

OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

March 22, 1978
9:00 am - 5:00 pm

- I. Call to Order
- II. Consideration of Minutes 1
- III. Report of the Chairperson
- IV. ACTION ITEM
 - A. Executive Council Agenda
- V. DISCUSSION ITEMS
 - A. Progress Report on Efforts to Increase Availability of GME Program Information
 - B. OSR Annual Meeting 7
- VI. INFORMATION ITEMS
 - A. Medical School Admissions Projections
 - B. Administrative Board Members' Reports
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

January 17 and 18, 1978

AAMC Headquarters
Washington, D.C.

Chairman	--Paul Scoles
Chairman-Elect	--Peter Shields
Representatives-at-Large	--Cheryl Gutmann
	--Molly Osborne
	--Daniel Miller
Regional Chairmen	--Fred Emmel (Northeast)
	--Clayton Griffin (Southern)
	--Dennis Schultz (Central)
	--Michael Mahl (Western)
AAMC Staff	--James Bentley, Ph.D.
	--Robert Boerner
	--John A.D. Cooper, M.D.
	--Steven Grossman
	--Joseph Keyes
	--Diane Newman

I. Call to Order

The meeting was called to order by Paul Scoles at 1:00 pm.

II. Consideration of Minutes

The minutes of the September 1977 meeting were approved without change.

III. Report of the Chairman

Paul Scoles highlighted for the Administrative Board items discussed at the AAMC Officers' Retreat in December. He noted that one new direction for the AAMC this year will be a greater involvement in issues related to national health planning. Health planning legislation and its impact on the academic medical center will be the theme for the 1978 Annual Meeting. Mr. Scoles reported that initial plans were discussed at the Retreat for a joint OSR-COD Annual Meeting Program on the impact of planning regulation on medical students' career choices.

Another major item of discussion at the Retreat was the function and operation of the CCME and its liaison committees (LCME, LCCME, and LCGME). Retreat participants concluded that AAMC's highest priority with regard to these committees should be improving the staffing and functioning of the LCGME and its Residency Review Committees. Other Retreat items included a discussion of whether AAMC should take public positions on ethical issues related to medical education and an examination of the role and function of the AAMC's National Citizens Advisory Committee. Mr. Scoles also reported that he planned to attend the AMSA National Meeting in March. He noted that the Consortium would be meeting in

conjunction with AMSA's meeting and that nominations for the open student position on the NIRMP Board of Directors would be discussed by that group.

Mr. Scoles introduced Dr. John A.D. Cooper, President of the AAMC, as well as other staff members present. Dr. Cooper reviewed the history and development of the AAMC and its relationships to its constituents and to outside organizations, agencies, and the Federal government. He described some of the current programs of the Association and noted that as medical education and the structure of academic health centers has become more complex, the AAMC has become more complex and multi-directed.

IV. Executive Council Agenda

A. Appointment of a Secretary-Treasurer

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the appointment of Mr. David Everhart as AAMC Secretary-Treasurer.*

B. Appointment of the Executive Committee

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the appointment of the AAMC Chairman and Chairman-Elect, the AAMC President, and the Chairman of COD, CAS, and COTH to the AAMC Executive Committee.*

C. Election of COTH Hospitals

ACTION: *On motion, seconded and carried, the OSR Administrative Board endorsed the election of Children's Hospital Medical Center, Cincinnati; North Chicago V.A. Hospital; and Orthopaedic Hospital, Los Angeles, to COTH membership.*

D. Approval of Subscriber

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the granting of Subscriber Status to East Tennessee University College of Medicine.*

E. LCME Accreditation Decision

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

F. Student Representation on the Liaison Committee on Medical Education

At its October 1977 meeting, the LCME voted to request that the AMA Council on Medical Education and the AAMC Executive Council each appoint a student to serve as a non-voting member of the LCME. Paul Scoles noted that student representation on the LCME had been a goal of OSR for several years. The board discussed at length strategies for identifying a qualified and competent student who could effectively represent student interests and who would be an acceptable nominee to the AAMC Executive Council.

It was agreed that the student LCME member should not also be an Administrative Board member because of the time commitments involved with those responsibilities although it was acknowledged that the student LCME member should be someone well-versed in the function and structure of LCME. The board decided to solicit nominations from the OSR membership and from other medical student groups and to seek the Deans' assistance in identifying the most qualified student from among the nominations.

ACTION: *On motion, seconded, and carried the OSR Administrative Board supported the recommendation that the Executive Council accept LCME's invitation to appoint a student as a non-voting member.*

V. Committee Appointment

ACTION: *On motion, seconded, and carried, the OSR Administrative Board nominated the following individuals to serve on AAMC committees:*

*Flexner Award Committee--Gary Dubois
GSA Committee on The Financial Problems
of Medical Students--Robert Tomchik
GSA-Minority Affairs Section Coor-
dinating Committee--Winston Griner*

VI. The OSR Administrative Board recessed at 5:00 pm.

VII. The OSR Administrative Board reconvened at 9:00 am on January 18th.

VIII. Executive Council Agenda (cont'd)

A. OSR Resolution on Graduate Medical Education Directory

Dan Miller stated that the resolution approved by the OSR at the Annual Meeting outlined the type of directory of GME programs which he and other sponsors of the resolution felt would be the ideal. He stated, however, that rather than abandon the project entirely because it appeared unlikely that the AAMC would commit the degree of funds and staff support necessary to publish such a directory, he would be willing to examine other alternatives. The board discussed the need for more substantial information than is currently available to students through the NIRMP Directory and the AMA "green book." It was felt that while the AMA Directory includes some important descriptive data about programs, it is consistently published two to three years late. (The latest edition is 1975-76.) The NIRMP Directory, on the other hand, provides a current listing of programs but include no descriptive data. It was generally agreed that while the directory outlined in the resolution might be highly desirable, it would be unrealistic to pursue a project so broad in scope within AAMC at this time.

It was felt that a feasible alternative might be expanding the NIRMP Directory

to include quantifiable, descriptive data. Several items were discussed which might be included (e.g., call schedule, salary, daily admissions), and the board agreed to decide within the next month which items would be most useful for students. After a list is prepared, board members will discuss with Jack Graettinger, Executive Vice President of NIRMP, which items could be added to the NIRMP Directory.

In the course of the discussion about the needs of students for better information upon which to base residency decisions, two additional approaches were suggested. The first involved surveying schools about counseling programs for residency selection. It was pointed out that some schools survey recent graduates to obtain feedback on graduate programs they have attended in order to provide current students with a source of subjective information. Several board members expressed the opinion that the views of housestaff are often the most valuable indicator of the quality of a program. The board agreed to specifically ask schools in their survey about whether they provide this type of service and, with the information collected, develop an outline for a model residency counseling program to distribute to the schools.

The second approach discussed was to develop an outline of what students should look for and inquire about when considering a residency program. The board felt that the outline should include questions to be asked of program directors as well as other items and should be circulated to medical students via OSR Report.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board recommended that the Executive Council table the OSR resolution on the graduate medical education directory and decided to pursue the three approaches mentioned above.*

B. Ethical Practices Governing Privately Sponsored Research in Academic Settings

Dr. Cooper recently received a request from Representative Paul G. Rogers asking for the Association's position on the role of the academic medical center in monitoring faculty research funded by private profit-making manufacturers who have a direct economic interest in the research outcome. The OSR board felt, particularly in light of the Retreat discussion related to the Association's taking positions on ethical issues, that AAMC staff should develop a position paper on the subject and circulate it to the Councils and the OSR in March. Several aspects of this complex issue were discussed including whether institutions or individual faculty members should accept research funds from private business sources unless it is stipulated in advance that the researcher has the right and/or responsibility to publicly disclose findings indicative of a public health threat. No conclusions were reached by the board since they will be reviewing a draft position paper on the issue in March.

C. Cost Containment Program of the National Steering Committee on Voluntary Cost Containment

Dr. Jim Bentley, Assistant Director of the AAMC Department of Teaching Hospitals, reviewed for the board the major recommendations of the National

Steering Committee on Voluntary Cost Containment. The committee was formed in response to a challenge made by Congressman Dan Rostenkowski to the hospital industry to take the initiative in voluntarily restraining hospital cost increases. Members of the committee included representatives of the American Hospital Association (AHA), the Federation of American Hospitals, and the AMA as well as representatives from the health insurance sector. Dr. Bentley pointed out that a major concern of the Council of Teaching Hospitals with regard to this voluntary cost containment proposal or to any other approach to curtailing hospital cost escalation was that recognition be given to the varied circumstances of the nation's tertiary care and teaching hospitals. He pointed out that the scope of services, case mix, and health manpower training costs vary substantially by type of hospital and that a particular hospital's ability to restrain costs is obviously linked to these factors.

D. Recommendations of the AMA Commission on the Cost of Medical Care

Dr. Bentley brought to the attention of the board the Summary Report of the AMA Commission on the Cost of Medical Care. He noted that the Association will be preparing a response to the Commission's recommendations to be reviewed by the boards and the Executive Council in March and urged board members to contact him in the interim with any comments about the Summary Report.

E. Committee on Future Staffing

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the Executive Council support independent staffing for the Liaison Committee on Graduate Medical Education (LCGME).*

F. Report of the Committee on Physician Distribution

ACTION: *On motion, seconded, and carried the OSR Administrative Board endorsed the Report of the CCME Committee on Physician Distribution.*

IX. Medical Student Financial Aid

Bob Boerner, Director of the Division of Student Programs, and Steve Grossman, Legislative Analyst for the Department of Planning and Policy Development, gave a detailed presentation to the board on the status of financial aid legislation. It was pointed out that PL 95-215 made minor revisions to the new federally-insured loan program for health professions students (HPISL), by raising the maximum interest rate from 10% to 12% and by permitting students to defer repayment of interest until the end of three years of residency. Mr. Boerner indicated that while the interest-level amendments were intended to make the program more attractive to lenders, the program remains structured in such a way to potentially result in unmanageable debt levels for student participants. The board discussed with staff the current Congressional attitudes which make it appear unlikely that acceptable medical student financing legislation is eminent. One

aspect of the current lack of interest on the part of Congress in legislating viable medical student loan programs is that Congress has identified service-oriented scholarship programs such as NHSC as a solution to the nation's physician maldistribution problem and is, therefore, unwilling to legislate student assistance programs which might attract students away from NHSC. Every conceivable rationale for developing reasonable medical student loan programs has been advanced by AAMC to both Congress and the Administration, but both remain virtually unreceptive to alternative student loan approaches. The board agreed that while AAMC continues to pursue the issue of medical student financing, students themselves, particularly those in financial distress, should take a more active role in communicating their concerns to Congress.

X. Administrative Board Members' Reports

A. Cheryl Gutmann reported that as a member of the AAMC Task Force on Graduate Medical Education she had been appointed to the Task Force's Working Group on the Transition from Undergraduate to Graduate Medical Education. This working group will be investigating many of the issues related to student selection of residency programs that OSR has been concerned with in recent years, and Cheryl indicated she would keep the board informed of the progress of the group's discussions.

B. Molly Osborne reported that she had been contacted by and asked to participate in a newly-formed organization, the Women Medical Student Alliance. She stated that since the Alliance was in the organizational stage, she was not yet certain of its specific goals and objectives but would keep the board informed of its development.

C. Dennis Schultz reported that he had begun to collect information and references on sleep deprivation and on medical student stress. He also reported that he had written to several individuals who are conducting research or who are knowledgeable in these areas and would report further to the board at the March meeting.

XI. The OSR Administrative Board adjourned at 4:30 pm.

1978 AAMC ANNUAL MEETING

October 21 - 26, 1978
New Orleans Hilton Hotel

	SAT	SUN	MON	TUES	WED	THURS
A.M.	OSR Groups Societies	OSR Groups Societies	PLENARY	PLENARY ASSEMBLY	Programs Groups Societies RIME	Groups Societies RIME
P.M.	OSR Groups Societies	OSR Groups Societies Programs	Councils Business Meetings	Council Programs; RIME	Programs Groups Societies RIME	Groups Societies RIME