OSR REGIONAL MTG. NOTEBOOK
DRAFT

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

OSR NEWSLETTER #1

TO: OSR Representatives

FROM: Rich Seigle

My first newsletter is an important one which requires your immediate attention. If consists of two "dissertations" on events and history surrounding the housestaff and health manpower resolutions enacted by the OSR at the Annual Meeting, the actions we plan to take on these resolutions before the AAMC Retreat, and a questionnaire for you to complete and return.

These summaries will bring you up-to-date on the last few days of the Annual Meeting and on the events that have transpired since. Tom Rado and I attended the AAMC Retreat on December 11 and 12. The discussions which took place there were positive, and we reached a better understanding with the other AAMC officers of the role of OSR within AAMC. Dr. Cronkite, Chairman of AAMC, agreed that the process by which the Association had developed its position on housestaff neglected OSR input and assured us that the mistakes made will not be repeated. Tom and I felt that, in light of the positive discussions we had there, OSR's input in the AAMC will become more effective and we consequently agreed that it will be unnecessary for OSR to go outside the Association with dissenting views.

Please return the questionnaire by January 4, 1975.

HISTORY OF AMICUS CURIAE AND MANPOWER LEGISLATION

AMICUS CURIAE

April 1975 - At the Executive Council meeting, it was moved that the AAMC request their lawyers to submit a Friend of the Courts (Amicus Curiae) Brief to the National Labor Relations Board (NLRB) supporting the stand that house-staff should be considered students, not employees. There was one dissenting vote-Mark Cannon's.

May 1975 - Copies of the brief were sent to all members of the AAMC with an introduction by Dr. Cooper stating "It is my opinion that the brief should not only be viewed as a legal instrument - it is also a scholarly document that addresses the fundamental content, structure and function of Graduate Medical Education vis-a-vis the role and activities of Interns and Residents."

June 1975 - At the OSR Administrative Board meeting, Mark read a statement he had written outlining specific objections to the brief and requesting that AAMC disclaim the brief as an enunciation of AAMC policy. The Administrative Board voted to table the statement.

September 1975 - At the Administrative Board meeting, the statement was reintroduced with some modifications in wording and was passed to be read to the Executive Council. The statement concluded with "the OSR Administrative Board disagrees with this brief in spirit and finds particular fault in the points raised above." The statement was read in full to the Executive Council.

November 1975 - Resolution was passed at the National meeting mandating the OSR to present its dissenting views to its constituents, the NLRB, and the public. The resolution was read in the public assembly meeting November 4, 1975. The assembly voted that we not act on this resolution until it could be discussed further at the AAMC Retreat on December 10.

Final Action by the OSR - Our dissenting view is being expressed to our members in the minutes of the National meeting and to our constituents in the OSR Bulletin Board. Several medically-related magazines covered our dissenting views expressed at the Assembly meeting and will convey those to the public. The OSR will send its view to the Secretary of the NLRB.

HEALTH MANPOWER LEGISLATION (HML)

November, 1974 - January, 1975 - A discussion group on Health Manpower Legislation was chaired by Ernie Turner at the Annual Meeting. Resolutions passed by the OSR stated:

1. That the medical community should voluntarily act to set up programs to solve the maldistribution of primary care and the heavy expense of medical education.

2. That if mandatory service is required, it should be required of all health professionals.

3. That programs established must receive adequate financial support.

and more specifically that the OSR:

a. Opposes mandatory service by medical students.

b. Opposes service for a certain percentage of medical students as this is discriminatory against those who must accept financial aid.

c. Requests expansion and improvement of voluntary programs.

d. Requests AAMC to emphasize oversubscription to current voluntary programs.

e. Requests increase and improvement of primary care training opportunities.

The AAMC decided at the Annual Meeting to establish a task force on HML. Ernie Turner was on that task force with eight other members of AAMC. They completed their report by January and this report was reviewed and modified by the councils and the OSR. Comparing the task force final report to the OSR resolution, the AAMC position satisfied all the OSR recommendations except the provision that the medical community voluntarily solve the Nation's health care deficiencies. In the AAMC position, these improvements were conditions for capitation.

June 1975 - The Executive Committee was invited to meet with Senator Kennedy and Representative Rogers. Since the OSR does not have a representative on the Executive Committee, we requested that Steve Scholle be included in this group, and Steve was invited to attend the meetings with both congressmen. At one point in the meeting, Rogers asked Steve, "What do the students think about this?"

November 2, 1975 - The OSR passed the resolution that appears in the minutes.

Briefly the OSR stand as of November on specific issues is:

1. NHSC scholarships should be made available to all students desiring them.

2. NHSC placement should be flexible and perhaps patterned after the National Intern and Resident Matching Program.

3. Low interest student loans should be made available to individuals who need financial aid.

4. Capitation should be eliminated and special project money should be given for specific projects designed to:

   a. Establish remote site training for undergraduate medical students;

b. Provide primary care training for medical students;

c. Increase training of nurse practitioners and physician extenders.

5. Residency positions in primary care should be established in underserved areas with sufficient positions to accommodate the number of applicants.

November 10, 1975 - Bob Bernstein drafted a letter at my request to be sent to health subcommittee members. These were typed and names of Congressmen obtained.

November 13, 14, 1975 - I was called by Drs. Cooper and Swanson to vote on changing the AAMC position on specific topics. (See "Summary of Events concerning Resolutions" in this newsletter.) The outcome was agreement with three of the four positions. At that time, I reasserted our major differences concerning capitation money and stressed that the OSR dissenting views should be made known.

Final Action as of November 23, 1975 - Between the National meeting and this date, I heard views expressed by several board members on both sides of this issue. It became apparent that there was no "right" or "easy" action to take. Perhaps I can state both sides as I see it for acting on the resolution to disseminate our position on HML to members of the health subcommittees.

Pro- 1. Satisfies the mandate of the OSR members.

2. OSR has taken an independent stand and made known its dissenting view from the AAMC position.

3. The resolution may affect the legislation decided on in the Senate and in the compromise sessions between the House and Senate.

Con- 1. The OSR had effective input into the AAMC position and their bill reflects this. If it were passed, the OSR would be satisfied with it.

2. The resolution proposes in sections 1 and 5 positions that could not be carried out financially by the Congress or the Administration.

3. We might lose effectiveness in presenting our other issues of concern to the AAMC by acting on this resolution before the retreat.

Because I could see both sides to the position and could not defend one against the other, I felt the best decision at this time was not to act before the Retreat on December 10.

Final Notes -

a. I urge you to send in your current feelings on these positions so I can get an up-to-date sense of how the OSR members feel about the new developments I have presented.

b. The OSR position on health manpower primarily differed from the AAMC's position in regard to providions for capitation since we recommended the elimination of capitation. The elimination of capitation by Congress would have to be accompanied by a concomitant increase in NHSC scholarship for everyone needing them--a politically infeasible proposal. Faced with a situation that could jeopardize our relationship within AAMC and since the events surrounding the manpower resolution differed significantly from those surrounding the housestaff resolution stated in (c) below, I obtained input from the Administrative Board, and finally chose not to act.

c. As I mentioned in the covering memo, we reached an agreement with AAMC officers at the Retreat that we will act on "good faith" in the future. AAMC has agreed to be more responsive to our input and to make no major policy decisions without consultation with OSR. In return, we agreed that OSR will not express its dissenting views publicly but will try to maximize its input to AAMC.

SUMMARY OF EVENTS SURROUNDING THE HOUSESTAFF AND MANPOWER RESOLUTIONS AFTER PASSAGE ON SUNDAY AFTERNOON, 3-6 P.M.

Copies of the resolutions were given to the COD Administrative Board on Monday morning. Mark presented the resolutions and asked for questions. Dr. Bennett, Chairman of COD replied, "No Mark, I think it is clear what you plan to do." There was no discussion or action by the COD at that time.

On Tuesday morning, the board members who were still available were invited to an informal lunch with some members of the COD Administrative Board. We discussed our plans for acting on the resolutions which mandated that our views be publicly expressed. During the discussion, OSR officers expressed the feeling that publicizing dissenting views was somewhat of an obligation since it had been mandated by the OSR; on the other hand, we realized that effective work within the AAMC might be jeopardized by "going public." We emphasized the strength of the OSR mandate by pointing out that one resolution had been introduced (but subsequently defeated)urging OSR Administrative Board members to resign if the resolutions to express dissenting views could not be "implemented in such a manner as to lend identity and integrity to the OSR position." We also discussed the fact that since the Assembly meeting would be a public forum, and that there would be press present, anything read in that meeting would be public. COD board members pointed out that although they did not always agree with positions reached by AAMC, they felt that they had the option of writing letters expressing their individual dissenting views but that it was inappropriate for the council itself to take a dissenting opinion to the public.

At the Assembly meeting on Tuesday afternoon, Mark presented the content of the housestaff resolution explaining that the OSR had been aware when it voted 80 to 5 in favor of the resolution, that its action was contrary to the policy that AAMC speaks with a single voice. Mark also reported that our health manpower resolution was approved with a stipulation that it be sent to members of the health subcommittee members. A motion was approved in the Assembly that the OSR not act on its resolutions until they could be discussed further with other AAMC officers at the Retreat. Following this action by the Assembly, Mark stated that the OSR officers would ultimately decide on a course of action since they had a strong and informed mandate from their constituency for action. Following the meeting Mark and I were approached by reporters from several medical magazines to explain what the OSR was and to answer some questions about the resolutions.

In a later meeting with Dr. Gronvall, the newly-elected chairman of COD, Mark, and myself, Dr. Gronvall pointed out that action by the OSR at this time would be contradictory to the sense of the Assembly resolution. He further pointed out that such action would not be approved by the COD and that the OSR would be exercising a policy not in accordance with the tenets of AAMC. We ended the meeting by asserting the importance of our working more closely with our natural ally, the COD. I invited Dr. Gronvall to the January Administrative Board meeting, and he said he would plan to attned.

On the following morning, a meeting of the Executive Council was held to meet with Leroy Goldman, Senator Kennedy's staff assistant. He presented an up-date on Senate Subcommittee views. After he left, the Council discussed changing its stand

on some issues in light of more recent developments. The Executive Council voted that the Executive Committee would make a decision regarding these issues and that I be included in the committee decision. Also at this meeting, Dr. Gronvall handed me a letter stated that as chairman of the COD, he would not approve of our expressing our dissenting views to the public.

On November 13, Dr. Cooper, Dr. Swanson, and myself discussed the modification of AAMC's stance on some of the health manpower issues by conference call. AAMC was scheduled to testify before Senator Kennedy's committee on November 18. The issues discussed and my reaction to them are as follows:

1) If a school is required to have a fixed percentage of its entering class signed up for NHSC scholarships in order to receive capitation, the AAMC requests that this percentage be applied over new scholarships consigned from other classes that year. If the government wants 25% of an entering class of 100 to be signed up, this would mean that if 25 students in the third, second or first year class signed up for commitments, the school would satisfy its requirement. There are several advantages to this method and I voted to approve this change.

2) The second issue concerns an administration proposal that a school must set up an administrative unit in primary care or ambulatory care in order to receive capitation. The AAMC proposed stand was to point out that 90% of schools already satisfy this condition but to object to such direct involvement in curriculum by the government. I did not agree with this stand stating that "the student group feels this is a necessary step in satisfying the nation's health needs that should be voluntarily carried out by each medical school." I reiterated that our main area of dissent was that capitation should not exist at all and that more special project money be made available for projects such as this.

3) If the government plans to have a specified percentage of residencies in primary care, the AAMC recommends that this not be a definite percentage but regulated by CCME. AAMC would point out that CCME has already stated that 50% of residencies should be in primary care. I agreed with this position, adding that HEW should be involved in this process and that CCME should be given a time limit to carry out this aim. If they have not, another group should be designated.

4) AAMC would recommend that low interest loans be made available to needy students not wishing to sign up for scholarship commitments. AAMC would ask for an appropriation of $50 million instead of a proposed $15-10-5 million. This stand is in accordance with our resolution.

I submitted a written statement expressing the OSR views that I have mentioned above to AAMC. I concluded this statement with, "The OSR requests that its assenting as well as dissenting voice be included in the AAMC positions. The strength of AAMC's presentation should lie in the honest representation of the view of its voting members, in this case the Executive Committee. A yes/no vote on four points is practically no vote at all, as far as the OSR viewpoint is concerned. When AAMC mentions or is asked for the OSR position on these issues, it has an obligation to present our assenting and dissenting opinions, for the sake of its own credibility and the credibility of the OSR."

DRAFT

1975-76 OSR QUESIONNAIRE #1

In the interest of guiding the officers of the OSR who must make decisions in "real time," and in the interest of having the broadest possible participatory base for the OSR, we request your responses to the following questions. Please return this form in the enclosed envelope to AAMC by January 4, 1976. The response rate will affect the frequency of future questionnaires.

1) On a scale of 1 (throw the bums out) to 10 (couldn't have been handled better), how fully do you agree with the actions taken thus far. _____

2) With what actions would you have been fully satisfied? Please be specific. An understanding of your goals will be most important in guiding future decisions.

3.a) Are you comfortable with the agreed role of the OSR as a student group which works within a larger organization?

b) If the situation in the AAMC is such that the OSR may be overruled on any given issue, how should we work to maximize our voice?

4) Do you have in mind any specific goals to be sought at the January Administrative Board meeting?

5) Has your school elected an OSR alternate?

6) If your answer to 5) was "yes," will the alternate automatically become the next official OSR representative of your school?

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

February 15, 1974

M E M O R A N D U M

TO: All OSR Members

FROM: Dan Clarke-Pearson
National OSR Chairperson

OSR Newsletter #2 and #3

This Newsletter is labeled #2 and #3 since #2, which was supposed to be sent out with the minutes of the OSR annual meeting, got lost at the printers. Consequently, I've added new material and hopefully this will bring you up to date.

The past month has been an active one for myself and other OSR members--especially the Administrative Board. Therefore, I want to lead off this Newsletter with a report of those activities.

(1) Activities of the Chairperson.

A. AAMC Officers' Retreat, 12/5-12/7/73. This three day retreat of the officers of the three councils, the OSR chairperson, and the AAMC Staff is held each year to review past and present AAMC activities and policy, and to establish new priorities for the coming year. Briefly summarized, we discussed a variety of subjects including a review of staff activities in the past year, National Health Insurance policy, biomedical research legislation and AAMC policy, financing of medical education, speciality and geographic maldistribution, education of the health care team, foreign medical graduate policy, quality of care, accreditation, and the 1974 AAMC Annual Meeting.

It was felt by all that there were no present activities which should be deleted or cut back. In addition, new priorities include:

a. the development of recommendations on the financing of medical education.
b. the development of a more specific AAMC position on National Health Insurance.
c. a consideration of ways to better relate the speciality and geographic distribution of physicians to the needs of the population.
d. the organization of agencies collecting data on medical schools to avoid duplication, etc.
e. the examination of the role of the medical schools and teaching hospitals in educating the public about health.

A full summary report of this retreat is included as Addendum #2 of the enclosed OSR Administrative Board minutes.

B. Council of Deans' Administrative Board Meeting, 12/13/73. The Administrative Boards of the three councils meet the day prior to Executive Council meeting to address new council business as well as to discuss items on the Executive Council agenda. At their annual meeting in November, the COD voted to include the OSR chairperson on their Administrative Board.

Many of the items discussed had been worked on at the Officers' Retreat and needed no formal action by the COD. The COD did adopt, with modification, the "Guidelines of Extramural Academic Experiences" which were initiated by the GSA and approved by the OSR. Also, with modification, the COD adopted the GSA's proposed plan on "Medical School Admissions Procedures."

Of significance to the OSR is that we were granted the opportunity to have the OSR Vice Chairperson attend COD Administrative Board meetings as an invited guest.

C. AAMC Executive Council, 12/13/73. Mark Cannon and I attended this meeting which approved policy on the following issues: CCME and LCGME bylaws, policy for release of AAMC information, classification of salary study information, and "Recommendations on Medical School Admissions Procedures." A number of reports were accepted and/or approved.

D. OSR Administrative Board Meeting, 1/11-1/12/74. The 10 members of the Board along with Russ Kridel (president of SAMA) met on January 11 and 12. A majority of the first day was spent in orientation to the AAMC and discussion with the various AAMC Department and Division heads. Although its a bit mind boggeling to hear 14 directors talk on their particular areas of interest, the Board found it very helpful and identified several areas of mutual concern which we'll pursue.

Enclosed is a complete set of minutes of this meeting by Dave Stein, OSR Secretary. Dave has done a great job of summarizing the signficant areas of action and discussion, and I'm sure that after you read the minutes you'll have a much better idea of where the OSR will be going this year. Although I will point out several areas of interest as separate items in this Newsletter, I urge you all to read the complete set of minutes.

(2) OSR Task Force on "Evaluation, Certification, and Licensure in Medicine." You have received a two page memo and a JAMA article regarding this new task force. The memo, written by Mark Cannon, explains the OSR Administrative Board's concern that medical students make input to the National Board's Goals and Priorities Committee Report. The time table for OSR action was outlined in the memo. At the moment we have moved into the phase when the

four regional task force members write their position papers on the GAP Report. These papers will be collected and distributed to all of you for discussion at the OSR spring regional meetings. The regional task force members are:

Northeast: Fred Waldman
NYU Medical School
231 Lexington Avenue
New York, NY 10016
212-725-2051

Southern: Mike Victoroff
Baylor Medical College
1535 Castle Couth, #1
Houston, TX 77006

Western: Susan Shackelton
UCSD School of Medicine
c/o Office of Student Affairs
La Jolla, CA 92037
714-755-9471

Central: Mark Cannon
Med. College of Wisconsin
840 N. 24th Street, Apt. 306
Milwaukee, WS 53233
414-342-6885

Mark Cannon has been named chairperson to coordinate activities of this Task Force. Please contact the above persons with your suggestions and comments as soon as possible.

(3) NIRMP Violations Committee

This committee, which the OSR has been developing for the past 18 months, has finally come to the stage of implementation. Shortly, you will receive a package of information from Elliott Ray discussing the "How To's" of setting up such a committee at your school. We need full participation from each OSR member if this project is to be the effective deterrent force it is designed to be. The OSR is committed to preserving the NIRMP, and we must see that these local committees are functional.

(4) AAMC and GSA Committees

The Administrative Board named the members to these committees at the January 12 meeting. Many of you had submitted your names for committee membership and in many instances the Board had difficulty in selecting the person we felt would best serve on each committee. These committee members are listed in the Administrative Board minutes (Item 16). I hope that you will contact the committee members with your problems and suggestions relating to their particular committee's function. We will also be distributing reports by the committee members following their meetings so that the whole OSR will have a better opportunity for input.

These committees are the major forum for the development of AAMC policy. Therefore, I believe that the OSR should maximize its opportunity in shaping AAMC policy by total participation--not only by the single committee member but by input from all OSR members.

Finally, I would like to point out that we requested and received places on several new committees this year. These include Financing of Medical Education, Biomedical Research and Research Training, and the Committee on Continuing Medical Education.

(5) URGENT: We need nominations for the following two committees:

A. Continuing Medical Education Study Committee which is addressing the problems of continuing med education and how the AAMC may influence this area.

B. Journal of Medical Education Editorial Board: This requires a 2 or 3 year term of working on the editorial board of the JME. Consequently, we need nominations from OSR members who are first or second year students and who also want to work on this committee for a number of years.

If you would like to be on either of these committees, please send your name and supporting information to Dave Stein by March 10, 1974. Dave's Address: 18935 Wildemere, Detroit, Michigan 48221.

(6) National Health Insurance.

Questions from the student body about NHI often seem to be directed to me. Enclosed is a summary of the major bills (excluding the Nixon Administration's new proposal) which you might find helpful in answering such questions on your campus (Addenda #3 of Board's minutes).

Also, the Board named Ernie Turner to the AAMC Task Force on National Health Insurance. This task force will update the AAMC's policy statement on NHI. Send Ernie your suggestions regarding what the AAMC's policy of what an "ideal" national health insurance should be.

Ernie's Address: Kansas University Medical College
Box 534
Kansas City, Kansas 66103

(7) Communications.

In an effort to improve intra-AAMC and AAMC-OSR communications, I have asked Mr. Merrill McCord (Director of the AAMC publication dept.) to direct the Dean of each medical school to give the school's OSR member a monthly copy of the AAMC Bulletin and the Journal of Mecical Education. Although you'll still receive Dr. Cooper's Weekly Activities Report, I have found the AAMC Bulletin to give a better overview of AAMC activity. The JME I've also found interesting. I hope these 2 new communications will help you in your job as OSR representative.

There's one hitch to getting these publications: Since these items are mailed in bulk to each school, you'll have to work out a system by which your Dean may pass them on to you. So, contact your Dean in this regard. (I felt this was a small price for us to pay).

(8) Senior Electives Catalogue.

As is pointed out in the Administrative Board minutes, the Senior Electives Catalogue committee is finally making headway. This committee, which has been around since the OSR's conception, has had its problems trying to set reasonable goals. Finally, under the guidance of Vicky Williams, the first concrete step is being made. The plan is to include more information about senior electives in the AAMC Curriculum Directory. Vicky is working with the Directory staff on which questions they should include on this year's questionnaire.

As pointed out, future plans include a study of the feasibility of putting senior electives information on the AAMC computer which, for a fee, could be sent to seniors looking for certain electives. (Such as a clerkship for January in Aspen or the Bahamas?)

(9) Liasion with other Student Groups.

As I mentioned earlier, Russ Kridel of SAMA attended our Ad. Board meeting as an ex-officio member. Russ's input was very valuable in several areas of OSR activity and I feel that this sort of liasion will make both of our organizations more effective. SAMA has also invited me to attend their Board of Trustee Meetings in an ex-officio position. At the moment, we are also attempting to make such an arrangement with SNMA.

There are many other student health professional organizations which we have contacted. Initially, we have invited them to attend our national and regional meetings, as well as exchange mailings.

(10) OSR Rules and Regulations.

In my first NEWSLETTER I asked for your suggestions about rules and regulations changes. I had thought that with all the frustration and anxiety we all suffered at the annual meeting there would be a volume of suggestions! As it turns out, I haven't heard from anyone.

Surely, you all aren't that happy with the rules and regulations as they stand. Please send me your thoughts so we can talk about them at the regional meetings.

(11) Upcoming Events.

March 1-3	SAMA National Convention Dallas, Texas
March 15	OSR Administrative Board Meeting (Tentative)
March 21	Council of Deans Ad. Board Meeting
March 22	AAMC Executive Council Meeting
March 31- April 2	OSR Western Region Spring Meeting Asilomar Pacific Grove, California
April 11-13	OSR Southern Region Spring Meeting Birmingham, Alabama
???	OSR Northeast Region Spring Meeting (Serena Friedman will announce this meeting date and location shortly)
May 2-4	OSR Central Region Spring Meeting Minneapolis, Minnesota

(12) Please Return:

A. The questionnaire on Dan Plautz's proposed changes on OSR function.

B. The Student Administrative Listing Questionnaire.

Both of these items require a full response from all of you.

(13) This NEWSLETTER, along with the minutes of the administrative board meeting is long enough, and should keep you reading in your spare moments between drawing blood and starting IVs.

Looking forward to hearing from you.

Your Copy

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

April 17. 1974

M E M O R A N D U M

TO: All OSR Members

FROM: Dan Clarke-Pearson
National OSR Chairperson

OSR NEWSLETTER #4

Once again it's time for a "brief" report on what's happening.

In the midst of your preparation for OSR regional meetings and spring vacation, I want to bring you all up to date with my activities, the activities of the OSR, and other items of general interest. The past two weeks have been very busy for many of us. On March 16 the OSR Administrative Board met in Washington. Four days later, Mark Cannon and I returned to D.C. for the Council of Deans Administrative Board meeting and the AAMC Executive Council meeting. Mark then headed up to Philadelphia to represent the OSR at the National Board of Medical Examiner's Invitational Conference and Annual Meeting. In addition, the regional chairpersons have been finalizing plans for regional meetings, and many other OSR members are pursuing activities in other areas of interest or on AAMC Committees and Task Forces. Now to specifics:

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THE OSR ADMINISTRATIVE BOARD, March 16. The morning session was spent with members of the AAMC staff discussing areas of mutual concern including communications between the OSR and staff and the OSR and the COD; general AAMC policy and how the OSR can best function as a part of the AAMC; AAMC commitee operation and how AAMC policy is finalized; the OSR budget; and the proposed OSR National Bulletin. I believe that this session helped our Administrative Board better understand how the OSR can best function and helped the staff realize our desires and objectives.

The afternoon session started with reports from the Chairperson and the Regional Chairpersons as well as reports on NIRMP, Student Administrative Listing Project, and Liaison with SAMA and SNMA. The Board recommended that the Executive Council appoint Bob Rosenbaum to the Editorial Board of the Journal of Medical Education when Jan Weber's term expires and Janet Schlechte to the Continuing Medical Education Study Committee.

Setting a precedent, the OSR Administrative Board considered the various items on the Executive Council agenda and gave me guidance as to how to discuss and vote on various issues. The three Councils (Deans, Academic Societies, and Teaching Hospitals) do this regularly, but this is the first time an OSR Administrative Board has done this. The Board's position is that this policy should

continue so that the OSR will have greater input to the activities and policy decisions of the Association.

Other items on the Board's agenda included preliminary plans for OSR activities at the Annual Meeting, changes in OSR Rules and Regulations, Student Rights, Women in Medicine, and plans for regional meetings.

(A copy of the complete minutes of this meeting will be sent to you hot off Dave Stein's typewriter.)

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COUNCIL OF DEANS ADMINISTRATIVE BOARD MEETING, March 21. Mark and I attended this meeting as invited guests of the COD. Aside from considering the Executive Council agenda, the COD took the following actions regarding OSR related issues:

1. Proposed OSR National Bulletin. Over the past several months I have worked with a group of OSR members in development of a proposal for a National OSR Bulletin which would be distributed to all medical students. It's major purpose "would be to communicate to medical students the activities and policies of the AAMC and OSR...to create points of discussion...and stimulate feedback... thus making the OSR more truly representative of student views."

The COD's action was to endorse the stated purpose of such a publication, but they felt that the AAMC could not support another publication at this time. They arged that the staff and OSR work out means by which these "purposes" can be fulfilled through existing AAMC publications. We will continue to work vigorously with the staff on this issue.

2. OSR Resolution of Safegarding Data Systems. As you remember, the OSR adopted this resolution at the last Annual Meeting. Our action also called for the AAMC to urge its member institutions to follow the guidelines set forth in the resolution. In discussing their feelings the COD felt that the resolution was "vague," had "loopholes," was not consistent with the policies of members institutions, and, in general, was unacceptable. The whole issue of "open records" was also raised. Despite discussion by Mark and myself, the COD decided to approve only the first phrase: "There must be no personal data record keeping whose existence is secret." This was the recommended position that the COD took the next day at the Executive Council meeting.

As you may have surmised, the Executive Council concurred with the COD's position and offered great opposition to the resolution's adoption. The final outcome is that I moved to table the COD's motion to adopt only the first phrase of the resolution since I felt that the single phrase was not in any way representative of the OSR's original intent.

NB: The same resolution was also sent to SAMA which did adopt it at their Annual Convention on March 2.

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EXECUTIVE COUNCIL MEETING, March 22. Several significant actions were taken by the Executive Council in regard to the OSR and to AAMC policy.

1. Additional OSR Administrative Board Meetings. The Executive Council approved

the concept of four OSR Administrative Board meetings each year to coincide with Executive Council meetings. They further approved our request that we receive funding to hold an additional meeting of the Board this June. (This meeting had not been funded in the current fiscal year's budget.)

2. Students on the National Board of Medical Examiners. The Executive Council also supported in principle the concept of adding student representation to the National Board of Medical Examiners and asked the AAMC representatives to the NBME to report this action.

As you remember from the last NEWSLETTER, the OSR Administrative Board decided to contact the NBME and request that student representatives be placed as voting members on the NBME. The OSR Board invited SAMA and SNMA to join us in this venture. My negotiations with Dr. John Hubbard of the NBME were very satisfactory, and by late February the NBME's Executive Council approved the concept of students on the NBME Board. Consequently, the NBME invited representatives from OSR, SAMA, and SNMA to attend their annual meeting to discuss this issue. Mark attended this meeting and reported that, pending official changes in the NBME Bylaws, there will be two student members on the NBME Board. It has been specified that OSR, SAMA, and SNMA work out a liaison arrangement to appoint the two students. Since the OSR initiated and negotiated this request, I feel certain that SAMA and SNMA will choose to have an OSR member fill one of the first terms on the NBME. It's my personal opinion that this is a significant advance for the OSR and for medical students in general. I believe that, as more scrutiny comes on the area of certification and licensure, it will be very important that students have input to the decision-making process.

3. AAMC Committee on the GAP Report. As a result of constituent group interest in the NBME's GAP Report, the Executive Council feels that it is necessary for the AAMC to make an official statement on the GAP Report. (This constituent interest, of course, relates primarily to the prior creation of GME and OSR task forces to develop responses to the GAP Report.)

This AAMC Committee will develop a position to be presented at the June Executive Council meeting. With the support of the Council of Academic Societies, it was recommended that the OSR be given two places on the Task Force, which is equal to the input of each of the other three councils. The OSR Administrative Board named Mark Cannon and Susan Shackelton as the OSR members on the AAMC GAP Committee. Mark and Susan are two of the four regional coordinators for discussion and development of OSR regional position papers on the GAP report.

Aside from these two members on the AAMC Committee, the four papers that are generated from the regional meetings will be submitted to the AAMC Committee for consideration. Once again, it is important to note that the AAMC Executive Council has responded to constituency interests, and the Board agrees that an AAMC position on the GAP Report, which includes student input, will be much more significant that a single OSR position paper.

4. What's New with MCAAP? As you remember, the MCAAP Task Force submitted its final report and recommendations in November. Since then there has been some confusion as to how to proceed with MCAAP. Recently it has been defined that the MCAAP Task Force was a task force of the AAMC staff--i.e., it made recommendations to the staff. However, by AAMC policy, the Executive Council must decide goals and priorities before the staff undertakes implementation of the recommendations. Therefore, the Executive Council designated a committee to evaluate the MCAAP

recommendations and make suggestions as to which recommendations should be given highest priority by the AAMC.

The Board recommended Ernie Turner and Tessa Fischer as the OSR representatives to this AAMC committee of eight. (The Executive Council specifically asked that members of this committee not have been participants in the final MCAAP Task Force meeting since it was felt that those people might have a personal bias to certain MCAAP recommendations.)

5. Foreign Medical Graduate (FMG) Task Force Report. Last year the Executive Council appointed an AAMC Task Force to make recommendations for the development of an AAMC policy on FMGs. The final Task Force report makes the following recommendations:

A. The U.S. must assume the responsibility for educating physicians to satisfy the need for physician services to the American people. That is, we should not depend on FMGs or foreign schools to train American citizens.

B. In order to apply the same standards to all medical graduates, it is recommended that a generally acceptable qualifying exam be made a universal requirement for admitting all physicians to approved programs of graduate medical education. Until another such examination may become available, Parts I and II of the National Board Examination should be employed for this purpose.**

C. The quality of training programs must be improved, and the number of FMGs in any training program must be limited. The eventual adjustment of the number of first-year positions so as to exceed only slightly the expected number of graduates from domestics medical schools is also recommended.

D. The AAMC and the medical schools should develop educational programs which will bring the American-born FMG to a level of professional competence similar to that reached by graduates of domestic schools.

E. A solution should be developed to the problem of unlicensed physicians practicing in an institutional setting.

F. With the elimination of the FMG on the staff of many hospitals, other health care personnel must be trained to provide many patient care services under physician supervision.

G. Special consideration should be offered to two groups of FMGs--(1) those who come to the U.S. for an educational experience but who fully intend to return to their home country and (2) those FMGs who are established medical academicians and who are appointed to medical schools as visiting scholars.

H. It is recommended that a time table be established for implementation of the recommendations.

** In general I agreed with the recommendations of the Task Force. There was, however, one exception on which Mark and I disagreed with the other members of the Executive Council. Although we agreed with the concept of a single qualifying examination as a universal requirement to admission to graduate medical education, we disagreed with the recommendation that until such an exam is available,

Parts I and II of the National Boards should be used. Basically, I feel that if all students at all medical schools had to take and pass Parts I and II, curricula would be designed accordingly. This, then, would be a great deterrent to innovation and flexibility in medical education and an obstacle to the increased integration of basic and clinical sciences. Further it is stated in the GAP Report (of the National Board of Medical Examiners) that Parts I and II have become tests of academic "achievement" and not tests of "competence." Thus, I feel that it would be a great mistake for the AAMC, in an attempt to limit the influx of FMGs, to impose undesirable restraints on American medical education. (I would point out that presently only 24 of 114 American medical schools require their students to take and pass National Boards Parts I and II.)

As you can imagine, the discussion became fairly heated, and, in the end, the Task Force Report was accepted with only two no votes (one dean and myself--Mark cannot vote as an invited guest).

I also moved for the deletion of a sentence which I felt was emotional, prejudicial, and unnecessary to the content of the Report. On this motion, I didn't even receive a second. The sentence is: "It is generally acknowledged, though not proven, that the medical care rendered by some FMGs is of poorer quality than that rendered by graduates of domestic medical schools." In my opinion, the sentence would be as valid if it read: "the care rendered by some domestic graduates is of poorer quality than that rendered by FMGs."

I full copy of the Report, which I found to be generally good, may be obtained upon request from Bob Boerner, AAMC.

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Other items:

Student Administrative Listing Questionnaire. I know it's hard to believe that I'm still talking about this item, but we're still trying to finish this project. There are still well over half of you that haven't returned the questionniare. Would you please do so now?!

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Plans for OSR Activities at the Annual Meeting. We've arranged to have more meeting time this year; in all we'll have two days to work with. Plans include several business sessions, two regional meetings, task force sessions, and a program session. If you have suggestions of topics for either new OSR task forces and/or a program session please let me know.

The meeting dates will be Monday and Tuesday, November 11 and 12. It's hoped that you will plan to attend and participate in the general AAMC meetings on November 13 and 14 also.

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NIRMP. Please return the short questionnaire which Elliott Ray included in last mailing regarding NIRMP Violation Monitoring Commitees. We need the data in order to suggest changes in NIRMP operations.

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AAMC National Health Insurance Task Force. As was mentioned in my last NEWSLETTER, Ernie Turner was appointed as the student representative to this task force. Ernie reports that in its first meeting the Task Force developed findings to answer three questions: (1) What are the deficiencies in the present system of health care financing? (2) What distortions in the present health care system are caused by the present financing mechanism? (3) What is the role of national health insurance in modifying the health care delivery system? For the remainder of the first meeting and the entire second meeting, the Task Force then proceeded to formulate statements of principles on specific national health insurance issues, including the scope of coverage, the benefit package, cost-sharing, catastrophic coverage, financing mechanisms, the structure of the insurance system, the role and regulation of private insurance carriers, reimbursement mechanisms, capital financing methods, cost control, quality and utilization control, and resource development and distribution.

The Task Force will meet again on April 9, and hopefully some recommendations will be ready for consideration by the AAMC Executive Council during its June meeting.

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Take a look at the Journal of Medical Education (In between reading Goodman and Gillman or NEJM). Medical student input, research, and opinion have been showing up frequently in the past months of the JME. The OSR's present member on the JME Editorial Board (and former OSR secretary), Jan Weber, has a letter--which is more like an editorial--published in the January 1974 issue (p.88). The letter "Watch out, doc, I'm after your job" has some "subtle" comments about medical education and practice in the 70's. Proving that he's a dual threat, Jan also reviewed Medical Student: Doctor in the Making by James A. Knight (February 1974, p. 206).

The OSR, although not specifically acknowledged, can claim credit for the editorial (p.200) of the February JME. The editorial, "Availability of Admissions Data," speaks about the AAMC's desire to get data to premeds so that they can make well-considered decisions about medical school applications. This policy is the out-growth of two OSR resolutions presented and adopted by the AAMC Assembly last November.

Finally, you may find interesting the two articles in the February, 1974 issue of JME: "Maldistribution of Physicians in Yugoslavia" (p.182) by Lawrence Steinman, M.D. and "Obcology Education and the Preclinical Medical Student" (p.197) by Thomas Ervin, JMS. Dr. Steinman's article is the result of his experiences as a medical student in Yugoslavia while on an AAMC Fellowship.

NB: If you are not getting a copy of the Journal of Medical Education, see your Dean. He has been asked by the AAMC Division of Publications to give one of the school's copies of the JME to the OSR representative. (The school receives a bulk mailing each month.) While you're in the Dean's office also ask him for a copy of the AAMC Bulletin.

I hope you're planning to attend your regional meeting. This is the time during the OSR year where you once again have a chance to discuss with other OSR members your ideas and to make input to the AAMC on the issues which interest and concern you.

Upcoming Events

April 11-13	OSR Southern Regional Meeting Birmingham, Alabama
???	OSR Northeast Regional Meeting (Contact Serena Friedman for latest details)
May 2-4	OSR Central Regional Meeting Minneapolis, Minnesota
June 15	OSR Administrative Board Meeting Washington, D.C.
June 20	Council of Deans Administrative Board Meeting
June 21	AAMC Executive Council Meeting

Mailed at copy

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

M E M O R A N D U M July 15, 1974

TO: ALL OSR MEMBERS

FROM: Dan Clarke-Pearson
National OSR Chairperson
NEWSLETTER #5

In the past couple of months alot has happened in the OSR and AAMC. I hope that this memorandum and the enclosed minutes of the June 15 Administrative Board meeting will bring you up to date on that meeting and such activities as the four regional meetings and the Council of Deans Administrative Board and Executive Council meetings on June 20 and 21.

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NBME Goals and Priorities Report. The common denominator of the regional meetings was the GAP Report discussions. From talking with the regional chairpersons and reviewing the four regional position papers, this OSR project appears to have been very productive. The quality of all four papers was excellent. I hope you all agree that student input and discussion on this timely topic was important.

The regional position papers were forwarded to the AAMC GAP Review Task Force for their reference and consideration. Mark Cannon reports that the GAP Task Force has met twice and will be making their formal report to the administrative boards and Executive Council in September. Mark also reports that the Task Force was very open to student opinion and has incorporated many of the ideas presented in the OSR regional papers into their final report.

The OSR regional position papers have also been forwarded to SAMA, SNMA, and the Organization of Students associated with the Association of Canadian Medical Colleges. for their information and consideration. None of these student groups has taken a position on the GAP Report yet.

I would like to express special thanks to the four regional coordinators of this project--Mark Cannon, Susan Shackelton, Mike Victoroff, and Fred Waldman--for their efforts in writing the preliminary position papers, leading discussion at the regional meetings, and finally drafting the regional position papers in time for submission to the AAMC Task Force.

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Foreign Medical Graduate Task Force Report. As I discussed in the last Memorandum, the Executive Council adopted as AAMC policy the FMG Task Force Report at its March, 1974 meeting. At that time I disagreed with the proposal to use Parts I and II of National Boards as a uniform test for admission to graduate medical education until another test is developed (such as Qualifying A). The purpose of the

proposal was to establish a single test as the requirement for both U.S. and foreign medical graduates, and my disagreement with the proposal was that Part I was not indicative of clinical competence and that it would restrict innovation and flexibility in U.S. medical education.

The COD at their Spring Meeting discussed this same issue and recommended that the FLEX exam be offered as an alternative to National Boards. This amendment to the FMG Task Force Report was strongly supported by the OSR Administrative Board at our June meeting and was adopted at the Executive Council meeting on June 21.

The foreign medical graduate "problem" has been brought into sharper focus in two recent issues of the New England Journal of Medicine. In the June 20 issue, Dr. Robert Weiss presents data describing a considerable "medical underground" of unlicensed physicians in this country. In the June 27 issue Dr. Weiss' article talks more about the double-standards for US and FMGs who deliver health care in America. In this same issue, Dr. Charles C. Sprague, past chairman of the AAMC, has written an editorial: "The FMG--a Time for Action", in which he essentially repeats the recommendations of the AAMC FMG Task Force Report which were adopted by the AAMC Executive Council.

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Ad Hoc Review Committee on MCAAP. This committee offered their final report to the Executive Council for approval. With a few modifications such as the inclusion of minority representation (suggested by the OSR board) on the new Committee on Admissions Assessment, the report was approved by the Executive Council. It is hoped that this new Committee will begin to implement the MCAAP Task Force recommendations without further delay.

****

AAMC Position on House Officer Moonlighting. A committee charged by the Executive Council last September to develop a position on "House Officer Moonlighting" made its final recommendations to the administrative boards and Executive Council. The statement in part said, "that 'moonlighting' by house officers is inconsistent with the educational objectives of house officer training and is therefore a practice to be discouraged." Provision was made, however, for institutions which allow moonlighting by delineating specific procedures which require that moonlighting activities be reported and reviewed by program directors before a house officer can undertake such activities.

The OSR Administrative Board strongly disagreed with the tenor of this statement with the counter philosophy that the "house officer is a mature individual capable of being responsible for his/her own educational development" and that there is no need to have the program director approve the moonlighting experience.

Although there is no hard evidence that moonlighting is detrimental to the quality of patient care or the graduate medical education experience, the anecdotal statements by other members of the Executive Council indicated that they feel this is a very serious and grave problem. Consequently, the Committee's original statement was adopted as AAMC policy.

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1974 Annual Meeting. The Administrative Board spent a considerable amount of time working on the many aspects of OSR activities at the AAMC Annual Meeting, November 10-15. The schedule of OSR activities which the board agreed upon is outlined on page 6 of the minutes.

(A) On Wednesday and Thursday mornings, the AAMC Plenary Sessions will be held along with several other special interest group meetings. The AAMC Assembly will meet on Thursday afternoon. The OSR Administrative Board hopes that the OSR members will plan to stay for the other AAMC meetings and programs, as this will obviously increase student input to the policies and plans of the Association.

(B) The OSR Program Session entitled "Health Science Education: Directions for the Next Decade" will include presentations by a number of speakers on priorities of health science education, present trends in medical education, and innovative programs in undergraduate and graduate medical education. An hour or so will be allotted for audience discussion with the panel. The speakers for this program have not been finalized; if you have a suggestion please send it to me very soon.

(C) With the increase in the number of resolutions and in the interest of a more orderly meeting, the board approved some basic guidelines for resolutions at the Annual Meeting. Briefly summarized, the board suggests that all resolutions be submitted to Mr. Robert Boerner at the AAMC at least 30 days prior to the Annual Meeting (i.e., October 10). Members of the Administrative Board will act as a Resolutions Committee reviewing the resolutions for grammar and content and will assure that they are clearly duplicated for the reference of all OSR members prior to the Business Meeting. Flexibility has been insured in that resolutions may be submitted from the floor but only with a two-thirds approval vote by the membership. In general, then, the OSR Administrative Board hopes that the members will follow these guidelines in order to allow for efficiency and productivity at the Business Meeting and to improve the quality of OSR resolutions.

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Medical School Accreditation. The Administrative Board informally discussed the medical school accreditation process with special emphasis on medical school input to the process. The Council of Deans and the Council of Academic Societies also expressed great concern about accreditation at their board meetings. On June 20, I spent the lunch hour talking with Dr. Schofield of the AAMC's Division of Accreditation. Dr. Schofield works with his counterparts at the AMA on the Liaison Committee on Medical Education (LCME) which accredits U.S. medical schools. I expressed the board's concerns to Dr. Schofield who was very receptive to our suggestions and agreed to work closely with us over the next several months.

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NIRMP Monitoring Committees. Members of the Class of 75 are starting to apply for first year residency programs. Now is the time for you to play your role in discussing with them the NIRMP and its benefits to students. Now is also a good time to work out with your Dean or Dean of Student Affairs the NIRMP Monitoring Committee so that students may report violations of the NIRMP code. The purpose of the OSR and GSA efforts in this area can best be fulfilled if the Monitoring Committee is publicized and if it actually functions in processing reported violations.

As an aside, I would also like to point out that Dr. John Cooper, AAMC President, has been elected President of the NIRMP which I'm sure will add to our efforts to keep the NIRMP as a viable program.

As a quick reference on the NIRMP, I refer you to the May 1974 issue of The New Physician (p. 40) in which Elliott Ray (OSR Representative-at-Large and member of the NIRMP Board discusses "why the match must survive."

Hope you all have a good summer!

OSR OPINION POLL

ANNUAL MEETING DISCUSSION TOPICS

The following is a list of possible discussion topics for the OSR Annual Meeting in November. Would you rate each topic in relation to its interest to you. (1 = high interest ..... 5 = low interest)

Please return this poll to Mr. Robert Boerner, Director of Student Programs, Division of Student Programs, AAMC, One Dupont Circle, Suite 200, Washington, D.C. 20036 as soon as possible.

1.	Financial Aid	1	2	3	4	5
2.	Maldistribution of Physicians	1	2	3	4	5
3.	National Health Service Corps	1	2	3	4	5
4.	Prison Health Care	1	2	3	4	5
5.	Minority Affairs	1	2	3	4	5
6.	Foreign Medical Graduate Problems	1	2	3	4	5
7.	Medical School Curricula	1	2	3	4	5
8.	Medical Student Rights	1	2	3	4	5
9.	Legislation and Medicine	1	2	3	4	5
10.	NIRMP and Graduate Medical Education	1	2	3	4	5
11.	House Officers: Problems and Issues	1	2	3	4	5
12.	House Officer Moonlighting	1	2	3	4	5
13.	Medical School Admissions	1	2	3	4	5
14.	Medical Student Government	1	2	3	4	5
15.	Personal Records, Information Systems, and Open Records	1	2	3	4	5
16.	Primary Care Training	1	2	3	4	5
17.	Occupational/Industrial Medicine	1	2	3	4	5

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

October 11, 1974

M E M O R A N D U M

TO : OSR Members

FROM: Dan Clarke-Pearson
National OSR Chairperson

NEWSLETTER #6

OSR Administrative Board Meeting, September 13 and 14, Washington, D.C. Major areas of discussion and action included: revision and the eventual rewriting of the OSR Rules and Regulations; action on all resolutions developed in regional meetings this spring; final plans for the OSR activities at the Annual Meeting; discussion with Dr. Cooper, AAMC President, and AAMC staff on current Health Manpower legislation; review of the draft of the OSR-AAMC Bulletin Board; review of AAMC Executive Council Agenda; and discussion of medical student input to the accreditation process.

The full minutes of this meeting are included on pages 18-39 of your Orientation Handbook. Only highlights will be mentioned later in the NEWSLETTER.

****

OSR Annual Meeting Plans. As outlined in the last NEWSLETTER, the OSR will meet in conjunction with the AAMC Annual Meeting from Sunday, November 10 to Tuesday, November 12. However, I would urge all of you to arrange to attend part or all of the other AAMC Annual Meeting functions. The AAMC Plenary (Program) Sessions will take place on Wednesday and Thursday with the AAMC Assembly meeting on Thursday afternoon. The Group on Student Affairs program session on Friday would also be well worth the stay.

Why not make arrangements now to stay all or part of the week? The AAMC Annual Meeting offers significant opportunity for OSR members to make input to and gain information about other areas of AAMC activity related to medical education, and I think we ought to take advantage of that.

****

Program Session. The OSR Program Session entitled "Medical Education: Directions for the Next Decade" will feature three prominent speakers and an opportunity for discussion with the audience.

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Discussion Groups. We've settled on the four discussion groups listed below. These should offer the diversity and small group atmosphere that was the high point of last year's groups.

Group	Leader
"Women in Medicine"	Cindy Johnson
"Peer Review"	Elliott Ray
"Legislation and Medicine"	Ernie Turner
"The GAP Report and the Report of the AAMC Task Force on the GAP Report"	Mark Cannon

****

Background materials and agenda for the Annual Meeting will come out in early October. If you have a new OSR member at your school, please pass the information on to him or her and notify Bob Boerner of the Change so our mailing and membership list is current.

****

Resolutions. The Administrative Board asks that all resolutions be submitted at least 30 days prior to this year's Annual Meeting. In this manner we will assure a more orderly and productive meeting as well as giving more thorough consideration to each resolution.

The Board has decided that resolutions may also be introduced from the floor at the Annual Business Meeting, but a 2/3 vote is required prior to their introduction.

So, if you're planning to submit resolutions or recommendations please send them by October 10 to Bob Boerner, Association of American Medical Colleges, One Dupont Circle, N.W., Suite 200, Washington, D.C. 20036.

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Nominations. If you would like to run for national office or would like to nominate someone else, please send that name to Bob Boerner with a curriculum vitae.

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A Handbook for OSR Members has been created by the AAMC staff and OSR Administrative Board which I think will help both old and new members understand the OSR and the AAMC better.

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The OSR-AAMC Bulletin Board will have its first mailing to all of you in mid-October. This news publication is the culmination of our efforts to develop a means of communicating OSR and AAMC issues, policies and actions to all medical students. Hopefully, it will also stimulate feedback to us from medical students.

The format of the BULLETIN BOARD will be an 11" x 17" poster, containing brief articles of concern to medical students. It will be published four times per year and will be an insert to the STudent Affairs Report (STAR), a pre-existing publication for deans of student affairs. The OSR member will receive one copy and five copies will be sent to the dean's office for posting on bulletin boards around the school.

If you have any suggestions, comments or criticisms about format, content, or focus of the BULLETIN BOARD, please let us know.

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Meeting with SAMA and SBS-AMA Representatives. On September 13, Mark Cannon and I met with Ted Norris, SAMA President, and Phil Aaron, Chairman, AMA Student Business Session, to discuss areas of mutual concern. (The President of SNMA had also been invited, but was unable to attend.) This was the first such meeting and it proved to be very productive in clarifying the structure, function and concerns of each of these medical student organizations as well as formalizing our liaison relationships.

Major areas of discussion included: (1) The concern that student governments at each school be strengthened and that representatives of national student organizations come from the student government structure; (2) that communication between the national student groups be strengthened and better coordinated; (3) that channels be developed whereby representatives of the various student organizations sit (possibly as ex-officio members) on the other student organizations; and (4) the national officers of the four student organizations meet jointly about four times a year to coordinate the activities. Although none of the above recommendations are very earthshaking, I believe that they are most significant in that this was the first joint meeting and in the respect that they will strengthen representative student input on issues which concern us.

****

Medical School Accreditation. Many groups in the AAMC constituency seem to have concurrently begun to review and scrutinize the process of medical school accreditation. The OSR Administrative Board over the past several months also has discussed and explored ways in which medical students may have more impact on the accreditation of their own schools.

Data, however, is sparse and that has prompted an informal questionnaire from me to OSR members at the 30 schools which received accreditation visits this year. With 15 questionnaires returned, some significant trends are begininng to appear. However, with such a small sample I really need to get the returns from the rest of you. Please send me your questionnaire soon!

****

Open Records? Great reaction has begun to develop to the signing into law of HR-69. The Buckley Amendment to HR-69 essentially requires that any school (elementary through higher education) which receives federal funds from the Office of Education make available to parents or to students who have reached the age of majority the records of that student.

The regulations for the law have not been written yet, so it is not entirely clear whether this law will specifically affect medical student records.

In general, however, it seems that HR-69 will fulfill the intent of the OSR Resolution adopted at the last Annual Meeting, "Confidentiality of Automated and Non-automated Data Systems."

****

With the Annual Meeting less than two months away, this will be my last NEWSLETTER. I hope they have been helpful in keeping you up to date with the activities and policies of the OSR and AAMC.

The OSR has taken great strides this year on many fronts, and I anticipate further growth and input to AAMC policy in the year ahead. Further, I believe we have established ourselves both as a legitimate medical student organization and as a productive constituent group of the AAMC.

The credit for the accomplishments this year is shared by all of you. The regional meetings served as a focal point of discussion, reaction and new ideas. The four regional chairpersons did a great job in coordinating those efforts. Others of you did a great job of organizing various projects and in responding to questionnaires and personal communications. Finally, the OSR Administrative Board with the addition of two meetings -- now four per year -- did a magnificent job in handling the interim affairs of the Organization.

I look forward to seeing all of you at the Annual Meeting.