

REPORT OF THE MEDICAL STUDENT SECTION  
GOVERNING COUNCIL

Report: I  
(A-05)

Subject: Mechanism of Representation within the MSS Assembly  
Introduced by: MSS Governing Council  
Referred to: MSS Reference Committee A  
Justin Calvert, Chair

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I. Introduction

Resolution 37 presented at the 2004 Annual Meeting and entitled “Parity” introduced the recurring question of the appropriate manner for representation of medical students within the Medical Student Section (MSS) Assembly and was adopted as follows:

That our AMA-Medical Student Section (AMA-MSS) study the best approach for improving the mechanism of representation of medical students within the MSS Assembly and explore the possibility of changing the structure of this representation, and report back at I-04.

The AMA-MSS Committee on Long Range Planning and Development conducted extensive discussions and held a forum at the 2004 Interim Meeting on this subject. This report represents the content of these discussions as well as the recommendations of your Governing Council.

II. Background

A. *Purposes of the MSS Assembly within our AMA*

The AMA-MSS is the largest group of medical students in the United States. Our core purposes are defined in the MSS Internal Operating Procedures (IOPs), and include providing medical student participation in the AMA, developing leadership, and promoting activity within organized medicine on the local, state and national levels (Appendix Two).

The MSS Assembly is the forum where 1) priorities and goals are identified, 2) strategies to meet goals are proposed, and 3) leaders to implement said goals are selected. Specific goals for MSS Assembly meetings are outlined in AMA bylaws 7.325, and include hearing reports, conducting elections of MSS officers and regional delegates, and adopting resolutions.

B. *Current Representation Structure in the MSS Assembly*

The current representation structure of our MSS Assembly is defined in AMA Bylaws, B-7.321 (Appendix Two). Every Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) accredited medical school is allowed one delegate and one alternate delegate in the MSS Assembly, with additional positions for each school’s “branch campuses,” sometimes referred to as “satellite campuses”. A branch campus is defined as a separate facility in a city other than that which the main school is located where at least some portion of the student body spends at least a year. Specialty organizations and other national medical student organizations are also allotted delegates in the MSS

1 Assembly per provisions outlined in B-7.321; a discussion of these policies is beyond the scope of this  
 2 report.

3  
 4 Currently, there are 126 LCME accredited and 20 AOA accredited schools. Of the LCME accredited  
 5 schools, 20 have branch campuses that meet the criteria as set forth in AMA-MSS IOPs VIII.B.2 and  
 6 AMA Bylaws B-7.321.

7  
 8 Each region has more delegates due to the branch campus provisions, though the increase in delegation  
 9 size varies considerably across regions (table 1).

10  
 11 TABLE ONE:

12 *Number of campuses and number of accredited schools, per MSS Region (as of January 2005)*

13

<u>Number of Campuses per region</u>		<u>Number of Schools per regions</u>	
Region 1	32	Region 1	21
Region 2	28	Region 2	25
Region 3	22	Region 3	16
Region 4	26	Region 4	24
Region 5	33	Region 5	18
Region 6	22	Region 6	20
Region 7	25	Region 7	24

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 24 *C. Current Representation Structure in the Resident and Fellow Section Assembly*

25  
 26 The representation structure of the Residents and Fellows Section (RFS) is outlined in AMA Bylaws B-  
 27 7.131. The RFS allots one representative in its Assembly per one-hundred “regular” and “eligible”  
 28 members of the AMA in a particular constituent association, or fraction thereof. Eligible members in the  
 29 RFS are defined as those who are “serving in an approved training program, fellowship or otherwise  
 30 eligible to participate in the Resident and Fellow Section” and are “certified by the President or Secretary  
 31 of the constituent association to be a member in good standing.” Constituent associations of the RFS  
 32 include both state and specialty societies. There is also a provision for “direct” members of the AMA to  
 33 become involved in the RFS Assembly in that the Governing Council may appoint appropriate “direct”  
 34 members to fill remaining spots in any state which has not met its “one-per-hundred” representation  
 35 allotment. One representative is also selected from each of the Armed Services.

36  
 37 *D. Current Representation Structure in the AMA House of Delegates (HOD)*

38  
 39 The HOD representative structure is defined in AMA Bylaws B-2.11, and allows for one delegate and one  
 40 alternate per one-thousand “active constituent and active direct members of the American Medical  
 41 Association within the jurisdiction of each constituent association” or fraction thereof. An additional  
 42 delegate is allotted if 75% of a constituent association’s membership are members of the AMA, and an  
 43 additional two delegates are allotted if the membership penetration reaches 100%. Constituent  
 44 associations in the AMA HOD consist of both state societies and specialty societies, though there are also  
 45 mechanisms in place for Section representation (e.g., the MSS Delegate and Alternate Delegate), the  
 46 unique MSS Regional Delegate system, and various other representative structures outside the constituent  
 47 association realm (e.g., Minority Affairs Consortium [MAC]).

1 *E. Pros and cons of our current MSS Assembly Representation Structure*

2  
3 With its current structure our MSS Assembly does a reasonably good job of providing for appropriate  
4 representation of medical students at various schools across the country.  
5

6 *Positive Attributes of our Representation Structure*

7 Firstly, and of significant importance, is the fact that every accredited medical school has the opportunity  
8 for representation, whether their school has three or 1000 AMA members. Thus, it can be said that our  
9 AMA values the work of the LCME and AOA in accrediting medical schools and values the participation  
10 of enrolled students from each of those schools in our policy making process.  
11

12 Secondly, the model has produced an MSS Assembly whose size is sustainable. A significant increase in  
13 the size of the Assembly could hinder the MSS' ability to conclude elections and business in the time and  
14 space allocated by the AMA. However, if the current policy is maintained, and current trends continue,  
15 some increase in the size of the assembly may occur. This is due to the increase in the number of schools  
16 with branch campuses and increases in the number of accredited osteopathic programs<sup>1</sup>.  
17

18 Thirdly, students who enroll at branch campuses have the opportunity to send their own delegates to the  
19 assembly. Many students have expressed appreciation for this provision, especially those who are  
20 significantly distant from their main campus – for example, the Washington, Wyoming, Alaska, Montana  
21 and Idaho (WWAMI) program. This is a Washington state – based program, with a main campus in  
22 Washington and four branch campuses – all in different states. The WWAMI program has 5 votes in our  
23 assembly (one for each participating state). Without some provision allowing for branch-campus  
24 representation, the WWAMI schools would all technically fall under the auspices of one “LCME  
25 accredited” institution and thus only get one vote.  
26

27 It could be argued that the branch campus rule allows a smaller state like Indiana to be able to compete  
28 with states like California and New York whose massive medical student populations and large number of  
29 schools would dominate any population-based method of representation (as they do in the United States  
30 House of Representatives).  
31

32 A final positive note regarding branch campuses – there is a belief that encouraging delegates from  
33 branch campuses increases involvement by creating new positions and encouraging new leadership from  
34 schools which would not traditionally be as involved. However, there is as much support for maintaining  
35 the current size of our assembly as there is for creating new positions. Furthermore, other methods of  
36 representation could also create more leadership opportunities than what currently exist at some chapters.  
37

38 *Opportunities for Improvement*

39  
40 Our AMA recognizes the LCME and AOA as the accrediting bodies of medical schools; if they award  
41 accreditation to a school, we award a delegate. This contrasts with the representation systems in our RFS  
42 and AMA HOD – delegates are awarded based on numbers of direct and constituent members. Thus,  
43 there is a divergence of the ways in which we award delegates among our voting bodies.  
44

45 The area of greatest difficulty with our current structure regards the branch campuses provision. While  
46 there is support in our assembly for delegates from these campuses, there is also frustration that schools  
47 with many campuses can have many delegates, while schools with many students at one campus have  
48 only one delegate.  
49

50 For instance, Michigan State University has 438 enrolled medical students at a total of seven campuses –  
51 seven delegates for 438 students. However, the University Of Colorado School of Medicine has 558

1 enrolled students at one campus – one delegate for 558 students. It is easy to appreciate that a disparity  
2 seems to exist in this system.  
3

4 Examples like this abound - Indiana University School of Medicine has 1,128 enrolled students and nine  
5 branch campuses – nine delegates for 1,128 students. The University of Illinois Medical School has  
6 approximately 200 more students than Indiana but five fewer branch campuses (and thus only 4 votes).  
7 Finally, the University of South Dakota with its four branch campuses has an equal number of votes as  
8 the University of Illinois, but less than 1/6 the number of students.  
9

10 The impetus is on our assembly to correct the current system to both recognize the schools accredited by  
11 the LCME and AOA yet also bring our representation structure in line with other groups in the AMA,  
12 which provides delegates based on population.  
13

14 III. Discussion  
15

16 Multiple options exist for the structure of the MSS Assembly. In this section, we will outline previously  
17 proposed structures, including pros, cons, and potential to change the size of the MSS Assembly.  
18

19 A. Population – based representation: One delegate per a set number of enrolled medical student  
20 members at an LCME or AOA accredited medical school.  
21

22 The first option we will present is an enrollment based model. Each US accredited medical school would  
23 earn delegates based on enrollment figures. Current enrollment data was used to calculate the changes in  
24 the size of the assembly and changes per school in the number of delegates, when this model is used.  
25 Projections were made using models of one delegate per 500 / 600 / 700 students.  
26

27 Our current assembly size has the potential to be as large as 189 delegates. If a model was adopted that  
28 allowed one delegate per 600 students, the assembly size would remain close to the current size while  
29 increasing representation of the largest campuses.  
30

31 <b>Method of representation</b>	31 <b>Projected size of the MSS Assembly</b>
32 Current model	189
33 One delegate per 500 enrolled students	217
34 One delegate per 600 enrolled students	201
35 One delegate per 700 enrolled students	176

36  
37 B. Population – based representation: One delegate per a set number of student members or enrolled  
38 medical students in a given state.  
39

40 Several discussions yielded the idea of allowing representation based on membership numbers. This  
41 method would reward the most active chapters or states. However, it would require considerable staff  
42 time and resources, as membership numbers flux nearly weekly. Further, there are already means of  
43 rewarding chapters with large membership numbers, through our Medical Student Section Outreach  
44 Program (MSSOP), and the awarding of regional delegates for our AMA House of Delegates.  
45

46 C. Accreditation – based with provisions for some branch campuses as well as provisions for large  
47 student populations.  
48

49 In this method, each medical school would receive one delegate. Branch campuses located in other states  
50 than the main campus would be eligible for one delegate. In addition, schools with large student

1 populations would receive additional delegates. As listed above, an enrollment of 1-600 students yields  
2 one delegate; 601 – 1200 would yield two delegates, and so forth.

3  
4 Under this model, multiple needs are met. Each accredited medical school is guaranteed at least one  
5 delegate. Schools with large populations have the opportunity to send additional delegates. Students  
6 enrolled at branch campuses outside of the home state of their main campus can express their campus'  
7 individual views and concerns.

8  
9 The likely logistical concerns would be that our MSS staff would have to update our Assembly  
10 information often. However, enrollment data is released annually, and staff could easily use a formula in  
11 an Excel spreadsheet to calculate the number of delegates, and contact any chapters whose number of  
12 delegates changes.

13  
14 A second likely concern regards branch campuses. This model makes an allowance only for those located  
15 in other states than the main campus. These students should have their own delegates, as they represent  
16 groups of enrollees who face different issues including different state Medicaid policies, state university  
17 systems, and are a part of varying state medical societies.

#### 18 19 IV. Conclusion

20  
21 Our AMA-MSS needs to develop a system of allocating delegates in the Assembly that:

- 22 1. Provides representation based on LCME or AOA accreditation
- 23 2. Has a provision for large student populations
- 24 3. Has a provision for students at branch campuses located outside of the state where the home  
25 campus is located

26  
27 One example of a system that meets all of these requirements is as follows:

- 28 1. One delegate per LCME or AOA accredited medical school, plus
- 29 2. One delegate for any branch campus located in a state outside of the home campus, plus
- 30 3. One delegate based on enrollment beyond a base (or another number to be determined) enrollees,  
31 as follows:
  - 32 a. 1 – 600 enrollees, no additional delegates
  - 33 b. 601 – 1,200 enrollees, one additional delegate
  - 34 c. 1,201 – 1,800 enrollees, two additional delegates

#### 35 36 V. Recommendations

37  
38 The AMA-MSS Governing Council recommends that the following recommendations be adopted  
39 and that the remainder of this report be filed:

- 40  
41 1) That the representation structure of our MSS Assembly be based on proportionate  
42 representation such that each school receives one delegate per a set number of enrolled  
43 students, inclusive of branch campuses, except in cases where the branch campus is located in  
44 a state different than the main campus.
- 45 2) That our Governing Council use AAMC and AOA enrollment data to determine the  
46 appropriate number of enrolled students needed to allot one delegate in the MSS Assembly.
- 47 3) That our Governing Council draft the appropriate MSS Internal Operating Procedure and  
48 AMA Bylaw changes and submit them to the MSS Assembly for consideration at I-05 with  
49 forwarding to the AMA House of Delegates as appropriate.

**MSS ACTION: Recommendations not adopted and the remainder of the report filed**

Fiscal Note: The current size of the MSS Assembly is 205 Delegates and 205 Alternates, totaling 410. Additional seats are provided for non voting participants. Were the size of the MSS Assembly increased, fiscal concerns surround hotel costs for the size of the meeting space, agenda printing costs, handout costs and other miscellaneous meeting costs.

References

1 - <http://www.ama-assn.org/amednews/2005/03/14/pr110314.htm>

Physician shortage? Push is on for more medical students

AMNews, March 14, 2005, Myrle Croasdale.

Association of American Medical Colleges

<http://www.aamc.org/data/facts/2004/factsenrl.htm>

Accessed March 8, 2005

FACTS - Applicants, Matriculants and Graduates

American Association of Colleges of Osteopathic Medicine

Accessed March 8, 2005

<http://www.aacom.org/colleges/enrollment.asp>

Colleges by Enrollment

Official Information for the entering class of 2005

APPENDIX ONE  
ENROLLMENT DATA AND NUMBER OF DELEGATES IN THE MSS ASSEMBLY

The Association of American Medical Colleges (AAMC) and the American Association of Osteopathic Colleges of Medicine (AACOM) provide enrollment data on their websites. This data was accessed, and AMA MSS files were reviewed to ascertain which schools were structured to include branch / satellite campuses.

Table one contains data on schools sorted by state, with total number of enrolled students in 2004, and the number of delegates possible under the current MSS Assembly structure. Data on enrollment was obtained from <http://www.aacom.org/colleges/enrollment.asp> and <http://www.aamc.org/data/facts/2004/factsenrl.htm>. Data is also provided that describes the number of delegates possible if we allowed one delegate per 500, 600 or 700 enrollees.

Table One

org_nm	State	Enrolled Students	Current	One delegate per 500 students	One delegate per 600 students	One delegate per 700 students
Univ Of Al Sch Of Med, Birmingham Al 35294	AL	676	3	2	2	1
UNIV OF SOUTH AL COLL OF MED, MOBILE AL 36688	AL	259	1	1	1	1
Univ Of Az Coll Of Med, Tucson AZ 85724	AZ	441	1	1	1	1
Arizona Coll Of Osteo Med, Midwestern Univ, Glendale, AZ 85308	AZ	219	1	1	1	1
Univ Of Ar Coll Of Med, Little Rock AR 72205	AR	574	1	2	1	1
Univ Of Ca, San Francisco, Sch Of Med, San Francisco CA 94143	CA	694	2	2	2	1
Keck Sch of Med of the USC, LOS ANGELES CA 90089	CA	688	1	2	2	1
Stanford Univ Sch Of Med, Stanford CA 94305	CA	446	1	1	1	1
Loma Linda Univ Sch Of Med, Loma Linda CA 92350	CA	685	1	2	2	1
D Geffen Sch of Med-UCLA, Los Angeles CA 90095	CA	739	3	2	2	2
Univ Of Ca, Irvine, Ca Coll Of Med, Irvine CA 92697	CA	402	1	1	1	1
Univ Of Ca, San Diego, Sch Of Med, La Jolla CA 92093	CA	537	1	2	1	1
Univ Of Ca, Davis, Sch Of Med, Davis CA 95616	CA	406	1	1	1	1
Western U Hlt Sci Col Osteo Med Of The Pacific, Pomona CA 91766	CA	111	1	1	1	1
Touro Univ Coll of Osteo Med, Vallejo CA 94592	CA	88	1	1	1	1
Univ Of Co Sch Of Med, Denver CO 80262	CO	558	1	2	1	1
Yale Univ Sch Of Med, New Haven CT 06510	CT	498	1	1	1	1
Univ Of Ct Sch Of Med, Farmington CT 06032	CT	333	1	1	1	1
G WASHINGTON UNIV SCH MED & HLTH SCI, WASHINGTON DC 20037	DC	682	1	2	2	1
Georgetown Univ Sch Of Med, Washington DC 20007	DC	712	1	2	2	2
Howard Univ Coll Of Med, Washington DC 20059	DC	458	1	1	1	1
Univ Of Miami Sch Of Med, Miami Fl 33101	FL	620	1	1	2	1
UNIV OF FL COLL OF MED, GAINESVILLE FL 32610	FL	466	1	1	1	1
Univ Of South Fl Coll Of Med, Tampa Fl 33612	FL	446	1	1	1	1
FL STATE UNIV COLL OF MED, TALLAHASSEE FL 32306	FL	174	3	1	1	1
Nova Se Univ, Hlth Prof Div, Col Osteo, Ft Lauderdale FL 33314	FL	6	1	1	1	1
Med Coll Of Ga Sch Of Med, Augusta GA 30912	GA	722	1	2	2	2
Emory Univ Sch Of Med, Atlanta GA 30322	GA	497	1	1	1	1
Morehouse Sch Of Med, Atlanta Ga 30310	GA	193	1	1	1	1
Mercer Univ Sch Of Med, Macon Ga 31207	GA	240	1	1	1	1
UNIV OF HI J A BURNS SCH MED, HONOLULU HI 96822	HI	255	1	1	1	1
Rush Med Coll Of Rush Univ, Chicago Il 60612	IL	517	1	2	1	1
U OF CHGO DIV OF BIO SCI PRITZKER SCH OF MED, CHICAGO IL 60637	IL	481	1	1	1	1
NWU, Feinberg Sch of Med, Chicago Il 60611	IL	738	1	2	2	2

Univ Of Il Coll Of Med, Chicago Il 60680	IL	1388	4	3	3	2
R Franklin Univ of Med & Sci, North Chicago IL 60064	IL	785	1	2	2	2
Loyola Univ Of Chicago Stritch Sch Of Med, Maywood Il 60153	IL	548	1	2	1	1
Southern Il Univ Sch Of Med, Springfield Il 62794	IL	295	2	1	1	1
Chicago Coll Of Osteo Med, Midwestern Univ, Chicago Il 60615	IL	288	1	1	1	1
In Univ Sch Of Med, Indianapolis In 46202	IN	1128	9	3	2	2
R J & Lucille Carver Coll Med Univ of IA, Iowa City, IA 52242	IA	630	1	2	2	1
DES MOINES UNIV, COLL OF Osteo MED & SURG, Des Moines IA 50312	IA	28	1	1	1	1
UNIV OF KS SCH OF MED, KANSAS CITY KS 66103	KS	730	2	2	2	2
UNIV OF LOUISVILLE SCH OF MED, LOUISVILLE KY 40202	KY	593	1	2	1	1
UNIV OF KY COLL OF MED, LEXINGTON KY 40536	KY	403	1	1	1	1
Pikeville Coll, Sch Of Osteo Med, Pikeville Ky 41501	KY	7	1	1	1	1
Tulane Univ Sch Of Med, New Orleans La 70112	LA	635	1	2	2	1
La State Univ Sch Of Med In New Orleans, New Orleans La 70112	LA	687	1	2	2	1
La State Univ Sch Of Med In Shreveport, Shreveport La 71130	LA	408	1	1	1	1
Univ Of New England, Coll Of Osteo Med, Biddeford Me 04005	ME	380	1	1	1	1
Univ Of Md Sch Of Med, Baltimore Md 21201	MD	634	1	2	2	1
Johns Hopkins Univ Sch Of Med, Baltimore Md 21205	MD	532	1	2	1	1
USUHS F E Hebert Sch of Med Bethesda Md 20814	MD	666	1	2	2	1
Harvard Med Sch, Boston Ma 02115	MA	811	1	2	2	2
Boston Univ Sch Of Med, Boston Ma 02118	MA	683	1	2	2	1
Tufts Univ Sch Of Med, Boston Ma 02111	MA	712	2	2	2	2
UNIV OF MA MED SCH, WORCESTER MA 01655	MA	441	1	1	1	1
Univ Of Mi Med Sch, Ann Arbor Mi 48109	MI	750	1	2	2	2
Wayne State Univ Sch Of Med, Detroit Mi 48201	MI	1094	1	2	2	2
MI STATE UNIV COLL HUMAN MED, EAST LANSING MI 48824	MI	435	7	1	1	1
Mi State Univ, Coll Of Osteo Med, East Lansing Mi 48824	MI	6	1	1	1	1
UNIV OF MN MED SCH, MINNEAPOLIS MN 55455	MN	865	1	2	2	2
Univ Of Mn-Duluth Sch Med, Duluth Mn 55812	MN	70	1	1	1	1
Mayo Med Sch, Rochester Mn 55905	MN	189	1	1	1	1
Univ Of Ms Sch Of Med, Jackson Ms 39216	MS	415	1	1	1	1
Washington Univ Sch Of Med, St Louis Mo 63110	MO	594	1	2	1	1
UNIV OF MO, COLUMBIA SCH OF MED, COLUMBIA MO 65212	MO	376	1	1	1	1
ST LOUIS UNIV SCH OF MED, ST LOUIS MO 63104	MO	638	1	2	2	1
UNIV OF MO-KANSAS CITY SCH OF MED, KANSAS CITY MO 64108	MO	334	1	1	1	1
KS Cty Univ Med & BS Coll Osteo Med, Kansas City Mo 64124	MO	409	1	1	1	1

A T Sill U Hlth Sci Kirksville Coll Osteo Med	MO	106	1	1	1	1
Univ Of Ne Coll Of Med, Omaha Ne 68198	NE	482	1	1	1	1
CREIGHTON UNIV SCH OF MED, OMAHA NE 68178	NE	472	1	1	1	1
Univ Of Nv Sch Of Med, Reno Nv 89557	NV	214	1	1	1	1
Dartmouth Med, Hanover Nh 03755	NH	346	1	1	1	1
UMDNJ-NEW JERSEY MED SCH, NEWARK NJ 07103	NJ	696	1	2	2	1
Umdnj-Robt W Johnson Med Sch, New Brunswick Nj 08901	NJ	656	3	2	2	1
UMDNJ-Sch Of Osteo Med, Stratford Nj 08084	NJ	5	1	1	1	1
UNIV OF NM SCH OF MED, ALBUQUERQUE NM 87131	NM	316	1	1	1	1
Columbia Univ Coll Of Physicians And Surgeons, New York Ny 10032	NY	667	1	2	2	1
ALBANY MED COLL, ALBANY NY 12208	NY	533	1	2	1	1
U of Buffalo, SUNY Sch Of Med & Biomedical Sci, Buffalo Ny 14214	NY	586	1	2	1	1
SUNY, DWNSTATE M C COLL MED, BROOKLYN NY 11203	NY	770	1	2	2	2
NEW YORK MED COLL, VALHALLA NY 10595	NY	772	1	2	2	2
SUNY Upstate Med Univ, Syracuse, NY 13210	NY	633	2	2	2	1
New York Univ Sch Of Med, New York Ny 10016	NY	704	1	2	2	2
J & S WEILL M C CORNELL UNIV, NY 10021	NY	435	1	1	1	1
Univ Of Rochester Sch Of Med & Dentistry, Rochester Ny 14642	NY	435	1	1	1	1
A Einstein Col Med Yeshiva Univ, Bronx Ny 10461	NY	809	1	2	2	2
Mt Sinai Sch Of Med NY Univ, New York Ny 10029	NY	510	1	1	1	1
Stony Brook Univ HSC Sch Med Stony Brook Ny 11794	NY	457	1	1	1	1
NY Coll Of Osteo Med NY Inst of Tech Old Westbury, Ny 11568	NY	12	1	1	1	1
Univ Of NC Chapel Hill Sch Of Med, Chapel Hill Nc 27599	NC	702	1	2	2	2
Wake Forest Univ Sch of Med, Winston-Salem, NC 27157	NC	448	1	1	1	1
Duke Univ Sch Of Med, Durham Nc 27710	NC	451	1	1	1	1
The Brody Sch of Med at E Carolina Univ, Greenville NC 27858	NC	296	1	1	1	1
Univ Of Nd Sch Of Med and Hlth Sci, Grand Forks Nd 58201	ND	235	1	1	1	1
CASE WESTERN RESERVE UNIV SCH OF MED, CLEVELAND OH 44106	OH	646	1	2	2	1
Oh State Univ Coll Of Med and Pub Hlth, Columbus Oh 43210	OH	874	1	2	2	2
Univ Of Cincinnati Coll Of Med, Cincinnati Oh 45267	OH	642	1	2	2	1
Med Coll Of Ohio, Toledo Oh 43699	OH	606	1	2	2	1
Northeastern Oh Univs Coll Of Med, Rootstown Oh 44272	OH	433	1	1	1	1
Wright State Univ Sch Of Med, Dayton Oh 45401	OH	378	1	1	1	1
Ohio Univ, Coll Of Osteo Med, Athens Oh 45701	OH	159	1	1	1	1

Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	OK	596	2	2	1	1
OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201	OR	475	1	1	1	1
Univ Of Pa Sch Of Med, Philadelphia Pa 19104	PA	723	1	2	2	2
JEFFERSON MED COLL-THOS JEFFERSON UNIV, PHILADELPHIA PA 19107	PA	938	1	2	2	2
Univ Of Pittsburgh Sch Of Med, Pittsburgh Pa 15261	PA	631	1	2	2	1
Temple Univ Sch Of Med, Philadelphia Pa 19140	PA	773	1	2	2	2
PA STATE UNIV COLL OF MED, HERSHEY PA 17033	PA	534	1	2	1	1
DREXEL UNIV COLL OF MED, Philadelphia PA 19129	PA	1021	1	3	2	2
PHILADELPHIA COLL OF OSTEO MED, PHILADELPHIA PA 19131	PA	618	1	2	2	1
LAKE ERIE COLL OF OSTEO MED, ERIE, PA 16509	PA	17	1	1	1	1
UNIV OF PR SCH OF MED, SAN JUAN PR 00936	PR	458	1	1	1	1
Ponce Sch Of Med, Ponce Pr 00732	PR	262	1	1	1	1
Univ Central Del Caribe Sch Of Med, Bayamon Pr 00621	PR	203	1	1	1	1
Brown Medical School, Providence Ri 02912	RI	319	1	1	1	1
Med Univ Of SC Coll Of Med, Charleston Sc 29425	SC	599	1	2	1	1
Univ Of Sc Sch Of Med, Columbia Sc 29208	SC	309	1	1	1	1
Univ Of Sd Sch Of Med, Vermillion Sd,57069	SD	201	4	1	1	1
VANDERBILT UNIV SCH OF MED, NASHVILLE TN 37232	TN	464	1	1	1	1
UNIV OF TN, HLTH SCI CTR, COLL OF MED, MEMPHIS TN 38163	TN	617	1	2	2	1
Meharry Med Coll Sch Of Med, Nashville Tn 37208	TN	353	1	1	1	1
E TN STATE UNIV J H QUILLEN COLL OF MED, JOHNSON CITY TN 37614	TN	242	1	1	1	1
Univ Of Tx Med Branch Galveston, Galveston Tx 77550	TX	836	1	2	2	2
Baylor Coll Of Med, Houston Tx 77030	TX	714	1	2	2	2
U Of Tx Southwestern Med Sch At Dallas, Dallas Tx 75235	TX	935	1	2	2	2
Univ Of Tx Med Sch At San Antonio, San Antonio Tx 78284	TX	824	2	2	2	2
U Of Tx Med Sch At Houston, Houston Tx 77225	TX	853	1	2	2	2
Tx Tech Univ Hlth Sci Ctr Sch Of Med, Lubbock Tx 79430	TX	543	3	2	1	1
TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843	TX	302	2	1	1	1
Univ North Tx Hlth Sci Ctr, Coll Osteo Med, Ft Worth Tx 76107	TX	352	1	1	1	1
Univ Of Ut Sch Of Med, Salt Lake Cty Ut 84132	UT	418	1	1	1	1
Univ Of Vt Coll Of Med, Burlington Vt 05405	VT	409	1	1	1	1
UNIV OF VA SCH OF MED HLTH SYS, CHARLOTTESVILLE VA 22908	VA	585	1	2	1	1
VA COMMONWEALTH UNIV, SCH OF MED, RICHMOND VA 23298	VA	748	1	2	2	2

E Va Med Sch Of M C Of Hampton Rds, Norfolk Va 23501	VA	428	1	1	1	1
E Via Va Coll of Osteo Med	VA	10	1	1	1	1
Univ Of Wa Sch Of Med, Seattle Wa 98195	WA	786	6	2	2	2
Wv Univ Sch Of Med, Morgantown Wv 26506	WV	414	2	1	1	1
J C Edwards Sch Med Marshall U, Huntington Wv 25755	WV	191	1	1	1	1
Wv Sch Of Osteo Med, Lewisburg Wv 24901	WV	124	1	1	1	1
UNIV OF WI MED SCH, MADISON WI 53706	WI	631	1	2	2	1
Med Coll Of Wi, Milwaukee Wi 53226	WI	825	1	2	2	2
<i>Projected size of the MSS Assembly</i>			<b>189</b>	<b>217</b>	<b>201</b>	<b>176</b>

APPENDIX TWO  
Relevant Policy

AMA Medical Student Section, Internal Operating Procedures  
Internal Operating Procedures, section II, Purpose and Principles of the MSS:

The purpose of the Medical Student Section shall to be provide medical student participation in the activities of the American Medical Association through adherence to the following principles:

- to have meaningful input into the decision and policymaking process of the Association;
- to improve medical education and to further professional excellence;
- to involve medical students in addressing and solving the problems of health care and health care delivery and to provide a forum for the discussion and dissemination of information;
- to develop medical leadership;
- to initiate and effect necessary change;
- to promote high personal and professional ethics, and a humanistic approach to the delivery of quality patient care;
- to promote activity within organized medicine on the local, state, and national levels;
- to work cooperatively with other student groups to meet these objectives.

**AMA Policy on the MSS Assembly:**

B-7.321 Representatives to the Business Meeting.

B-7.3211 Representatives. The AMA medical student members of each program accredited by the Liaison Committee on Medical Education or the American Osteopathic Association may select one voting member and one alternate member who must be medical student members of the AMA. The members so selected shall be properly certified to the Governing Council of the Medical Student Section in accordance with rules established by the Governing Council.

B-7.3212 Medical School Campus. The AMA medical student members of a school as defined in 7.3211 that has more than one campus may select a voting member and an alternate from each campus. The members selected must be medical student members of the AMA and shall be properly certified to the Governing Council of the Medical Student Section. For purposes of this section a separate campus is defined as a separate facility in a city other than where the main campus is located, and where part of the medical school student body is assigned for some portion of their instruction over a period of time not less than an academic year.

B-7.32121 Request to seat a voting representative from a campus other than the main campus of the school must be submitted to the Medical Student Section at least ninety (90) days in advance of the first meeting at which the representative will be seated. The Governing Council of the Medical Student Section shall establish appropriate rules for credentialing all representatives.

B-7.32122 The AMA medical student members of the Charles R. Drew University of Medicine and Science campus of the University of California at Los Angeles Medical School may select one voting member and one alternate member to represent the campus at the business meeting of medical student members. Both the voting member and the alternate member must be medical student members of AMA and must be properly certified to the Governing Council of the Medical Student Section in accordance with rules established by the Governing Council.

B-7.3213 Specialty Organizations. Those national medical specialty organizations that have been granted representation in the AMA House of Delegates and have established a medical student component may be represented at the Business Meeting of the Medical Student Section by one voting member and one alternate selected by the medical student members of the specialty organization, both of whom must be medical student members of AMA and must be properly certified to the Governing Council of the Medical Student Section. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty organization has established a medical student membership component so as to qualify for representation at the Business Meeting of the Section. The procedure by which the medical student representative from the specialty organization is selected must meet the requirements established by the Governing Council.

B-7.3214 National Medical Student Organizations. National medical student organizations that have been granted representation in the Medical Student Section Business Meeting pursuant to the provisions of these Bylaws may select one voting member and one alternate member, both of whom must be medical student members of the American Medical Association. The members so selected shall be properly certified to the Governing Council of the Medical Student Section in accordance with rules established by the Governing Council.

B-7.32141 Criteria for Eligibility. National medical student organizations that meet the following criteria may be considered for representation in the AMA Medical Student Section Business Meeting:

a. The organization must be national in scope. b. The organization must be composed solely of medical students enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program. c. Membership in the organization must be available to all medical students, without discrimination. d. The purposes and objectives of the organization must be consistent with the AMA's purposes and objectives. e. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

B-7.32142 Procedure. The organization must submit a written application containing sufficient information to establish that the organization meets the criteria described in Section 7.32141. The application must also include the following:

a. The organization's charter, constitution, bylaws and code of medical ethics. b. A list of the sources of the organization's financial support, other than the dues of its medical student members. c. A list or description of all of the organization's affiliations. d. Such additional information as may be requested.

The Governing Council shall review the application. If it recommends that the organization be granted representation in the Medical Student Section Business Meeting, the recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the organization may be represented in the Medical Student Section Business Meeting.

B-7.32143 Biennial Review Process. Each national medical student organization represented in the Medical Student Section Business Meeting must reconfirm biennially that it continues to meet the criteria for eligibility by submitting such information and documentation as may be required by the Governing Council.

B-7.32144 Rights and Responsibilities. National medical student organizations granted representation in the Medical Student Section Business Meeting shall have the following rights and responsibilities:

a. Full voting rights in the Business Meeting, including the right to vote in any elections at the conclusion of a two year probationary period with regular attendance. b. Shall not be eligible for election to any office in the AMA Medical Student Section. c. To present its policies and opinions in the Business Meeting. d. It shall require its representatives to report on the actions of the AMA Medical Student Section. e. It shall cooperate in enhancing the AMA Medical Student Section membership.

B-7.32145 Discontinuance of Representation. The Governing Council may recommend discontinuance of the representation by a national medical student organization on the basis that the organization fails to meet the criteria in 7.32141, has failed to maintain its responsibilities in 7.32144, or has failed to attend the Business Meeting of the AMA Medical Student Section. The recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the representation of the national medical student organization in the AMA Medical Student Section Business Meeting shall be discontinued.

7.325 Purposes of the meeting. The purposes of the meeting shall be: 7.3251 To hear such reports as may be appropriate. 7.3252 To elect, at the Business Meeting prior to the Annual Meeting of the AMA, the voting members of the Governing Council of the Medical Student Section, the officers pursuant to 7.315 and a Speaker and Vice Speaker. 7.3253 To elect, at the Business Meeting prior to the Interim Meeting of the AMA, a medical student member of the AMA to serve as a member of the AMA Board of Trustees for a term of one year beginning at the close of the next Annual Meeting of the AMA and concluding at the close of the second Annual Meeting of the AMA following the meeting at which the member was elected. 7.3254 To adopt procedures for election of delegates and alternate delegates for the Medical Student Regions established in 2.16. 7.3255 To elect, at the business meeting prior to the Interim Meeting of the AMA, delegates and alternate delegates for each Medical Student Region. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates. 7.3256 To adopt resolutions for submission by the Medical Student Section to the House of Delegates of the American Medical Association. 7.3257 To conduct such other business as may properly come before the meeting.

### **RFS Assembly Policy**

B-7.1311 Constituent Members. Resident/fellow physician members of the American Medical Association in those constituent associations that provide full membership for them shall select one representative for each one hundred (100), or fraction thereof, regular members of the AMA who are eligible to be members of the Resident and Fellow Section and are members of the constituent association. The Executive Vice President of the AMA shall notify each constituent association of the number of representatives to which it is entitled. Each representative to the Business Meeting of the Resident and Fellow Section must be serving in an approved training program, fellowship or otherwise eligible to participate in the Resident and Fellow Section and shall be certified by the President or Secretary of the constituent association to be a member in good standing.

B-7.1312 Direct Members. Resident/fellow physicians serving in approved training programs or fellowships, members serving as their primary occupation in a structured educational program begun immediately upon completion of medical school, residency or fellowship training who are direct members of the AMA may be selected as representatives to the Business Meeting of the Resident and Fellow Section upon application to the Governing Council for the Resident and Fellow Section. The Governing Council shall select representatives from those states that do not provide full membership for

resident/fellow physicians on the basis of one representative for each one hundred (100), or fraction thereof, direct members of the AMA from that state who are resident/fellow physicians serving in approved training programs. The Governing Council shall select representatives pursuant to uniform rules and criteria that they may adopt.

B-7.1313 Members Serving in the Military or in Federal Agencies. Resident/fellow physicians serving in approved training programs, or fellowships, and members serving as active duty military or public health service physicians providing service as general medical officers before returning to complete a residency program, who are direct members of the AMA and serving in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, the Department of Veterans Affairs or other Federal agencies may be selected as representatives to the Business Meeting of the Resident and Fellow Section upon application to the Governing Council for the Resident and Fellow Section. The Governing Council shall select representatives from the services and government agencies on the basis of one representative for each one hundred (100), or fraction thereof, direct members of the AMA from each of the services and government agencies who are physicians serving in approved training programs, fellowships or otherwise eligible to participate in the Resident and Fellow Section. The Governing Council shall select such representatives pursuant to such uniform rules and criteria that they may adopt.

B-7.1314 National Medical Specialty Organizations. Those national medical specialty organizations that have been granted representation in the AMA House of Delegates and have established a resident/fellow physician membership component may be represented at the Business Meeting of the Resident and Fellow Section by a representative selected by the resident/fellow physician members of the specialty organization. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty organization has established a resident/fellow physician membership component so as to qualify for representation at the Business Meeting of the Section. The procedure by which the resident/fellow physician representative from the specialty organization is selected must meet the requirements established by the Governing Council.

B-7.1315 Professional Interest Medical Associations. Each qualified Professional Interest Medical Association may be represented at the Business Meeting of the Resident and Fellow Section by a resident/fellow physician representative selected by the Professional Interest Medical Association. The Governing Council shall adopt uniform rules and criteria to determine if a Professional Interest Medical Association qualifies for representation at the Business Meeting of the Section. The procedure by which the resident/fellow physician representative from the Professional Interest Medical Association is selected must meet the requirements established by the Governing Council.

### **AMA HOD Policy**

B-2.11 Constituent Associations.

Each constituent association is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under B-2.112.

B-2.111 Apportionment. The apportionment of delegates from each constituent association is one delegate for each one thousand (1,000), or fraction thereof, active constituent and active direct members of the American Medical Association within the jurisdiction of each constituent association, as recorded in the office of the Executive Vice President of the AMA on December 31 of each year.

B-2.1111 Effective Date. Such apportionment shall take effect the ensuing January 1 and shall remain effective for one year thereafter. In January of each year the Executive Vice President of the American Medical Association shall notify each constituent association of the number of seats in the House of Delegates to which it is entitled during the current year. Notwithstanding the foregoing requirements, the apportionment of delegates from each constituent association shall not be less than the 2003 apportionment while the specialty organization delegate apportionment freeze set forth in bylaw 2.124 is in effect.

B-2.1111 Retention of Delegate. If the membership information as recorded in the Office of the Executive Vice President of the American Medical Association on December 31 warrants a decrease in the number of delegates representing a constituent association, the constituent association shall be permitted to retain the same number of delegates, without decrease, for one additional year, but only if it promptly files with the Office of the Executive Vice President of the AMA a written plan of intensified AMA membership development activities among its members.

B-2.1112 Unified Membership. A constituent association that adopts bylaw provisions requiring all members of the constituent association to be members of the AMA shall not suffer a reduction in the number of delegates allocated to it by apportionment during the first two (2) years in which the unified membership bylaw provisions are implemented.

B-2.112 Additional Delegates. A constituent association shall be entitled to an additional delegate and alternate delegate in the House of Delegates if seventy-five percent (75%) or more of its members are confirmed as members of the American Medical Association. A constituent association shall be entitled to two (2) additional delegates and alternate delegates in the House of Delegates if all of its members are also members of the AMA. No constituent association shall be entitled to more than two (2) additional delegates and alternate delegates under this section.

B-2.1121 Effective Date. The additional delegates provided for under 2.112 shall be based upon membership information recorded in the Office of the Executive Vice President of the American Medical Association on December 31 of each year.

B-2.1122 Retention of Additional Delegate. A constituent association that has achieved seventy-five percent (75%) or more American Medical Association membership shall retain the additional delegate only if the membership information recorded in the Office of the Executive Vice President of the AMA on each subsequent December 31 confirms that seventy-five percent (75%) or more of the constituent association's members are members of the AMA, as provided in these Bylaws. If the membership information for a constituent association having an additional delegate pursuant to this section of the Bylaws, as recorded in the Office of the Executive Vice President of the AMA on December 31, indicates that less than seventy-five percent (75%) of the constituent association's members are members of the AMA, the constituent association shall be permitted to retain the additional delegate for one additional year, but only if it promptly files with the Office of the Executive Vice President of the AMA a written plan of intensified AMA membership development activities among its members. On the following December 31, if the membership information for such constituent association, as recorded in the Office of the Executive Vice President of the AMA, indicates that for the second successive year less than seventy-five percent (75%) of the constituent association's members are members of the AMA, the constituent association shall not be entitled to retain the additional delegate.

B-2.1123 Two Additional Delegates. If, on December 31, the membership information confirms that during that calendar year a constituent association has adopted bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the constituent association shall be entitled to two (2) additional delegates. The constituent association shall retain the two (2) additional delegates, only if the membership information recorded in the Office of the Executive Vice President of the American Medical Association on each subsequent December 31 confirms that all of the constituent association's members are members of the AMA, as provided in these Bylaws.

B-2.1124 Notification. In January of each year the Executive Vice President of the American Medical Association shall notify each constituent association of the number of additional delegates to which each constituent association is entitled.

B-2.113 Selection. Each constituent association shall select and adjust the number of delegates and alternate delegates to conform with the number of seats authorized under 2.111 and 2.112.

B-2.114 Certification. Presidents or secretaries of constituent associations shall certify, to the Executive Vice President of the AMA, the delegates and alternate delegates from their respective associations.

B-2.115 Autonomy of Constituent Medical Associations. The participation of a constituent medical association in the House of Delegates is voluntary. Policy actions of the AMA do not in themselves bind a constituent medical association or subject it to any obligation that it does not voluntarily assume.