and carried, the OSR Administrative Board recommended that the Executive Council express to the LCME that Chicago Medical School should have been placed on probation due to the inappropriate use of financial contributions as a factor in admission decisions. The OSR further urged that the AAMC state the opinion that admission decisions should not be based on present or future financial contributions and that the admission process should be carefully reviewed before granting accreditation.

APPENDIX II.

Questionnaire on Medical School Accreditation

Name:_____

Address:_____

_____

Medical School:_____

1. Were you aware that the LCME site visit team would be visiting your school? yes/no
   If so, were you informed of the visit? yes/no
   If so, by whom?

2. How far in advance were you informed of the visit?

3. Did you understand the purpose of the visit? yes/no

4. Were you invited to meet with the LCME team? yes/no

5. Which students at your school met with the LCME team and how were they chosen?

6. Did the students who met with the LCME team prepare a written statement for presentation to the team? yes/no (If so, could you supply a copy?)

7. Did the students who met with the LCME team poll the student body for opinions on certain issues? yes/no

8. How representative of the student body do you feel the students who met with the LCME team were?

9. Do you feel that the students were given enough advance warning of the team's visit? yes/no

10. Do you feel that students had enough time with the team to make their point of view clear? yes/no If not, how much time would be needed?

11. Would you list the concerns of the students at your school which were expressed to the LCME team.

12. Any additional comments would be appreciated.

Thank you for your time and effort in completing this survey.

Of the 13 students who met with the LCME team, the following answere were given:

1. Who notified you of the LCME site visit?
   Dean-6 Assoc. Dean-4 No Answer-3

2. How far in advance were you informed of the visit?
   1 month-2
   2-3 weeks-6
   1 week-3
   No Answer-2

3. Did you understand the purpose of the visit?
   Yes-6 No-4 No Answer-3

6. Did the students who met with the LCME team prepare a written statement for presentation to the team?
   Yes-0 No-13

7. Did the students who met with the LCME team poll the student body for opinions on certain issues?
   Yes-0 No-13

8. How representative of the student body do you feel the students who met with the LCME team were?
   Very-5 Fair-1 Too Status Quo-1
   Good-4 Not-1 No Answer-1

9. Do you feel that the students were given enough advance warning of the team's visit?
   Yes-11 No-2

10. Do you feel that students had enough time with the team to make their point of view clear?
    Yes-6 No-6 No Answer-1

APPENDIX III.

Tabulation of items mentioned in "Student Affairs" section in ten random accreditation reports from 1973-74.

Reports of: Arkansas, Hawaii, Meharry, Loma Linda, So. Ill., U. So. Calif., Toledo, Chicago Med., U. So Florida, and Michigan State University.

Number of Reports in which item was mentioned:

8.....Number of applications
Number of students enrolled

7.....Mention of Financial Aid
Name of Student Affairs Dean

6.....Average MCAT Scores of entering class
Mention of Counselling/Advising System
Mention of Admissions Criteria

5.....Admissions Process
Student Morale
Projected Enrollment
Number of Students Accepted
Number of Students who are state residents
Grading system
Student involvement in school's committees
Attrition

4.....Number of students in other Health Prof. Schools
Student Records
Tuition
Amount of Financial Adi Awarded
Special Remedial Programs
Average Undergrad. GPA
Number of Undergrad. Colleges represented
Number of Women students

3.....Promotions Committee
Use of AMCAS
Student Health Services
Use of NBME
Student Housing
Amount of Financial Aid requested
Number of minority students

Number of Reports
in which item was
mentioned:

2.....Dicipline
Goals of School
Number of Students receiving Financial Aid
Retention of Minority Students

1.....Facilities
Number of Pre-meds interviewed
Age of Students
Work Study Program
Food Services
Transportation
Patient records written by students, reviewed

APPENDIX IV

Accreditation Criteria
Review Factors
Student Affairs

EVALUATION:

* How are students evaluated in the (1) pre-clinical and (2) clinical years?

* Are definite criteria and/or objectives clearly stated for students prior to a course or clerkship?

* What is the grading system? (i.e., Grades, Pass/Fail/Honors, etc.)

Do students feel there is enough (adequate) feedback from their instructors, especially on the clinical clerkships?

* How are National Board Scores used at the school? Are they required for promotion or graduation?

Are students permitted to review and/or correct their written evaluations?

Are students given the opportunity to offer feedback on a course or clerkship? What mechanism is established so that this feedback can be used to modify the courses?

Are exams criteria referenced or norm referenced?

Are there exams in the clinical years?

TEACHING

* What is the student-faculty relationship?

* Are there adequate tutorial programs for students who need remedial work? Are there summer remedial courses?

Are the students happy with the mode of teaching? (i.e., would they prefer to have more of one type than another?)

* Is there opportunity for self-instruction? Are there any computer courses?

Do the students feel their time could be better spent in some other type of study or learning activity than they are offered at present?

* Are advisors assigned or arranged for each student? During the pre-clinical years? During the clinical years? Is there a post-graduate counseling system?

* Are there areas in the curriculum which the students feel should receive more or less time? (e.g., nutrition, human sexuality)

* Is there enough faculty to teach the class size? Has the class size increased without a proportionate increase in faculty size?

* Is the curriculum flexible enough to allow students time off without being penalized? Do students have to miss a whole year if they take time off?

What use is made of audio-visual aids?

* Is there a course/clerkship in primary care/family practice? Is it required of all students? Is it integrated or part of the family practice post-graduate program at the University?

* How much of the pre-clinical and clinical years are offered as "elective or "option" time?

Are there adequate conference room fa ilities on the clinical services?

* Do the residents take an active and adequate part in the teaching program?

* Do students on internal medicine and pediatrics (especially) work on general wards of in sub-speciality rotations?

* Is there any organized exposure to the out-patient and emergency room services?

* Are student/patient ratios small enough to allow an adequate teaching and learning experience?

In the obstetrical rotation, do students deliver enough babies?

* Is there a combined MD-PhD program?

* How is the curriculum evaluated at the school? Do students have input to this process? Is the "process" actually influential in bringing about needed changes?

FACILITIES

* Is there adequate student housing?

* Are the on-call rooms on the wards adequate? Do they also provide rooms for female students?

* Are there adequate and convenient athletic facilities for the students? Are these facilities open at times when students can use them?

* Is there a student lounge?

* Are there adequate cafeteria and eating facilities? Do students get a free meal when on-call?

* Is the library adequately supplied and does it provide study space for students?

* Are the lecture halls adequate? Are labs adequate in size and staff?

* Are there adequate student health care facilities? Do students pay a health service fee? Is it required?

* Is there adequate student parking? Is there convenient public transportation to out-lying hospitals where students have clerkships?

* Is psychiatric care and counseling available?

FINANCIAL AID

* What was the amount of financial aid requested last year? How much financial aid was actually provided?

* Are there adequate work-study programs at the school?

MINORITIES AND WOMEN:

* What is the percentage or total number of minority students in the school and in each class? What is the ratio of male/female students?

* Does the school have an active and effective recruiting system for minorities and women?

* Do women feel that they are excluded from certain specialities?

* Do women feel there is discrimination overt/covert against them and do they have some means of rectifying the situation?

* Are there child-care facilities at the school?

* Is there a dean or office for minority and/or women's concerns?

* Are facilities for women (i.e., rest rooms, on-call rooms, etc.) equal to those for men and are they adequate?

* Are women with children accepted?

* Is there adequate female student health care?

ADMINISTRATION

* Are students given seats with vote on the school's committees? (e.g., curriculum, exams and evaluation, judical council, admissions, etc.)

* Is there a student council or student government?

* What is the role of SAMA, OSR, and SNMA?

* Do students have a voice in the selection process for department heads and new administrators?

* How is the admissions process handled at the school? Do students have input?

* Is there any attempt to integrate the clinical and pre-clinical sciences in the first years?

* Do students feel they are asked/required to do too much "scut" work? (i.e., drawing blood, running for blood, starting IV's, other routine lab work)

* How do students feel about their school? What are their major criticisms?

* What specialty fields do the students at the school eventually do into? (e.g., percent in surgery, medicine, peds, family practice, OB-GYN, pathology, anesthesiology, etc.-- a breakdown of this information for the past two or three years would be helpful)

  Is the student body heterogeneous? How many states and colleges are represented in the freshman class?

* Are students required to do a research project and/or paper for graduation?

* Is time set aside in the curriculum for teaching of such things as medical economics, ambulatory medicine, public health, preventative medicine, social apsects of medicine, and legal medicine?

* Is time devoted to ethical and moral issues in medicine? Are students required to participate in such courses?

* What is the distribution of undergraduate majors in the freshman class?

* Is credit given for courses taken in other departments of the university? Is there cross-registration?

* Are medical students, nursing students, physicians assistants, etc. taught in any formal "team" type courses? How do the students feel about these courses?

* Are students taught by physicians whose primary career is in the private or community practice of medicine?

* Describe the admissions process. What are the criteria used to select a student?

* Does this school participate in COTRANS? Does it accept students in transfer? Does it accept students from other schools for elective courses? Does it charge students from other schools tuition?

* Are students allowed to take elective courses at other medical schools or institutions?

* Are students given advanced standing and/or allowed to skip courses if they demonstrate adequate preparation and skill?

* Is the academic system such that students may proceed at their own pace?

* Are there "tracks" which students may enter for early career specialization?

Association of Chairmen of Departments of Physiology

The Role of Research in Medical School Accreditation

"...if the United States is to have a system of medical education capable of producing physicians able to render acceptable care to patients, every medical school must maintain a research program for the learning of its teachers and students. The alternative is to have teaching in some medical schools twenty-five years out of date and physicians graduating with the knowledge and skill of the previous generation. The consequence of this would be to widen the range of physician competence, lower the minimum level of permissible competence, and encourage the present inadequate medical care that many of our citizens now receive. I therefore recommend a research policy which expects and demands a minimum research activity in every medical school."

This view, expressed by John S. Millis in his recent report to the National Fund for Medical Education, is widely shared by medical educators and embraced by some of the most trenchant critics of contemporary medical education. The Carnegie Commission on Higher Education, for example, states in its report on Higher Education and the Nation's Health that "...every [university health science] center needs a research program to fulfill its educational function..."

The document entitled "Functions and Structure of a Medical School", an official statement by the Liaison Committee on Medical Education of the Association of American Medical Colleges and the American Medical Association identifies the advancement of knowledge through research as one of four "inherent responsibilities" of a medical school.

Yet, in the process of accrediting medical schools, the research programs of these institutions are not often considered in a more than perfunctory manner. Some accredited medical schools do not have significant research programs, and some developing medical schools are establishing their educational programs in the absence of clear commitments to investigative activity.

The seeming discrepancy between the foregoing and the relative disdain of a school's research enterprise in the accreditation process has been, and continues to be, a grave concern to the Association of Chairmen of Departments of Physiology, a component of the Council of Academic Societies of the Association of American Medical Colleges. It addresses this concern by offering the following resolution:

"WHEREAS, it is widely agreed that the conduct of biomedical research, both basic and applied, is an important function of a medical school and that exposure to such an activity and biomedical researchers is a vital part of the education of physicians, BE IT RESOLVED,

That the evaluation of medical schools for purposes of accreditation include an identifiable component which addresses itself to the quantity and quality of biomedical research and that the AAMC ensures that all accreditation survey teams include at least one recognized investigator in the biomedical sciences".

CHAIRPERSON'S RECOMMENDATIONS

*Presented by Dan Clarke-Pearson at the
AAMC Annual Meeting
November 10, 1974

1. The AAMC bylaws be changed to include the OSR as a full council; the OSR be independent from the Council of Deans; and the OSR be given voting privileges on an equal basis with the other councils.

2. Houseofficers be included in the governance of the AAMC and that this representative houseofficer input come from the existing houseofficer organizations--the Physicians' National Housestaff Association and the Interns and Residents Business Session of the AMA.

3. The OSR staff must be fully aware of AAMC policies, must be in touch with the issues, and must keep the OSR and its Administrative Board informed of developing issues so that we can make our input before, not after, AAMC policy is established.

4. The AAMC bylaws be amended so that student appointments to AAMC committees are made only by the OSR.

5. In terms of OSR budget:
   a) the OSR should be given the right to discuss our financial needs with the AAMC budget committee.
   b) that the budget be clearly defined for the OSR and that the OSR Administrative Board be informed monthly of expenditures and balance.
   c) that the OSR be given the right to spend the budgeted funds as it sees fit.

6. The OSR, as an advocate of pre-medical students, ask that the AAMC clearly define the costs of administering MCAT and AMCAS so that the net income from these services can be determined. In addition, I recommend that the OSR review the cost to the pre-med student to apply through AMCAS to determine whether AMCAS is worth the service the student receives.

7. The OSR develop a feedback mechanism so that other OSR members can make input to the individual OSR members on AAMC committees. The OSR develop a means of communication between and among its committee members and all OSR members about the issues the committees are addressing.

8. During the coming year, the means be developed so that the OSR Chairperson elected at next year's annual meeting will be required to take on the responsibilities of OSR leadership on a full time basis. This means, of course, that a reasonable stipend must be found to support the OSR Chairperson.

9. The AAMC in cooperation with other national medical student groups such as SNMA and SAMA sponsor an institute and workshops aimed at developing better medical student government at each medical school with the primary purpose of stimulating more representative student input on national issues.

10. The leaders of the various medical student groups meet periodically to discuss common problems and to develop unified student policy.

*Full text of the address is available upon request from AAMC, One Dupont Circle, NW, Washington, D.C. 20036.

R E S O L U T I O N

Primary Care Practice of Medicine

BE IT RESOLVED that admissions incentives and priorities be given to qualified students from areas of physician shortage.

Dan Miller
University of Louisville

REHABILITATION TRAINING IN UNDERGRADUATE MEDICAL EDUCATION FOR THE PRIMARY PHYSICIAN

Holly Doyne
University of Minnesota

WHEREAS, It has been estimated that 10% of the United States population is in need of various rehabilitation services and it is estimated that less than one-third are able to obtain needed services, and

WHEREAS, The common problems of arthritis, cerebral palsy, hemiplegia, peripheral vascular disease, cardiorespiratory diseases, as well as the problems of amputation and spinal cord injury, all require comprehensive care of the involved patient including rehabilitation services, and

WHEREAS, These problems are among the most common treated by the primary physician, especially the family practitioner, and

WHEREAS, At present, undergraduate medical education in most institutions devotes little time to instruction or consideration to including rehabilitation in the comprehensive care of patients with these problems, and

WHEREAS, The primary physician needs to be familiarized with the services of allied health professions, such as Physical Therapy, Occupational Therapy, Social Services, etc.

BE IT RESOLVED THAT:

Undergraduate medical education, primary-physician-oriented, include formal training in Physical Medicine and Rehabilitation, and

BE IT FURTHER RESOLVED THAT:

This training should include no less than sixty (60) hours of classroom and clinical time in the undergraduate medical curriculum, including combined teaching with other disciplines, and

BE IT FURTHER RESOLVED THAT:

This training should be sufficient to give the future primary physician an adequate data base to:

1) differentiate problems which can be managed by the primary physician from those requiring services of a Physiatrist or other specialist;

2) recognize the amount of disability and its effects;

3) be acquainted with the range of therapeutic measures available; and

4) be aware of the roles and services which are available through the allied health professions, such as Occupational Therapy, Physical Therapy, Speech Therapy, Social Services, etc.

MODIFICATION OF

OSR RULES & REGULATIONS

At the April meetings of the OSR and COD Administrative Boards, it was agreed that the staff would prepare:

1. Revisions of the Association Bylaws to provide for the designation of two OSR representatives from schools having a representative on the OSR Administrative Board. It was agreed that the Association would bear the Annual Meeting expenses of the Administrative Board members who were second representatives of their school and who could not obtain funding elsewhere. The designation of a second representative would be left to the discretion of the institution.

2. Revisions of the OSR Rules and Regulations to specify that:

   a. candidates for election to the Administrative Board must be OSR representatives at the time of election or must have already been designated to become OSR representatives at the conclusion of the meeting;

   b. each officer must be an official representative to the OSR throughout his/her entire term of office;

   c. although a school may have two representatives, only one representative of any institution may vote in any meeting or sit on the Administrative Board, and

   d. other changes in language necessary to accomplish these objectives.

It is the opinion of the staff and of the Association's attorneys that the amendments to the OSR Rules and Regulations (Note: these are amendments to the version which was approved by the COD Administrative Board in January 1975) which appear on the next page, are necessary to make the OSR Rules consistent with the Bylaws change which is being proposed to the Executive Council.

OSR RULES & REGULATIONS PROPOSED CHANGES

Section 3. A.

Members of the Organization of Student Representatives shall be representatives designated in accordance with the AAMC Bylaws by each institutional member that is a member of the Council of Deans, selected from the student body of each such member 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.

Section 3. B.

Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization, provided that only one representative of each institutional member may vote.

Section 4. A. 4.

Representatives-at-large elected by the membership in a number sufficient to bring the number of members on the Administrative Board to ten or to a total equal to ten per cent of the Organization of Student Representatives membership, whichever is greater.

Section 4. B.

Officers shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. Regional Chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year. Each officer must be a member of the Organization of Student Representatives throughout his/her entire term of office, and no two officers may be representatives of the same institutional member. Any officer who ceases to be a member of the Organization must resign from the Administrative Board at that time. Vacant positions on the Administrative Board shall remain unfilled until the annual meeting, except as provided for in Section 6.

Section 4. D.

Presence at the Annual Meeting shall be a requisite for eligibility for election to office. At the time of election, each candidate for office must be a member of the Organization of Student Representatives or must have been designated to become a member of the OSR at the conclusion of the annual meeting. In addition, each candidate for office must be an undergraduate medical student at the time of election. The Chairperson

shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

Section 5.

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 per cent 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 have the prior approval of the Council of Deans, shall include only current, official OSR members, and 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) Other officers of the Organization of Student Representatives, in order of ranking designated by the Chairperson, if necessary;

4) Other members of the Organization designated by the Chairperson as necessary.

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

REVISED JANUARY 14, 1975

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaws 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 means by which medical student views on matters of concern to the Association may find expression; 2.) to provide a mechanism for medical student participation in the governance of the affairs of the Association; 3.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education; 4.) to provide a vehicle for the student members' action on issues and ideas that affect the multi-faceted aspects 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 Organization of Student Representatives member in its own manner.

D. Each institution having a member of the Organization of Student Representatives may select one or more alternate members, who may attend meetings of the Organization but may not vote. The selection of an alternate member should facilitate representative student input.

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) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex-officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

2. The Vice-Chairperson, whose duties it shall be to preside or otherwise serve in the absence of the Chairperson.

3. Four Regional Chairpersons, one from each of the four regions, which shall be congruent with the regions of the Council of Deans.

4. Representatives-at-large elected by the membership in a number sufficient to bring the number of seats on the Administrative Board to ten or to a total equal to ten per cent of the Organization of Student Representatives membership, whichever is greater.

B. Officers shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. Regional Chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year.

C. Officers shall be elected by majority vote, and the voting shall be by ballot.

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. Each officer shall have been within one year or shall have previously been certified to become at the conclusion of the Annual Meeting, the official OSR representative of his or her institution. Each officer shall be an official representative of his or her institution to the OSR throughout his or her entire term of office. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

E. Nomination for office may take place by two procedures: (1) submitting the name and curriculum vitae of the nominee to the Association thirty days in advance of the annual meeting or (2) from the floor at the annual meeting, a seconding motion being required for each nomination so made.

F. There shall be an Administrative Board composed of the Chairperson, the Vice-Chairperson, the Regional Chairpersons, the Representatives-at-Large, and as a non-voting member, the immediate past Chairperson of the Organization.

G. 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 and Committee on Resolutions.

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 per cent 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 have the prior approval of the Council of Deans, shall include only current, official OSR members, and 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) Other members of the Administrative Board of the Organization, in order of ranking designated by by the Chairperson if necessary.

Section 6. Succession

If the Chairperson of the Organization is for any reason unable to complete the term of office, the Vice-Chairperson shall assume the position of Chairperson for the remainder of the term. Further succession to the office of Chairperson, if necessary, shall be determined by a vote of the remaining members of the Administrative Board.

Section 7. 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.

C. Regional meetings, with the approval of the Association, may be held between annual meetings.

D. A simple majority of the voting members shall constitute a quorum at regular meetings, special meetings, regional meetings, and Administrative Board meetings.

E. 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.*

F. All official members have the privilege of the floor at regular meetings, special meetings, regional meetings, and Administrative Board meetings. The Chairperson of each meeting may at his or her discretion extend this privilege to others in attendance.

G. Resolutions for consideration at any meeting of the Organization, including regional meetings, must be submitted to the Association thirty days in advance of the meeting. This rule may be waived for a particular resolution by a two-thirds vote of those present and voting at the meeting.

H. The minutes of regular meetings and Administrative Board meetings shall be taken and within thrity days distributed to members of the Organization.

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

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

Section 8. Students Serving on AAMC Committees

Students serving on AAMC Committees should keep the Chairperson informed of their activities.

Section 9. 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 10. Amendment of Rules and Regulations

These Rules and Regulations 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 to each member of the Organization of Student Representatives.

- -

*The Chairman of the COD and the Chairperson of the OSR reached an informal agreement that formal actions may result from regional meetings only if four of four regions have passed an identical motion by a majority of those present voting and that the wording of Section 7.E(2) will be changed by the OSR at the 1975 Annual Meeting to reflect this agreement.

1975 AAMC ANNUAL MEETING

Tentative OSR Schedule

SATURDAY, NOVEMBER 1

9:00 am - 11:00 am	OSR Administrative Board Meeting
12:30 pm - 2:30 pm	OSR Orientation and Business Meeting
3:00 pm - 5:00 pm	OSR Regional Meetings
7:00 pm - 9:30 pm	OSR Business Meeting
9:30 pm - 11:00 pm	OSR Reception

SUNDAY, NOVEMBER 2

9:00 am - 11:30 am	OSR Discussion Sessions
1:00 pm - 3:00 pm	OSR Group Dynamics and General Discussion
3:00 pm - 6:00 pm	OSR Business Meeting
8:00 pm - 10:00 pm	OSR Program Session

MONDAY, NOVEMBER 3

8:30 am - 10:00 am	OSR Regional Meetings

Is there discrimination against participants in scholarship programs with service commitments in the residency application process?

Steve Scholle reports that students have expressed to him a concern over possible discrimination in the residency application process against students who participate in National Health Service Corps, military scholarship programs, and other programs involving a service commitment. It is the opinion of those expressing this concern that residency programs may be reluctant to offer places to students who are committed to a term of service commencing within one or two years after graduation from medical school.

Some questions which the OSR Administrative Board might wish to address in a consideration of this issue are: How can this problem best be investigated? Should it be pursued by students alone, by students and housestaff, by the AAMC, by the LCGME, or by another group? What level of priority should be assigned to this issue?

SURVEY OF MEDICAL SCHOOL APPLICATION FEES
A COMPARISON OF AMCAS AND NON-AMCAS SCHOOLS

On the following page is summary information compiled at the request of the OSR comparing the average supplemental application fees charged by AMCAS schools with the application fees for non-AMCAS schools for the applicants to the classes entering in 1970 through 1976. In situations where there were different fees for in-state and out-of-state applicants, or where there were fee ranges as with the University of Texas System, an average fee for each school was computed.

The average fee paid by applicants to non-AMCAS schools has increased from $11 in 1969 (applicants to 1970 entering class) to $20 in 1975 (applicants to 1976 entering class). During the same period, the average supplemental application fee for all schools participating in AMCAS has increased from $10 to $14.

If the 1974 average of 7.5 applications per applicant remains true for 1975 applicants to the 1976 entering class, then the average fee paid to AMCAS for applications to AMCAS schools will be $7.33. Since the average supplemental AMCAS application fee is $14, the total cost of application to an AMCAS school would be just over $21 if all AMCAS applicants paid the supplemental fee. However, approximately 56 of the schools participating in AMCAS for selection of the 1976 class will request a supplemental fee from only those applicants who pass a preliminary screening. (15 AMCAS schools charge no supplemental fee; 15 charge a supplemental fee from all applicants.) For applicants to the 1974 entering class, available data suggests that the number of applicants from whom a supplemental fee is requested ranges from 20% to 80% of the total applicants to AMCAS schools which screen applicants before charging a fee. Clearly, therefore, the actual amount of supplemental fees paid by applicants to AMCAS schools is substantially less than $14 per school. Complete data on this aspect of AMCAS applications for applicants to the 1974 entering class are now being collected.

SURVEY OF MEDICAL SCHOOL APPLICATION FEES

A COMPARISON OF AMCAS AND NON-AMCAS SCHOOLS

ENTERING CLASS

AMCAS SCHOOLS	1976-77	1975-76	1974-75	1973-74	1972-73	1971-72	1970-71
Total Supplemental Application Fees	$ 1218	$ 1111	$ 920	$ 716	$ 596	$ 582	$ 68
Number of Schools	86	83	75	70	59	56	7
Average Supplemental Fee Per School	$ 14	$ 13	$ 12	$ 10	$ 10	$ 10	$ 10

NON-AMCAS SCHOOLS							
Total Application Fees	$ 575	$ 542	$ 653	$ 708	$ 691	$ 646	$ 1014
Number of Schools	29	31	39	44	50	51	95
Average Fee Per School	$ 20	$ 17	$ 17	$ 16	$ 14	$ 12	$ 11

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