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Organization of Student Representatives

Administrative Board

AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

January 17, 1978
1:00 - 4:30 pm
January 18, 1978
9:00 - 4:00 pm

I. Call to Order

II. Consideration of Minutes 1

III. Report of the Chairperson

IV. Orientation

V. ACTION ITEMS

  A. Executive Council Agenda

  B. Nominations for Committees 14

VI. DISCUSSION ITEMS

  A. Report of the Retreat

  B. Status of Medical Student Financing

  C. Reports from Administrative Board Members

  D. Annual Meeting Resolutions .15

VII. INFORMATION ITEMS

  A. Report of Student Member of the GSA Committee on Financial Problems of Medical Students 20

VIII. Old Business

IX. New Business

X. Adjournment

DRAFT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

September 14, 1977
AAMC Headquarters
Washington, D.C.

Chairperson	--Thomas A. Rado, M.D.
Chairperson-Elect	--Paul Scoles
Regional Chairpersons	--Cheryl Gutmann (Central)
	--Jim Maxwell (Southern)
	--Peter Shields (Northeast)
Representatives-at-Large	--Robert Bernstein, M.D.
	--Robert Cassell
	--Margaret Chen
	--Jessica Fewkes
Immediate-Past-Chairperson	--Richard Seigle, M.D.
AAMC Staff	--Robert Boerner
	--Hilliard Jason, M.D.
	--Joseph Keyes
	--Diane Newman
	--Bart Waldman
Guest	--Patrick Tokarz, M.D.

I. Call to Order

The meeting was called to order by Tom Rado at 9:00 am.

II. Consideration of Minutes

It was noted that there was no mention in the minutes of the June meeting of Cheryl Gutmann's report on the first meeting of the Task Force on Graduate Medical Education. That report is attached to these minutes as Addendum I. With this addition, the minutes were approved as distributed.

III. Report of the Chairperson-Elect

Paul Scoles reported that he attended an AMA Council on Medical Education (CME) meeting at which the subject of a student seat on the Liaison Committee on Medical Education (LCME) was discussed. Mr. Scoles indicated that the CME explored the issue at length and although they took no definitive action, they seemed favorably inclined to work out a mechanism for achieving student representation. The CME discussed three options: (1) adding a voting student seat to the LCME, (2) adding a non-voting student seat to the LCME, and (3) having a student assume one of the six voting seats of one of the parent bodies (i.e., the AMA or the AAMC).

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A. Report of Student Member of the GSA Committee on Financial Problems of Medical Students 20

VIII. Old Business

IX. New Business

X. Adjournment

It was noted that the AAMC Executive Council tabled a motion to recommend the inclusion of student representation on the LCME at its January meeting. There was considerable discussion about whether to ask the Executive Council to reconsider this issue in view of the fact that the AMA might be taking positive action to recommend student membership on the LCME in the near future. The Administrative Board reviewed the Executive Council discussion item about recognition of the LCME as an accrediting agency. It was noted that the U.S. Office of Education granted continued recognition of the LCME for two years but asked the Committee to address concerns raised by USOE about the structure of LCME and its relationship to its parent bodies. Dr. Rado also pointed out that the U.S. Commissioner of Education's Advisory Committee had recommended that consideration be given to adding student representation to the Liaison Committee. The OSR board concluded, in view of the pending reexamination of the structure of LCME by the parent organization, that it would ask the Executive Council to reconsider the issue of student membership. The board also decided to support the addition of a student member with full voting status rather than the other membership options considered by the AMA Council.

Mr. Scoles also reported that he was appointed to an AAMC committee charged with developing a statement about the withholding of physicians services. He indicated that a draft statement had been circulated for the committee's review and that the committee would be meeting that day to formulate its final recommendation to the Executive Council. Mr. Scoles described the basic nature of the draft statement, and the board offered reactions about the ethical issues involved when physicians withhold their professional services from patients. The thrust of the draft statement reviewed by the committee was that it is never appropriate for physicians acting collectively to withhold their services for personal, financial, or political gain. The board debated the underlying principles of such a position and concluded that because of the complexities of the issue it would be unwise to take such an unequivocal stand. It was felt that in some cases physicians might justly and ethically withhold services for reasons related to patient care and, as a secondary result, achieve certain personal or financial benefits. It was also felt that physicians are not as unique a group as they are often portrayed to be and that their collective actions to withhold services are no more or less ethical than other groups of public servants acting collectively to withhold service. The board questioned whether AAMC is the appropriate body to issue a statement directed primarily at practicing physicians. No definite conclusions were reached on this issue, but the board asked Mr. Scoles to keep their concerns in mind during the committee deliberations.

IV. Committee Appointments

Tom Rado pointed out that a student position on an AAMC committee was recently made without prior consultation with him or with the Administrative Board. AAMC staff explained that while it has been the routine practice to consult the OSR officers about student committee appointments, this is not the standard procedure for any other Council or group. The Administrative Board reiterated their position that the OSR Chairperson, and preferably the entire board, should be consulted on every student committee appointment.

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V. Administrative Board Members' Reports

A. NIRMP

Cheryl Gutmann reported that she continues to be in close contact with Dr. Graettinger, Executive Vice-President of NIRMP, to discuss various aspects of the match. Dr. Graettinger has been very receptive to OSR input and asked recently that the OSR review the last edition of the NIRMP Directory and offer any suggestions for revisions or additions to this year's directory. The board developed the following list of issues which might be addressed in the 1977 Directory:

1) Mechanics of the match when two people choose to match together as a couple should be outlined.

2) A more detailed description of reduced-schedule residency options and how students can obtain specific information about them should be included.

3) The section on commitments and violations should be expanded to describe more specifically what constitutes a violation, particularly with regard to violations by unmatched students and by program directors with unfilled programs.

In addition the board identified several problems which continue to arise during the transition from undergraduate to graduate medical education. The problem of inappropriately early deadlines for deans letters and interviewing schedules was discussed, and the board asked Cheryl to explore this issue further with the GSA. It was also pointed out that many programs are establishing unrealistically early starting dates which pose considerable problems for students especially when they must relocate families. In addition, the board suggested that AAMC or another appropriate organization publish an annual listing of programs which accept students at times other than May through July.

The board discussed the monitoring of NIRMP violations at length and decided that the OSR resolution approved at the 1976 Annual Meeting could not be implemented without inviting lawsuits against the AAMC. The board agreed to request NIRMP to include a statement with the match results outlining what actions can and cannot be taken to secure places for unmatched students. It was hoped that this approach might minimize violations that occur at this juncture in the matching process.

B. Liaison with Physicians National Housestaff Association (PNHA)

Jim Maxwell reported that he attended the annual convention of PNHA. He stated that the meeting was largely organizational in nature and not particularly informative with regard to substantive educational issues.

VI. OSR Annual Meeting

Dr. Patrick Tokarz, President of the AMA Resident Physicians Section, and

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Dr. Hilliard Jason, Director of the AAMC Division of Faculty Development, attended the meeting to discuss with the board plans for the OSR Annual Meeting session about the impaired medical student physician. After a lengthy discussion, the board decided that the session should focus on intermitent and minor impairments that afflict virtually everyone at some point during medical school and medical practice rather than on the more overt impairments such as alcoholism or suicide. It was felt that it would be more beneficial to concentrate on what can be done to enhance medical students' mental health and to make medical school a strengthening rather than destructive experience. Richard Seigle was charged with coordinating the session, and Drs. Tokarz and Jason agreed to serve as resource people and discussion group leaders. Dr. Tokarz stated that Dr. Dale Garell, Medical Director of the Institute for the Study of Humanistic Medicine, had also agreed to serve as a resource person for the program.

The Administrative Board reviewed the entire schedule of OSR Annual Meeting activities. The following board members will serve as student coordinators for OSR discussion sessions:

Bob Bernstein -- Health Legislation
Margie Chen -- Counseling, Minority Affairs, and Women in Medicine
Bob Cassell -- Curriculum and Evaluation
Cheryl Gutmann -- NIRMP
Tom Rado -- Financial Aid
Paul Scoles -- Medical School Accreditation and Withholding of Physician Services

Tom Rado reported that the topic and format for the OSR program had been changed since the last meeting to a debate on housestaff unionization. The specific question for debate will be whether housestaff collective bargaining under the rules of the National Labor Relations Act is an appropriate and desirable means for housestaff to achieve patient care and educational program improvements. Dr. Rado and Mr. Scoles will work with staff to make the final arrangements for speakers for the debate.

VII. Executive Council Agenda

A. LCME Accreditation Decisions

ACTION: *On motion, seconded, and carried, the OSR Administrative Board recommended that the Executive Council endorse the following LCME accreditation decisions:*

Fully Accredited Schools -- University of Pittsburgh School of Medicine; Full accreditation for 5 years with a progress due in 1979.

University of Ottawa Faculty of Medicine; Full accreditation for 3 years with yearly progress reports.

University of Louisville School of Medicine; Full accreditation for 3 years with a progress report due in 1978.

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University of Texas-San Antonio; Full accreditation for 5 years.

University of Wisconsin School of Medicine; Full accreditation for 5 years with a progress report due in 1978.

Medical College of Pennsylvania; Full accreditation for 7 years with a progress report due in 1980.

Southern Illinois University School of Medicine; Full accreditation for 2 years with a progress report due in 1978.

University of Oklahoma College of Medicine; Defer action until LCME receives more information.

University of Oregon School of Medicine; Full accreditation for 2 years with a progress report due in 1978.

Schools on Probation -- Texas Tech University School of Medcine; Full accreditation for 2 years with recommendation that the school be removed from probation.

University of Missouri-Kansas City School of Medicine; Full accreditation for 3 years with recommendation that the school be removed from probation.

Provisionally Accredited Schools -- Uniformed Services University of the Health Sciences; Provisional accreditation for 3 years.

Request for Provisional Accreditation -- Northeastern Ohio Universities College of Medicine; Provisional accreditation for 1 year for an entering class size of 48 students in Fall 1977.

Marshall University School of Medicine; Award provisional accreditation when certain deficiencies have been corrected.

Request for Letter of Reasonable Assurance (to convert to M.D. granting states) -- University of Nevada School of Medical Sciences; LRA granted to enroll 48 third year students working toward M.D. degree in mid-1978.

Request for Letter of Reasonable Assurance (from proposed new medical schools) -- Universidad Internacional Mario Eugenio de Hostos Escuela de Medicina; LRA not granted.

Universidad del Caribe Escuela de Medicina; LRA not granted.

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Catholic University of Puerto Rico at Ponce School of Medicine; LRA granted

School of Medicine at Morehouse College; LRA granted.

East Tennessee State University College of Medicine; LRA granted.

B. Interim Report of the AAMC Task Force on Minority Student Opportunities in Medicine

Margie Chen reviewed the major recommendations included in the Interim Report of the Task Force on Minority Student Opportunities in Medicine. It was pointed out that the Interim Report primarily outlines where the Task Force stands in pursuing its goals and objectives. The board commended the Task Force for its work to date and particularly praised the accuracy of its assessment of the major obstacles encountered by aspiring minority medical students. Margie Chen recommended that the Task Force consider asking the LCME to give special attention to the views and concerns of minority medical students during accreditation site visits. The board endorsed this recommendation and asked Ms. Chen to convey it to the Task Force.

VIII. Resignation of the Western Region Chairperson

The Administrative Board accepted with regret a letter of resignation from Jon C. Webb, OSR Western Region Chairperson. The board voted to extend its thanks to Mr. Webb for his efforts on behalf of the Western Region during the past year.

IX. Health Manpower Provision on U.S. Citizens Studying Abroad

Bart Waldman reviewed recent developments in Congress with regard to amending the provision in PL 94-484 requiring medical schools to accept U.S. citizens studying in foreign medical schools. The House was considering amending the law to substitute a third-year enrollment increase for the current provision. Staff had also received word that the Seante may be considering repealing the provision entirely with no comparable substitute. The board discussed which alternative the AAMC should support. The board members agreed that substituting a third-year enrollment increase for the current provision would allow large numbers of USFMSs to return to this country without interfering with the schools' prerogatives to establish their own admission criteria. It was pointed out that a further update on the prospects for modifying this provision of PL 94-484 would be provided at the joint administrative board meeting on September 15.

X. Federally Insured Loan Program for Health Professions Students

Bob Boerner reported that he and other AAMC staff had recently attended meetings with staff of the Office of Education (OE) to discuss amending the PL 94-484 provisions regarding the new Federally Insured Loan Program for Health Professions Students. The Secretary of HEW had realized that

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the new loan program could not be implemented because of bankers' unwillingness to participate as lenders under the program, and the Secretary asked OE to propose modifications that would make the program viable by Fall 1978. AAMC recommended that the new loan program be changed to include an interest subsidy and to lower the interest rate from 10% to 7% with a federal government allowance based upon 91 day treasury notes which is the current practice with the existing Guaranteed Student Loan Program and which would cover the interest differential for the banks. Mr. Boerner also reported that the AAMC Task Force on Student Financing was continuing to work on developing its own guaranteed loan program model that it hoped to offer as an alternative to the OE modifications to the loan program for health professions students in PL 94-484.

XI. CSR Report

Tom Rado reported that the Executive Council had authorized the publication of two more experimental issues of OSR Report. The board reviewed draft copy for the October issue and agreed to contact staff after the meeting with suggestions for additional articles.

XII. Central Region Resolutions

Chery Gutmann introduced two resolutions which were approved at the Central Region Meeting. One resolution would require a change in OSR Rules and Regulations to specify that OSR representatives be elected rather than appointed. It was pointed out that several previous attempts to make this change in the Rules and Regulations had been unsuccessful since AAMC cannot mandate how institutions carry out their internal affairs. Available data indicates that virtually all representatives are elected by the student body or by a student committee. The board agreed that this matter would most appropriately be addressed at the local level, but that it would be appropriate to remind schools each year that OSR selection should include representative student input.

XIII. Committee Appointments

Staff reported that Dan Miller (UC-San Diego) was asked to serve as the student representative to the GSA Medical Student Information Systems Committee. The board endorsed Dan Miller's appointment. Staff also reported that a nomination for the student representative to the Journal of Medical Education Editorial Board should be made prior to the Annual Meeting.

XIV. Resolution on Trends in Municipal Health Care

The Administrative Board reviewed a resolution which had been introduced but not acted upon at the previous meeting on trends in municipal health care. The resolution (Addendum III) was approved and referred to the entire OSR for their review at the Annual Meeting.

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XV. Succession of the Chairperson-Elect

ACTION: *On motion, seconded, and unanimously carried, the OSR Administrative Board supported the succession of Paul Scoles to the office of OSR Chairperson.*

XVI. Adjournment

The meeting was adjourned at 5:30 p.m.

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REPORT TO THE OSR ADMINISTRATIVE BOARD ON THE FIRST MEETING OF THE TASK FORCE ON GRADUATE MEDICAL EDUCATION

The first meeting of the Task Force on Graduate Medical Education (TFGME) was held June 13-14, 1977. The first afternoon's schedule included presentation of a list of "The Clear and Evident Problems" taken from an introductory pamphlet delineating the scope and functions of the Task Force. The problems were as follows:

1. Availability of positions for domestic graduates
2. The demise of the FMG
3. Graduate physician -- student or employee?
4. The role of the graduate medical faculty
5. Governance and control
6. Accreditation
7. Specialty distribution
8. Financing

As an OSR representative and because of personal conviction, I made the following statement regarding Problem #3: (to paraphrase) "I think it is obvious that anyone who has considered the problems of graduate medical education will logically recognize that housestaff function in several capacities, not necessarily mutually exclusive, including those of teacher, learner, and service provider. I would suggest we use this proposition as a working non-political assumption in addressing the issues of graduate medical education. The dichotomous either-or situation depicted by the choice of words in #3 implies an unrealistic interpretation of the issues."

I also recommended that the topic of flexible schedule residencies be addressed considering stipulations already passed in PL 94-484.

A large block of time during this meeting of the TFGME was spent reviewing the history of graduate medical education. Drs. Swanson and Graettinger abstracted and presented information from relevant publications, including:

1. Graduate Medical Education -- Report of the Commission on GME-1940- "The Rappleye Report"

2. Planning for Medical Progress Through Education - 1965 - AAMC - "The Coggeshall Report"

3. The Graduate Education of Physicians - 1966 - AMA - "The Millis Report"

4. The Role of the University in Graduate Medical Education - 1969 - AAMC

5. The GAP Report

Data were then presented on the results of the 1977 match by Dr. Graettinger after which Dr. Swanson described the genesis of current accreditation mechanisms.

After discussion of institutional responsibilities for graduate medical education and review of recommendations made in earlier publications, the meeting was adjourned until the next morning.

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The following morning the Task Force expanded the list of problems to be addressed, examples as follows:

1. multiple functions of residents
2. defining a patient constituency, ethics
3. financing (e.g. patient care dollars, third party payers)
4. flexible schedule residencies
5. postgraduate year 1 - providing opportunities for broad clinical experience as well as first year specialty training
6. articulation of undergraduate years 3 and 4 with post graduate years 1 and 2
7. FMG's - interface, quality, fate of hospitals now primarily staffed by FMG's
8. criteria for program and institutional evaluation
9. providing ambulatory care exposure
10. specialty needs - distribution

The Task Force members then attempted to develop a paradigm, a methodology to attack some of the issues and four working categories were established:

1. quality and educational process
2. accreditation and governance
3. financing
4. distribution

Since many other institutions and organizations are concurrently dealing with these problems, the Task Force will attempt to coordinate its efforts with those of other groups (e.g., ABMS, AMA, HEW). This may be particularly expedient in data collecting. It is anticipated that small working groups will be meeting before the next meeting ofthe Task Force which is scheduled for sometime in October.

It is of interest to note that the Task Force now includes one student (myself) and two housestaff members, Sandra Foote, Chief Resident in Medicine, University of Virginia, and Bill Homan, Chief Resident in Surgery, Cornell. Dr. Foote's first and only contact with the AAMC prior to appointment to the Task Force was during hearings held on the Thompson amendment at which she testified against its passage.

Any thoughts or suggestions you may have concerning the goals and priorities of this Task Force will greatly appreciated.

C. Gutmann

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OSR RESOLUTION ON TUITION INCREASES

WHEREAS, in recent months many medical schools have announced major increases in tuition,

WHEREAS, these increases pose a substantial financial burden for many medical students,

WHEREAS, these announcements have in some instances generated misunderstanding, mistrust, and hostility,

WHEREAS, many of these decisions have been formulated without any student input,

WHEREAS, some of these decisions have been formulated with only minimum input from financial aid personnel,

THEREFORE, BE IT RESOLVED, that all schools include student representatives and financial aid personnel in their deliberations and decisions concerning increases in medical school tuition.

Approved by the OSR Administrative Board
Referred to the GSA Steering Committee

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MEMORANDUM

To: All OSR Representatives

From: Paul Eisenberg, Public Health Consultant; Michael Sharon, OSR representative, New York Medical College

Re: Teaching Hospitals and the New York City Health Crisis

As a result of New York City's fiscal crisis, cutbacks in all municipal programs have been mandated. In terms of health care the city has demanded a 175 million dollar curtailment of municipal hospital services. Initial suggestions as to how this could be met included the reduction of municipal hospital beds and services, without regard to the health needs of the communities they served. Furthermore, in almost every instance the hospitals most affected were teaching institutions. For the present time these proposals have not been implemented, however the attack on teaching hospitals has increased.

The most recent threat to these institutions was in the form of the new Medicaid reimbursement rates. Recently, the federal government turned down recommendations that house-staff salaries be reimbursed at the rate of only 85%, and supervisory physicians' salaries at the rate of 90%. These reimbursement schedules, combined with the linkage of Medicaid and Blue Cross rates in New York State, would have made it virtually impossible for teaching hospitals to provide primary and secondary care. This was only the latest in a trend toward making tertiary care the only reimburseable service. In terms of public health, it is obvious that the patient population that depends on Medicaid for health care will no longer have access to the primary and secondary care that the municipal teaching hospitals have provided in the past.

The present situation in New York City is only a symptom of a national attitude which questions the existence of teaching hospitals. Increasingly, in an effort to reduce health care costs, the teaching hospital is being viewed as an expensive liability which can be eliminated. This situation is intolerable as it neglects the importance of high quality teaching and its relationship to health care for all individuals, regardless of their economic status. (Moreover, studies have indicated that these policies are financially unsound,(e.g. Hartford-Connecticut study).

We strongly urge all medical students to unite in a national lobby for the support of teaching hospitals. This lobby is viewed as being consistent with the concept of adequate health manpower, and health care as a right. The necessity of immediate action should be clear, as we are quickly approaching a situation where quality health care will only be for those who can afford it. We request that the OSR adopt the enclosed sense of the body resolution and that medical students publicize their dissatisfaction with many of the present trends in our health delivery system.

Encl.

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Trends in Municipal Health Care
- a sense of the body

Whereas the present solution to the fiscal crisis in New York City is resulting in crippling cuts of health services, with little regard for the impact on public health;
whereas these cuts most affect that portion of the population least able to afford such reductions in health services;
whereas these cuts seriously affect the status of the municipal teaching hospitals to provide a quality health education;
whereas the present situation in New York City is only a symptom of a national attitude which questions the existence of municipal teaching hospitals;
and whereas all these actions are contrary to the principle of health care as a right:

Be it resolved that we, the Organization of Student Representatives - AAMC , as representatives of future health providers, strongly protest the continuation of these attacks upon health services and education. Be it also known that we, along with other concerned health providers, oppose further attempts to erode the municipal hospital system. To this end we ask all medical students and health professionals to unite in a nation-wide effort to bring these issues to the public and legislators, and, furthermore, to actively work to insure peoples' right to health care.

Michael Sharon
113 Old Farm Rd.
Valhalla NY 10595
OSR rep NYMC

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STUDENT NOMINEES FOR AAMC COMMITTEES

The following committees currently have openings for student representatives. The OSR Administrative Board should make a primary and alternate nomination for each committee. In some instances, the board may wish to re-nominate the student who served on the committee during the past year.

FLEXNER AWARD COMMITTEE

Charge: Consideration and recommendation to the Executive Council of a nominee selected for "extraordinary individual contributions to medical schools and to the medical educational community as a whole."

GSA COMMITTEE ON FINANCIAL PROBLEMS OF MEDICAL STUDENTS

Charge: Collect, study, and disseminate information concerning medical student loans, non-refundable grants, employment, etc.

GSA MINORITY AFFAIRS SECTION COORDINATING COMMITTEE

Charge: Coordinate all the activities and functions of the GSA Minority Affairs Section.

RESOLUTIONS COMMITTEE

Charge: Review and report to the Assembly committee actions taken on resolutions submitted in accordance with guidelines stated in the AAMC Bylaws.

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OSR ANNUAL MEETING RESOLUTIONS

TRENDS IN MUNICIPAL HEALTH CARE

WHEREAS, the present solution to the fiscal crisis in New York City is resulting in crippling cuts of health services, with little regard for the impact on public health;

WHEREAS, these cuts most affect that portion of the populations least able to afford such reductions in health services;

WHEREAS, these cuts seriously affect the status of the municipal teaching hospitals to provide a quality health education;

WHEREAS, the present situation in New York City is only a symptom of a national attitude which questions the existence of municipal teaching hospitals;

WHEREAS, all of these actions are contrary to the principle of health care as a right;

BE IT THEREFORE RESOLVED, that, we, the Organization of Student Representatives of AAMC, as representatives of future health providers strongly protest the continuation of these attacks upon health services and education. Be it also known that we, along with other concerned health providers, oppose further attempts to erode the municipal hospital system. To this end we ask that all medical students and health professionals unite in a nationwide effort to bring these issues to the public and legislators, and, furthermore, to actively work to insure peoples' right to health care.

OSR MEETING SCHEDULE

WHEREAS, most of a medical student's academic responsibilities are during the week (Monday-Friday) and that it is often difficult for a student to be excused from these duties:

BE IT RESOLVED, that the OSR Administrative Board urge that the GSA-OSR regional meetings held in the spring of each year and the OSR national meeting held in the fall of every year be scheduled either entirely or partially during a weekend to facilitate student attendance and thus maximize student input.

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REGIONAL MEETINGS

WHEREAS, in the past, interactions between the GSA and the OSR, especially at regional meetings, have proven to be informative and valuable experiences which have fostered improved and important communications/ relations between the respective groups. In addition, the tone and atmosphere of regional meetings have traditionally been less formal and more conducive to increased communication among regional OSR representatives;

WHEREAS, it is believed that the implementation of a national regional meeting with all regional meetings occurring at the same site at the same time potentially will decreased GSA-OSR future interactions and potentially will limit and/or exclude participation and representation from member OSR schools (for financial reasons, etc.);

BE IT THEREFORE RESOLVED, that regional meetings continue in their present format with joint GSA-OSR participation at regional locations.

RESPONSIBILITY OF MEDICAL ALUMNI

In as much as the physicians of this country are a priviledged group, they themselves are best able to contribute to the maintenance of freedom of choice in medical education. With approximately 350,000 physicians in the U.S., how can the general taxpayer be asked to support our educations if we ourselves do not make an honest effort.

BE IT THEREFORE RESOLVED, that as members of OSR and future physicians who feel daily the current financial burden of medical education, we investigate and then promote the full utilization of alumni contributions. We futhermore urge AAMC to encourage the use of alumni contributions that are specifically geared for student support.

TUITION INCREASE DELIBERATIONS

WHEREAS, recently many medical schools have announced major increases in tuition, and

WHEREAS, these increases pose a substantial financial burden for many medical students, and

WHEREAS, these announcements have in some instances generated misunderstanding, mistrust, and hostility, and

WHEREAS, many of these decisions have been formulated without any student input, and

WHEREAS, some of these decisions have been formulated with minimum input from financial aid personnel,

BE IT THEREFORE RESOLVED, that the OSR and AAMC strongly urge all schools to include student representatives and financial aid personnel in their deliberations and decisions concerning increases in medical school tuition.

MEDICAL STUDENT DEBT LEVEL

The debt burden incurred by incoming medical students can in the foreseeable future reach a level of $15,000 per year. At an annual interest rate of 10% a student would accrue an additional debt of $1500 per year.

It is clear that this level of debt would have an adverse effect on minority admissions, and a strongly selective effect on the applicant pool as a whole. This selection could be detrimental to the quality of medical students.

BE IT THEREFORE RESOLVED, that AAMC maximize its efforts to obtain an interest subsidy for students with financial need who borrow under the HPSL program.

BE IT ALSO RESOLVED, that this subsidy be extended through the residency years while incomes are not adequate to accommodate the interest burden.

PROPER USE OF THE NATIONAL BOARD EXAMINATIONS

As medical professionals, we recognize the necessity for the profession to be held accountable for the capability of its members. In addition, we are cognizant of the need for medical schools to evaluate and, if necessary, modify their educational process.

It is our understanding that the National Board Examination was created solely for the purposes of national licensure, thereby insuring a standard of competence. It has come to our attention that medical schools, perhaps improperly, have been utilizing the National Board Examination as a means of evaluating students for promotion, modifying curricula, and in addition, that teaching hospitals have used the scores as one criterion for selecting residents. We feel that there is no evidence to support any uses of the National Board Examinations other than licensure.

THEREFORE, BE IT RESOLVED, that an OSR study group be established to study the National Board Examination and propose guidelines insuring its appropriate use.

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SLEEP DEPRIVATION

WHEREAS, competent patient care requires the ability to make cogent clinical judgment, and often, skills requiring high levels of perception and intact reflexes, and

WHEREAS, house officers are supposed to be in a learning, service, and teaching situation, and

WHEREAS, research has shown that judgment, reflexes, perception, and learning capacity can be impaired by sleep deprivation, and,

WHEREAS, present call schedules for housestaff often include frequent periods exceeding 36 straight hours of patient care responsibility, and

WHEREAS, patients have the right to be cared for by competent physicians,

BE IT THEREFORE RESOLVED, that the OSR Administrative Board urge that AAMC teaching hospitals reassess their housestaff schedules and make adjustments to eliminate or substantially reduce periods of requisite or potential sleep deprivation in excess of 24 hours.

MEDICAL STUDENT RIGHTS AND RESPONSIBILITIES

WHEREAS, the status of housestaff as students versus employees, and the right of housestaff to collective bargaining privileges remains in question, and

WHEREAS, housestaff organizations are increasingly finding it necessary to consider the use of striking or other job actions to secure improved conditions for their patients and themselves, and

WHEREAS, the rights, duties, and responsibilities of students in hospitals affected by such strikes are unclarified, and

WHEREAS, examples have been brought to the attention of the OSR of threatened reprisals directed against students who support such strikes or job actions,

BE IT THEREFORE RESOLVED, that OSR feels it would be highly inappropriate for students to be pressured or permitted to perform the job of housestaff without supervision of interns and residents.

BE IT ALSO RESOLVED, that the OSR urges the development of AAMC policy recommending that schools not exact reprisals against students who respect housestaff picket lines.

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OPPOSITION OF THE EASTERLY BILL

WHEREAS, the Easterly bill, which will be considered by the Kentucky legislature soon, and is gathering strong support, stipulates that all medical school applicants must sign an agreement to serve one year in Kentucky for each year in the state medical schools, or to repay the actual cost to the state of their medical education, and

WHEREAS, this bill is an ineffective means of addressing the physician shortage and maldistribution in Kentucky, and

WHEREAS, the bill has potential for detrimental effects on the quality of medical care in Kentucky, and

WHEREAS, if such a bill is passed in Kentucky there is increased likelihood of similar bills being introduced in other states, and

WHEREAS, the bill is discriminatory to the medical profession since state funds are used to fund the education of many other professions through the state colleges and university systems and yet require no similar commitment from these professions,

BE IT THEREFORE RESOLVED, that the OSR actively oppose the Easterly bill and all similar bills which are introduced in other states and request the AAMC to do all within its power to likewise oppose its passage.

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REPORT OF THE STUDENT MEMBER ON THE

GSA COMMITTEE ON FINANCIAL PROBLEMS OF MEDICAL STUDENTS

The annual meeting of the GSA Committee on the Financial Problems of Medical Students was held November 7 and 8 at the Washington Hilton Hotel. Present at the meeting were regular committee members who include financial aid officers and a student representative, as well as representatives of the AAMC and the Department of Health, Education and Welfare (DHEW).

I. Federal Student Assistance Up-Date

Super-FISL: Current and proposed legislation was discussed with two representatives of the Bureau of Health Manpower (BHM), DHEW. Major discussion centered around the provisions of PL 94-484, the Health Professions Educational Assistance Act, which concern the Federally Insured Student Loan Program for Graduate Students in Health Professions Schools, also known as "Super-FISL". As it presently stands this is a program that students don't want, schools don't want and banks don't want. Perhaps the most objectionable part of this program is that loans would require payback of interest at rates as high as 10% while students are still in school. At the present time, legislation has been proposed which would raise the interest ceiling to 12% and provide an option of letting interest accrue and compound during school years. Even with the stated modifications banks find this program very unattractive, making it virtually certain that this program will never be implemented to any significant degree.

FISL: The current Guaranteed Student Loan Program (GSLP) also known as the Federally Insured Student Loan Program (FISL) is often unavailable to students because of the overall annual and aggregate borrowing limits imposed. Annual lending limits have been temporarily raised to $10,000 because Super-FISL is not yet operational, although an aggregate limit of $15,000 still remains in effect. At present, these modifications will help only those senior students who haven't participated extensively in this program.

HPSL: After June 30, 1979 the Health Professions Student Loan Program (HPSL) will be limited to students exhibiting "exceptional financial need". At the present time, the Bureau of Health Manpower is in the process of writing regulations to define this term. Discussion of this issue indicated the BHM may define this term to include only those students with zero financial resources, a suggestion that was met with alarm by the committee.

Scholarship Taxation: A noncontroversial bill exempting NHSC and Armed Services scholarships from taxation for a two-year study is currently awaiting President Carter's signature. (Subsequent to this report the bill was signed.) Unfortunately, National Research Service Awards are not included in this legislation.

NHSC: Large numbers of students are now signing up for National Health Service Corps (NHSC) scholarships. Given the inability to accurately predict future health manpower needs, many fear that this program will run into serious problems several years from now when students are required to fulfill their service obligations. An excess of health manpower may lead to a lottery-type situation in which doctors will be randomly chosen to fulfill their service obligations. Even if this problem can be dealt with, the ability of local communities or the federal government to finance the cost of large numbers of medical doctors practicing in economically disadvantaged areas is open to question. (Note: Reliable studies have indicated that the average doctor costs a community $200,000 per year.)

II. Report of the AAMC Task Force on Medical Student Financing

Members of the AAMC Task Force recently presented a Guaranteed Student Loan Model to representatives of the staffs of Congressman Rogers, Senator Javits, Senator Schweiker, the Office of Education, and the Office of the Secretary of HEW. This proposed model would eliminate the most objectionable provision of the Super-FISL program, the payment of interest on loans while students are still in school. The reaction to the proposal was that it was too late to consider such drastic changes in the program. Also, such a loan program had the potential to be attractive enough to students to compete with the NHSC Scholarship program and was therefore undesirable to the Congress and to the Administration.

A long discussion of the options for needy medical students followed. Students requiring large amounts of aid must now face one of two alternatives: massive debt or the NHSC. There is considerable concern that this situation will have adverse effects on the type of students applying to medical school. Needy students would be reluctant to accumulate large debts and medical schools would be increasingly populated by students from wealthy families. There is some data to indicate that the family income levels of medical students is increasing. Although the NHSC does provide an alternative to large debt, there is a reluctance on the part of students to commit themselves to a program which potentially interferes with their post-graduate training and which may require fulfilling obligations as long as 11 years after they have entered medical school.

III. Committee Business Meeting

At the committee business meeting there was unanimous acknowledgement that the financial problems of medical students are quite severe. The marked increases in tuition, the inadequacy of federal programs and private lenders to meet student financial needs, and the controversy over capitation for the coming year were all discussed.

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In view of these considerations, the committee recommended that a proposal be taken to the GSA steering committee to redefine and expand the committee's charge. In addition it was proposed that the committee be expanded to include at least two financial aid personnel from each geographic region, two representatives from the OSR, and representatives from the National Association of Student Financial Aid Administrators (NASFAA), the Health Professions Advisors, the GME, the GBA, the GSA Committee on Minority Affairs, and a number of other groups as well.

The committee requested that the OSR recommend representatives of other student groups to be invited to meetings. This was considered very important for two major reasons. In the first place, other student organizations have had considerable input to the Congress during hearings on the present Health Manpower Bill. Present attitudes on Capitol Hill partially reflect that input. It was also felt that this committee in particular possesses considerable resources that would help other student groups formulate their own positions on issues related to financial aid.

The current approach of the AAMC toward financial aid problems was discussed at length. It was pointed out that on the whole the AAMC has taken a reactionary approach toward federal legislation on financial aid. It was felt that this approach is in part due to a lack of attention given to this area by the Association (Note: See OSR Ad Board minutes from 3/30/77 - Report of the Chairperson). Given the severity of these problems and the large amounts of capital involved in financial aid (3 times the amount involved in capitation), this situation must be improved. It was suggested that the OSR, with its representation on the AAMC Executive Council strongly urge the Association to devote more time and resources to financial aid problems.

Turning to more specific issues, the committee considered a proposal by NASFAA that "exceptional financial need" be defined as a student whose "expected family or parental contribution...does not exceed 50% of the cost of education for a given student". This was approved with the suggestion that 40% and not 50% be used in the definition.

It was recommended that financial aid advisors meet with Congressional and White House staff to discuss amending the GSLP or FISL program to permanently raise the one year ceiling on loans to $10,000 and to increase the aggregate limit on loans to $40,000. It was felt that the inadequacy of the Super-FISL program needs to be emphasized during these talks.

Concern was expressed over the lack of communication among financial aid personnel. It was concluded that the Student Affairs Reporter (STAR) is an ineffective vehicle for this communication and that a more effective means of communication should be developed after the committee is restructured.

Finally, AAMC studies on student financing were discussed. The committee has endorsed the continuation of studies being undertaken by the Division of Student Studies which include: How Medical Students Finance Their Education, Medical Student Indebtedness and Career Plans, and Medical Student Finances and Personal Characteristics.

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IV. Recommendations to the OSR

I would like to make the following recommendations to the OSR Administrative Board.

1) That the board strongly recommend that the AAMC Executive Council approve the proposed restructuring of the GSA Committee on the Financial Problems of Medical Students.

2) That the board strongly urge the AAMC Executive Council devote more staff time and resources to financial aid problems and legislation.

3) That the board establish close communication with other medical student organizations regarding the problems of financing medical education and discuss future action regarding these problems.

4) That the board recommend specific representatives of other student organizations invited to all meetings of the GSA Committee on the Financial Problems of Medical Students.

Bob Tomchik
OSR Representative
University of Chicago

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