At this meeting, the theme was “change”. Throughout the past decades, medical education and curriculum have gone through many changes. At the opening remark keynote address “Managing the Challenge of Change”, Dr. Darrel Kirch, AAMC President outlined the Front Burner Issues that were of utmost importance for the AAMC agenda. The five issues included physician workforce, financial hurdles for students, diversity, the support for teaching hospitals and faculty physicians, and a “sustainable future” for our nation. To further elaborate on these issues, one hot topic that was discussed during throughout the meeting was the fact that annual tuition increase 18% within 2001-2006. In addition, there has been an increase in the number of private medical schools this past decade. With this, this rings up inequality of socio-economic levels of students and expanding the fee waiver. As far as the issue on diversity, AAMC has taken on the initiative of Aspiringdocs.org. This push for minority representation in medical colleges was imperative for this issue. In addition, AAMC has drafted a Holistic Review Document. The budget of the nation has decreased its support in NIH funding, and there is talk on elimination of Title VII, IME payment education, medicare advantage IME payments, and children’s GME.

According to the AAMC, there will be an increase by 21% in medical school admissions by 2012. Although America sees the needs of physicians, residency spots will not increase. The idea is to displace international medical graduates and encourage international medical graduates to stay in their home country.

At the NRMP update, there was a total number of 22,000 applicants this year, and 5.8% unmatched students, which is consistent with other years (6-7%). There was a fourth year student panel at the meeting. At this breakout session, a draft document on the scramble process was distributed. This included main recommendations for the student affairs department to give to the unmatched student. This included details on before the match day, such as identifying high risk students, during match week, such as providing a private space for students to gather information, and during the late “scramble” match, such as providing immediate written documentation for an offer. Along with this topic, the breakout session of “changing process of helping the unmatched student” was very informative. The most important take-home point about this was that each school’s student affairs department should identify the “high-risk” student. Risk factors include repeated course, low USMLE, Bottom group in comparative ranking, highly competitive specialty, highly desirable specialty, departmental identified risk, low grade in specialty clerkship, interview risk, and inadequate department support/advising.

At the separate regional meetings, two main topics were student grievances and professionalism, and career advising/mentorship. It was overall decided that in general,
most medical school had committees similar to our school for student conduct and professionalism. However, there was no committee for faculty conduct and professionalism. For example, at most schools, if there is a problem with a faculty, the student goes within the department to address this problem. There are a few schools who have committees in which not only faculty and students sit, but also people from outside the medical school with no bias. The career-advising and mentorship topic was interesting. Most schools do not have a docent system like we do. However, at some schools, students meet with their student affairs director continuously throughout their career. Some schools have school funded lunches during 1<sup>st</sup> and 2<sup>nd</sup> years for different specialties, similar to our interest group meetings; however, every specialty is covered.

At this meeting, I learned a lot about other schools. I have learned that there is no one general curriculum, and every school is very different on different issues. During the meeting, separate schools filled out surveys about different topics such as community service, USMLE preparation, and required electives. The results are pending; however I will not be surprised if there is a wide range of answers.