

OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

September 14, 1976
1:00-5:00 pm
7:00-10:00 pm
September 15, 1976
9:00-4:00 pm

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of the Chairperson
- IV. ACTION ITEMS
 - A. Executive Council Agenda
 - B. OSR Executive Council Representation 9
- V. DISCUSSION ITEMS
 - A. OSR Annual Meeting
 - B. Report from the OSR Task Force on Graduate Medical Education
 - C. NIRMP Commitments and Violations. 22
 - C. OSR Membership 27
- VI. INFORMATION ITEMS
 - A. Actions of the Consortium of Medical Student Groups
- VII. OLD BUSINESS
- VIII. NEW BUSINESS
- IX. ADJOURNMENT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

June 22 and 23, 1976

AAMC Headquarters

Washington, D.C.

ChairpersonVice-ChairpersonRegional RepresentativesRepresentatives-at-LargeImmediate-Past-ChairpersonAAMC Staff

--Richard Seigle
 --Thomas Rado, Ph.D.
 --Robert Cassell (Southern)
 --Jessica Fewkes (Western)
 --Robert Rosenbaum (Central)
 --Karen Skarda (Northeast)
 --Stephen Scholle
 --Mark Cannon, M.D.

--Robert Boerner
 --Judy Braslow
 --Dr. John A. D. Cooper
 --Gail Gross
 --Dr. Paul Jolly
 --Joseph Keyes
 --Diane Newman
 --Bart Waldman

I. Call to Order

The meeting was called to order by Thomas Rado, Vice-Chairperson, at 7:00 p.m.

II. Consideration of Minutes

The minutes of the March meeting were approved with the deletion of the phrase "Medical student names and addresses cannot be released in accordance with the Privacy Act of 1974" in the third sentence of Item XIII. Staff offered this amendment to the minutes since the Privacy Act of 1974 does not prohibit the release of medical student names and addresses in all cases. It was emphasized, however, that this information is rarely released, and the OSR is routinely consulted on such matters.

During the discussion of the minutes of the previous meeting, Mr. Rosenbaum expressed the opinion that the minutes and the agenda for OSR Administrative Board meetings are often not received enough in advance of the meetings for board members to carefully consider the materials. It was pointed out by staff that the minutes of the previous meeting are circulated one to two months in advance of the board meeting and that the Executive Council and the Council of Deans Administrative Board agenda are often delayed in order to include documents or reports not available until shortly before the meetings. It was agreed that since the OSR meetings are held before the meetings of the other administrative boards, the staff would make an effort to distribute the OSR agenda far enough in advance of the meeting to insure that the board members had adequate time to review their own agenda. It was also agreed that when there was an unavoidable

delay in mailing the COD and Executive Council agenda, staff would prepare, in consultation with the OSR Chairperson, a brief summary to accompany those agenda highlighting items of highest priority for OSR review.

III. Student Services Fees

The Administrative Board reviewed two drafts of a statement summarizing the deliberations of the 1974-1975 Administrative Board regarding MCAT & AMCAS fees. One version of the statement had been prepared in March for distribution to the OSR by Mark Cannon, Immediate-Past-Chairperson. The second version had been prepared by AAMC staff at the request of Dr. Gronvall, Chairman of the COD. Dr. Gronvall had asked staff to draft a statement, similar in content to Dr. Cannon's, which would communicate the sense of the board's deliberations and ultimate decision in a more objective and concise manner. The Administrative Board was asked to review both versions and reach a decision about what would be distributed to the OSR.

Several members of the board questioned whether Dr. Cannon's statement was written from his own personal perspective and whether it accurately portrayed the sentiments of the entire previous board about this issue. Other Administrative Board members questioned whether members of the other councils and the AAMC staff had the prerogative to review and request revision of documents that were prepared by OSR board members for communication to their constituents. Staff pointed out that the intention in this case was not to dictate the nature of OSR communications but rather to ensure that decisions about communications to the OSR took into account the perceptions of other members of the AAMC. Since Dr. Cannon's statement reported the internal deliberations of the Executive Council, it was felt that any such document should be reviewed by the entire Administrative Board before distribution. Steve Scholle, who had served on the 1974-1975 Administrative Board, related his opinion that Dr. Cannon's statement reported the year's deliberations from the perspective of the one dissenter in the ultimate decision by the board that the level of MCAT & AMCAS fees were appropriate. After a lengthy discussion about the role of AAMC staff and members of the other Councils in advising OSR about their internal communications, the OSR board reached the conclusion that Dr. Cannon & Mr. Scholle should work together and arrive at a compromise between the two statements which could then be circulated to the OSR.

IV. Committee Nominations

The Administrative Board discussed the nomination of an OSR representative to the NIRMP Board of Directors. Dr. Cannon stated that at the recent meeting of the consortium of medical student groups, it was agreed that although the opening on the NIRMP Board was officially designated as an OSR position, the appointment would be made by a consensus of all the medical student groups. The mechanism recommended by NIRMP was that AMSA would appoint one member, OSR would appoint one member, and that the third position would be an appointment made by the joint student group. Since this mechanism does not allow a formal seat for SNMA, it was felt that all appointments should be made by the joint student group. Several board members felt that since the position is officially designated for an OSR representative and since the position needed to be filled by July 1, the OSR board should retain its prerogative to make the appointment. A motion was approved that the board would nominate a student to the NIRMP Board of Directors after telephone consultation with Kevin Fickenscher, President of AMSA, and Frank Douglas, President of SNMA.

2

V. Recess

The OSR Administrative Board recessed at 10:00 p.m. until 9:00 a.m. on the following morning.

VI. Reconvene

The OSR Administrative Board reconvened at 9:00 a.m. on June 23.

VII. Report of the Chairperson

Richard Seigle reported that at its March meeting, the Executive Council had tabled the LCME Guidelines because of the number of modifications offered by the administrative boards. Since that meeting, the staff collated all of the specific comments made by the administrative boards, and he indicated that after the Executive Council discussion, the Guidelines would probably be referred back to the LCME for revision. Mr. Seigle reviewed the other actions taken at the March Executive Council meeting including approval of the OSR-recommended revision of the AAMC policy statement on the admission of women to medical school.

Mr. Seigle reported that he had been contacted twice since the March meeting for input on Executive Committee decisions regarding health manpower legislation. He stated that he had supported the Executive Committee's decision to request an amendment to allow for NHSC quotas to be met by members of the first three classes in medical school. Mr. Seigle indicated that the Executive Committee also discussed provisions in the Senate bill which established a National Council to regulate residency positions and which required hospitals to grant admitting privileges to NHSC physicians in order to be eligible for federal funds.

Mr. Seigle also reported that in response to discussions at the March Administrative Board meeting, he wrote to leaders of the other medical student groups requesting that the OSR Chairperson be granted speaking privileges at their meetings. He indicated that the responses received to date were favorable and expressed the hope that the level of cooperation and interaction among the various student groups will continue to increase. He reported that he had been invited to speak at the annual meeting of the Student Business Session of AMA and would also be attending the June 27 joint student group meeting being held in conjunction with the SBS annual meeting.

At Mr. Seigle's request, Robert Cassell reported on the meeting he attended with members of the other administrative boards to discuss problems relating to escalating health care costs. Mr. Cassell indicated that one of the primary purposes of the meeting was to prepare for the June 23 dinner meeting with HEW Assistant Secretary for Health, Theodore Cooper, M.D. Major questions addressed by the representatives of the Councils and the OSR were: 1) How can the increasing public demand for health services be curbed? 2) How can health care costs be controlled? and 3) What activities can the Federal government engage in to assist medical schools in preserving their institutional stability and integrity? Mr. Cassell reported that while the discussion of these issues had been lively and somewhat productive, he was personally disappointed in that the participants reached no solutions as to what academic medicine could do to address these questions. He conveyed his view that the Association should take initiative in these areas, rather than waiting for the Federal government to resolve the problem of rising health costs and demand for health services.

3

VIII. Vice-Chairperson's Report

Tom Rado reported that he attended the first meeting of the AAMC Task Force on Medical Student Financing as the OSR's representative on June 17 and 18. The first meeting primarily focused on identification of the various problems connected with the current financial aid crisis. Several consultants and guests attended the meeting to assist the Task Force in defining possible avenues for the Task Force to pursue to alleviate the problems. Dr. Rado outlined many of the issues discussed at the meeting, and shared with the board data that had been presented by the National Planning Association and the AMA-Education and Research Foundation. Dr. Rado indicated that the Task Force was only in the beginning stage of analyzing this complex and multi-faceted issue and promised to provide further reports of their deliberations to the board.

Dr. Rado also mentioned that the OSR resolution regarding the improvement of the educational aspects of graduate medical education was received by the Executive Council at its March meeting. He noted that while the Executive Council took no formal action on this issue, they agreed to pursue the issues raised by the OSR with positive intent. The staff suggested that as an initial step in addressing the issue, OSR might appoint a small working group to prepare a paper outlining what OSR perceives as the most crucial problems with graduate medical education as it is currently structured. It was agreed that such a delineation of the issues could form the basis of productive discussions among members of the AAMC about what efforts the Association should undertake to promote the improvement of the house officer educational experience.

ACTION: On motion, seconded and carried, the OSR Administrative Board appointed Steve Scholle, Richard Seigle, Tom Rado, and Mark Cannon to an OSR working group on graduate medical education and charged them to develop a paper outlining the major problems in the area of graduate medical education.

IX. OSR Regional Meetings

Robert Rosenbaum reported that the OSR Central Regional Meeting was held April 22-24 in Ann Arbor in conjunction with the regional Group on Student Affairs (GSA) meeting. He stated that the Central OSR held a group dynamics session to identify non-productive stress factors in medical education. He reported that there was a high level of skepticism at their meeting about the AAMC's effort to improve the educational aspects of house officer training programs and that a substantial amount of time was spent discussing housestaff concerns and NIRMP.

Jessica Fewkes reviewed the activities of the OSR Western Region Meeting in Asilomar, California, May 8-11. She stated that the OSR had met with representatives of the Association of Advisors to the Health Professions to discuss ways by which advisors could provide more realistic counseling to premedical students. In addition to joint sessions with GSA, the Western OSR discussed such topics as student stress, U.S. students in foreign medical schools, and financial aid.

Robert Cassell reported that the OSR Southern Region met in Shreveport, Louisiana, March 28-30, and held a session to identify non-productive stress factors. Other items considered by the Southern OSR were NIRMP and OSR representation on the AAMC Executive Council. Mr. Cassell noted that Tom Rado and Kevin Fichenschner, President of AMSA, addressed the Southern GSA about student views of the financial aid crisis and the student assistance provisions of the pending health manpower legislation.

The OSR Northeast Region met in conjunction with GSA and AAHP in Rochester, New York, April 19-21. Karen Skarda reported that the Northeast group focused on U.S. students in foreign medical schools, health manpower legislation, and the LCME Guidelines.

X. Medical Student Stress

Judy Braslow, Special Assistant to the AAMC President for Women in Medicine, discussed with the board a study which is being planned by the Harvard Joint Committee on the Status of Women. The study will focus on identifying, defining and classifying the stresses unique to women medical students as well as the stress factors and adaptive behavior patterns common to all medical students. The board expressed interest in the Harvard Study and asked Ms. Braslow to continue to keep them informed of this study and other projects aimed at exploring medical student stress.

Each regional chairperson briefly summarized the discussions that took place at the regional meetings about medical student stress. Each region compiled a listing of non-productive stress factors, and the OSR working group on medical student stress will collate these lists to form a basis for further study of this issue.

XI. Committee Nominations

Mark Cannon reported that he had contacted the leaders of AMSA and SNMA to obtain nominations for the student position on the NIRMP Board of Directors. The nominations made by these groups as well as those made by the Administrative Board were considered at length.

ACTION: On motion, seconded and carried, the OSR Administrative Board appointed David Bell, OSR representative from Harvard Medical School, to the NIRMP Board of Directors. Stephen Tarnoff, OSR representative from the University of Southern California School of Medicine, was nominated to serve on the AAMC Ad-Hoc Committee in Continuing Medical Education.

XII. OSR Annual Meeting

The Board finalized plans for OSR activities at the AAMC Annual Meeting to be held November 10-15 in San Francisco. (See Addendum 1) After discussion of several potential discussion session topics, the board decided upon: graduate medical education, curriculum and evaluation, women in medicine, NIRMP, the medical school environment, and humanistic medicine. The comments received from last year's Annual Meeting participants led the board to conclude that a format which would allow representatives to attend sessions about at least three of the topics would provide maximum opportunity for members to be informed of current issues.

Mr. Seigle announced that the topic for the OSR program will be the medical school environment and its impact on the medical student. He also indicated that the Council of Deans and the Group on Medical Education were being asked to co-sponsor the program with the OSR. The format and speakers for the program have not yet been finalized, but Mr. Seigle indicated that he and Dr. Rado will work with the staff in making the program arrangements.

XIII. OSR Representation on the AAMC Executive Council

The Administrative Board in March approved a resolution requesting that the OSR's representation on the Executive Council be increased from one voting seat to two. The COD Administrative Board discussed this request at its March meeting and indicated that they would be supportive of an increase in OSR Executive Council representation if a mechanism could be worked out that would guarantee a greater degree of continuity in OSR participation on the Council.

Following the meetings in March, a joint committee of COD and OSR board members (Dr. Gronvall, Dr. Krevans, Mr. Seigle, and Dr. Rado) met with AAMC staff to discuss ways by which both goals--increasing OSR Executive Council representation and ensuring continuity of that representation--could be met. The joint committee agreed that any system which would ensure continuity would require that at least one of the two Executive Council representatives had served in that capacity the previous year. It was acknowledged that while such a system would guarantee continuity, it would, by definition, limit the infusion of new people with new ideas into leadership positions and might foster the self-perpetuation of leadership which was not the most representative of the membership. It was also acknowledged that it is often difficult for medical students to commit themselves for a two or three year period of service although such a commitment would be necessary in a system designed to ensure continuity.

The OSR/COD Committee agreed that the system that would work best for the OSR and for the Executive Council would strike a balance between the need for continuity within the Executive Council on the one hand and the negative effect within the OSR if their leadership structure were inflexible to such an extent as to make it virtually impossible for new people to become involved in the Organization. The committee developed several options for the OSR board to consider.

The OSR board discussed the various options at length and agreed that the most desirable mechanism would be to have both the Chairperson and Immediate-Past-Chairperson serve as voting members on the Council. The OSR favored this option since it would provide for continuity and would enable the OSR officers with the broadest knowledge of OSR and AAMC to serve as the OSR representatives to the Executive Council. The staff expressed the opinion that this mechanism, unless accompanied by a provision that the Chairperson be a 1st, 2nd, or 3rd year student at the time of his or her election, would jeopardize the AAMC tax-exempt status since all voting members of AAMC must be institutional representatives. The OSR board felt that these legal and tax-related problems could be circumvented and were unwilling to accept the provision. Board members suggested that if the Immediate-Past-Chairperson were a house officer, the medical school he/she had attended, the teaching hospital where he/she was a resident, or the medical school affiliated with the teaching hospital could certify the individual as an institutional representative. The Administrative Board requested Mr. Seigle to discuss these certification mechanisms with AAMC legal counsel to ascertain whether they would resolve the tax-status problems.

The Administrative Board also considered the option of electing a Chairperson-Elect who would automatically assume the office of Chairperson in the second year. With this option, the Chairperson and Chairperson-Elect would serve as

voting representative to the Executive Council. The board agreed that this option would have to include a provision allowing for removal of an inadequate Chairperson-Elect. Dr. Gronvall, Chairman of the Council of Deans, was present for this discussion. He expressed the opinion that the Executive Council would be more receptive to the Chairperson-Elect system because of the legal and tax-related problems associated with the Immediate-Past-Chairperson system. The board felt that an additional vote on the Executive Council was important enough to approve both options, and requested that Mr. Seigle communicate the board's strong preference for the Immediate-Past-Chairperson system during the Executive Council discussion. It was felt that this approach would allow for more flexibility in obtaining Executive Council approval of an additional OSR voting seat.

ACTION: On motion, seconded, and carried, the OSR Administrative Board requested that the AAMC Bylaws be amended to provide for both the Chairperson and Immediate-Past-Chairperson to serve as voting members of the Executive Council. The board approved, as a second and less-desirable mechanism, that an OSR Chairperson-Elect serve with the Chairperson as a voting Executive Council member.

XII. Adjournment

The meeting was adjourned at 6:00 p.m.

PROPOSED OSR ANNUAL MEETING SCHEDULE

Wednesday, November 10

9:00 - 11:30 a.m.	Administrative Board Meeting
12:00 - 3:30 p.m.	Orientation and Business Meeting
3:30 - 4:30 p.m.	Regional Meetings
4:30 - 5:30 p.m.	Discussion Sessions

Thursday, November 11

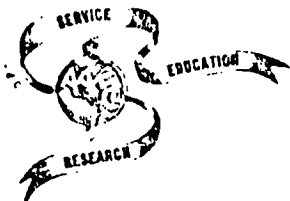
8:00 - 12:00 noon	Discussion Sessions
1:30 - 5:00 p.m.	Business Meeting
7:00 - 9:30 p.m.	Program
9:30 - 11:00 p.m.	Reception

Friday, November 12

8:30 - 9:30 a.m.	Regional Meetings
9:30 - 12:30 p.m.	Discussion Sessions

OSR EXECUTIVE COUNCIL REPRESENTATION

At its June meeting, the Council of Deans Administrative Board discussed the OSR's request that the number of OSR voting seats on the Executive Council be increased from one to two. During that discussion, Richard Seigle and Tom Rado pointed out that the OSR's preference would be to grant ex officio voting status on the Executive Council to the OSR Immediate-Past-Chairperson. The COD board considered this proposal at length and reached the consensus that it would be neither appropriate nor desirable to have an individual who would in many cases be a house officer represent undergraduate medical students on the Executive Council. On the following pages appear a letter from Dr. Gronvall summarizing the outcome of the COD board's deliberations on this issue and a letter from AAMC's legal counsel describing the legal implications of OSR's preferred alternative. At its June 25 meeting, the Executive Council approved the addition of the OSR Chairperson-Elect as an ex officio voting member and requested that staff draft the necessary AAMC Bylaws and OSR Rules and Regulations amendments.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

July 19, 1976

Richard S. Seigle
Chairperson
Organization of Student Representatives
969½ Farnum
Los Angeles, California 90024

Dear Rich:

I am writing in follow-up to our conversations on June 24 regarding the actions of the Council of Deans Administrative Board in response to the OSR recommendation on the proposals for providing a second OSR vote on the Executive Council. While you were present at those discussions and thus can provide a full report on the deliberations to the OSR, we agreed that it would be useful for me to report on the matter in writing from my perspective.

When you and the OSR Vice Chairperson, Dr. Tom Rado, appeared before the COD Administrative Board and presented the OSR position, you made it very clear that the strong preference of OSR would be to exchange the non-voting ex officio seat of the Vice Chairperson for a voting ex officio seat for the immediate-past-chairperson. You reported that when the OSR Board was informed of potential legal and policy problems related to that option, it discussed the possibility of stipulating that the chairperson, when elected, have at least two years remaining as an undergraduate medical student. You indicated that the OSR rejected that stipulation since the educational demands on third-year students appear to be so great as to make the position unattractive and unlikely to be filled as responsibly as desired. You also reported to the COD that the OSR recommended an alternative which it considered far less desirable than the immediate-past-chairperson option. The

alternative would provide for the second OSR vote on the Executive Council to be held by a chairperson-elect who would in the subsequent year assume the office of chairperson unless recalled by a vote of the OSR Board or membership for inadequate performance during his/her first year.

The Council of Deans Administrative Board considered your preferred option first and in some detail. You and Tom pointed out that your knowledge of unsatisfactory experiences of student organizations with the chairperson-elect structure was the primary reason for selecting the immediate-past-chairperson option. The tax status considerations appeared to the OSR Board to be technicalities which could be overcome if approached creatively. The COD Board considered the mechanisms by which a student who had graduated could be designated an OSR representative. These mechanisms included: 1) appointment for two years by the M.D. granting school initially designating the student; 2) appointment by that school of the person as its representative in the second year even though the student is no longer in residence; 3) appointment by the medical school affiliated with the house officer program that the student is currently enrolled in; and 4) appointment, by the hospital in which the student is a house officer, as a COTH representative.

The reaction of the COD Board to these proposals was that they appeared to be contrived, difficult in their administration, and inconsistent with the objectives of the AAMC Bylaws specifying the various classes of membership. The OSR representative is required to be elected from the student body of an institutional member and serves as a second institutional representative to the AAMC. If a student were no longer a part of the undergraduate student body, this fundamental concept would be violated.

The COD Administrative Board in its discussion further pointed out that house officers and students frequently have conflicting points of view and that it would in many cases be inappropriate to have a house officer as a spokesman for medical students. In any event, it seemed unwise for the AAMC to establish a house officer as a voting institutional representative to the Association by such an indirect means. The COD Administrative Board then voted to defeat a motion in support of the OSR proposal.

After additional discussion, which focused primarily on the desirability of including a specific recall provision in any scheme involving the establishment of a chairperson-elect position, the Council of Deans endorsed the OSR alternative proposal. This alternative proposal was subsequently adopted by the Executive Council.

I understand that you continue to have some skepticism regarding the validity of the tax consequences problem identified by the staff regarding the first alternative. Although it is not my perception that the COD Board rejected your preferred option on those grounds, I have asked that Dr. Cooper seek a written opinion of the AAMC counsel regarding this matter and the approaches you have suggested. He has assured me that he will do so.

I hope this adequately sets out the issues and the stance of the Council of Deans. I trust that the matter is well on the way toward resolution and that staff will present the necessary bylaw amendments to consider in September.

Sincerely,

John A. Gronvall, M.D.
Chairman
Council of Deans

/jsp

June 30, 1976

Joe L. Oppenheimer
Williams, Myers and Quiggle
888 17th Street, N.W.
Suite 900
Washington, D. C. 20006

Dear Joe:

The Administrative Board of our Organization of Student Representatives last week considered several means of attaining a second vote on the AAMC Executive Council. The mechanism favored by the OSR would be to modify the AAMC Bylaws to allow both the chairman and immediate past chairman of the OSR to sit on the Executive Council ex officio with vote. (Currently, only the OSR chairman has that status.)

In most years the OSR chairman will be a 4th-year medical student, graduating halfway through the November to November term of office. As you may remember, last year we modified the OSR rules and regulations to allow a medical school to designate its representative "from the student body of each..." so that elected officers of the OSR could be designated as institutional representatives beyond graduation until the completion of their term of office the following fall. Providing a vote on the Executive Council to the immediate past chairman would mean that this individual might retain voting status one and one-half years beyond graduation from medical school.

This raises several questions in our minds as to the consistency of this arrangement with applicable provisions of the tax code and with the Association's articles of incorporation. The OSR exists as part of the AAMC "Institutional Membership," which is defined as medical schools and colleges of the United States. Can the immediate past chairman vote on the Executive Council as an OSR representative:

- a) when he/she is no longer the institutional representative to the OSR?

Joe L. Oppenheimer - Page 2
June 30, 1976

- b) when he/she is no longer a medical student, even though the institution which he/she represented might be willing to continue his/her designation as one of the two representatives to the OSR?

The OSR has suggested several ways by which the past chairman might be designated as an institutional representative. One method would be to have his/her school appoint that person to the OSR for two years, beginning in November of the senior year. Another method would be for the medical school affiliated with the residency program in which the past chairman enrolls after graduation to designate that person as an OSR representative. In either case, the school would be permitted to designate another representative who would be an undergraduate medical student and not an intern or resident, but this second representative would not have the privilege to vote in any meeting at which the past chairman voted. And in either case, the OSR, which was established to represent medical students in the AAMC, would be represented on the Executive Council by an individual who is not a medical student in the general sense of what the OSR was established to represent in 1971. (The Association views interns and residents as graduate medical students while the OSR was created to represent undergraduate medical students.)

I would appreciate your general impressions, considered legal opinion, and any other advice which you would like to offer. If I can explain or clarify any of this, please let me know. For your background information, I am enclosing copies of the current AAMC Bylaws and OSR Rules and Regulations.

Sincerely,

Bart Waldman
Special Assistant to the
President

Enclosures

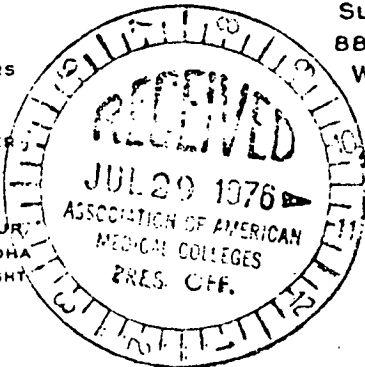
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THOMAS ARDEN ROHA
DONALD LEWIS WRIGHT



WILLIAM M. WILLIAMS
(1921-1932)
EDMUND B. QUIGGLE
(1921-1935)
PAUL FORREST MYERS
(1921-1965)

July 28, 1976

Mr. Bart Waldman
Special Assistant to the President
Association of American Medical Colleges
One Dupont Circle, N. W.
Washington, D. C. 20036

Re: Organization of Student Representatives

Dear Bart:

I refer to your recent correspondence addressed to me and our conversations regarding the proposal that the immediate past chairman of the Organization of Student Representatives become a member of AAMC's Executive Council ex officio with vote. Such a change in the structure of AAMC would of course require amendment to its by-laws which presently limit the Executive Council to fifteen members elected by the Assembly and certain officers of the Association including the Chairman of the OSR (Article VI, Section 2 of the by-laws). As a matter of procedure, an amendment to affect this change could be adopted as long as the requirements of Article VIII, Section 8 of the by-laws are met.

I understand, however, that in most situations, the chairman of the OSR is a fourth year medical student who, in the normal course of events, graduates before completion of his term as an officer of OSR. I recall that the Association's by-laws and OSR's Rules and Regulations were amended last year to permit the OSR chairman to complete his term of office, even though doing so would confer upon him the authority and responsibilities of the position during the period subsequent to his graduation, after which he would no longer be an undergraduate medical school student. If the same individual as Past Chairman were to continue to participate in the affairs of the Association as a voting member of its Executive Council for an additional twelve month period, he would in fact continue to serve as a representative of undergraduate students for as long as 18 months subsequent to his graduation. For the reasons set forth below, I do not believe that such an arrangement is in the best interest of the Association or OSR.

July 28, 1976

First, I believe it is most important to recognize that the OSR was created and is intended to function as a means of participation in AAMC policy and activities by the undergraduate medical school student community. It is inconsistent with this purpose to permit an individual who is not a member of that community to continue to represent it for a substantial period of time in the important role of a voting member of the Executive Council. I would expect that medical school students and the members of OSR themselves would justly criticize such representation by an individual not chosen from the constituency being represented. Further, I think that this possible situation is significantly different from that presently existing, namely where the chairman of OSR may complete his term of office and continue to serve as a voting member of the Executive Council, even though he may graduate from medical school during that period. Completion of a role once begun is, in my opinion, not comparable to assumption of further authority and different responsibilities by virtue of occupying a different office (past chairman) not held until subsequent to graduation.

Moreover, I do not believe it would be a satisfactory solution to these objections to have the institution at which the past chairman may become affiliated as a resident to designate him or her as one of its representatives to the OSR. This would reverse the procedure inherent in any representative organization which is, specifically, that the constituents determine collectively through whatever procedures they may choose who shall represent them. To require that an individual first named by another institution must necessarily become the representative of an organization with which he becomes associated in a different capacity at a later time is contrary to the basic concept of representation inherent in OSR and AAMC. Furthermore, as noted above, such an individual would not be a member of the undergraduate medical school student body he is purportedly representing.

Finally, as you know, this matter presents a question concerning the tax-exempt status of the Association under the Internal Revenue Code. AAMC is a charitable and educational organization exempt from payment of federal income tax under Internal Revenue Code Section 501(c)(3). A requirement of that section is that such an organization not be organized or operated for the benefit of any "private individual". It is arguable that including among voting members of the Association's governing board individuals who do not represent in a bonafide capacity any part of the community involved in medical education is inconsistent with this restriction in that such an individual would be participating for his personal gain or "private benefit" and that of other individuals - not institutions. I believe the Association is best advised not to adopt a procedure or policy which could generate such issues with the Internal Revenue Service. (As you know, all amendments to the Association's by-laws must be submitted to the Service as a matter of routine.)

Mr. Bart Waldman

- 3 -

July 28, 1976

I hope the foregoing is fully responsive to your questions. I shall, of course, be pleased to discuss this matter with you or others if it will be helpful to do so.

With best regards, I am,

Sincerely,

A handwritten signature, likely "Jr", in cursive script.

D R A F T

AAMC BYLAWS:

Title III.

There shall be an Organization of Student Representatives related to the Council of Deans, operated in a manner consistent with rules and regulations approved by the Council of Deans and comprised of one representative of each institutional member that is a member of the Council of Deans chosen from the student body of each such member. Institutional members whose representatives serve on the Organization of Student Representatives Administrative Board may designate two representatives on the Organization of Student Representatives, provided that only one representative of any institutional member may vote in any meeting. The Organization of Student Representatives shall meet at least once each year at the time and place of the annual meeting of the Council of Deans in conjunction with said meeting to elect a Chairman and Chairman-Elect and other officers, to recommend student members of committees of the Association, to recommend to the Council of Deans the Organization's representatives to the Assembly, and to consider other matters of particular interest to students of institutional members. All actions taken and recommendations made by the Organization of Student Representatives shall be reported to the Chairman of the Council of Deans.

Title VI. Section 2

The Executive Council shall consist of fifteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these Bylaws, and the Chairman and Chairman-Elect of the Organization of Student Representatives, all of whom shall be voting members. Of the fifteen members of the Executive Council

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electd by the Assembly, three shall be members of the Council of Academic Societies, three shall be members of the Council of Teachings Hospitals; eight shall be members of the Council of Deans, and one shall be a Distinguished Service Member. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

OSR RULES & REGULATIONS

Section 4. A.2.

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

Section 4. B.

Officers other than the Chairperson shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. The Chairperson shall assume office as provided in Section 6. 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.

3)

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 officer must be an undergraduate medical student at the time of assuming office. If it becomes necessary to elect a Chairperson, candidates for the office of 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 4. F.

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

Section 5. 2)

The Chairperson-Elect of the Organization of Student Representatives;

Section 6.

A. The Chairperson-Elect shall assume the office of Chairperson at the conclusion of the annual meeting of the Association, dependent upon receipt of a vote of confidence from the Administrative Board prior to the annual business meeting of the OSR. If the Chairperson-Elect fails to receive this vote of confidence or otherwise resigns from office, the next Chairperson shall be elected in accordance with the procedures established in Section 4.
A Chairperson-Elect who does not succeed to office as provided by this section may not subsequently become a candidate for the office of Chairperson.

4)

B. If the Chairperson of the Organization is for any reason unable to complete the term of office, the Chairperson-Elect 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.

NIRMP COMMITMENTS AND VIOLATIONS

On the following pages is a memorandum from John S. Graettinger, M.D., Executive Vice-President of NIRMP, describing the discussions which took place at OSR-GSA regional meetings about violations of NIRMP agreements. The memorandum primarily concerns premature release of matching results to unmatched students and makes suggestions as to how such violations might be curtailed. One approach to this problem which the GSA Steering Committee will consider at its September 21 meeting is to establish a standard time (prior to the time of general release of results) for release of results and the list of unfilled programs to unmatched students. With this approach, unmatched students would have time to make decisions about their alternatives but would not be permitted to take action to secure places. The Student Agreement which all participating students must sign would clearly define such actions to secure places prior to the appointed time as a violation.

The second type of violation addressed by Dr. Graettinger's statement on commitments and violations is pressures on students by program directors to make commitments outside NIRMP. The OSR Monitoring Program is described in the statement, and the OSR Administrative Board might consider whether this program could be revived by informing OSR members at the Annual Meeting of the nature and existence of the monitoring system. With the current situation of increasing competition for graduate training slots, the board might also consider adding a balance to the monitoring system by establishing a program whereby program directors could report various types of violations initiated by students and student affairs deans.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

1603 ORRINGTON AVENUE
EVANSTON 312-328-3440

EVANSTON, ILLINOIS 60201
312-328-3441

MEMBER ORGANIZATIONS

American Hospital Association
American Medical Association
American Protestant Hospital Association
Association of American Medical Colleges
Catholic Hospital Association
American Medical Student Association
American Board of Medical Specialties

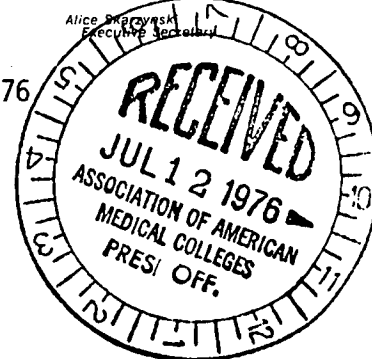
LIAISON REPRESENTATIVES

Dept. of Health, Education, and Welfare
Public Health Service
United States Air Force
United States Army
United States Navy
Veterans Administration
Assoc. for Hosp. Medical Education

OFFICERS

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President
James Campbell, M.D.
Vice-President
Anna Kopeck, M.D., Treasurer
John S. Graettinger, M.D.
Executive Vice President
Alice Maryask
Executive Secretary

July 7, 1976



TO: The Executive Committee
National Intern and Resident Matching Program

FROM: Executive Vice President

SUBJECT: Commitments and Violations

During this spring I had the opportunity to attend and address each of the four regional meetings of the GSA/OSR. I found clear support for NIRMP among the student deans and students and considerable interest in the data from the program, particularly those concerning position supply and student demand and the increasing number of unmatched students.

The major concerns voiced at each meeting were over violations of NIRMP agreements. Furthermore, during the spring we received many letters on the subject of violations. On the basis of these meetings and letters, and in anticipation of a tight situation between positions and applicants this year with consequent increased likelihood of violations, I believe that a concise statement on "Commitments and Violations" is needed. I have, therefore, prepared a statement (attached) which I propose for the inside cover of our new October 1976 Directory.

The statement particularly addresses the three major kinds of violations which have been brought to my attention:

1. Pressures on students by program directors to divulge the contents of their rank order lists, to make early commitments, etc.
2. Students failing to accept and sign contracts for positions to which they have been matched.
3. The commencement of actions to secure positions for unmatched students by the students and/or their deans and of actions by program directors to fill empty positions prior to the time results are to be released.

The third category of violations is currently the volatile one. You will recall our discussion of Joe Ceithaml's motion regarding early official release of the results to the unmatched students at the March 30, 1976 Board meeting (page 4, paragraph 10 of the minutes), which was rejected. Similar discussions and motions

23

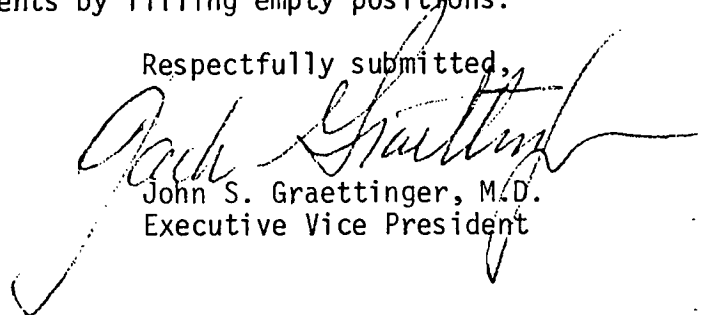
surfaced at the four regional meetings accompanied by considerable emotion. It was apparent that almost all student deans are trapped between quite considerable and laudable concern over their unmatched students and their commitment to abide by the NIRMP agreement. In unofficial polls at each meeting a sizeable number, approaching a majority, indicated that they were making some contact prematurely with unmatched students. From the letters of protest, it is evident that many actions to place unmatched students in unfilled positions were also taken prior to the release date.

I am persuaded that as soon as a concerned dean receives the word that some of his or her students are unmatched, the dean is going to be at least sorely tempted to start helping such students by unofficially talking with them and discussing the Result Book. In my view such private conversations alone do not represent violations of the Program, since they do not give unequal advantage to any one student over any other. The only way to prevent this is to use telegrams, courier delivery, or some similar device. One possibility would be to distribute the Result Book to both program directors and deans by mail, as is now done, and to distribute the lists of students to deans and students and hospitals by courier service at the appointed hour.

Individual early conversations lead, however, to a second temptation, that of taking actions to secure positions prior to the general release of results, especially if other unmatched students and their deans are doing so. Such premature actions clearly represent violations, since they give special advantages to the initiators. Such actions can and must be clearly identified as violations and dealt with via the NIRMP monitoring procedure.

I respectfully urge your consideration and, I hope, approval of the attached statement. I do not believe we should continue in the posture of regarding a private discussion between two concerned individuals in the same category as prematurely attempting to place unmatched students by filling empty positions.

Respectfully submitted,



John S. Graettinger, M.D.
Executive Vice President

JSG:jhn
Attachments: 2

NIRMP COMMITMENTS AND VIOLATIONS

In the NIRMP Agreements, graduating medical students and their deans and program directors and their institutions make commitments to each other to honor the essence of the matching program which is to provide uniform timing of the actions leading to first year appointments in graduate medical education. Certain tardy or premature actions, therefore, represent violations of the Agreements and threaten the integrity of the program.

The events which must occur at the same time for all concerned to carry out the essence of the program are:

1. Applications to programs: January 2, 1977.

Applications from students and supporting material from their schools will be submitted to and accepted by institutions up to, but not after, this date.

2. Submission of Confidential Rank Order Lists: January 12, 1977.

Receipt of a rank order list in the NIRMP office, submitted in complete confidence by each student and each program director by this date, is essential for the integrity and function of the program.

3. Return of Corrected Confirmation Lists: February 18, 1977.

Verification by each student and each program director of his or her computer print out of the rank order list by this date is crucial for the accuracy of the program.

4. Release of Results of the Program: March 14, 1977.

The general release of the results of the matching program must occur at the same time in all schools and institutions, i.e. Noon EST, 11 a.m. CST, 10 a.m. MST, and 9 a.m. PST. The names of unmatched students must not be made available to any person other than to the individual student nor may the existence of unfilled positions be made known by program directors prior to the time of general release of the results. Actions by unmatched students and/or their deans to obtain positions and/or by program directors to fill empty positions prior to the time of general release of the results clearly violate the NIRMP Agreements.

5. Acceptance of the Results: April 6, 1977.

Each matched student is obligated to sign a contract which must be offered by the program director/institution. No program director may accept a student matched elsewhere unless such student has obtained a written release from the institution concerned.

The "NIRMP Monitoring Program" was established in the Association of American Medical Colleges in 1974 and described in "The Student Affairs Reporter (STAR) Volume IV in the spring of 1974. A copy of the resolution is attached.

ASSOCIATION OF AMERICAN MEDICAL COLLEGESNIRMP MONITORING PROCEDURE

1. The role of the AAMC Organization of Student Representatives and Group on Student Affairs in assisting in the maintenance of the NIRMP should be mainly one of channeling student reports of non-compliance to a committee established to review such problems by the Dean of each Medical School.
2. The membership of this Committee should include a representative of the OSR and of the GSA, as well as any other members appointed by the Dean.
3. When the NIRMP is explained to the rising seniors, the importance of working within the established procedures should be stressed to them by this committee. Students should be asked to report to any member of this committee any evidence of any internship or first-year graduate program trying to seek contract agreements outside of the established arrangement for matching.
4. The Committee should secure all pertinent information on each reported violation and communicate this information in writing to the AAMC President, who will address a confidential letter to the involved program director (certified mail; to addressee only; return receipt requested), indicating the nature of the reported violation of the NIRMP rules. This letter will request a formal, non-confidential response from the program director to the AAMC President within a reasonable length of time (2-3 weeks).
5. If the AAMC President receives a satisfactory response from the program director, the school and the program director will be notified and the AAMC will not pursue this matter further.
6. If no response or an unsatisfactory response is received within the specified time, the AAMC President will forward a copy of the correspondence or an explanatory statement to each member of the NIRMP Board of Directors, to the Administrator of the hospital involved, and to the program director.
7. No attempts to disseminate information on reported violations should be made other than those outlined in these procedures.

Approved by the OSR Administrative Board, Council of Deans Administrative Board, and AAMC Executive Council. As recommended by the Executive Council, this procedure was reviewed by AAMC legal counsel and modified to their specifications.

Stanford Medical Students Assn.
Office of Student Affairs - M105
Stanford University School of Medicine
Stanford, CA 94305
July 27, 1976

Robert Boerner, Director
Division of Student Projects
American Association of Medical Colleges
One Dupont Circle NW, Suite 200
Washington, DC 20036

Dear Mr. Boerner

In each of the three years in which I have been a medical student, the student organization at Stanford Medical School (the Stanford Medical Students Assn--SMSA), of which I am now president, has appointed a student representative to the AAMC's OSR. This spring in light of a report by our last year's representative and a concurring view expressed by our American Medical Students Assn (AMSA) regional trustee, SMSA's Executive Committee decided against appointing an OSR representative for 1976-77.

In our view having a representative of Stanford on the OSR can serve two functions: it can represent our opinions to the AAMC, and it can keep us informed of matters which are under AAMC consideration. With respect to the former function, given the AAMC's performance regarding the NLRB decision concerning the status of housestaff and its efforts in the area of health manpower legislation, we do not feel that our interests are consonant enough with those of the AAMC for representation to be meaningful. Furthermore, to the extent that our participation in the OSR legitimizes the AAMC as the single body which speaks for all those directly involved in medical education, and thereby undermines the efforts of AMSA, we feel that our participation is harmful to our interests. With regard to the informational aspect of OSR participation, we do find some value in sending a representative, but not enough to outweigh the first consideration. In addition, we find the informational efforts of AMSA to be adequate in this regard.

It is for these reasons that we have chosen not to send a representative to the OSR in 1976-77. The issue will come up for discussion again in the spring of '77.

Sincerely,



William C. Rollow
President, SMSA

cc: Diane Newman, Staff Assistant for Student Projects, AAMC
John Cooper MD, President AAMC
Clayton Rich MD, Dean Stanford Medical School
John Steward MD, Associate Dean Stanford Medical School
Kevin Fickenschier, President AMSA
Rich Seigle, Chairperson OSR-AAMC