



# OSR-AAMC BULLETIN BOARD

PUBLISHED FOR THE ORGANIZATION OF STUDENT REPRESENTATIVES  
BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

One Dupont Circle

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## INTRODUCING THE BULLETIN BOARD

Bulletin boards are often packed with notices and advertisements which usually offer information and occasionally amusement to the passerby. It is rare, however, for a notice to actually stimulate reader response to an important issue.

This "poster" is the first edition of a new publication of the Organization of Student Representatives (OSR) of the Association of American Medical Colleges (AAMC). Written and edited by OSR members and AAMC staff, the BULLETIN BOARD intends to focus on information of mutual concern to the AAMC and to medical students.

The BULLETIN BOARD is printed in poster format for placement at strategic locations on each medical school campus. Due to space considerations, summaries rather than lengthy exposition are expected to prevail, but sources for further reading will be footnoted for those who are interested in a specific topic. The ultimate goal, of course, is to stimulate discussion and feedback. Comments may be expressed to your school's OSR member or directly to the AAMC.

We hope that the BULLETIN BOARD will provide medical students with a useful means of communication, and reader reactions are welcome for future improvements of format and content.

## NIRMP MONITORING PROGRAM

In response to concerns about the apparently increasing number of violations of National Intern and Resident Matching Program (NIRMP) policies and procedures, the OSR and the AAMC Group on Student Affairs recently developed the NIRMP Monitoring Program. This program provides for the establishment of monitoring committees on each medical school campus with recommended membership including an OSR representative and a Student Affairs Officer.

The function of monitoring committees is to review student reports of violations of NIRMP procedures and to refer substantiated reports to the President of the AAMC who will communicate the reported violations to the hospital program directors involved. It is hoped that with a mechanism for reporting violations operating on all medical school campuses, the occurrence of violations involving students and hospital directors making private agreements outside the NIRMP will be reduced.

The success of the NIRMP Monitoring Program depends, of course, upon the establishment and functioning of monitoring committees at all medical schools. For information on the NIRMP Monitoring Program contact either your OSR rep or Student Affairs Officer.

## OSR ANNUAL MEETING

The OSR Annual Meeting will be held Nov. 10-12 in conjunction with the AAMC Annual Meeting at the Conrad Hilton in Chicago. OSR is sponsoring a program session entitled, "Medical Education: Directions for the Next Decade," in which nationally prominent speakers will explore present and future trends in curricula, responsiveness to the nation's health care needs, and current innovative programs in medical education. OSR Discussion Sessions will address such issues as Peer Review, Women in Medicine, Legislation and Medicine, and the GAP Report.

The theme of the AAMC Annual Meeting this fall is "Educating the Public About Health." In AAMC Plenary Sessions, Caspar Weinberger, Secretary of HEW, and Walter J. McNerney, President of the Blue Cross Association, will be two of the key speakers addressing the role of government, public service organizations, and medical schools in public health education. Other programs at the AAMC Annual Meeting include Specialty Distribution, Quality Assurance and PSRO's, and Student Evaluation.

OSR National Chairperson: Dan Clarke-Pearson, '74, Case Western Reserve U. School of Med. Direct inquiries or comments on the BULLETIN BOARD to: Mrs. Diane Mathews, Staff Assistant for OSR Liaison, AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036.

## WHAT IS THE OSR???

The Organization of Student Representatives (OSR) of the AAMC is a medical student organization representing all the nation's medical schools. The OSR functions within the AAMC as the vehicle for providing student input into the programs and policies of the Association. To provide a better understanding of OSR, a brief description of AAMC is necessary.

Founded in 1876, the purpose of the AAMC is the promotion of quality medical education. Medical students are usually aware of only a small portion of AAMC involvement in medical education such as the MCAT and AMCAS. These services only scratch the surface of AAMC activities which include federal liaison, international medical education, biomedical research, minority affairs, and medical school accreditation. The AAMC represents 114 U.S. medical schools, 400 teaching hospitals, and 60 academic and scientific societies, and it is the only organization which speaks with a single voice for the entire community of academic medicine.

The OSR was formed in 1971, and provisions were made for student input into AAMC programs and policies through OSR representation on many AAMC committees and on the governing bodies. OSR involvement has been strong this past year in the development of AAMC policy on National Health Insurance and on the NBME Goals and Priorities Report as well as in the formation of an NIRMP Monitoring Program. It is hoped that OSR input can become even more representative of medical student viewpoints through the BULLETIN BOARD.

## DE-MYSTIFYING MEDICAL SCHOOL ADMISSIONS

A Marquis de Sade schooled in college hazing, fraternity rush, and red-tape must have designed medical school admissions. At worst it's arbitrary and at best inscrutable. Future physicians are screened by computers like stock market quotations; interviews are scheduled accidents; and applications are lost or incomplete. While Congress ponders National Health Insurance and specialty and geographic maldistribution, the bottleneck in producing physicians remains admissions. Though available places have increased approximately 36% in the last 5 years, applicants have tripled. Almost 3 candidates apply for every place; many schools receive up to 100 applications for each place. This situation may grow worse as efforts to attract applicants from all backgrounds continue. In addition, undergraduate colleges report large increases in freshmen planning to be "premed" -- a term synonymous with a competitive grind and monomania. Thus, further increases in the volume and expense of applications can be expected to complicate the already overtaxed admissions process.

In response to grass roots concerns voiced by both schools and applicants in regard to humanizing the admissions process and effecting more economic procedures, the Medical College Admissions Assessment Program (MCAAP) was conceived and initiated by AAMC. With active participation of all organizations under the AAMC umbrella (including OSR, premedical advisors, admissions officers, and specialists in testing), goals and specific recommendations were prepared in a formal report which was accepted by AAMC. Those goals include clearer definition of applicant selection criteria to be based on those that make a good doctor; better tools for assessing a heterogeneous applicant pool and non-cognitive characteristics of applicants; replacement of MCAT with tests to assess a wider range of skills such as communication and problem solving; and a compre-

hensive information feedback system to all levels -- premeds, advisors, and admissions committees.

In short, MCAAP will attempt to illuminate the recesses of the black box called "getting into medical school" with some rationality and compassion. The cited endeavors could not help but improve the existing situation and with sufficient support might ultimately affect health care more profoundly than merely changing the financing of patient care. -- Alvin Strelnick, '74, Yale Univ. School of Medicine.

<sup>1</sup>"Final Report of the AAMC National Task Force with Recommendations for the Medical College Admissions Assessment Program Study," Sept. 1973. Available from AAMC.

## AAMC TASK FORCE ON NATIONAL HEALTH INSURANCE

On May 10, 1974, James F. Kelly, Ph.D., State U. of New York, Chairman of the AAMC Task Force on National Health Insurance, presented to the House Committee on Ways and Means the AAMC Task Force's findings and position on National Health Insurance.

Although the existing health insurance industry meets 42% of the consumers' health expenditures, a substantial number of consumers are without coverage. One of the major goals of an enacted National Health Insurance would be providing better accessibility to health care services by providing better means of financing medical care. The method that will be used to finance the cost is a sensitive area to discuss as each of the many bills before Congress takes a different approach. The method advocated should insure that all individuals have complete coverage regardless of employment or financial status.

Another controversial point of National Health Insurance is the extent of coverage to be offered. There is a cause and effect relationship involved in this issue since services available will be determined by the final formula used to resolve the financing of National Health Insurance. Since health care is recognized as a right and not as a privilege, universal coverage must exist to eliminate the two-class system of patient care.

Many other points must be given thoughtful consideration before the enactment of a National Health Insurance: 1) structure of covered benefits; 2) consumer responsibility for cost-sharing; 3) regulation of the underwriter; 4) regulation of providers; 5) standards for provider reimbursement; 6) role of philanthropic contributions; 7) development and distribution of resources; and 8) effect on other programs. - Ernest Turner, '75, Univ. of Kansas School of Med.