

OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

June 21, 1977
12 noon - 4:00 pm
June 22, 1977
9:00 am - 4:00 pm

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of Chairperson
- IV. ACTION ITEMS
 - A. Executive Council Agenda
 - B. OSR Communications 12
- V. DISCUSSION ITEMS
 - A. OSR Annual Meeting 14
 - B. Results of the OSR-GSA Counseling Survey
 - C. Disposition of 1976 OSR Annual Meeting Resolutions 15
- VI. INFORMATION ITEMS
 - A. OSR Regional Meeting Reports
 - B. Peer Review
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

March 30, 1977
AAMC Headquarters
Washington, D.C.

<u>Chairperson</u>	--Thomas Rado, Ph.D.
<u>Chairperson-Elect</u>	--Paul Scoles
<u>Regional Chairpersons</u>	--Jim Maxwell (Southern)
	--Peter Shields (Northeast)
	--Chris Webb (Western)
<u>Representatives-at-Large</u>	--Robert Bernstein, Ph.D.
	--Margaret Chen
	--Robert Cassell
	--Jessica Fewkes
<u>AAMC Staff</u>	--Robert J. Boerner
	--John A.D. Cooper, M.D.
	--Diane Newman
	--Emanuel Suter, M.D.
	--Bart Waldman
<u>Guests</u>	--John Repke
	--Michael Sharon

I. Call to Order

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

II. Consideration of Minutes

It was noted that there was no mention in the minutes of the January meeting of Bob Cassell's position paper on graduate medical education upon which the discussion of this issue was based. Mr. Cassell's paper is attached to these minutes as Addendum I. With this addition, the minutes were approved as distributed.

III. Report of the Chairperson

Tom Rado brought the board up-to-date on the activities of the AAMC Task Force on Medical Student Financing. Dr. Rado described the many potential problems that threaten the viability of the new federally insured student loan program in PL 94-484 and discussed the question of whether any medical student should be considered "emancipated" from their parents when applying for financial aid. He also expressed his concern that medical student financial aid is not being accorded the priority it deserves by the Association during the current regulation-writing phase.

IV. Executive Council AgendaA. Ratification of LCME Accreditation Decisions

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Accreditation Decisions.*

B. Liaison Committee on Continuing Medical Education, 1977 Budget

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed interim budget of the LCCME.*

C. Kountz v. State University of New York

Bart Waldman, Special Assistant to the AAMC President, described the basis for the recommendation that the Association join the State University of New York System in the appeal of a lower court's decision invalidating the faculty practice plans at SUNY-Downstate. He explained that the court, in concluding that the University had no right to any clinical practice income generated by the full-time faculty, failed to acknowledge the integral relationship of the teaching and practice activities of faculty members.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that AAMC join with the State University of New York in filing an amicus curiae in the case of Kountz v. State University of New York.*

D. Reduced-Schedule Residencies

ACTION: *On motion, seconded, and carried, the OSR Administrative Board strongly supported the recommendation that AAMC encourage the development of reduced-schedule residency programs and ask that LCGME establish policies which would facilitate their identification for listing in the NIRHP Directory.*

E. Coordination of the Application Cycles for GME Programs Recruiting Medical Students for GME-II Positions

The OSR board agreed that there is a definite need to coordinate the application cycles for PGY-2 positions (See Addendum 2). The obvious problems created by the current system for students are that many students are pressured to make decisions about their future training and to seek letters of recommendation from their deans in their second or third year of medical school before they have had adequate clinical experiences. The board acknowledged that unless student affairs deans unanimously agree not to provide letters of recommendation before a certain date, program directors would continue to fill PGY-2 positions prematurely. It was also acknowledged that it may not be realistic to

expect that all deans will honor such an agreement.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board approved the recommendation regarding coordination of the application cycles for PGY-2 positions.*

F. Report of the CCME Committee on Physician Distribution: The Specialty and Geographic Distribution of Physicians

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the CCME Committee be asked to prepare a new and more concise statement on the specialty and geographic distribution of physicians.*

G. Admission of Foreign Medical Graduates as Exchange Visitors

The OSR board discussed the recommended mechanisms for implementing the provisions in PL 94-484 for foreign medical graduates entering the U.S. for graduate medical education. It was noted that under these provisions, the training period is limited to two years with the possibility of a one-year extension under specified conditions. Several members of the board questioned this provision which appeared designed to insure that FMGs not receive an adequate amount of training to qualify for U.S. certification. Dr. Suter of the AAMC staff explained that the Congressional intent with regard to this provision was to clearly state that FMGs should not merely be used as laborers, but that they should be able to fulfill their own individual training needs in the shortest time possible.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the AAMC should seek sponsorship of the P-II Programs of the Exchange Visitor Program and that the ECFMG should retain the documentation responsibilities involved in issuance of Visa Qualification Certificates.*

H. Eligibility Requirements for Entry Into Graduate Medical Education

ACTION: *On motion, seconded, and carried, the OSR Administrative Board recommended that LCGME be requested to withdraw recognition of ECFMG certification based upon passing the ECFMG examination, and require that after July 1, 1978 all physicians educated in foreign medical schools not accredited by the LCME be required to have ECFMG certification based either on passing Parts I and II of the NBME exam or the exam determined as equivalent by the Secretary of HEW.*

I. Uniformed Service University of the Health Sciences

ACTION: *On motion, seconded, and carried, the OSR Administrative Board agreed that while it did not support the concept of a military medical school, it would support efforts by*

AAMC to assist students in finding places and faculty in finding positions in other U.S. medical schools in the event that Congress decides to close the Uniformed Services University of the Health Sciences.

V. Housestaff Unionization

Bart Waldman reported to the board on the recent developments in the Misericordia Hospital case. The Federal District court in New York recently ruled in favor of the Committee of Interns and Residents (CIR) deciding that the New York State Labor Board could indeed take jurisdiction over housestaff in New York. The National Labor Relation Board (NLRB), whose position has been that federal law preempts the state's rights to decide the question of whether housestaff are recognizable for the purpose of collective bargaining, will appeal this decision. As a result of this decision granting the State board jurisdiction, CIR has asked the New York State Labor Board to now consider covering housestaff, but the state board has indicated that it will not consider this issue until the appeal process is finished. Mr. Waldman also reported that the PNHA has filed suit in D.C. stating that NLRB went beyond its jurisdiction in deciding that housestaff are not eligible for collective bargaining.

With regard to H.R. 2222 (Thompson Amendment) which would amend the National Labor Relations Act (NLRA) to cover housestaff as employees, Mr. Waldman reported that hearings were scheduled for April 4. He indicated that the AAMC would be testifying in opposition to the Amendment.

The OSR board discussed at length whether they should take steps to publicly declare their support of the Thompson Amendment and their opposition to the AAMC position. After considerable debate, it was decided that the Administrative Board would take no public action as a body, but would express their support of the Thomson Amendment as individuals. Paul Scoles reported that AMSA would also be testifying and that their testimony could include mention of the fact that all medical student organizations support the Amendment. The board agreed to request the AMSA spokesman to formally introduce into the record of the hearing the OSR resolution passed at the January meeting expressing support of the Thompson Amendment. Several members of the board expressed the opinion that this legislation would eventually be passed by Congress and that AAMC should, therefore, adopt a less intransigent position.

VI. Annual Meeting Resolutions

A. Cigarette Sales at Medical Schools & Teaching Hospitals

The Administrative Board agreed to refer the resolution recommending the prohibition of the sale of cigarettes at medical schools & teaching hospitals to the AAMC Executive Council.

B. Medical School Transfer

AAMC staff reported that changes have been made in the transfer program to reduce the types of irregularities referred to in the OSR resolution. After this transfer cycle is over, staff will report to the OSR on whether these changes have been effective.

C. Jessica Fewkes reported on the status of the OSR resolution about support and funding of participation in OSR. She noted that Dr. Cooper wrote to the Deans in January asking them to support the OSR by sending representatives to meetings and by providing representatives opportunities to become familiar with institutional issues. She also suggested that each regional chairperson conduct a survey at the regional meetings to determine whether representatives encountered difficulty in securing funds to attend those meetings.

D. Tom Rado asked Paul Scoles and John Repke to develop a position paper on the resolution about students' rights and responsibilities during strike and other job actions at teaching hospitals. He requested that they report back to the Administrative Board at the June meeting.

VII. Administrative Board Members Reports

A. Southern Regional Meeting

Jim Maxwell reported that representatives from twenty-four schools attended the Southern Region OSR meeting in Gainesville, Florida on March 24-26. Mr. Maxwell indicated that the meeting was very productive. Issues discussed included national health insurance, curriculum & evaluation, the Thompson Amendment, personal and career counseling, and financial aid.

B. Stress in Medical Education

Richard Siegle had submitted for the board's review a survey form to collect data on counseling systems. The board approved the form with the addition of questions about career counseling and types of counseling available for "significant others." It was agreed that the questionnaire would be mailed to GSA and OSR members prior to regional meetings and that the recipients would be asked to return the forms to the OSR regional chairperson at the meeting. It was felt that this strategy would result in an higher response level.

C. Minority Affairs

Margie Chen reported on her recent liaison efforts with SNMA. She stated that SNMA was sponsoring a Health Awareness Week April 8-10 in New York in lieu of their previously scheduled national conference. Key issues of concern to SNMA which will be probable discussion items at that meeting are financial aid and the hiring and promotion patterns of minority medical

medical school faculty and administrators.

D. Women in Medicine

Jessica Fewkes reported that she is in the process of developing a fact-source sheet listing individuals, programs, and other resource items related to women in medicine. She indicated that she will be working with Judy Braslow on the development and distribution of this information.

IX. OSR Annual Meeting

Tentative plans for OSR activities at the AAMC Annual Meeting were discussed by the Administrative Board. The board expressed an interest in again jointly sponsoring a program session with the Council of Deans. Staff agreed to explore this possibility with the officers of COD. Since the Annual Meeting is scheduled for Sunday, November 6 through Thursday, November 10, the bulk of OSR activities will take place on November 5 and 6.

X. 1978 Regional Meetings

In the past several years, OSR and GSA have met jointly in the Spring for regional meetings held at four different locations. For the 1978 series of regional meetings, the four GSA regions are considering meeting together at one central site. The OSR board discussed the implications of GSA's plans for their own regional meetings. The board unanimously agreed that it is important for OSR to continue meeting with GSA whether or not GSA decides to meet regionally or nationally. While they felt that they would like to continue to meet in the small group settings typical of separate regional meetings, they felt that the interactions with GSA and the opportunities to attend GSA programs and discussion sessions were invaluable. It was noted that OSR members would have an opportunity to discuss this matter with GSA at the remaining regional meetings.

XI. OSR Newsletter

The Administrative Board discussed the possibility of issuing an OSR newsletter to all medical students. The board decided that the visibility OSR would gain as a result of such a newsletter would justify the increased expenditure involved in printing and mailing. It was agreed that the newsletter should be four pages long and should consist of concise articles about issues of national concern. It was also agreed that the newsletters would be mailed in bulk to OSR representatives for distribution at each school.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board agreed to request the Executive Council to allocate funds to support an OSR newsletter as described above.*

XII. Adjournment

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

Association of American Medical Colleges

Organization of Student Representatives

Administrative Board Meeting

January 11 and 12, 1977

GRADUATE MEDICAL EDUCATION

Background (Subjective and Objective)

As noted in the report of the 1976 OSR Administrative Board Task Force on Graduate Medical Education (see OSR Administrative Board January 1977 Agenda pp. 11 and 12), there are multiple problem areas in graduate medical education. The area which has been the most controversial recently centers on the definition of resident physicians but also involves working conditions, compensation, and patient care. In my report I will concentrate on this area.

The chief question is whether housestaff associations should be recognized as labor organizations under the National Labor Relations Act. This recognition, in theory, does not affect the right of housestaff to organize and to collectively bargain (which is inherent) but would set rules and standards by which such bargaining would take place and would protect housestaff from reprisals because of legitimate job actions.

The NLRA was amended in 1974 to include health care personnel:

Section 2 (12) (a) Any employee engaged in work... (iv) requiring knowledge of an advance type in a field of science or learning customarily requiring a prolonged course of specialized intellectual instruction and study in an institution of higher learning or a hospital... or (b) any employee who (i) has completed the courses of specialized intellectual instruction and study described in clause (iv) of paragraph (a), and (ii) is performing related work under the supervision of a professional person to qualify himself to become a professional employee as defined in paragraph (a).

Senator Cranston stated in introducing the amendment that it was specifically intended to include housestaff.

On March 19, 1976, the National Labor Relations Board disapproved the petition of the Cedars-Sinai Housestaff Association for recognition under the NLRA by a 4-1 vote. The AAMC and the Physicians National Housestaff Association were amici curiae in the case. The NLRB has repeated this decision in numerous other housestaff cases since that time.

Subsequently, petitions were filed by the housestaff of Misericordia Hospital and five other hospitals for recognition by the New York Labor Relations Board under that state LRA. The Board refused to take jurisdiction, but this ruling was appealed in state court, and the board was directed to assume jurisdiction. This decision is currently under appeal in the appellate division of the state supreme court. The AAMC has submitted an amicus brief in this case, despite its avowed policy of not

entering state cases. The NLRB has also filed suit in New York state to have its decision followed by the state court, and the AAMC has entered this case as amicus because it is a matter of national jurisdiction.

On October 1, 1976 at the instigation of the PNHA U.S. Representative Frank Thompson introduced an amendment to section 2 (12) (b) of the NLRA to insert, after the word employee, "including any intern, resident, fellow, or other such trainee in a professional training program who is receiving a stipend or compensation for work performed in connection with such programs or for performing related work described in clause (ii) of this paragraph." The intent of this amendment is, I feel, limited and readily apparent. Representative Thompson has announced his intention to resubmit the amendment early in the next session of Congress. One set of hearings was held by the House Special Labor Committee in San Francisco in late November, and more are scheduled for this month.

The AAMC Executive Committee has voted to strongly oppose the Thompson Amendment. Presumably they will present testimony at one of the upcoming hearings. Their testimony will probably reflect, to a large extent, the reasoning expressed by Dr. Robert Tranquada in his testimony in San Francisco (including some of the same arguments the AAMC used in its brief to the NLRB).

The various arguments and my responses are as follows:

1. "Housestaff are students and therefore cannot be employees." Housestaff are indeed students, as to some extent are, hopefully, all members of the medical profession throughout their careers. However, students are not excluded from being employees under the NLRA as it now stands. In fact, some bargaining units are entirely composed of students. It is obvious to anyone who is closely observed (or participated in) residency training that the housestaff spends much of their time in the performance of service functions. This was documented by the Institute of Medicine Study. Housestaff training may have begun with a purely educational intent, but it has evolved into both a service and an educational endeavor. Housestaff-provided services are a benefit to the employing hospital as well as to patients, as documented by the Hartford Hospital Study and the Carroll Study on Program Cost Estimating in a Teaching Hospital.
2. "If housestaff are considered employees, medical education will suffer." The logic of this statement is lost if the dual student-employee status is excepted. In cases where housestaff have collectively bargained with hospitals, educational issues have never been a subject for negotiations, and medical education, rather than suffering, has actually improved, as even Dr. Tranquada admitted.
3. "Graduate medical education is tailored to the individual's needs and thus is not suitable for collective bargaining." In essentially all residencies, there is no true individual variation, except for the order of rotation and selection of electives. This is a defect in graduate medical education which is not germane to the current issues. As previously stated, educational issues are not subjects for collective bargaining.

4. "The NLRB will be one more federal agency involved in decisions affecting the provision of health care and will be deciding educational issues." The NLRB does not become involved in the collective bargaining process but merely sets rules for such negotiations. The decisions made, which will not include those related to education, will be made by the parties involved, not the NLRB.

5. "The Thompson Amendment will cause a conflict with PL 94-484, because the distribution of residency positions will be negotiated." Residency distribution can only with difficulty be interpreted as a subject for collective bargaining.

6. "Housestaff organizations can deal with institutions without being bound by rules and regulations designed for standard labor-management relationships." This would be true if the organizations' requests were not ignored resulting in the recent rash of strikes and other job actions. When one group exerts essentially total power over another, the second group's only defense is legal, in the form of "rules and regulations". Indeed the NLRA is designed to protect both employer and employee, to insure that negotiations are orderly, and to prevent such occurrences as wildcat strikes. Housestaff strikes would probably decrease in number if the NLRA were applicable.

7. "Post graduate medical education can be governed successfully only by those who have experienced it and made long use of its benefits." This argument is only reluctantly voiced, but it is the heart of the AAMC position--that the consumers of medical education really do not deserve a voice in its governance. My response to this is too obvious to state.

In the emphasis on defining housestaff as employees or non-employees, other issues, such as those outlined in the OSR Task Force Report, are currently being ignored, but they are still significant. No matter what the resolution of the Thompson Amendment, the various court decisions, and the labor status of housestaff, these other issues will have to be dealt with by all the participants in graduate medical education.

Assessment

1. The final resolution of the NLRA controversy will probably be through passage or failure of the Thompson Amendment.

2. The inclusion of Housestaff under the NLRA will benefit both employers and employees, by setting rules and standards for orderly negotiations, preventing unfair reprisals by employers and illegitimate mob actions by employees, and by mandating a contract between the two which will protect both and help to relieve the pressure of demands by outside interests.

3. Graduate medical education is neither so unique nor so complicated that the NLRA is, a priori inapplicable. Decisions reached through negotiations will be made not by outsiders but by those most involved in and knowledgeable about graduate medical education.

4. Education will not be subject to bargaining and will not automatically be harmed by collective bargaining. The educator-student relationship will not be destroyed simply because an employer-employee relationship is established.

5. Other issues, such as the quality of graduate medical education, must still be dealt with no matter what the resolution of the employee-definition conflict, and they must be dealt with through other avenues than through labor-management relations.

Plan

1. We should cogently and forcefully oppose the Executive Committee decision on the Thompson Amendment, emphasizing that the Amendment is in the best interests of graduate medical education and the AAMC.

2. We should work for establishment of a group with input from house-staff and AAMC to deal with other issues of graduate medical education as outlined in the Task Force Report.

Prepared by Bob Cassell

RECOMMENDATIONS FOR COORDINATION OF THE APPLICATION CYCLES
FOR GME PROGRAMS RECRUITING MEDICAL STUDENTS FOR GME-II POSITIONS

Medical schools are concerned with the frequency of too-early requests for letters of student evaluation from graduate medical education program directors recruiting residents into their program. This is particularly common in the case of graduate medical education programs which admit students at the second graduate year level.

A report from the GSA Ad Hoc Committee on Professional Development and Advising details the problems. There are substantially two:

- 1) The application cycle for GME programs which admit students after their first graduate year is highly variable from specialty to specialty and from program to program within specialties.
- 2) This variability leads to a significant number of programs pressing students to apply in their third year and results in students seeking supporting letters of evaluation from Deans for Student Affairs or faculty before they have completed their basic clerkships.

RECOMMENDATION

It is recommended that the Executive Council approve the following statement which will be forwarded to the LCGME, the American Board of Medical Specialties, the Council of Medical Specialty Societies, and organizations of program directors:

The AAMC is concerned that uncoordinated efforts to fill positions in graduate programs which normally begin after one year of graduate medical education are resulting in inappropriate and premature requests for student evaluations, often before medical students have completed their basic clinical clerkships. The Association requests that program directors for specialties which predominantly admit students after completion of a first graduate year of education coordinate their application cycle so that students and medical schools are not imposed upon to provide letters of evaluation prematurely. A cycle which does not permit acceptance of applications prior to the late fall of the students' senior year is recommended.

Deans' offices and faculty are urged to respond to requests for premature evaluation by pointing out that the information being supplied is not based upon adequate observation of the student and that students are being denied an opportunity to explore the full range of options for their professional career development.

In the case of programs admitting students directly after graduation from medical school, the application rules and guidelines of the NIRMP should be followed.

OSR COMMUNICATIONS

In mid-May, an experimental issue of OSR Report was distributed to all medical students in the U.S. through the local OSR representatives. As a means of evaluating the effectiveness of a national OSR publication, an opinion survey was included in the newsletter. As of June 6, approximately 500 responses to this survey were received at AAMC, and those responses are tabulated on the following page.

The OSR Administrative Board at this meeting should evaluate the OSR Report and reach a decision about whether to request the Executive Council to allocate additional funds to support its continued publication on a regular basis.

RESPONSES TO OSR NEWSLETTER
 OPINION SURVEY
 VOL. 1, NO. 1
 Spring 1977

-Based on answers on 506 Surveys-

	AGREE				DISAGREE
	0	2½	5	7½	10
1. The living standards of housestaff will improve significantly if permitted to unionize.	112	121	145	74	53
2. The educational quality of housestaff programs will decline if residents are given employee status.	58	77	109	109	150
3. I would like a union to represent my interests when I become a house officer.	154	78	100	69	104
4. The allocation of slots for U.S. students presently at foreign medical schools is a step towards solving the nations's health care needs.	71	52	110	103	165
5. The preferential treatment shown to American students in foreign medical schools discriminates against the remainder of rejected applicants and students in two-year schools.	181	108	91	56	65
6. Reduced-schedule residencies are compatible with high quality training.	245	91	63	63	42
7. Reduced-schedule residencies will promote the proliferation of poorly motivated and under-trained doctors.	50	48	64	116	227
8. Reduced-schedule programs should be developed openly, accredited by standard means, and listed as such by NIRMP.	271	94	49	39	52
9. This newsletter has served a useful function by providing new information.	246	129	56	24	48
10. Additional issues published three or four times per year would be useful.	260	108	69	17	43

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OSR TENTATIVE 1977 ANNUAL MEETING SCHEDULE

FRIDAY, NOVEMBER 4th

7:00 - 9:00 pm Administrative Board Meeting

SATURDAY, NOVEMBER 5th

9:00 - 10:30 am Regional Meetings
10:30 am - 12:30 pm Discussion Sessions
2:00 - 5:30 pm Business Meeting
5:30 - 6:30 pm Reception

SUNDAY, NOVEMBER 6th

8:00 - 10:00 am Discussion Sessions
10:00 am - 12 noon Discussion Sessions
1:30 - 4:30 pm Business Meeting
4:30 - 5:30 pm Regional Meetings

MONDAY, NOVEMBER 7th

9:00 am - 12 noon AAMC Plenary Session
12 noon - 1:30 pm New Administrative Board Meeting
8:00 - 10:00 pm Program

12 noon - 5:00 pm COTH Business Meeting
1:30 - 5:30 pm CAS Business Meeting
2:00 - 5:00 pm COD Business Meeting

TUESDAY, NOVEMBER 8th

9:00 am - 12 noon AAMC Plenary and Assembly

Medical Student Rights and Responsibilities

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

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

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

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

BE IT THEREFORE RESOLVED, that OSR form a task force to examine and explore these issues, said task force to formulate a statement of student responsibilities and rights for presentation to 1977 regional meetings.

Support and Funding of Participation in OSR

WHEREAS, a significant number of AAMC member schools effectively limit student participation in the AAMC by failing to adequately fund the attendance of student representatives to OSR meetings, while supporting the attendance of representatives to the COD, the COTH, and the CAS, and

WHEREAS, the resultant lack of continuity of representation in the OSR seriously impairs informal participation by the OSR membership in AAMC affairs, and

WHEREAS, the Council of Deans has endorsed increased student representation on the Executive Council contingent upon adequate continuity of that representation,

BE IT RESOLVED that each AAMC member school should be urged by the Chairman of the COD to solicit, endorse, and adequately fund attendance of an OSR representative and an alternate representative to all national and regional meetings.

Medical School Transfer Policies

WHEREAS, it has been brought to our attention that there may be irregularities in the transfer process from two-year medical schools,

WHEREAS, there is no consistency in transfer between M.D.-granting schools,

BE IT RESOLVED that the OSR Administrative Board investigate this question, report to the OSR members and begin work on solutions if problems exist.

Curriculum and Evaluation

WHEREAS, one of the major concerns of the Organization of Student Representatives is medical school curriculum and the evaluation of the medical education process, and

WHEREAS, a number of medical schools have devised mechanisms for evaluation of course content and of teaching, and

WHEREAS, such evaluation mechanisms may be helpful to other schools in establishing their own evaluation mechanisms,

BE IT RESOLVED, that the OSR shall request from a Representative or Dean of each of its member schools, copies of that school's evaluation forms and/or a description of the school's evaluation process, and

BE IT FURTHER RESOLVED, that the OSR shall compile these forms and descriptions and shall make them available upon request to its members and to other interested parties.

Cigarette Sales at Medical Schools and Teaching Hospitals

WHEREAS, the medical profession is committed to the promotion of health and healthful habits, and

WHEREAS, the AAMC represents the institutions involved in medical education, and

WHEREAS, the AAMC thus has a responsibility for the promotion of healthful habits among the population at large, and

WHEREAS, there is a considerable body of epidemiologic data implicating cigarette smoking in the etiology of serious and life-threatening human disease,

BE IT THEREFORE RESOLVED, that the AAMC should encourage the prohibition of sale of cigarettes within medical schools and teaching hospitals.

NIRMP Monitoring

The OSR proposes that the following mechanisms be activated for the reporting of violations of NIRMP procedures for applying for residencies.

- 1) A specific AAMC staff member should be appointed for receiving and investigating complaints.
- 2) Complaints may be filed directly with the AAMC staff person or may be relayed to that individual by the local OSR representative from the school of the complaining individual. Complaints should be filed in writing. At the request of the reporting student, his or her name shall be held anonymous.
- 3) Violations will not be considered unless there is written evidence of such a violation.
- 4) Punishment for a first offense shall be a reprimand by the President of the AAMC. Punishment for a second offense shall be the release of the name of the guilty party to the general public.
- 5) The OSR Administrative Board shall be directed to explore other possible mechanisms for the investigation and redress of alleged violations and the protection of reporting students.