

ORGANIZATION OF STUDENT REPRESENTATIVES
1975 Business Meeting
November 1 and 2
Washington Hilton Hotel

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II.	DETERMINATION OF QUORUM	
III.	CONSIDERATION OF MINUTES.	1
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	Recess until November 2, 3:00 pm.	
VI.	RECALL TO ORDER	
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES
MINUTES

November 11 and 12, 1974
Conrad Hilton Hotel
Chicago, Illinois

I. Call to Order

The meeting was called to order by Dan Clarke-Pearson, Chairperson, at 9:00 a.m.

II. Quorum Call

Dan Clarke-Pearson declared the presence of a quorum of the Organization of Student Representatives membership.

III. Consideration of Minutes

The minutes of the November 1973 meeting were approved without change.

IV. Revisions to the OSR Rules and Regulations

Dan Clarke-Pearson reviewed the revisions to the OSR Rules and Regulations which were proposed by the OSR Administrative Board. It was moved and seconded that the entire set of current Rules and Regulations be repealed and that the proposed Rules and Regulations be accepted. During consideration of OSR Rules and Regulations revisions, several recommendations for amendments to those proposed by the Administrative Board were discussed.

ACTION: *On motion, seconded, and carried, the OSR repealed the current OSR Rules and Regulations and adopted the Rules and Regulations proposed by the Administrative Board with the following amendments:*

Amendment A: Section 2. Addition of Item 4 under "Purpose" to read "4) to provide a vehicle for the student members' actions on issues and ideas that affect the multi-faceted aspects of health care."

Amendment B: Section 3.D. Addition of second sentence to read "The selection of an alternate member should facilitate representative student input, and only students may vote in the selection process."

Amendment C: Section 4.D. Change entire section to read "Presence at the Annual Meeting shall be

a requisite for eligibility for election to office. Each officer shall have been an official Organization of Student Representatives member within one year of his or her election. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived."

The Rules and Regulations which were approved by the OSR and which incorporate the amendments listed above are included with these minutes as Addendum 1.

V. AAMC Data Release Policy

Dr. Paul Jolly, Director of the AAMC Division of Operational Studies, explained that the AAMC had received a letter of complaint from a medical student about the fact that the Association had mailed material on the Public Health Service Scholarship Program to all medical students. The student voicing the complaint interpreted the distribution of that material as the release of his name and address to an outside organization. Dr. Jolly explained that AAMC does not release names of medical students under any circumstances but at times will distribute material for other organizations if, after careful review and consultation, it seems that such material serves the interest of medical students.

Several representatives expressed the view that OSR should be notified when such mailings are distributed. Dr. Jolly stated that the OSR Administrative Board has always been consulted when a request was made for any type of information concerning medical students which could be considered controversial. He further explained that providing mailing services for the purpose of disseminating information on government scholarships was not considered to be controversial since the service seemed to be in the best interest to medical students.

ACTION: On motion, seconded, and carried, the OSR approved a resolution stating that "AAMC consult with the OSR prior to the use or release of medical student names and addresses for mailings in cooperation with any outside organization."

VI. The meeting was recessed at 11:00 a.m.

VII. The meeting was recalled to order by Dan Clarke-Pearson at 9:00 a.m. on November 12.

VIII. Dan Clarke-Pearson declared the presence of a quorum of the Organization of Student Representatives membership.

IX. Election of Officers

ACTION: *On motion, seconded, and carried the OSR elected the following representatives to national office:*

Chairperson: Mark Cannon--Medical College of Wisconsin

Vice-Chairperson: Cindy Johnson--University of Washington-Seattle School of Medicine

Representatives-at-Large:

Serena Friedman--College of Medicine and Dentistry of New Jersey-New Jersey Medical College

Stanley Pearson--Meharry Medical College

Elliott Ray--University of Kentucky College of Medicine

Phil Zakowski--University of California-Davis School of Medicine

X. Report of the Women in Medicine Discussion Group

Cindy Johnson reported that Amber Jones of the AAMC; Dr. Nina Woodside of the Center for Women in Medicine at the Medical College of Pennsylvania; and Dr. Jeanette Haase of the Radcliffe Institute attended the session and discussed with OSR members various issues and problems facing women in medicine. Several recommendations regarding such issues as the role of women in medical education administration, the portrayal of the female physician in the mass media, and AAMC activity in the area of women in medicine resulted from the discussion. The full report of this session including specific recommendations is attached to these minutes as Addendum 2.

ACTION: *On motion, seconded, and carried, the OSR accepted the report of the Women in Medicine Discussion Group thereby adopting the recommendations included in the report.*

XI. Report of the Peer Review Discussion Group

Elliott Ray stated that Dr. James Hudson and Ms. Lily Engstrom of the AAMC Department of Health Services were present at the session and reviewed with OSR members several aspects of PSRO including the history and development of PSRO legislation, the current status of PSRO, and implications of peer review for medical students. The impetus for PSRO legislation was generated by the federal government's concerns about the growing costs of Title 18, 19, and 5 programs (i.e., Medicare, Medicaid, and Child Mental Health and Infant Care). While PSRO was originally intended to provide controls for these programs, its scope has expanded significantly and may potentially have implications for

all aspects of medical practice.

The current structure of PSRO includes a national coordinating council which establishes regulations for PSRO state councils and thus an effort is being made to insure uniform standards of quality care for all areas. The basic purpose of PSRO was to establish criteria for the evaluation of quality health care and to provide guidelines for educational programs to retrain physicians found to be deficient in providing quality care. Despite this basic purpose, PSRO has been ineffective to date in establishing criteria for quality care assessment. Elliott also stated that while the AAMC strongly supports the concept of national quality assurance, it is concerned about the cost and other practical factors involved in implementing the program.

The discussion group also reviewed three pilot projects at Rockford Medical College, Medical College of Ohio at Toledo, and University of Colorado in which medical students are involved in peer review. Elliott stated that the AAMC Department of Health Services has been actively involved in this issue and might serve as a resource for students desiring further information on peer review.

XII. Report of the Legislation and Medicine Discussion Group

Ernie Turner reported that the Discussion Group on Legislation and Medicine spent a considerable amount of time examining the many aspects of pending health manpower legislation with an emphasis on student financial aid provisions since that area relates primarily to student interests. He summarized for the OSR the provisions of the Health Manpower bill which was passed by the Senate and presented the recommendations of the discussion group. Ernie reported that the majority of OSR members in attendance at the discussion session favored mandatory service for all medical students in physician shortage areas. After a specific delineation of the recommendations of the discussion group, the OSR voted not to approve those recommendations and discussed the following substitute resolution offered by Fred Sanfilippo:

WHEREAS, the most recent health manpower legislation addressed to continued capitation funding of medical schools has incorporated various aspects of a required service commitment for all or a fixed percentage of medical students.

RESOLVED that the OSR believes that any regulation requiring all medical students to serve in a non-voluntary service capacity violates the basic civil rights of medical students; that any such mandatory service requirement would provide a most ineffective mechanism for solving problems of health care maldistribution and shortage; that the existing programs such as the National Health Service Corps which encourage students to provide primary care should be augmented by increased funding of National Health Service Corps, community medicine programs, and family practice residency

programs as an immediate measure; and that if these voluntary measures fail to provide the necessary solutions within a reasonable time that other solutions be explored.

The substitute resolution prompted considerable discussion among OSR members. Several representatives expressed the view that some type of mandatory service requirement seemed inevitable and that requiring service by a fraction of each medical school entering class would discriminate against students from lower socio-economic levels. Supporters of the resolution stated the opinion that voluntary programs have not been funded sufficiently enough to ascertain their effectiveness in solving the maldistribution problem.

ACTION: *On motion, seconded, and carried, the OSR approved the substitute resolution on health manpower legislation as presented by Fred Sanfilippo.*

Following the approval of this resolution, several OSR members expressed the concern that the issue of health manpower had not been adequately considered by the OSR and requested an extended meeting to discuss the issue further. Due to time limitations, it was suggested that the OSR reconvene on Tuesday evening.

XIII. Report of the GAP Discussion Group

Mark Cannon stated that OSR members attending the GAP Report Discussion Group participated in a productive discussion of both the GAP Report and the Report of the AAMC Task Force on the GAP Report. Mark indicated that the session resulted in several recommendations but requested that the full report be disseminated in written form after the Annual Meeting to allow for more discussion on health manpower legislation.

XIV. The meeting was recessed at 12:45 p.m.

XV. The meeting was recalled to order by Dan Clarke-Pearson at 8:00 p.m.

XVI. Dan Clarke-Pearson declared the presence of a quorum of the Organization of Student Representatives membership.

XVII. Health Manpower Legislation

Elliott Ray introduced the following general statements regarding health manpower legislation for consideration by the OSR:

1. OSR opposes mandatory service by medical students.
2. OSR requests the expansion and improvement of voluntary programs in terms of attractiveness and feasibility.
3. OSR opposes service requirements for a certain fraction of medical students who must accept financial aid in order to obtain medical education due to the discriminatory aspects of such programs.
4. OSR requests that AAMC emphasize the oversubscription to current voluntary programs.
5. OSR requests the increase and improvement of primary care residency opportunities.

6. OSR requests an increase in the time given to primary care training in undergraduate medical education.
7. OSR opposes federal control of specialty residency positions and programs.

After brief discussion of the general statements regarding health manpower legislation, it was moved that Item #1 be considered as a separate resolution and that a roll call vote be taken. (Addendum 3)

ACTION: *On motion, seconded, and carried, the OSR approved the resolution stating opposition to mandatory service by medical students.*

A second resolution consisting of Items 2-7 was introduced.

ACTION: *On motion, seconded, and carried the OSR approved Items 2-7 of the statement regarding health manpower legislation.*

Robert Nickeson moved that an introductory statement clarifying the OSR position on this issue precede the two approved resolutions.

ACTION: *On motion, seconded, and carried the OSR endorsed the following remarks as an introduction to the seven-item resolution on health manpower legislation:*

In recognition of the immediate problems of maldistribution of primary care and the heavy expense of medical education and in order to guarantee our input into the deliberations regarding health manpower legislation which will greatly influence our future careers, we hereby propose:

1. *That programs designed to solve these problems find their base in voluntary action on the part of the medical community;*
2. *That if obligatory service is to be required, such service should be required of all newly graduating health professionals;*
3. *That any of the programs must receive adequate financial support.*

XVIII. The meeting was adjourned at 10:00 p.m.

RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

REVISED NOVEMBER 3, 1973

REVISED NOVEMBER 11, 1974

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

Section 1. Name

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

Section 2. Purpose

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

Section 3. Membership

A. Members of the Organization of Student Representatives shall be medical students representing institutions with membership on the Council of Deans. The selection should facilitate representative student input, and only students may vote in the selection process. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

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

C. Each school shall choose the term of office of its Organization of Student Representatives member in its own manner.

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

Section 4. Officers and Administrative Board

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

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

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

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

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

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

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

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. Each officer shall have been an official Organization of Student Representatives member within one year of his or her election. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying these conditions seek the office of Chairperson, in which case these additional criteria shall be waived.

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

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

G. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.

Section 5. Representation on the AAMC Assembly

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

- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Vice-Chairperson of the Organization of Student Representatives;
- 3) Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson if necessary.

Section 6. Succession

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

Section 7. Meetings, Quorums, and Parliamentary Procedure

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

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

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

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

E. Formal actions may result by two mechanisms: (1) by a majority of those present and voting at meetings at which a quorum is present and (2) when three of four regional meetings have passed an identical motion by a majority of those present and voting.

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

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

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

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

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

Section 8. Students Serving on AAMC Committees

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

Section 9. Operation and Relationships

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

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

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Section 10. Amendment of Rules and Regulations

These Rules and Regulations may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

WOMEN IN MEDICINE SEMINAR

NOVEMBER 11, 1974
2-5 p.m.

The discussion group on Women in the Health Professions was quite well attended by both men and women. The discussion which occurred was enthusiastic and positive, resulting in a number of recommendations which I think will benefit both men and women.

The discussion group began with short presentations by women from existing institutions studying women in the Health Professions:

- Amber Jones, AAMC
- Dr. Nina Woodside, CWIM-Medical College of Pa.
- Dr. Jeanette Haase, Radcliffe Institute

Action items which resulted from discussion included the following recommendations to the AAMC.

1. An Office of Women's Affairs should be established with the AAMC to deal with the large number of issues concerning women which face the AAMC and its constituent medical schools.

2. Many medical students and house officers decide to have children during their training at their optimal age for child bearing and rearing. More women are entering full-time careers in health and other areas, and desire to share child-rearing responsibilities between both parents. Working parents are therefore required to neglect their children during the most important early years. More house officers, male and female, are desiring more time for their physical and mental health and other interests. Many physicians desire to participate in research, public health, and other training during their residencies. Therefore, the AAMC should study and urge the development of flexible residency programs.

3. We believe that having women faculty and administrators is an essential learning experience for all students. Therefore, the AAMC should urge the increasing recruitment, hiring, and promotion of women in all aspects of medical education and administration.

4. In keeping with the Association's theme in the coming year of "Educating the Public About Health," the OSR urges the AAMC to address itself to the special and changing roles of women in the health profession as they have been reflected in both educational and mass media.

A situation exists today in which women are rarely portrayed as, or referred to, as physicians in the media, including television, radio, magazines, newspapers, government publications, textbooks and early-education materials.

Such a situation does little to alleviate the prejudice against women physicians on the part of the general public, and furthermore discourages women from seeking out careers as physicians.

We urge the AAMC to investigate the possibility of using its influence to change this situation by increasing the visibility of women physicians in the media, educational materials, and especially its own publications.

5. Because many excellent candidates for medical school are misdirected into nursing through cultural bias and inadequate counseling services, we recommend that the general pre-medical requirements for registered nurse medical school applicants be decreased in consideration for the specific science courses they have taken and for their on-the-job training. Implementation of this recommendation would encourage such nurses to enter medical school and would provide the schools with a fund of students

who have had a wider (than average) exposure to medicine and consequently a more realistic commitment to it.

6. We recommend that the OSR appoint an Ad Hoc Committee on issues of concern to women in the health professions in order to extend the work begun in this discussion group throughout the year.

A number of other areas were discussed including:

1. Problem of increasing the number of applications to medical schools from women.
2. Teaching of the pelvic exam and other general problems in OB/GYN rotations.
3. Health care of the female patient.
4. Publications of interest to women in health professions

including: Witches, Midwives and Nurses
Feminist Press, Old Westbury, Massachusetts

Complaints and Disorders
Feminist Press, Old Westbury, Massachusetts

Why Would a Girl Go Into Medicine?
by Margaret Campbell; available from
Feminist Press

Directory of Women Health Programs
Women Today

Women in Medicine-Action Planning for the 1970's
Was sent to Deans of all medical schools or write:
Center for Women in Medicine, Medical College
of Penn., Philadelphia, Penn.

The Monthly Extract - An Irregular Periodical
New Moon Publications, Stanford, Conn.

The Women's Survival Catalogue
under Health Care

Respectively submitted,

Cindy Johnson

Cindy Johnson
Women in Medicine
Discussion Group Leader.

ORGANIZATION OF STUDENT REPRESENTATIVES
November 12, 1974 Meeting

ROLL CALL VOTE

Resolution: OSR opposes mandatory service by medical students.

"Yes" indicates opposition to mandatory service.

"No" indicates support of mandatory service.

Alabama - yes	Northwestern - no
Albany - no	Oklahoma - yes
Arizona - no	Pennsylvania State - no
Arkansas - yes	Pennsylvania, Univ. of - no
Boston - no	Pittsburgh - yes
Brown - no	Puerto Rico - yes
California-Davis - no	St. Louis - yes
California-Los Angeles - yes	South Carolina - yes
California-San Diego - no	Texas-Houston - yes
California-San Francisco - yes	Texas-San Antonio - yes
California, Southern - no	Texas-Southwestern - no
Case Western Reserve - no	Virginia, Univ. of - yes
Cincinnati - no	Washington-Seattle - yes
Colorado - no	West Virginia - yes
Creighton - no	Wisconsin, Medical College of - yes
Dartmouth - yes	Wisconsin, Univ. of - yes
Duke - yes	Yale - yes
Florida, Univ. of South - yes	
Howard - no	
Jefferson - yes	
Kansas - no	
Kentucky - yes	
Louisiana-Shreveport - no	
Maryland - yes	
Massachusetts - no	
Meharry - yes	
Miami - yes	
Michigan State - yes	
Michigan, Univ. of - yes	
Minnesota-Duluth - no	
Mississippi - yes	
Missouri-Columbia - yes	
Missouri-Kansas City - yes	
New York Medical - yes	
New York: SUNY-Buffalo - no	
New York: SUNY-Stony Brook - no	
New York: SUNY-Upstate - no	
North Carolina - yes	

OSR RULES AND REGULATIONS REVISIONS

At the request of the OSR Administrative Board and the COD Administrative Board, the AAMC Executive Council considered in June a proposed amendment to the AAMC Bylaws to include a provision stipulating that schools having a student serving on the OSR Administrative Board may designate a second OSR representative. The Executive Council approved the amendment and recommended its approval by the Assembly at the Annual Meeting.

Several corresponding changes in the OSR Rules and Regulations were approved by the OSR Administrative Board and the COD Administrative Board to make the OSR Rules and Regulations consistent with the AAMC Bylaws amendment which will be considered by the Assembly.

The portions of the OSR Rules and Regulations which appear on the following pages in italics reflect those revisions which the OSR Administrative Board recommends for approval by the entire OSR.

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THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
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The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

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Section 2. Purpose

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

Section 3. Membership

A. Members of the Organization of Student Representatives shall be medical students-representing institutions-with membership-on the Council of Deans selected representatives designated in accordance with the AAMC Bylaws by each institutional member that is a member of the Council of Deans, selected from the student body of each such member by a process appropriate to the governance of that institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

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

C. Each school shall choose the term of office of its Organization of Student Representatives member in its own manner.

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

Section 4. Officers and Administrative Board

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

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

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

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

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

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

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

D. *Presence at the Annual Meeting shall be a requisite for eligibility for election to office. At the time of election, each candidate for office must be a member of the Organization of Student Representatives or must have been designated to become a member of the OSR at the conclusion of the annual meeting. In addition, each candidate for office must be an undergraduate medical student at the time of election. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.*

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

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

G. The Administrative board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.

Section 5. Representation on the AAMC Assembly

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- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Vice-Chairperson of the Organization of Student Representatives;
- 3) Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson if necessary.
- 4) *Other members of the Organization designated by the Chairperson as necessary.*

Section 6. Succession

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

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

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

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

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E. Formal actions may result by two mechanisms: (1) by a majority of those

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present and voting at meetings at which a quorum is present and (2) when three of four regional meetings have passed an identical motion by a majority of those present and voting.

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

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

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

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

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

Section 8. Students Serving on AAMC Committees

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

Section 9. Operation and Relationships

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

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

Section 10. Amendment of Rules and Regulations

These Rules and Regulations may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

* * * * *

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THE RESPONSE OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
TO THE PRINCIPAL RECOMMENDATIONS
OF THE GOALS AND PRIORITIES
COMMITTEE REPORT
TO THE
NATIONAL BOARD OF MEDICAL EXAMINERS

The AAMC has long been engaged with furthering the improvement of medical education in the United States. Through direct services to its constituents, interactions with other organizations and agencies concerned with medical education, national and regional meetings and participation in the accreditation of medical schools, the Association has exercised its responsibilities to the schools, teaching hospitals and to the public which is served by its medical education constituency. From time to time, the Association has analyzed and responded to reports bearing on medical education emanating from other organizations and agencies. This is a response to the National Board of Medical Examiners' Goals and Priorities Committee Report entitled, "Evaluation In The Continuum of Medical Education."

The responses recommended in this document are a consensus derived from a task force report which provided the basis for extensive discussion and debate by the Councils, the Organization of Student Representatives and the Group on Medical Education. The consensus was achieved through deliberation by the Executive Council and is now presented to the Assembly for ratification.

Assuming that the Report of the Goals and Priorities Committee, "Evaluation In The Continuum of Medical Education", has been widely read, an extensive review and analysis is not provided here. The Report recommends that the NBME reorder its examination system. It advises that the Board should abandon its traditional 3 part exam for certification of newly graduated physicians who have completed one year of training beyond the M.D. degree. Instead, the Board is advised to develop a single exam to be given at the interface between undergraduate and graduate education. The GAP Committee calls this exam 'Qualifying A', and suggests that it evaluate general medical competence and certify graduating medical students for limited licensure to practice in a supervised setting. The Committee further recommends that the NBME should expand its role in the evaluation of students during their graduate education by providing more research and development and testing services to specialty boards and graduate medical education faculties. Finally, the GAP Committee recommends that full certification for licensure as an independent practitioner be based upon an exam designated as Qualifying B. This exam would be the certifying exam for a specialty. In addition, the GAP Report recommends that the NBME: 1) assist individual medical schools in improving their capabilities for intramural assessment of their students; 2) develop methods for evaluating continuing competence of practicing physicians; and, 3) develop evaluation procedures to assess the competence of "new health practitioners."

RESPONSES

1. The AAMC believes that the 3 part examination system of the National Board of Medical Examiners should not be abandoned until a suitable examination has been developed to take its place and has been assessed for its usefulness in examining medical school students and graduates in both the basic and clinical science aspects of medical education.
2. The AAMC recommends that the National Board of Medical Examiners should continue to make available examination materials in the disciplines of medicine now covered in Parts I and II of the National Board exams, and further recommends that faculties be encouraged to use these materials as aids in the evaluation of curricula and instructional programs as well as in the evaluation of student achievement.
3. The AAMC favors the formation of a qualifying exam, the passing of which will be a necessary, but not necessarily sufficient, qualification for entrance into graduate medical education programs. Passage of Parts I and II of the National Board examination should be accepted as an equivalent qualification.

The following recommendations pertain to the characteristics and the utilization of the proposed qualifying exam.

- a. The exam should be sufficiently rigorous so that the basic science knowledge and concepts of students are assessed.
- b. The exam should place an emphasis on evaluating students' ability to solve clinical problems as well as assessing students' level of knowledge in clinical areas.*
- c. The exam should be criterion-referenced rather than norm-referenced.
- d. Scores should be reported to the students taking the exam, to the graduate programs designated by such students and to the schools providing undergraduate medical education for such students.
- e. The exam should be administered early enough in the students' final year that the results can be transmitted to the program directors without interference with the National Intern and Resident Matching Program.

*Discussion also brought out that the exam should be as free from social and cultural bias as possible.

- f. *Students failing the exam should be responsible for seeking additional education and study.*
- g. *Graduates of both domestic and foreign schools should be required to pass the exam as a prerequisite for entrance into accredited programs of graduate medical education in the U.S.*

4. *The AAMC doubts that medical licensure bodies in all jurisdictions will establish a category of licensure limited to practice in a supervised education setting. Therefore, the AAMC recommends that the Liaison Committee on Graduate Medical Education should require that all students entering accredited graduate medical education programs pass the qualifying exam. The LCGME is viewed as the appropriate agency to implement the requirement for such an exam.*

5. *The AAMC should assume leadership in assisting schools to develop more effective student evaluation methodologies and recommends that the Liaison Committee on Medical Education place a specific emphasis on investigating schools' student evaluation methods in its accreditation surveys.*

6. *The AAMC recommends that the LCGME and its parent bodies take leadership in assisting graduate faculties to develop sound methods for evaluating their residents, that each such faculty assume responsibility for periodic evaluation of its residents and that the specialty boards require evidence that the program directors have employed sound evaluation methods to determine that their residents are ready to be candidates for board exams.*

7. *The AAMC recommends that physicians should be eligible for full licensure only after the satisfactory completion of the core portion of a graduate medical educational program.*

PRE-MEDICAL STUDENT SERVICES

At last year's annual meeting, the chairperson proposed that the OSR examine the AAMC's activities in the area of pre-medical student services, with special regard to whether the present levels of MCAT and AMCAS fees are appropriate. This proposal was endorsed by each of the four regions of the OSR last November.

In response to our inquiries, the AAMC staff presented to the Executive Council in January a complete review of the Association's finances in the area of student services. Since then, the present chairperson and the OSR Administrative Board have been in continuing communication with the AAMC about this concern. The dialogue continues. At this year's annual meeting, a review of our progress on this issue will be provided, and formal OSR actions may be considered.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #75-41

October 3, 1975

TO : AAMC Assembly
FROM : John A. D. Cooper, M.D., President
SUBJECT: Comparison of Health Manpower Legislation

The attached document provides a provision by provision comparison of the AAMC Health Manpower Bill (S992), the House passed bill (HR 5546) adopted on July 11, 1975 and the Administration's proposal. The Administration's proposal, not yet in bill form, was described to the Senate Health Subcommittee by Dr. Theodore Cooper, Assistant Secretary for Health in his testimony on Tuesday, September 16, 1975. The general approach and many of the details of the proposal were well received by Senator Kennedy who commented in the course of the proceedings that he was pleased to see the Administration coming forward with a proposal which was responsive to the real health needs of the nation.

We understand that even though the Senate hearings are far from concluded, the committee is now in the process of drafting its own bill. The reception given the Administration's proposal may provide some insight as to the shape the Senate Committee bill might take.

I would again urge you to be familiar with the provisions under consideration and take every opportunity to provide your Congressional delegation, particularly your Senators, as precise an understanding as possible of the impacts of these provisions on your institution. The Veterans' Day Holiday may provide an appropriate occasion to get your message across.

Comparison of Health Manpower Legislation

S 992, AAMC

Construction

Grants and guaranteed loans with interest subsidies are continued.
 No enrollment increase.
 Maximum grant assistance is 80 percent.
 Priority for assistance: ambulatory facilities for primary care teaching; replacement or modernization of existing teaching facilities; new construction required for enrollment increases.
 Grant authorization is \$100 million annually.
 Guaranteed-loan interest subsidy authorization is \$1-\$2-\$3-million.

HR 5546, H passed 7/11

Construction

Enrollment increase required.
 Grants and guaranteed loans with interest subsidies are continued.
 Maximum grant assistance is 80 percent.
 Grant authorization is \$25 million annually.
 Guaranteed-loan interest subsidy authorization is \$2-\$3-\$3 million.

Administration 9/75

Construction

Grants for primary care teaching space.
 Loan guarantees w/o interest subsidies for other facilities.
 Existing interest subsidies continued.
 Authorization not listed.

S. 992, AAMC

Health professions loans

Mandatory notification of loan forgiveness.
 Loan ceiling is tuition plus \$3,000.
 Assistance available only to students with exceptional financial need.
 25 percent forgiveness per year of any educational loan for practice in a shortage area designated under section 329.
 Interest rate is increased from 3 to 5 percent.
 Authorization is \$30-\$22.5-\$15 million.

HR 5546, H passed 7/11

Health professions loans

Mandatory notification of loan forgiveness.
 Loan ceiling is tuition plus \$2,500 living expenses.
 Up to 85 percent forgiveness for three years' practice in shortage areas.
 Interest rate is increased from 3 to 7 percent.
 Authorization is \$30-\$30-\$30 million.

Administration 9/75

Health professions loans

To be phased out, with only previously assisted students eligible for aid.
 Loan forgiveness to be phased out
 Income-related loan program to be available.
 Other provisions not listed.

National Health Service Corps scholarships

S 992, AAMC

Year-for-year service requirement, minimum two years' service, in the Corps or elsewhere at the discretion of the Secretary.
Private practice option, with federal guarantee of Corps salary.
Penalty for failure to serve is twice the amount of outstanding assistance.

Recruitment bonus of \$15,000 for previous nonparticipants who agree to serve at least two years in a shortage area and who have completed residency training.

Re-enlistment incentives are to be provided through the uniformed services special pay structure as enacted in PL 93-274 (up to \$15,500 per year).

Extension bonus for participants agreeing to remain in shortage area as private practitioners of \$12,500 for one-year extension, \$25,000 for two years or more, such funds to be available for equipment, renovation of facilities, and certain operating expenses.

Periods of service is to begin at the completion of residency training for participants engaged in training in family medicine, general internal medicine, general pediatrics, or obstetrics-gynecology, or such other fields as are determined by the Secretary through his annual report on health on health personnel needs to be in short supply, and at the end of the second post-M.D. year for other participants unless deferred by the Secretary.

Authorization is \$50-\$100-\$150 million.

National Health Service Corps scholarships

HR 5546, H passed 7/11

Year-for-year service requirement, minimum two years' service, in the Corps or elsewhere at the discretion of the Secretary.

Private practice option, with federal guarantee of Corps salary.

Penalty for failure to serve is twice the amount of outstanding assistance.

Extension bonus for participants agreeing to remain in shortage area as private practitioners of \$12,500 for one-year extension, \$25,000 for two years or more, such funds to be available for equipment, renovation of facilities, and certain operating expenses.

Period of service may be defined by Secretary at request of participants in order to complete residency training.

Authorization is \$40-\$80-\$120 million.

National Health Service Corps scholarships

Administration 9/75

Year-for-year service requirement, minimum two years' service.
Penalty for failure to serve is twice the amount of outstanding assistance.

Other provisions not listed.

Authorization not listed.

Health professions scholarships

S 992, AAMC

Scholarship ceiling is tuition plus \$3,000.
Assistance available only for first- and second-year students of exceptional financial need.

Authorization is \$50-\$22.5-\$15 million.

Health professions scholarships

HR 5546, H passed 7/11

To be phased out, with only previously assisted students eligible for aid.

Authorization is such sums as may be necessary.

Health professions scholarships

Administration 9/75

Not listed.

Shortage area scholarships

S 992, AAMC

To be phased out, with only previously assisted students eligible for aid.

Authorization is such sums as may be necessary.

Shortage area scholarships

HR 5546, H passed 7/11

To be phased out, with only previously assisted students eligible for aid.

Authorization is such sums as may be necessary.

Shortage area scholarships

Administration 9/75

Not listed.

Public health traineeships

S 992, AAMC

Authorization is \$6 million annually.

Public health traineeships

HR 5546, H passed 7/11

Authorization is \$6 million annually.

Public health traineeships

Administration 9/75

Not listed.

Loans, scholarships for USFMGs

S 992, AAMC

To be repealed.

Loans, scholarships for USFMGs

HR 5546, H passed 7/11

To be repealed.

Loans, scholarships for USFMGs

Administration 9/75

Not listed.

S 992, AAMC

<u>Capitation</u>	<u>Initial Amount</u>	<u>Authorization</u>
<u>School</u>		
M students	\$3,250	MOD students --
physician assistants	\$1,000	\$244.3-\$254.7-\$262.8 million
O students	\$2,500	MOD physician
physician assistants	\$1,000	assistants and dental
D students	\$2,450	auxiliaries --
dental auxiliaries	\$1,000	\$4-\$6-\$8 million
V	\$1,850	\$11.6-\$11.9-\$12.1 million
O	\$1,050	\$29.1-\$30-\$31 million
P	\$1,000	\$3.3-\$3.5-\$3.7 million
Pod	\$1,650	
PH	\$2,000	

Amounts for subsequent years are to be 1/3 of net educational expenditures as determined by a procedure developed in a 1974 study by the Institute of Medicine. Authorization for phasing out enrollment bonus students is such sums as may be necessary.

IR 5546, H passed 7/11

<u>Capitation</u>	<u>Amount</u>	<u>Authorization</u>
<u>School</u>		
M students	\$2,100-\$2,100-\$2,000	MOD students
O students	\$2,100-\$2,100-\$2,000	\$165-\$170-\$167 million
D students	\$2,100-\$2,100-\$2,000	MOD
V	\$1500	\$9.25-\$9.75-\$10.5 million
O	\$700	\$21.7-\$22.6-\$23.5 million
P	\$700	\$2-\$2.1-\$2.1 million
Pod	\$1100	
PH	\$1500	

Authorization for phasing out enrollment bonus students is such sums as may be necessary.

Administration)/75

<u>Capitation</u>	<u>Amount</u>	<u>Authorization</u>
<u>School</u>		
MOD (meeting conditions)	\$1,500-\$1,500-\$1,500	Not listed
MOD (not meeting conditions)	To be phased down:	Not listed
VOP	fy 76=100% fy 75; fy 77= 65 " fy 78= 35 " fy 79 0	
Pharm	-0-	-0-

Conditions for capitation

7 902, AAMC

General: First-half of capitation payment based on maintenance of enrollment and of nonfederal financial effort.

M: Second-half of capitation payment based on carrying out at least one project in each of any two of the following three categories --

Aggregate supply --

- a) Increase first-year student enrollment by the greater of 5 percent or 10 students over a base year, provided that a school may offer an equivalent number of advanced standing places to students otherwise eligible for admission who previously were enrolled in non-M.D. programs, or in schools outside the United States; or
- b) Establish a physician assistant training program of at least 25 students, or expand an existing program by at least 25 percent.

Geographic distribution --

- a) Increase first-year enrollment of students from shortage areas as determined by section 329 by 10 students over a base year; or
- b) Establish or expand a program satisfactory to the Secretary of undergraduate and/or graduate training at an off-campus site serving a shortage area.

Specialty distribution --

- a) Increase annually primary care residency positions (defined to be family practice, general internal medicine, general pediatrics, and obstetrics-gynecology) in affiliated general hospitals (including university hospitals) by at least 5 percent of all residencies in all such hospitals, so long as the percentage of such positions is less than 50 percent; or
- b) Maintain primary care residency positions in affiliated general hospitals (including university hospitals) at 50 percent or more of all such positions; or
- c) Establish or expand one or more undergraduate programs satisfactory to the Secretary devoted to education in primary care in an ambulatory care setting.

MDVOPP: Second-half of capitation payment based on carrying out at least one project in any one of the following two categories --

Aggregate supply--

- a) Increase first-year student enrollment by the greater of 5 percent or 10 students over a base year; or
- b) Establish at schools of osteopathy and dentistry a physician assistant or dental auxiliary training program of at least 25 students, or expand an existing program by at least 25 percent.

Geographic distribution --

- a) Increase first-year enrollment of students from shortage areas as determined by section 329 by 10 students over a base year; or
- b) Establish or expand a program satisfactory to the Secretary of training at an off-campus site serving a shortage area.

Public Health: Second-half of capitation payment is based on increasing first-year enrollment by the greater of 5 percent or 10 students.

Conditions for capitation

HR 5546, H passed 7/11

General: Secure agreements from entering students to repay the government for capitation payments unless they serve in a shortage area.

MOD: Schools are to choose either category. Increase first-year or third-year enrollment by the greater of 5 percent or 10 students over a base year. Develop an approved plan for remote-site training.

Public Health: Increase first-year enrollment by the greater of 5 percent or 10 students over a base year.

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Conditions for capitation (con't.):

HR 5546, H passed 7/11
(cont'd)

- V: Increase first-year enrollment by the greater of 5 percent or 10 students over a base year.
Enroll at least 20% students from non-vet-school states.
 - O: Increase first-year enrollment by the greater of 5 percent or 10 students over a base year.
Enroll at least 25% students from non-opt-school states.
 - P: Increase first-year enrollment by the greater of 5 percent of 10 students over a base year.
Develop approved plan for clinical teaching of pharmacy, for training in clinical pharmacology, for training pharmacists in drug counseling.
 - Pod: Increase first-year enrollment by the greater of 5 percent or 10 students over a base year.
Enroll at least 40% students from non-podiatric-school states.
-

Conditions for capitation

Administration 9/75

Apply only to MD schools.
Set aside following first-year class spaces for students willing to serve in shortage areas and agreeing to accept NHSC scholarship if offered: fy 77=15%; fy 78=20%; fy 79=25%.
Establish or maintain an identifiable administrative teaching unit in primary care for M and O students.
Assure that the following % of filled affiliated residencies are in primary care (general internal medicine, general pediatrics, family medicine): fy 77=35%; fy 78=40%; fy 79=50%.
(If FPGs sharply restricted, schools also to be required to increase first-year class size by greater of 5% or 10 students.)

S 992, AAMC

Start-up, conversion
To be phased out, with only previously assisted schools eligible for aid.
Authorization is such sums as may be necessary.

HR 5546, H passed 7/11

Start-up, conversion
Extended for three years.
Start-up authorization is \$10 million annually; conversion authorization is by formula.

Administration 9/75

Start-up, conversion
Extended for three years.
Authorization not listed.

Health Manpower Education Initiative Awards

S 992, AAMC

Revise to support area health education centers which are to be used for remote-site undergraduate and graduate training in primary care, for continuing medical education of local health personnel, for general health education of the public, provided that each such center be located in an underserved area and include participation by a medical schools.
Authorization is \$40-\$70-\$75 million.

Health Manpower Education Initiative Awards

HR 5546 H passed 7/11

Revised for support of area health education center which are to be used for remote-site graduate training in primary care, for continuing medical education, and for general health education, provided that each such center include participation by a medical school and at least two other health personnel schools.
Authorization is \$15-\$20-\$25 million.

Health Manpower Education Initiative Awards

Administration 9/75

Revised for support of community-based health manpower education programs, of medical school-based area health education centers, and of med school-rural M.D. communications linkages. Community programs to include community-based training of undergraduate and graduate M.D., nursing and physician extender students; regional systems of continuing education; rotation of health teaching staffs. Priority consideration to programs participated in by medical school and minimizing federal support.

Shortage area support

S 992, AAMC

Provide project-grant assistance for academic medical centers to provide professional support and backup services for health care personnel or organizations, such as NBSC Health Care Delivery Units, in underserved areas designated under section 329.
Authorization is \$10-\$20-\$30 million.

Shortage area support

HR 5546 H passed 7/11

No comparable program.

Shortage area support

Administration 9/75

Not listed.

Primary care residencies

S 992, AAMC

Limited to residencies in family medicine, general internal medicine, general pediatrics, obstetrics and gynecology.
Assistance available to medical schools and hospitals.
Authorization is \$40-\$50-\$50 million.

Family medicine residencies

HR 5546 H passed 7/11

Limited to residencies in family medicine
Assistance available to hospitals.
Authorization is \$40 million annually.

Primary care residencies

Administration 9/75

Limited to residencies in family medicine, general internal medicine, general pediatrics, geriatrics, and general dentistry. Priority consideration for remote-site ambulatory training.
Authorization not listed.

Primary care undergraduate training

S 992, AAMC

Provide project-grant assistance for undergraduate training in primary care in ambulatory settings.
Authorization is \$10-\$15-\$20 million.

Primary care undergraduate training

HR 5546 H passed 7/11

Provide project-grant assistance for undergraduate units in family medicine.
Authorization is \$10-\$15-\$20 million.

Primary care undergraduate training

Administration 9/75

Included in primary care residency programs (above).

Financial distress grants

S 992, AAMC

Extended for three years.

Financial distress grants

HR 5546 H passed 7/11

Extended for three years.

Financial distress grants

Administration 9/75

Extended for three years.
Priority consideration for capitated schools.
Award limited to 75% of previous year's award.
Authorization not listed.

Special projects

S 992, AAMC

Continue present project categories, and add the following new categories:
Improve sensitivity of health care personnel to cultural attitudes toward health of persons with limited English-speaking ability;
Improve sensitivity of health care personnel to health problems of families;
Increased emphasis on rehabilitation medicine and sensitivity to health problems of aged persons;
Encourage experienced health care personnel to locate in underserved areas.
Authorization is \$75 million annually.

Special projects

HR 5546 H passed 7/11

Repealed.

Special projects

Administration 9/75

Revised a renamed Health Manpower Development Grants.
Projects include identifying students likely to practice in shortage areas, bilingual training, emergency health services, curriculum development, problems of the aged, interdisciplinary training.
Authorization not listed.

Recruitment of disadvantaged students

S 992, AAMC

Authorization is \$20 million annually.

Recruitment of disadvantaged students

HR 5546 H passed 7/11

Authorization is \$20 million annually.

Recruitment of disadvantaged students

Administration 9/75

Extended for three years, with first-year scholarship assistance added.
Authorization not listed.

Computer technology

S 992, AAMC

No comparable provision.

Computer technology

HR 5546 H passed 7/11

Extended for three years.
Authorization is \$3 million annually.

Computer technology

Administration 9/75

Not listed.

EMS training

S 992, AAMC

No comparable provision.

EMS training

HR 5546 H passed 7/11

Extended for three years.
Authorization is \$10 million annually.

EMS training

Administration 9/75

Not listed.

PAs and dental auxiliaries

S 992, AAMC

No comparable provision.

PAs and dental auxiliaries

HR 5546 H passed 7/11

Provides project-grant assistance for the training of physicians assistants and expanded function dental auxiliaries.
Authorization is \$25-\$30-\$35 million.

PAs and dental auxiliaries

Administration 9/75

Provides project-grant assistance for the training of physician assistants and expanded function dental auxiliaries.
Authorization not listed.

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S 992, AAMC

Bilingual training centers

Provide project-grant assistance for up to four bilingual health training clinical centers in affiliation with academic medical centers. Authorization is \$2.5 million annually.

HR 5546 H passed 7/11

No comparable provision

Administration 9/75

Bilingual training centers

Not listed.

S 992, AAMC

General health education

Provide project-grant support for projects to educate the public about health. Authorization is \$5-\$10-\$15 million.

HR 5546 H passed 7/11

General health education

No comparable provision.

Administration 9/75

General health education

Not listed.

S 992, AAMC

National advisory council membership

Revise the composition of the 20 appointed members to be 12 representatives of health professions schools, including at least six persons experienced in academic health center administration; two full-time health professions students; and six members of the general public.

HR 5546 H passed 7/11

National Advisory council membership

Revise the composition of the 20 appointed members to be 12 representatives of health professions schools, including at least six persons experienced in academic health center administration; two full-time health professions students; and six members of the general public.

Administration 9/75

National advisory council membership

Not listed.

S 992, AAMC

FMG immigration

Amend the Immigration and Nationality Act to remove special preference visas for alien physicians.

HR 5546 H passed 7/11

FMG immigration

Provide project-grant assistance for schools to aid USFMGs. Authorization is \$2-\$3-\$4 million.

Administration 9/75

FMG immigration

Provide project grant assistance to aid returning USFMGs and to improve skills of FMGs. Authorization not listed. Amend immigration laws to remove special preference visas for alien physicians, to reimpose two-year foreign residency requirement for exchange students seeking immigrant status, and to require uniform exam plus English proficiency test.

Graduate medical training

S 992, AAMC

Provide opportunities, through priority application procedures, for the Liaison Committee or Graduate Medical Education to accredit graduate training programs. Authorize the Secretary to designate accredited positions eligible for third-party payment, subject to approval by an advisory group, which through priority application procedures is intended to be the Coordinating Council on Medical Education.

Graduate medical training

HR 5546 H passed 7/11

No comparable provision.

Graduate medical training

Administration 9/75

Establishes a Commission advisory to the Secretary of experts in the field to recommend appropriate balances in specialty training.

Health manpower report

S 992, AAMC

The Secretary with approval of a special advisory commission is directed to report annually to the Congress on national health personnel needs by professions, by specialty, and by geographic region. The advisory commission shall consist of 10 persons appointed by the Secretary who by their training and experience are eminently qualified to assess health personnel needs, provided that no member of the group shall be an employee of the federal government.

Health manpower report

HR 5546 H passed 7/11

The Secretary is to contract with an appropriate organization to report on national health personnel needs by professions, by specialty and by geographic region.

Health manpower report

Administration 9/75

Not listed.

National Health Service Corps

S 992, AAMC

Modifies and extends the Corps for three years. In addition -- Provides that Corps delivery of health services is to be through 4-5 physician Health Care Delivery Units, comprised of physicians and appropriate other health personnel.

Provides that underserved areas in remote locations with populations unable to support a Unit may enter agreement with an existing Unit to provide services on a circuit-rider basis.

Provides that underserved areas covering large distances may enter federal cost-sharing agreements to provide appropriate communications and transportation systems.

Provides that Health Care Delivery Units may enter agreements with academic medical centers to provide backup for activities and develop appropriate referral patterns for patient requiring specialized care; to provide technical assistance in the development of appropriate communication and transportation networks; to provide continuing education for Corps personnel; to provide general education for the public on health.

Authorization is \$25-\$35-\$50 million.

National Health Service Corps

HR 5546 H passed 7/11

Modifies and extends the Corps for three years. Authorization is \$25-\$35-\$50 million.

National Health Service Corps

Administration 9/75

Not listed.

Other provisions

S 992, AAMC

Prevents regionalization of the administration of certain aspects of health manpower programs.

Extends provisions of the Soldiers' and Sailors' Civil Relief Act to members of the Commissioned Corps.

Other provisions

HR 5546 H passed 7/11

Modifies and extends assistance for allied health and public health personnel education.

Prevents regionalization of the administration of certain aspects of health manpower.

Extends provisions of the Soldiers' and Sailors' Civil Relief Act to members of the Commissioned Corps.

Requires increased recordkeeping of federal assistance;
Provides developmental assistance for new schools which will emphasize primary care training.

Provides special project assistance for schools of podiatry, optometry, and pharmacy.

Other provisions

Administration 9/75

Provides special project grants to VOPP schools, to public health schools and to allied health schools.

Provides for manpower supply analysis and forecasting.

Other provisions not listed.

OSR ADMINISTRATIVE BOARD ACTIONS

September 17, 1975

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council approve the LCME accreditation decisions.

LCME PROCEDURES FOR LEVYING CHARGES TO SCHOOLS FOR EARLY STAGE ACCREDITATION SITE VISITS AND PROVISIONAL ACCREDITATION

ACTION: The OSR Administrative Board endorsed the principle of the LCME levying charges for Letter of Reasonable Assurance site visits to developing medical schools.

LCME VOTING REPRESENTATION OF THE ACMC

ACTION: The OSR Administrative Board endorsed the recommendation that a representative from the Association of Canadian Medical Colleges be seated as a voting member of LCME.

ELECTION OF INSTITUTIONAL MEMBERS

ACTION: The OSR Administrative Board supported the recommendation that the University of South Florida College of Medicine and Southern Illinois University School of Medicine be elected to Institutional Membership in the AAMC by the Assembly.

ELECTION OF CAS MEMBERS

ACTION: The OSR Administrative Board supported the recommendation of the CAS Administrative Board regarding the election of CAS members to AAMC membership.

ELECTION OF INDIVIDUAL MEMBERS

ACTION: The OSR Administrative Board endorsed the recommended list of people for election to Individual Membership.

ELECTION OF EMERITUS MEMBERS

ACTION: The OSR Administrative Board endorsed the list of recommended individuals for election to Emeritus Membership.

AMENDMENT OF THE AAMC BYLAWS TO ESTABLISH A CATEGORY OF CORRESPONDING MEMBERS

ACTION: The OSR Administrative Board supported the recommended amendments to the AAMC Bylaws to establish a category of corresponding members.

FLEXNER AND BORDEN AWARDS

ACTION: The OSR Administrative Board endorsed the nominations by the Flexner Award Committee and the Borden Award Committee for the recipients of these awards.

THE ROLE OF THE FOREIGN MEDICAL GRADUATE

ACTION: The OSR Administrative Board endorsed the CCME Report on Foreign Medical Graduates with the exception of recommendations B-6, B-11, and C-6. The OSR Administrative Board recommended that, in light of steps being taken to decrease the flow of FMG's into the U.S., AAMC continue to support efforts for increased U.S. medical school enrollment.

REPORT OF THE NATIONAL HEALTH INSURANCE TASK FORCE

ACTION: The OSR Administrative Board endorsed the Report of the National Health Insurance Task Force.

RECOGNITION OF NEW SPECIALTY BOARDS

ACTION: The OSR Administrative Board endorsed the recommended statement that authorization for the formation of new specialty boards and the development of accreditation programs for new specialties must be the responsibility of the CCME.

MODIFICATION OF "RECOMMENDATIONS OF THE AAMC CONCERNING MEDICAL SCHOOL ACCEPTANCE PROCEDURES"

ACTION: The OSR Administrative Board endorsed the GSA statement on the Early Decision Plan for inclusion in the "Recommendations of the AAMC Concerning Medical School Acceptance Procedures."

PROPOSED RECOMMENDATIONS OF THE AAMC CONCERNING THE COLLEGE LEVEL EXAMINATION PROGRAM

ACTION: The OSR Administrative Board supported the Proposed Recommendations of the AAMC Concerning the College Level Examination Program.

AAMC RESPONSE TO THE PRINCIPAL RECOMMENDATIONS OF THE GAP COMMITTEE
REPORT TO THE NBME

ACTION: The OSR Administrative Board endorsed the AAMC Response to the Principal Recommendations of the GAP Committee Report to the NBME.

PLANNING AGENCY REVIEW OF FEDERAL FUNDS UNDER THE PUBLIC HEALTH SERVICE ACT

ACTION: The OSR Administrative Board endorsed the recommendation that the Executive Council approve the task force report.

RECOVERY OF MEDICAID FUNDS AND SOVEREIGN IMMUNITY

ACTION: The OSR Administrative Board recommended that the AAMC neither support nor oppose S. 1856.

U.S. CITIZENS STUDYING MEDICINE ABROAD

ACTION: The OSR Administrative Board endorsed the recommendations about U.S. Citizens Studying Medicine Abroad subject to a revision of the third paragraph of Recommendation #2 to read, "In order to diminish the flow of students seeking access to medicine by enrolling in foreign schools there should be a consensus that students enrolling in foreign schools after July 1, 1977 must meet the same criteria as other candidates seeking advanced standing admission to U.S. medical schools, and COTRANS should be phased out on a compatible schedule."

MCAT AND AMCAS FEE STRUCTURE

ACTION: The OSR Administrative Board requested that concerns about the procedure for determining MCAT and AMCAS fee levels be referred to the Executive Council for further discussion and clarification.

OSR ADMINISTRATIVE BOARD ACTIONS

June 18, 1975

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council that the existing criteria for election to provisional institutional membership be applied to South Carolina and that the Executive Council recommend its election to the Assembly.

CRITERIA FOR ELECTION TO PROVISIONAL INSTITUTIONAL MEMBERSHIP

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council that they modify the Prerequisites for Provisional Institutional Membership so as to substitute Provisional Accreditation by the LCME for a Letter of Reasonable Assurance of Accreditation.

COTH AD HOC COMMITTEE REPORT

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council regarding provisions for institutions to become subscribers to the Association.

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation that the Executive Council approve the LCME accreditation decisions.

CCME 1975 BUDGET

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation that the Executive Council approve the budget of the CCME.

CCME RELATIONS WITH PARENT ORGANIZATIONS

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation that the Executive Council agree to implement the proposals of the CCME regarding relations with parent organizations.

AMA POLICY ON ELIGIBILITY OF FOREIGN MEDICAL STUDENTS AND GRADUATES FOR
ADMISSION TO AMERICAN MEDICAL EDUCATION

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the recommendation to the Executive Council that a statement be forwarded to LCGME regarding the mechanisms for defining the pathways to graduate medical education.

AMENDMENT OF THE AAMC BYLAWS

ACTION: On motion, seconded, and carried the OSR Administrative Board endorsed the proposed Bylaw revision allowing for institutions whose representatives serve on the OSR Administrative Board to certify two representatives to the OSR.

RECOMMENDATIONS OF THE CONFERENCES ON EPIDEMIOLOGY

ACTION: On motion, seconded, and carried the OSR Administrative Board supported the recommendation to the Executive Council that the AAMC encourage the organizations and agencies cited in the report to develop goals and objectives of an expanded effort in training in epidemiology.

PRIMARY CARE PRACTICE OF MEDICINE

ACTION: On motion, seconded, and carried the OSR Administrative Board approved a resolution that admissions incentives and priorities be given to qualified students from areas of physician shortage and referred it to the GSA as an information item.

REHABILITATION TRAINING IN UNDERGRADUATE MEDICAL EDUCATION FOR THE
PRIMARY PHYSICIAN

ACTION: On motion, seconded, and carried the OSR Administrative Board approved a revised resolution submitted at the Annual Meeting about rehabilitation training and forwarded the revised statement to the GME for information.

OSR RULES AND REGULATIONS REVISIONS

ACTION: On motion, seconded, and carried the OSR Administrative Board approved the revisions proposed by staff.

OSR ADMINISTRATIVE BOARD ACTIONS

April 1 and 2, 1975

STUDENT INPUT TO MEDICAL SCHOOL ACCREDITATION

ACTION: The OSR Administrative Board recommended the formation of a small working group which would work with AAMC staff to develop a pamphlet about the accreditation process to be distributed to student representatives prior to LCME site visits.

ROLE OF RESEARCH IN MEDICAL SCHOOL ACCREDITATION

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

NATIONAL HEALTH INSURANCE AND MEDICAL EDUCATION

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

HEALTH SERVICES ADVISORY COMMITTEE RECOMMENDATION

ACTION: The OSR Administrative Board endorsed the recommendation of the Health Services Advisory Committee regarding the establishment of a national health professions data base.

OSR ADMINISTRATIVE BOARD ACTIONS

January 13 and 14, 1975

APPOINTMENT OF EXECUTIVE COMMITTEE

ACTION: The OSR Administrative Board recommended the inclusion of the OSR Chairperson on the AAMC Executive Committee.

LCME ACCREDITATION DECISIONS

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

AAALAC REQUEST FOR FINANCIAL AID

ACTION: The OSR Administrative Board endorsed the recommendation that the AAALAC request for financial support from the AAMC be denied.

CCME ACTIONS

ACTION: The OSR Administrative Board endorsed the actions of the Coordinating Council on Medical Education.

CCME REPORT: THE PRIMARY CARE PHYSICIAN

ACTION: The OSR Administrative Board endorsed the proposed modifications in the CCME Report.

CCME REPORT: THE ROLE OF THE FOREIGN MEDICAL GRADUATE

ACTION: The OSR Administrative Board endorsed only the recommendation in the CCME Report for a national invitational conference.

RECOMMENDATIONS ON THE NIRMP

ACTION: The OSR Administrative Board approved six recommendations regarding the NIRMP.

JCAH GUIDELINES

ACTION: The OSR Administrative Board endorsed the JCAH Guidelines for the Formulation of Medical Staff Bylaws.

OSR ACTIONS OF SEPTEMBER 1974

ACTION: The OSR Administrative Board revised their first recommendation in the Executive Council Agenda to read, " No person outside the Dean's office and committees on promotion and academic standing may review the student's record without that student's permission," and referred the information items regarding athletic and child care facilities to the GSA for discussion at 1975 regional meetings.

OSR RESPONSE TO THE GAP TASK FORCE REPORT

ACTION: The OSR Administrative Board reviewed the OSR recommendations on the GAP Task Force Report which were suggested by an OSR discussion group and took the following action on those recommendations:

- #1: Approved
- #2: Approved
- #3: Approved
- #4: Approved
- #5: Approved
- #6: Approved with the following addition, "In most instances, written exams should not be viewed as the most appropriate instrument for such evaluation. Therefore, the NBME, while able to provide some assistance in the development of the evaluation methodologies, may not be the most appropriate group to do so. The OSR recommends that the AAMC Division of Educational Measurement and Research undertake a major effort in this area."
- #7: Approved with the following addition, "To be certified at this point for full licensure, the physician should be required to pass a standard nation-wide examination evaluating capabilities for providing patient care. The assessment should place emphasis on the ability to integrate and apply basic science knowledge in solving problems related to patient care. The examination should include components of basic science disciplines necessary to most career choices so that basic science information is assessed within the broad spectrum of clinical careers. The examination should be criterion-referenced rather than norm-referenced and should be reported as "passed" or "failed" to the physicians, to the graduate programs in which they are enrolled, and to the appropriate licensing boards. Physicians failing the examination should be responsible for seeking additional education and study."

CALENDAR OF 1976 OSR REGIONAL MEETINGS

<u>Date</u>	<u>Region</u>	<u>Location</u>
March 28-30	South	Shreveport, Louisiana
April 19-22	Northeast	Rochester, New York
April 22-24	Central	Ann Arbor, Michigan
May 8-11	West	Pacific Grove, California

DATA DEVELOPMENT LIASON COMMITTEE

The committee this year has been primarily concerned with the classification of accumulated data. Of the two meetings held, the first concentrated on establishing the ambiguities of the classification system, and the second on clarifying them.

The general tenor of the committee was to restrict data that would identify individual schools or persons on such items that are not public record and might be misused, such as financial information or special admissions policies. Most other information was deemed unrestricted, to be available to the public along with a lucid explanation and/or interpretation of all data released.

The committee and staff are in the midst of forming a firm policy for release of the data variables. I believe that they are headed towards establishing reasonable standards for the accumulation, retention and release of all information. The committee was very receptive to me as student representative, and I felt a comfortable rapport was established with the other members.

Respectfully submitted,

Jessica Fewkes
Jessica Fewkes

Health Planning and Resources Development Act - Task Force Report

The Health Planning and Resources Development Act was the only major health legislation to be enacted into law from last year's Congress. It will have a huge impact on health care and its delivery. It appropriates over \$1 billion over the next three years to achieve its goals. These goals include establishing a new system of planning and resources development to replace expiring legislation for the Comprehensive Health Planning Program, Regional Medical Program and the Hill-Burton medical facilities construction assistance program.

The bill establishes a National Council on Health Planning and Development in HEW to assist the Secretary of HEW in formulating guidelines concerning national health planning goals. Each state governor designates health service areas within the state and appoints a Health Systems Agency (HSA) for each area. The HSA's responsibilities include assessing the health needs of the area and the adequacy of existing health resources, developing a health systems plan to set goals to assure services at a reasonable cost, establish an implementation plan setting objectives and priorities, providing assistance to entities undertaking projects, reviewing uses of health funds for the development of resources in the area and recommending need for new institutional services and finally recommending priorities for financial assistance for construction and conversion of area health facilities. The powers are very comprehensive and probably make this body the first truly effective health planning body. The governor also establishes a state agency to conduct the state's health planning activities and to approve a state plan made up of all the HSA's proposals. Also a state medical facilities plan is formulated to determine priorities for financial assistance for construction (what the old Hill-Burton hospital monies did).

The Task Force on Implementation of Health Planning Legislation (P.L. 93-641) was charged with the responsibility for identifying the particular issues which require AAMC attention and providing guidance to AAMC staff. From a student perspective there are few specific issues that directly affect us. Most of the effect on us will be from how it affects the delivery of health care and the way we will be practicing medicine.

In summary, the Task Force recommendations were:

- I. Title IV (NIH) research funds designated for the basic sciences and research projects with minimal service components should be exempt from Agency review.
- II. HEW may wish to encourage a voluntary consultative review between project recipients and Agencies for the limited number of Title IV (NIH) research programs that have a significant "patient service component", e.g., large clinical projects, large cancer demonstration programs.
- III. Program funds for undergraduate medical education under Title VII (Health Research and Teaching Facilities of Professional Health Personnel) should be exempt from Agency review. Certain Title VII funds for graduate medical education that have as their central purpose to impact on the local health resources may appropriately be subject to a voluntary consultative review.

Since I have already surpassed my space limitation, this report is ending here. But I have more information (ad nauseum) for anybody who is interested.

Enjoy the annual meeting.

Phil Zabowski
OSR Task Force Representative

REPORT OF THE STUDENT REPRESENTATIVES TO THE
AAMC HEALTH SERVICES ADVISORY COMMITTEE

The Health Services Advisory Committee has been active in four areas during the past year: primary care training, utilization review, development of a data base for the health professions, and student malpractice suits.

Primary Care Training

1. Workshops on Restructuring Out-Patient Departments have been sponsored in several regions of the country to encourage university-affiliated hospitals to upgrade the OPDs as sources of primary care provided in a "one class" manner.
2. Primary Care Workshops comprised of various notables in the medical world were held in six cities. Role playing was used to highlight the problems associated with starting and running a primary care program. Papers from the workshops are published in the Journal of Medical Education.
3. Experiments in Medical Education in HMOs are being funded at six schools: Georgetown, Harvard, Pennsylvania, Brown, Rochester, and University of Washington.
4. The National Health Service Corps is interested in establishing a preceptorship program for its assignees. The committee had doubts regarding this program but were willing to support it providing we have the opportunity to investigate: (1) whether the program would be helpful in attracting physicians to rural areas, (2) why physicians locate in rural areas, and (3) if the program would be helpful to NHSC physicians.

Utilization Review. The committee has formulated a program to support an experiment on undergraduate exposure to utilization review at five schools, and we are seeking federal funding for it.

A Health Professions Data Base is necessary for a variety of federal programs. The National Center for Health Statistics wants to collect such a data base because of the inaccuracy and unavailability of AMA files. We agreed to support such an effort, but remain concerned about the fact that physicians are the only professionals about whom such information is collected.

Students and Malpractice. I looked into whether students are ever not covered by malpractice insurance. In many instances we are not covered by a hospital's general policy, but because of the licensing laws, we do not bear legal responsibility for our medical actions. There is one case of a student being sued, but the case was dismissed.

If you have any questions about the activities of the Health Services Advisory Committee, please see me at the Annual Meeting.

Respectfully submitted,
Stan Helm

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REPORT OF THE STUDENT REPRESENTATIVE TO THE
COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

The Committee on International Relations in Medical Education oversees the operations of the AAMC Division of International Medical Education (DIME). These operations currently include planning student exchange programs, development of a course on international health, studying experiences of foreign countries with different health systems, participating in international health programs, cooperating with medical schools in developing countries, and contributing to the formulation of the AAMC position on FMGs.

There are presently no operating student exchange programs run by the AAMC, an absurd situation due to lack of outside financial support. I have been involved in planning the international health course, and I recommend it highly. This self-instructional, modular course is being presented in the exhibit hall. Copies of the modules are available, and this is one case where student opinion is honestly and earnestly solicited.

Respectfully submitted,
David M. Bell
Harvard Medical School

REPORT OF THE SOUTHERN REGION OSR CHAIRPERSON

The Southern OSR Region met in Winston-Salem and used a group dynamics format to deal with problems raised by the group.

Two groups evolved. The group on accreditation adopted several recommendations which were subsequently adopted unanimously by the region. (See Addendum I). The other group discussed clinical medical education, and wrote a paper outlining future objectives intended to be a focus for the region at the Annual Meeting. (See Addendum II).

There was further discussion of:

1. Malpractice;
2. Organization of OSR projects;
3. Call facilities;
4. AAMC recognition of housestaff;
5. Tenure of OSR member.

Respectfully,

Stevan Gressitt

Clinical Education - 1st Draft Propositions
Accepted in Substance

1. There should be a flexible time span for undergraduate medical education.
2. Student evaluation should be criterion referenced rather than norm referenced. (Tom Tomlin, Jim Hissam)
3. There should be greater availability of Primary Care role models within clinical training. (Addressed by Health Manpower)
4. Schools should be responsible for making the goals of their curriculum known. (Addressed by State Legislature)
5. There should be greater emphasis on Medical Ethics and Human Values education within clinical training. (Mike Victoroff)
6. Greater use should be made of modern and efficient teaching techniques and aids in Basic Science training. (Fred Sanfilippo)
7. (We express solidarity with AMSA policy on scutwork.)

Questions Raised to
Accompany Above Propositions

1. Are there basic science courses that could be made pre-medical requirements?
2. How can the post-graduate training program experience be made more flexible?
3. How standardized should medical education be across the country?
4. What policy for medical licensure is best for flexibility and quality of care?

Student Input to Medical School Accreditation

1. We support the summary recommendations in Dan Clarke-Pearson's report to the OSR Administrative Board on medical school accreditation.*
2. (a) Each class within the medical school shall elect two representatives to meet with the LCME site visit team. (b) It is recommended that the elected representatives form a committee which will submit a written report to the site visit team which would address itself to the items listed in Appendix IV and other issues of concern. (c) The student leader who receives the pre-survey material shall be responsible for facilitating the formation of the above committee.
3. The site visit team's report to the school should include a section responding to the issues raised through student interviews and the student written report. This section of the site team's report would be available to students.

- * 1. A letter should be sent with the pre-survey materials addressed to medical student leaders which would (a) explain the purpose of the accreditation site visit, (b) outline areas which the site visit team would like to discuss with the students, and (c) invite students submit background material prior to the site visit.
2. The length of time which the site visit team spends with students should be extended.
3. A medical student should be represented on the site visit team to review student-related areas.
4. The criteria for evaluation of student affairs should be expanded to include items listed in Appendix IV.
5. The site visit report should at least include mention of the items with an asterisk in Appendix IV.
6. Since it is apparent that there are many deficiencies in the accreditation process, an AAMC Task Force should be created in order to thoroughly review the criteria and process of accreditation.

REPORT BY THE WESTERN REGIONAL CHAIRPERSON

The Western Region compiled a listing of the best clinical clerkships in the region and this was distributed to all OSR Western reps who participated. The survey consisted of the names of the clinical programs, the MD in charge, who to contact at the school and whether a tuition fee was charged.

Our Regional meeting was in sunny Asilomar, Ca on the Monterey Peninsula. The meeting was held jointly with GSA and Western Pre-med advisers and we met together to discuss admissions of disadvantaged students and the relation to reverse discrimination. At our own business meeting, we discussed actions at the Ad Board meeting held the previous week, the status of legislation in Washington, and changes that were being made on the MCAT exams. We discussed current health manpower problems and the various ways in which these are being solved. We were fortunate to have as a guest the director of the National Health Service Corps. He was able to give us the latest information on scholarship requests and acceptances and give us a perspective into what the Corps is trying to achieve. He spoke about the kinds of jobs that the corps was filling and where shortage areas were being designated. The director pointed out that the pay scale is competitive for those who do service without being on a scholarship and is approximately \$30,000/year.

Our most productive discussions centered around the need for athletic facilities and assistance in child care. We recognized that this was a quality-of-life question and felt it was time for administrators to take some responsibility for the mental and physical well being of med students.

I felt my year on the ad board was worthwhile. I appreciated being involved in many more issues than if I was solely my schools rep. I was able to meet the men who are prominently involved in AAMC and feel I understand them and some of their motives a little better. It was interesting to see what issues the board agreed on and worked toward and which ones caused heated discussion and debate and could not be agreed on. I reported to the region following the first and last board meeting and hoped that my view of the issues assisted in adding some insight into the official minutes of the meeting.

I welcome you to what I feel will be a worthwhile and productive National meeting.

Rich Seigle
Western Region Chairperson