

OSR ADMINISTRATIVE BOARD AGENDA

Conference Room
One Dupont Circle
Washington, D.C.

January 11, 1977
9:00am-4:00pm
January 12, 1977
9:00am-4:00pm

- I. Call to Order
- II. Consideration of Minutes1
- III. Report of the Chairperson
- IV. ACTION ITEMS
 - A. Executive Council Agenda
 - B. Nominations for AAMC Committees13
 - C. Annual Meeting Resolutions 15
- V. DISCUSSION ITEMS
 - A. Orientation to AAMC
 - 1. Medical School Accreditation
 - 2. Women in Medicine
 - 3. Planning & Policy Development
 - 4. Minority Affairs
 - 5. Educational Measurement & Research
 - 6. Legal Implications of Admissions Decisions
 - 7. Graduate Medical Education
 - B. Reports from Administrative Board Members
- VI. INFORMATION ITEM
 - A. Privacy Protection Study Commission21
- VII. Old Business
- VIII. New Business
- IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ORGANIZATION OF STUDENT REPRESENTATIVES

Administrative Board Minutes

September 14 and 15, 1976
AAMC Headquarters
Washington, D.C.

<u>Chairperson</u>	-- Richard Seigle
<u>Vice-Chairperson</u>	-- Thomas Rado, Ph.D.
<u>Regional Representatives</u>	-- Robert Cassell (Southern) -- Jessica Fewkes (Western) -- Robert Rosenbaum, M.D. (Central) -- Karen Skarda (Northeast)
<u>Representatives-at-Large</u>	-- Robert Bernstein, Ph.D. -- Sheryl Grove
<u>Immediate-Past Chairperson</u>	-- Mark Cannon, M.D.
<u>AAMC Staff</u>	-- James D. Bentley, Ph.D. -- Robert J. Boerner -- Judy Braslow -- John A.D. Cooper, M.D. -- George DeMuth, M.D. -- Thomas J. Kennedy, M.D. -- Joseph A. Keyes -- Diane Newman -- Dario Prieto -- August G. Swanson, M.D.
<u>Guests</u>	-- Dan Asimus, M.D. -- Gary Fetgatter -- Gaylord Nordine, M.D.

I. Call to Order

The meeting was called to order by Richard Seigle at 1:20 p.m.

II. Consideration of Minutes

The minutes of the June meeting were approved with the revised wording of the last sentence in Section III, paragraph 2 to read: "After a lengthy discussion, the board agreed that ultimate decisions regarding the nature of communications between the board and its constituency must rest with the OSR officers rather than AAMC staff or members of the other councils. The board further concluded that Dr. Cannon will consult with Mr. Scholle before formalizing the final document."

III. Chairperson's Report

Richard Seigle reported that he had attended the meeting of the Student Business Session of the AMA and the meeting of the Consortium of Medical Student Groups which were held in Dallas in June. Mr. Seigle indicated that he had been asked to address the Student Business Session and that his remarks about OSR activities were well received. Mr. Seigle also reported that he had attended the meeting of the Resident Physician Section of AMA and that the items discussed at that meeting would be covered in depth when Dr. Gaylord Nordine was present on the following day.

Mr. Seigle reported that he had been contacted twice since the June meeting for input on Executive Committee deliberations regarding health manpower legislation. The Executive Committee had discussed the proposed legislation in light of the results of the Assembly survey about the House and Senate-passed health manpower bill. Mr. Seigle reported that the Executive Committee agreed that one of the more objectionable provisions of the bills was the repayment by students to the federal government of capitation payments made to the medical schools. This provision was seen as self-defeating since it would force many debt-loaded students into the more lucrative nonprimary care specialties. Another provision discussed by the Executive Committee was remote-site training in ambulatory care. Mr. Seigle pointed out to the Committee that this provision was strongly favored by students. He reported to the board that the Executive Committee opposed this provision as a requirement for capitation and recommended instead the establishment of a program providing project grants to schools for the purpose of developing educational programs in rural sites and/or inner city areas. The Executive Committee also recommended that the NHSC program be scaled down to the more realistic levels originally proposed by the Administration and that the provision to control residency positions be stated in terms of aggregate national goals. Mr. Seigle reported that a bill had been reported out of the conference committee and that specific provisions of the bill would be outlined and discussed at the Executive Council meeting later in the week.

Mr. Seigle reported that he had received a letter from Stephen Scholle notifying the Administrative Board of his resignation as OSR Representative-at-Large. The board accepted with regret Mr. Scholle's resignation letter.

IV. Vice-Chairperson's Report

Tom Rado reported that he had attended the second meeting of the AAMC Task Force on Student Financing on July 22 in Washington, D.C. The task force heard from representatives of the federal government, the Student Loan Marketing Association, and the American Bankers Association. Dr. Rado reported that the task force spent a considerable amount of time discussing the student assistance provisions of pending health manpower legislation. Representatives from the banking community offered the opinion to the task force that the terms and conditions of the loan program proposed in the Senate bill would not attract private capital. Dr. Rado indicated that following the meeting the task force wrote to individuals in the banking community asking them for reactions to the proposed loan program. Mr. Boerner stated that the bankers contacted had provided suggestions for changes in the proposed legislation which would make the program more attractive to private lenders and which would, in turn, make the program more viable. He indicated that the Association had communicated these suggestions to the Conference Committee.

V. OSR Membership

The Administrative Board reviewed a letter from the Stanford student council informing the AAMC that they had chosen not to participate in the OSR for the coming year. The letter conveyed the view that the OSR is neither representative nor viable as a medical student group. The board expressed concern about the letter because it showed a lack of awareness of the positive aspects of OSR or of the purpose that is served by being a part of AAMC. The board agreed to respond to the Stanford student body with a letter delineating OSR's accomplishments within AAMC. The board voiced particular concern about whether the perceptions of the Stanford student officers were present within student bodies of other medical schools. Several members pointed out that through their own participation on the Administrative Board and through their interactions with members of the Councils and the AAMC staff they had become increasingly convinced of the importance and viability of the OSR. It was agreed that since many OSR members do not have the opportunity to view the activities of the OSR and the AAMC from the perspective of an Administrative Board member, an effort should be made to allow a greater number of representatives to become more actively involved with OSR programs.

VI. Executive Council Agenda

A. Ratification of LCME Accreditation Decisions

Karen Skarda expressed reservations about the LCME's decision to grant full accreditation for one year to SUNY-Stony Brook School of Medicine. Ms. Skarda enumerated for the Administrative Board the major concerns of the student body at Stony Brook with regard to the medical school's administration and student participation in institutional governance.

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Accreditation Decisions but expressed strong reservations about the decision to grant accreditation to State University of New York at Stony Brook School of Medicine.

B. Election of Institutional Members

ACTION: On motion, seconded, and carried, the OSR Administrative Board concurred with the recommendation regarding the election of four medical schools to Institutional Membership in the AAMC.

C. Election of Provisional Institutional Members

Robert Cassell stated his opinion that the Uniformed Services University of the Health Sciences should not be granted provisional institutional membership in AAMC since it will not function as do other medical schools to supply health care to the general society. The board discussed this aspect as well as the presumed nature of the admission policies and procedures which a military medical school would employ to select students who must agree prior to admission to serve in the armed forces.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board recommended that the Executive Council not support the election of the Uniformed Services University of the Health Sciences to Provisional Institutional Membership.*

D. Election of CAS Member

ACTION: *On motion, seconded, and carried, the OSR Administrative Board supported the election of the American Society for Clinical Nutrition to AAMC membership.*

E. Election of Individual Members

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the election of the recommended list of individuals to Individual AAMC membership.*

F. Amendment to the AAMC Bylaws

Richard Seigle pointed out that revisions in the AAMC Bylaws were necessary to allow for both the OSR Chairperson and Chairperson-Elect to sit as voting members on the AAMC Executive Council.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed Bylaws revisions to provide for two voting OSR seats on the Executive Council. The board also requested that the titles of OSR Chairman and OSR Chairman-Elect be changed in the Bylaws to "Chairperson" and "Chairperson-Elect."*

G. JCAH Accreditation Manual for Hospitals: Medical Staff Standards

ACTION: *On motion, seconded, and carried, the OSR Administrative Board endorsed the JCAH-proposed changes in the Accreditation Manual for Hospitals.*

H. Issues for Consideration by the National Citizens Advisory Committee for the Support of Medical Education

ACTION: *On motion, seconded, and carried, the OSR Administrative Board suggested that the National Citizens Advisory Committee be asked to explore, in addition to the issues already suggested, medical schools' responsiveness to societal health care needs.*

VII. Council of Deans Administrative Board Agenda

A. Medical School Admissions -- A Proposed Policy Statement

The Administrative Board discussed the proposed policy statement which recommended that financial contributions and political influence not be considered in reaching decisions about the admission of applicants to medical school.

ACTION: *The OSR Administrative Board strongly favored the spirit of the proposed policy statement and recommended that the AAMC adopt the statement with the following wording:*

"Applicants selected for medical school should be those whose personal merit and academic achievement best qualify them for admission. Giving consideration to fiscal or political influence in the selection process is inappropriate and is grounds for expulsion from membership in the AAMC."

B. Women Liaison Officers

A staff recommendation had been made that the COD Administrative Board consider the usefulness of appointing a woman liaison officer in each medical school to provide advice and input to Judy Braslow, the Special Assistant to the AAMC President for Women in Medicine. While the women liaison officers would not be a formal AAMC group, they would assist Mrs. Braslow by reviewing women in medicine reports and proposals, by identifying women to serve on national committees, and by other similar advisory activities. The OSR board approved the proposal and agreed to recommend its adoption by the COD board. The board also urged Mrs. Braslow to maintain contact with individual female medical students and with organized groups of women medical students.

VIII. Student Services Fees

The Administrative Board reviewed and approved for distribution to OSR representatives a letter written by Dr. Cannon describing the activities of the 1975-76 Administrative Board regarding AMCAS and MCAT fees. Dr. Cannon had revised a letter on this topic submitted by him at the previous board meeting according to suggestions made by the Administrative Board at that meeting.

IX. Recess

The OSR Administrative Board recessed at 10:30 p.m. until 9:00 a.m. on the following morning.

X. Reconvene

The OSR Administrative Board reconvened at 9:00 a.m. on September 15.

XI. Graduate Medical Education

At its last meeting, the Administrative Board appointed a task force to develop a report outlining the major problems and priorities in graduate medical education as it is currently structured. The task force wrote to various housestaff groups and individual house officers to solicit comments and suggestions about the current system of graduate medical education and possible future directions. Dr. Dan Asimus, President of Physicians National Housestaff Association (PNHA), Dr. Gaylord Nordine, President of the Resident Physician Section of the AMA, and Mr. Gary Fetgatter, Director of the AMA Department of Housestaff Affairs were present at this meeting to discuss the views of their organizations in this area.

Dr. Asimus reviewed the history of PNHA and described PNHA's current efforts to improve patient care and the working conditions of housestaff in the nation's teaching hospitals. Dr. Asimus stated that PNHA's approach in seeking advances for housestaff in these areas is through collective bargaining channels. Dr. Rado raised the question of what efforts OSR should undertake to improve the educational aspects of graduate training. Dr. Asimus responded that the OSR should continue to press for the classification of housestaff as employees rather than students and to support the concept that recognition of housestaff for the purpose of collective bargaining is necessary for the improvement of the graduate medical education process. He also urged the OSR to work through AAMC for a delineation of learning objectives in graduate training programs. He expressed the opinion that most faculty members at teaching hospitals have little or no background in education and that certain requirements should be established to ensure that faculty have the necessary background and skills to be effective teachers.

Dr. Nordine described recent organizational changes within the AMA's housestaff organization. The former AMA-Intern and Resident Business Session has become the AMA Resident Physician Section (RPS) with one representative to the section elected from each one hundred house officer members of AMA. In answer to a question regarding the nature of the relationship between AMA-RPS and PNHA, Dr. Nordine stated that the type of assistance PNHA offers to local housestaff groups is also available through the AMA. He noted that the AMA passed a resolution at a recent convention urging AMA constituent societies to lend assistance to local housestaff groups' organizational efforts. He also indicated that the AMA had expressed an interest in attempting to overturn the NLRB decision that housestaff do not qualify for protection under the Taft Hartley Act. Dr. Nordine stated that he regarded the major problem in graduate medical education to be the disenfranchisement of house officers. He noted that a great deal of frustration on their part stems from the fact that as a group they are greatly affected by administrative policies, the development of which they have no influence over and no opportunity to change. Dr. Nordine also expressed the view that collective bargaining should not be the method by which educational issues in graduate medical education are resolved. He offered the opinion, on the other hand, that many issues related to the working conditions of housestaff can only be resolved through some form of collective bargaining.

Richard Seigle presented to the Administrative Board a preliminary report of the OSR Task Force on Graduate Medical Education. The board noted that one issue which was not addressed in the report but which still needed to be explored was

the definition of the status of residents as employees and/or trainees.

ACTION: *The OSR Administrative Board approved the Preliminary Report of the Task Force on Graduated Medical Education with the addition of Item I.5. (See Addendum I.)*

XII. Reports of Administrative Board Members

A. Curriculum and Evaluation

Mark Cannon reported that the discussion session held at last year's annual meeting on curriculum and evaluation was productive for the students involved. He stressed that since AAMC has little influence on the curriculum at individual medical schools, most of the work undertaken in this area must be accomplished at the local level. Dr. Cannon stated, on the other hand, that OSR meetings serve as a useful forum for representatives to exchange ideas about curriculum and evaluation. The board agreed to sponsor two sessions on this topic at the 1976 Annual Meeting.

Dr. Cannon also reported that his term as a student representative to the National Board of Medical Examiners would end in November. He noted that NBME had during his term been receptive to student participation and that one area in which he felt he had an impact was in promoting the examination of the relevancy of NBME I test items.

B. Women in Medicine

Jessica Fewkes reported that much has been accomplished during the past year in the area of women in medicine due primarily to the establishment of Judith Braslow's position as Special Assistant to the AAMC President for Women in Medicine. Ms. Fewkes indicated that there are still many unresolved problems and concerns in this area and the size of the women applicant pool, medical school facilities for women students, the success of women in the NIRMP, "role isolation of women students and physicians, and reduced-time residency programs. Ms. Fewkes reported that many of these concerns would be addressed at the OSR Discussion Sessions on Women in Medicine and at the Women in Medicine Program at the Annual Meeting.

C. Stress in Medical Education

Robert Rosenbaum and Sheryl Grove reviewed the work that has been undertaken by the OSR during the past year to identify and alleviate non-productive stress. Dr. Rosenbaum indicated that the joint OSR/COD Program at the Annual Meeting will focus on the problem of educational stress. Dr. Gordon Deckert, Chairman of the Department of Psychiatry at the University of Oklahoma, will deliver the Keynote address. His remarks will be followed by a panel of four students speaking about the areas of concern identified by OSR at the regional meetings: time-related stress, financial burdens, grading and evaluation systems, and inadequate role models. Dr. William Drucker, Dean of the University of Virginia School of Medicine will comment upon educational stress from the dean's perspective. Dr. Rosenbaum also reported that four solution-oriented discussion session will be held on the following day -- one session for each of the four problem areas mentioned above.

D. U.S. Students in Foreign Medical Schools

Sheryl Grove reported to the board that her paper on foreign medical graduates, which was approved by the OSR board in January, was very similar in its recommendations to the CCME Report on Physician Manpower: The Role of the Foreign Medical Graduate. The CCME Report was approved by the AAMC Executive Council as well as the other parent bodies of CCME.

E. Health Legislation

Bob Bernstein reviewed the current status of health manpower legislation and provided to the board an article outlining and discussing the major provisions and implications of PL 93-641. Dr. Bernstein reiterated the point he raised throughout the year that the examination of any one piece of health legislation should be done within the framework of how it fits into the national health policy and taking into consideration the entire scope of health care delivery services offered in the U.S. At the Administrative Board's suggestion, Dr. Bernstein agreed to organize a discussion session for the Annual Meeting about health legislation and health policy issues.

XIII. OSR Annual Meeting

The Administrative Board reviewed the schedule for OSR activities planned for the 1976 Annual Meeting. Topics for the OSR Discussion were assigned: graduate medical education, NIRMP, women in medicine, curriculum and evaluation, homosexuality in medicine, humanistic medicine, health policy issues, and OSR communications. Board members offered suggestions for resource people who could attend the sessions and provide information on the various topics. It was agreed that staff would work with Mr. Seigle and Dr. Rado to finalize the Discussion Session schedule and to develop the Business Meeting agenda.

XIV. Establishment and Official Recognition of New Specialties

The Administrative Board discussed a proposed policy statement which essentially recommended that the Coordinating Council on Medical Education (CCME) should have final authority to recognize the establishment of a new specialty. It was pointed out that the creation of a new specialty is a matter of concern and interest to all the parent bodies of the CCME and that all of the parent organizations should have the opportunity to participate in the decision to establish a new specialty.

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed position statement on the establishment and recognition of new specialties.

XV. OSR Rules and Regulations

AAMC staff prepared a draft for the Administrative Board's review of OSR Rules and Regulations revisions to provide for a Chairperson-Elect. (Addendum II). At its June meeting, the OSR board approved the concept of changing the current office of Vice-Chairperson to Chairperson-Elect in order to gain an additional voting seat on the Executive Council. The board reviewed the proposed revisions and discussed the mechanism for removing an inadequate Chairperson-Elect from office. They agreed that the Chairperson-Elect would, in order to succeed to the office of Chairperson, have to receive a majority vote of confidence from the

Administrative Board. It was also agreed that there should be no stipulation that a Chairperson-Elect who does not receive a vote of confidence could not subsequently become a candidate for Chairperson. The board voiced the opinion that the OSR membership would be reluctant to endorse such a stipulation. On a similar point, the board agreed that there should be a provision in the Rules and Regulations to allow the representatives to recall any officer by a two-third vote of those present and voting at any meeting of the Organization.

ACTION: *On motion, seconded, and carried, the OSR Administrative Board approved the proposed revisions in the OSR Rules and Regulations with the following changes:*

- 1) *Deletion of the last sentence of Item 6.A*
- 2) *Addition of new Item A.F. under Section 4 to read: "Any officer of the Organization may be recalled by a two-thirds vote of those present and voting at any official meeting."*

XVI. NIRMP

Mr. Boerner described to the board a proposal currently being considered by the Group on Student Affairs about notification of unmatched students. The proposal suggests that student affairs deans notify unmatched students of their status twenty-four hours prior to the time of general release of matching results. Students would be permitted to review the list of unfilled programs, but would not be permitted to contact program directors prior to the standard notification time. The OSR board's reaction to the proposal was positive since it allows the unmatched student the opportunity to make a more careful and worked-out decision about the unfilled programs and also provides students the opportunity to discuss their options with their families. The board agreed to communicate its support of the proposal to the GSA Steering Committee.

The Administrative Board also reviewed a proposal regarding a uniform application form and procedure for graduate medical education. The board noted that the OSR had suggested the use of a uniform application form several years ago and reiterated its support of the concept. Several board members suggested in addition that the GSA and OSR explore the feasibility of establishing a system which might provide a more coherent organization to the scheduling of interviews for GME I positions. The board agreed that interviewing for programs in various locations at different times throughout the year was a substantial drain on students' financial resources and time.

Finally, with regard to NIRMP, the board raised the question of whether NIRMP could provide data on the relative success of women and minorities in the match. Since NIRMP's Student Agreement form does not include questions about sex or race, this data is not available. The OSR Administrative Board approved a resolution that the NIRMP Board of Directors consider revising its form to include this information. The board also agreed that questions about sex and race should clearly indicate that the information is being collected for research purposes only.

XVII. Actions of the Consortium of Medical Student Groups

Rich Seigle reported that at the last meeting of the Consortium, it was agreed that the group would develop a financial aid handbook describing sources of aid currently available to medical and osteopathic students. He indicated that the OSR would be sponsoring the next meeting of the Consortium at the AAMC Annual Meeting. Dr. Bernard Nelson, Chairman of the AAMC Task Force on Student Financing, will be present at the meeting to discuss plans for the financial aid handbook and to provide a report of the Task Force's activities to the Consortium.

Mr. Seigle also reported that the Consortium had discussed medical school accreditation and the activities of the LCME with Dr. Richard Egan. The leaders of the other student groups were informed during that discussion that the OSR Accreditation Handbook was completed and that copies would be made available to them. The Consortium approved a motion to send a letter to the LCME recommending that a medical student representative be added to the Committee. The board discussed this item and recommended that Mr. Seigle request the Executive Council to support the addition of a student member to the LCME.

XVIII. Adjournment

The meeting was adjourned at 4:30 p.m.

OSR TASK FORCE ON GRADUATE MEDICAL EDUCATION
PRELIMINARY REPORT

The task force on Graduate Medical Education met on September 14 to consider letters they had solicited from housestaff leaders and past leaders of medical student groups.

The task force saw its first priority as defining what problems and issues exist in Graduate Medical Education. Secondly could the AAMC and graduate physicians benefit from a form dealing with these issues. Lastly, what mechanism should evolve to carry out this participation.

ISSUES INVOLVED IN GRADUATE MEDICAL EDUCATION

- I. Directly concerning an individual's residency training period
 1. Educational environmental opportunities
 - a. Amount and quality of teaching
 - b. Guarantee of adequacy of training provided
 - c. Opportunity for education in trainee's desired areas:
e.g., non-academic center practice, opportunity to do research
 - d. Effects of working conditions on ability to learn and on what kind of physician one eventually becomes.
 2. Effects of working conditions on type of care delivered and service rendered and on the type of physician one is at the present time
 3. Life-style and living conditions of trainees
 - a. Effect of working conditions
 - b. Special work arrangements, e.g., part-time residencies
 4. Compensation: wages, fringe benefits
 5. Definition of the status of resident physicians as employees and/or trainees.

- II. Concerning input by residency trainees into areas of policy-making
 1. Hospital policy issues, decisions affecting patient care in the aggregate
 2. Issues related to the future of graduate medical education, such as:
 - a. Reapportionment of residencies geographically and among specialties
 - b. Effect of foreign medical graduates on graduate medical education
 - c. Effect of reimbursement policies on the availability of ambulatory care training opportunities for graduate physicians
 3. Issues relating to licensure and relicensure
- III. Concerning the process of application for graduate medical education
 1. Standardization of application process - application forms, interview dates, and procedures
 2. NIRMP
- IV. Issues relating to medical practice
 1. Types of role models in the graduate education process
 2. Availability of training in non-medical aspects of medical practice: organizational and financial problems, etc.

We feel that housestaff participation and input in the AAMC is needed. However, we feel that as a Task Force of the OSR only, we are not an appropriate body to recommend the form or forms of which such participation and input should consist. Therefore, we recommend that the AAMC appoint a task force, consisting of representatives of COD, CAS, COTH, OSR, PNHA, and RPS, with resource personnel from the AAMC staff, whose charge shall be to recommend appropriate mechanisms for housestaff participation and input.

STUDENT NOMINNEES FOR AAMC COMMITTEES

The following committees currently have openings for student representatives. The OSR Administrative Board should make a primary and alternate nomination for each committee. In some instances, the board may wish to re-nominate the student who served on the committee during the past year.

FLEXNER AWARD COMMITTEE

Charge: Consideration and recommendation to the Executive Council of a nominee selected for "extraordinary individual contributions to medical schools and to the medical educational community as a whole."

GSA COMMITTEE ON FINANCIAL PROBLEMS OF MEDICAL STUDENTS

Charge: Collect, study, and disseminate information concerning medical student loans, non-refundable grants, employment, etc.

GSA COMMITTEE ON MEDICAL EDUCATION OF MINORITY GROUP STUDENTS

Charge: Serve as a clearinghouse and a catalyst for efforts of individual medical schools, GSA regional and national groups and other GSA committees to increase minority group representation in the medical sciences.

GSA COMMITTEE ON MEDICAL STUDENT INFORMATION SYSTEM

Charge: Advise the AAMC and the medical schools on their systems of information exchange between the medical schools, and undergraduate colleges, and the AAMC. Help improve the American Medical College Application Service (AMCAS).

GSA COMMITTEE ON PROFESSIONAL DEVELOPMENT AND ADVISING

Charge: To make recommendations to GSA on advising systems for individual medical schools designed to collect data about students necessary for the preparation of letters of evaluation and to suggest appropriate formats for such letters in order to assist medical students applying for housestaff positions. As a lesser priority to propose data gathering and evaluation systems to provide sources, types and formats of information for counseling in the areas of academic progress, elective time, student health, and personal matters.

HEALTH SERVICES ADVISORY COMMITTEE

Charge: Major purpose is to advise and counsel the AAMC Department of Health Services on issues relating to program development, such as HMO planning and implementation within academic medical centers, appropriate graduate and undergraduate physician educational programs within the HMO milieu, problems relating to quality of care measures and quality assurance, and other issues related to effective primary care training programs.

Note: Nominations for a two- or three-year term would be preferable.

JOURNAL OF MEDICAL EDUCATION EDITORIAL BOARD

Charge: Review and make recommendations on manuscripts submitted for consideration for publication in the Journal; make suggestions on any matter concerning the Journal.

Note: Nominations for a three-year term would be preferable.

RESOLUTIONS COMMITTEE

Charge: Review and report to the Assembly committee action taken on resolutions submitted in accordance with guidelines stated in the AAMC Bylaws.

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 to all national and regional OSR 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.

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.

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.

PRIVACY PROTECTION STUDY COMMISSION

Notice was given in the October 15 Federal Register that the Privacy Protection Study Commission sought testimony on recordkeeping practices of educational institutions for hearings to be held in Washington in December 1976. Two of the particular matters to be addressed by the Commission at that time involved the inspection of admission files by applicants and the collection and dissemination of information by educational service organizations. AAMC staff prepared the following statement in order to meet the Commission's deadline; the statement is provided for the information of the OSR Administrative Board.

association of american medical colleges

STATEMENT BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES TO THE PRIVACY PROTECTION STUDY COMMISSION ON THE RECORDKEEPING PRACTICES OF EDUCATIONAL INSTITUTIONS

Mr. Chairman and Members of the Commission:

The Association of American Medical Colleges (AAMC), now in its 100th year, represents the constituency of institutions principally involved with the education of physicians. It serves as a national spokesman for all of the 116 operational U. S. medical schools and their students, 400 of the major teaching hospitals, and 62 learned academic societies and professional organizations whose members are engaged in medical education and research. In response to the Commission's questions about the nature and use of data collected by organizations such as the AAMC, the Association is providing the following information on the three sets of records it maintains.

Two of the major functions performed by the Association for its constituent schools is the provision of admissions test data through the Medical College Admissions Test (MCAT) and centralized applicant data services through the American Medical College Application Service (AMCAS). In addition, the AAMC does considerable research on health manpower education for the medical schools and also under contract for the Department of Health, Education, and Welfare. To carry out these various organizational functions, the Association maintains three sets of student records which in toto is referred to as Medical Student Information System (MSIS):

1. Data collected as part of the Medical College Admission Test (MCAT);

Submitted by John A. D. Cooper, M.D., President of the Association of American Medical Colleges, before the Privacy Protection Study Commission, December 15, 1976

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2. Data collected as part of the American Medical College Application Service (AMCAS); and
3. Data collected as part of the Student Records System (SRS).

Access to personally-identifiable student data in these systems is restricted according to guidelines set out in the "Policy for Release of AAMC Information" (attached). In addition use of the data collected by MCAT and AMCAS is governed by student consent to the extent feasible and necessary.

As previously stated the AAMC has responsibility for sponsoring the Medical College Admission Test (MCAT). This test is given twice annually to applicants for admission to medical schools and is a requirement of admission to almost all medical schools in the United States. The MCAT is administered and scored by the American College Testing Program, but the AAMC is the repository of data collected through the MCAT testing process and is responsible for the content of both the examination and the application forms. A new and expanded MCAT examination will be administered for the first time in April, 1977.

The following data about individual students is routinely collected and maintained as part of the MCAT process:

1. Name
2. Social Security Number
3. Date of Birth
4. Sex
5. Undergraduate College
6. Current Mailing Address
7. County and state of legal residence
8. Whether New MCAT Previously Taken.

These items are reported, along with the student's MCAT score, to all medical schools designated by the student to receive this information and, if designated, to AMCAS. A confidential unified list of all MCAT takers, and their scores for a particular test date, is also distributed to all medical schools.

The student data collected through the Medical College Admission Test program is coordinated and integrated with data elements collected through the American Medical College Application Service and the AAMC Student Record System for the purpose of validating the test program.

In addition some information is collected as part of MCAT, but is not reported to the schools. This data is used for AAMC research and statistical purposes and is never released except in aggregate form or for verification of identity. These items are:

1. Month and Year of Graduation
2. Undergraduate Major
3. Booklet Serial Number
4. Colleges To Be Sent the Student's MCAT Scores
5. Self Description (Racial/Ethnic Response Categories).

The information released to schools is consistent with an explicit consent form signed by the student. The release reads: "I agree that all test score data and information provided by me in conjunction with the Medical College Admission Test may be used by the AAMC and its member institutions as stated in materials provided to me with my admission blank." The explanatory material provided to the student states: "As a result of this release, the AAMC will distribute score information to medical schools indicated by the candidate, and an unofficial summary of all examinees' scores for a particular test date to all medical schools. In addition, the AAMC will utilize the data provided for research and development aimed at the improvement of the testing and admissions programs. At all times, the confidentiality of the candidates' information will be respected." A second release permits the student, if he so desires, to have his scores re-

leased to his premedical advisor. Finally, in some instances directory information may be released to medical schools to facilitate identification of students' applications and to handle any irregularities.

The American Medical College Application Service (AMCAS) is also administered by the AAMC and is a nonprofit centralized application processing system for applicants to participating U. S. medical schools. AMCAS makes no admissions decisions and does not advise applicants where to submit applications. Eighty-seven medical schools will participate in AMCAS in the selection of their 1977-78 entering classes.

Through the AMCAS application process, information is obtained similar to that collected by the MCAT process. In addition, students must have their previous schools submit official transcripts. The AMCAS application form to be used for the 1978-79 entering class will be undergoing extensive revision in the near future. However, for the 1977-78 school year the following information is requested in the AMCAS application form in addition to transcript information and MCAT score (schools receive a computer summary and are also sent a copy of the application):

1. Name
2. Social Security Number
3. Mailing Address and Phone Number
4. Permanent Address and Phone Number
5. City, County, and State of Legal Residence
6. Citizenship (and visa type if a foreign citizen)
7. Sex
8. Date and Place of Birth
9. Age
10. Number and Ages of Dependents
11. Self Description (Racial/Ethnic Response Categories)
12. Do You Wish To Be Considered As A Minority Group Applicant?
13. Name, Occupation, State of Residence, and Educational Level of Father, Mother and Guardian

14. Age of Brothers and Sisters
15. Secondary School Information
16. College and Graduate School Information
17. Military Status and Experience
18. Has Your Education Been Continuous?
19. Extracurricular Activities
20. Summer Jobs
21. College Honors
22. Regular Employment During Schooling?
23. Selective Service Status
24. Previous Matriculation for An MD Degree?
25. Were You Ever Required To Leave Any College or Denied Readmission Because of Conduct or Scholarship Deficiencies?
26. Chronic or Recurrent Illnesses, Emotional Problems or Bodily Defects?
27. Has Schooling or Employment Ever Been Interrupted Because of These Health Problems?

This application information is submitted in lieu of application materials that the student would otherwise be required to submit to each individual school. Though AMCAS encourages the completion of the application form it will process the applications of students who substantially complete their application but refuse to respond to certain questions (except identifying information). Such students, however, run the risk of being given less than full consideration by the medical schools, because of an incomplete file.

The student's AMCAS file and all the information contained in it is available to the student at all times upon request and is transmitted only to those schools specifically authorized by the student to receive it. No release of any personally-identifiable data is made under any circumstances without the student's specific authorization and no research or other use of any AMCAS data is made except in aggregate form. On a very few occasions, outside organizations have wished to use the AMCAS mailing list for legitimate research purposes (e.g. as part of a contract to the Bureau of Health Manpower of the Department of Health, Education, and Welfare). The AAMC policy has been to do the mailing for the other organization with our own personnel so that the identity of AMCAS applicants will remain anonymous.

When requesting an AMCAS application form, students receive, along with the application, a copy of the AMCAS Instruction Booklet (attached) which includes a detailed statement entitled "AAMC Policy and Procedures Regarding Student Data Collection, Processing and Dissemination." This policy statement provides the student with information on the use of AMCAS data. To insure that all spaces in medical schools are filled, the policy statement informs the students that schools will release to the medical schools the names of students who have accepted the institution's offer of admission. The statement also notes that medical schools provide the AAMC with personally-identifiable data concerning entrance and withdrawal of medical students which is used for research purposes. As part of the AMCAS application, students certify that they have read and understood the information provided in the AMCAS Instruction Booklet.

Finally, in cooperation with the medical schools, the AAMC maintains student records as part of the Student Records System (SRS). The purpose of SRS is to have data on the current enrollment status of all students in U. S. medical schools. This data is used to produce class rosters and student statistical information and to supplement general research activities. The primary source of this data is the AMCAS and MCAT processes. This is supplemented and changed by several student status forms that are routinely submitted by the medical schools. As part of the MCAT and AMCAS instruction forms, students are aware that statistical data and research will be based on the information they supply and SRS is a necessary and logical format for these purposes. The SRS contains the following information about each matriculating medical student;

1. Name
2. Social Security Number
3. Name of Medical School Attended
4. Date and Place of Birth
5. Sex

6. Legal Residence
7. Citizenship (and visa type if a foreign student)
8. Self-Description
9. Expected Graduation Date
10. Current Status
11. Academic Year in Which Student Matriculated
12. Information on Undergraduate and Graduate Schools Attended
13. Scholastic Standing at Time of Entrance and Exit

This SRS data is never released to the public other than in aggregate form except for directory information released with the medical school's permission.

In reviewing the question of whether admission records should be open to inspection by applicants, the Association notes that while the scope of the Privacy Protection Study Commission goes beyond the review of previously existing legislation, it was not the intention of the Family Educational Rights and Privacy Act of 1974 (FERPA) to address the question of applicant records. The present FERPA regulations, which were over a year in formulation, indicated that application records should not be opened even when the applicant was an undergraduate student in the same university complex as the graduate or professional school. Nonetheless, the Commission has raised the question of what legitimate purpose is served by preventing an applicant, especially a rejected applicant, from inspecting admission records.

The Association of American Medical Colleges can respond only from the perspective of U. S. medical schools. In that context, it would appear that the purposes of examination of rejected applicants' records would be twofold: to challenge the accuracy of any data contained in such records and to ascertain why the applicant was not accepted in order to enhance the applicant's career planning. The only information contained in most admission files which could not already have been seen by the applicant, such as the academic tran-

script and scores on the Medical College Admission Test, are the letter of evaluation and the interview report. In the case of the letter of evaluation, if the student has already waived his or her right to see that document, it could not be shown as part of the admission record. If the student has not waived his or her right to see that document, it has already been inspected and need not be viewed in the admission file. The interview report represents a subjective evaluation of the applicant by the interviewer. In the final regulations of the Family Educational Rights and Privacy Act it was determined that questions of fact could be challenged by the student. In other words the student had the right to challenge the fact that a grade of B appeared on an academic transcript in a particular course if the actual grade issued in that particular instance had been an A. However, the student did not have the right to question the basis upon which that grade of B was determined if it was the correct grade in that course. In a similar manner, we would presume that an applicant inspecting his or her admission file in a medical school could raise questions of fact such as whether the grade transcript in that record or the interview report was actually the grade transcript or interview report for that student, but could not, for example, question an evaluation made by the medical school interviewer. In addition, there are several legal decisions which recognize the importance of the evaluation of characteristics of applicants, such as their character and motivation. Interviews and letters of evaluation are the best examples of sources of information to make this type of evaluation. To date no court in the land has questioned the right of any medical school to make admission decisions on the basis of interviews and letters of evaluation in addition to academic criteria.

On the practical side of this question are the applicants to U. S. medical schools who reapply. In 1974-75, of 42,624 applicants, 11,083 (26%) who were denied admission in that year, reapplied in the subsequent admission year. They would certainly have been interested in reviewing their admission files. The purpose of this review would probably not have been to question the accuracy of data therein contained, but to receive information and counseling with regard to enhancing their admission credentials for reapplication. Anecdotal information from the U. S. medical schools suggests that such counseling is provided to those who seek it. The low number of complaints from the over 11,000 individuals previously cited suggests that this counseling function is basically satisfactory.

The Association and the medical schools feel strongly that such data as the interview and letter of evaluation are critical to the admission process. Nonetheless we do recognize and support the right of every applicant to receive full and complete consideration during the admission process. To the extent possible, rejected applicants should have access to every available counseling resource at the medical schools with regard to future career planning, whether that involves reapplication to medical school or selection of another career. The sheer number of applicants, however, places obvious practical restraints upon the ultimate fulfillment of the latter function, and mandated access to the admission file could distort the counseling services now voluntarily provided.

In addition to the efforts of individual medical schools, the Association publishes annually Medical School Admission Requirements which contains extensive information on each U. S. and Canadian medical school. It also includes general data regarding: premedical planning; deciding whether and where to apply to medical school; the Medical College Admission Test (MCAT); the

American Medical College Application Service (AMCAS); the medical school application and selection process; financial information for medical students; the nature of medical education; information for minority group students; information for foreign applicants to U. S. medical schools; information for high school students; and most important in this context, information for rejected applicants.

Our conclusion is that the only purpose for mandating students' access to their application file would be to verify the accuracy of the data in the file. Since most of these data are submitted by students or are available to students through their right to inspect their college records, mandated access would accomplish little and could disrupt and distort the counseling services voluntarily provided by medical schools to students seeking advice and assistance.

POLICY FOR RELEASE OF AAMC INFORMATION

It is the responsibility of the AAMC to make information on American medical education available to the public to the greatest extent possible, subject to limitations imposed by the sources of the data collected and by law.

Data collected by the Association will be owned and maintained by the Association for the benefit of medical education.

Data in the possession of the Association will be classified according to permitted access using the following categories:

- I. Unrestricted - may be made available to the general public.
- II. Restricted - Association confidential -- may be made available to member institutions and other qualified institutions, organizations and individuals subject to the discretion of the President.
- III. Confidential - A) Institutional - Sensitive data collected concerning individual institutions generally available only to staff of the Association. It may be released with permission from the institution; and B) Personal - Sensitive data collected from individual persons generally available only to staff of the Association. It may be released with permission from the individual person.

Classification will be guided by a group of individuals broadly representative of the Association's constituency. No information will be released which could be identified with an institution unless reported or confirmed by that institution.

The Association will always be willing to disclose to the individual institution or individual person any data supplied by that institution or person.

In those cases where, as a result of collection by another organization, data is owned wholly or in part by the other organization, the data would be classified in one of the above categories so far as the AAMC is concerned, but additional restrictions imposed by the other organization may also be necessary.

INTERPRETATIONS AND COMMENTS

Data made public by the individual person or individual institution (as in the case of school catalogues, Who's Who, and news released to the press), will be classified as unrestricted.

When confidential or restricted data is aggregated, it generally becomes less sensitive. Thus, data related to groups of individuals or groups of institutions might be less restricted than the same data elements related to individuals.

In accordance with the above policy, restricted data concerning individual institutions or individual persons can be provided to scholars or institutions at the discretion of the President. The staff would try to verify the worthiness of the purpose and bona fides of the organization or individual scholar in such cases, and would insist upon assurances that any result in publication would adhere to Association policies restricting individual identification.

The intended classification of each element of data will be identified on the data collection instrument itself, so that the respondent will know what will be done with the information provided.

It is recognized that a general decision to identify an item as public or restricted, even though it represents a consensus of the constituency, may still lead some individuals to refuse to supply the data.