In 1971 the AAMC annual meeting was held at the Palmer House in Chicago.

I previously had some discussions with Tom Fitzgerald and Dan Benford regarding the preliminary work to establish a professional development committee.

On our first day at the 1971 annual meeting Tom, Dan and I had a breakfast meeting to move forward with these ideas.

We decided to send a questionnaire to the GBA membership to determine those topics that were of greatest interest.

We thought we could develop a program with five or six topics and recruit a very fine group of speakers to present the program.

We felt that with a modest registration fee and a small honorarium to each of the speakers we could at least break even and build the foundation for an important source of information for the members of the GBA.

In order to proceed we needed the blessing of the Council of Deans and Tom and I had arranged to meet with their committee that evening.

Tom made his presentation and the chair of the committee was very skeptical.

“Tom”, he said, “Do you think the business officers are going to pay good money to fly across the country to hear you guys lecture to each other?”

Tom responded that the lectures would be good quality, the topics very important to the responsibilities assigned to the business officers, and with the growing complexity of the business management and administration of Academic Medicine these programs were critically important.

We were finally able to persuade the members of the committee that this was a worthwhile project and we did get their approval to move forward with the planning of the first professional development program.

Tom appointed an excellent committee to put together this first meeting.

Our “To Do List” was very comprehensive. Some of the key items:
1. Select the subjects.
2. Invite the speakers.
3. Select location.
4. Prepare brochures.
5. Make travel arrangements.
6. Prepare a budget.

We selected the Eden Roc Hotel on Miami Beach as our location for the first national professional development meeting.

The subject of the presentations reflected the most popular titles selected in the survey sent to all members of the GBA.

We were able to recruit an outstanding group of presenters.

The registration fee was $100.00.

The hotel gave us a good room rate - $150.00 per night for a room in one of the most desirable hotels in Miami Beach.

We estimated with registration, airfare, hotel, meals, taxi, etc, the average attendee would spend $1,000.00 to attend the meeting. It was very important to all of us that those attending went home feeling the money was well spent!

As National Chairman, Tom Fitzgerald had use of the penthouse on the top floor of the hotel, which had been visited by celebrities from all over the world. This had three bedrooms and was the size of a very expensive private home!

The following subjects were covered at the meeting:

*The Department Of Health, Education And Welfare, Organization And Operations:*

This topic was presented by Richard L. Seggel, Deputy Assistant Secretary for Health Policy Administration, HEW.

Mr. Seggel began his presentation by describing Top health leadership – The Assistant Secretary for Health and Scientific Affairs is responsible to the secretary of DHEW for: (1) Line direction and policy control of the department’s three health agencies, (2) Health policy advise on such matters as; health care financing (including Medicare and Medicaid), and development of new programs impacting on the Nations health. He discussed the Food and Drug Administration, Health Services and Mental Health Administration, Services delivery that included, Health Service Corps in underserved areas, family planning, maternal and child health, neighborhood health centers, migrant health, etc.

He spoke about the National Institute of Health – Research and Education arm including the Bureau of Health Manpower Education, and the National Library of Medicine.

He spoke about the increase of health in the Federal budget from 1.1% in 1963 to 7.4% requested in the 1971 federal budget.
In 1971 of the total budgets of the Nation’s medical schools, more than fifty percent came from Federal grants and contracts. In 1973 $1.14 billion Federal funds went directly to medical schools of which $1.1 billion was from DHEW.

In 1971 seventy-two percent of HEW funds going to medical schools was for the support of biomedical research. This included; research grants, research training, research contracts, and intramural research.

Almost twenty-two percent of HEW funding of medical schools was for manpower development. This included; Institutional grants, Start-up grants, Special Project grants, Financial distress grants and Educational Initiative awards.

The 1973 HEW budget included funds to provide 12,900 medical students with loans, this represented 29% of the enrollment of the than 115 medical schools.

Funds for scholarships were provided to 7300 students representing 17% of total medical school enrollment.

DHEW provided significant funding for construction of medical schools. From 1964 (date program began) to July 1971, Mr. Seggel pointed out, over $800 million was provided for this purpose.

Business Systems And Procedures – New Trends:

This topic was presented by George M. Norwood, Jr., Vice President for Planning, Thomas Jefferson University.

Mr. Norwood said: “It is the task of the business management to try to generate maximum financial resources for the medical center and to see that they are used in the most effective or productive manner.”

He discussed some of the most notable characteristics of the university health science center:

- Diversity of direction and motivation.
- Diversity of people.
- Dispersion of power and authority.
- Capricious financing.
- Public interest.
- Accelerated rate of change.

He discussed the major business challenges that faced university health science centers in the 1970’s, cash control, cost analysis and control, resource generation and justification, data collection and rapid retrieval, assimilation of new activities, and forecasting.

Finally he spoke about the fact that, “we must depend upon computer and the people associated with it for a large proportion of the capability which will be required in the future.”
In conclusion he said, “All of these ideas indicate that we may become slaves to a highly complex machine. Once, not very long ago, this seemed likely, but now there exists a favorable trend toward our eventual mastery of this complex capability.”

Administrative And Financial Relationships Between Medical Schools And Hospitals:

This topic was presented by Matthew F. McNulty, Jr., Sc.D., Executive Vice President for Medical Center Affairs, Georgetown University Medical Center.

He explained that the shared goals of medical schools and their affiliated hospitals have been summarized as: education, research, patient care and community service.


Management Information Systems:

This topic was presented by K. L. Kutina, M.B.A. and L. E. Lee, Jr., M.D., School of Medicine, Case Western Reserve.

The core philosophy of the program planning and budgeting system advocated by the presenters is its ability to pin point the most critical management information needs of the institution.

They said, “the most valuable by-product of the process of developing and implementing comprehensive operational and financial simulation models for planning purposes is the vivid way in which data shortcomings are highlighted. It stands to reason that if the models are geared to the needs of managerial decision-making and if they realistically simulate the operations and financial structure of the institution, the informational needs of management are identical with those of the models. In addition, the rigors of the analysis required for the simulation model development is such that it will probably reveal data needs critical to the managerial decision process.”

Supervision and Human Relations:

This topic was presented by Milton F. Droege, Jr., President, Management Training Institute, Tulsa, Oklahoma.

Mr. Droege began by saying; “One of the most continually changing aspects of management is the attitude of society toward authority … Authority has been praised and maligned alternately since the beginning of man, and for the past few years has taken an
unusual beating. It is foolish to think that authority is the only form of power in an organization; however, it is also foolish to feel that authority, in and of itself, is oppressive and undesirable. It is and will remain one of the primary tools of the manager.”

“The concept of structuring the organization to establish traditional authority supportive of the organizational goals will be one of the major academic considerations of management in the 1970’s and will have a strong effect on the method of organizational management almost immediately.”

“In summary, you will be well served as a manager to use the three following steps in the consideration of authority and its use:

- Identify the nature of authority and those forms that are most applicable to the task and the individual involved.
- Establish clear lines of authority in the organization and define the scope within which legally assigned authority can be used.
- Structure your organization so that the internal view of traditional relationships serves the purpose of the organization.”

Budgeting Techniques:

This topic was presented by Ronald E. Beller, Ph.D., Associate Professor of Management and Special Assistant to the President, University of South Alabama.

He said, “Budgeting, as a process in a complex organization like medical colleges, involves both art and science; science in the application of theory from the fields of economics, management and political science to the problem of allocating available resources to competing programs in the college; art in the successful merging of the myriad activities in the college so that individual and organizational thrusts are effectively combined.”

He went on to describe a complex, “Output Planning and Budgeting Model.”

This model requires four key steps to determine faculty needed by program:

- Stating the fundamental mission of the medical college.
- Formulation of precise goals for the major programs of instruction, research, patient services and their major sub programs, and for various support programs of the medical college.
- Program goals must be related to the rate of application of the faculty resource to each program.
- Multiply each program goal by the appropriate application rate to yield a schedule of required faculty for every program for each year of the plan.

He than described the methods used to determine non-faculty staffing required for each program and methods used to determine program needs for non- personnel resources.

Conclusion:
This first National Education Program turned out to be very successful. It provided a small monetary surplus of income over expense that was to support in part GBA activities over the next several years.

Most importantly, it served as the initial impetus that would lead to a series of National Education Programs over the next thirty years, and into the future, that would meet a very important need of the membership of the GBA.