

April 1964 Analysis of Past and Present Activities
of the A A M C: Correlation of Increasing
Activities with Increasing Expenditures

Folder 28

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"This is the introduction to the Special Studies for the Coggshall Report. See also complete (bound) volume."

**Analysis of The Past
and Present Activities
of
The Association
of
American Medical Colleges

April, 1964**

**Correlation of the Increasing
Activities with Increasing
Expenditures**

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The Correlation of the Increasing Activities
of the
Association of American Medical Colleges
with
Increasing Expenditures

The following table shows the annual total expenditures of the Association of American Medical Colleges from 1946 through 1963.

<u>Year</u>	<u>Total Expenditures</u>
1946	\$ 37,682
1947	32,568
1948	48,418
1949	100,301
1950	185,818
1951	284,898
1952	404,624
1953	259,440
1954	464,557
1955	516,550
1956	530,637
1957	694,651
1958	520,549
1959	628,469
1960	749,278
1961	868,168
1962	980,446
1963	984,728

The table uses the end of World War II as its earliest point of reference. Prior to fiscal year 1959-60, the accounting records and auditor's reports do not lend themselves to an analysis of expenditures according to programs. However, while it may take time, information regarding expenditures for specific activities can be obtained. By using the table as a point of reference, one can correlate the increasing expenditures of the AAMC with its increasing activities.

The post-war period is a good time for this narrative to begin because it is only since this time that the medical schools of the nation have started to work together as a unified force in American medicine.

It should first be pointed out that the figures in the above table are based upon expenditures -- not income -- and second, that as a rule, a program initiated in one year carries on with increasing expenditures over the years to follow.

Nineteen forty-six and forty-seven marks the time when the Association's program was served by a small office staffed by Dr. Fred Zappfe and a stenographer. The AAMC-AMA joint program of medical school inspection, The Journal of the Association of American Medical Colleges (then a quarterly publication), the beginning development of the Medical College Admissions Test (first known as the Medical Aptitude Test), a small annual meeting of the Deans and two annual meetings of the Executive Council, constituted the major activities of the Association.

Nineteen forty-nine to fifty-two were years of rapid growth. Dr. Dean Smiley had joined the staff as Secretary of the Association in 1948. In 1949, Dr. John Stalnaker became the Director of Studies. This marked the beginning of research dealing with the intellectual characteristics of medical students and called for the acquisition of tabulating equipment and supporting staff; also, a move to larger quarters and an increase in institutional dues. The Medical Audio-Visual Institute, largely supported by foundations and USPHS, was also started in 1949.

The Inter-Association Committee on the Internship was established in 1950, culminating in 1952 in the establishment of the National Intern Matching Program. Finally, during these three years, supported by grants from the Markle Foundation, the Association participated in the first survey of pre-medical education (published in 1953 under the title, "Preparation for Medical Education in the Liberal Arts," by Aura Severinghaus, Harry Carman, and William Cadbury), ~~and in the survey of medical education (published in 1953 under the title, "Medical Education in the United States at Mid-Century," by John Deitrick and Robert Berson).~~

The drop in expenditures for 1953 was due to a change in the fiscal year from October 1 - September 30 to July 1 - June 30. In 1953, The Journal of Medical Education began publication as a monthly instead of a bi-monthly publication. The first annual Teaching Institute was held in 1953.

The expenditures for the years 1954 through 1957 reflect the construction of the new building (a gift of land from Northwestern University and grants from the China medical Board and the Sloan Foundation) and the move of the headquarters from the Chicago Loop to Evanston. The institutional dues were increased to \$1,000 per year in 1956. Dr. Ward Darley joined the staff as Executive Director in February of 1957. Mr. John Craner became Director of Business Affairs in March of 1959. Ernst and Ernst were employed as auditors. New books were set up for the fiscal year beginning July 1, 1958. IBM accounting was introduced and the system is still under refinement. Most of the expenditure increases during 1954-58 were due to the construction of the headquarters building, the move to Evanston, and the strengthening of management. No new programs of significance were initiated during this period -- in fact, except for the retention of the medical film library, one program -- the Medical Audio-Visual Institute -- was discontinued.

Schedule A (Tab A) outlines the expenditures of the Association according to programs beginning with fiscal year 1958-59. The organization of the Schedule makes the timing, source, and the amount of the expenditures for the various activities readily apparent. The activities are grouped under twelve categories, the first seven and the last of which are of major importance.

The Schedule lists two sources of funds from which expenditures have been made: unrestricted and restricted. Unrestricted expenditures are those that are made from funds that can be used for any purpose. Foundation grants that are made for unrestricted purposes are included here. Restricted expenditures are those that are made from grants or contracts that are for the support of specific purposes or programs. Only the grand totals can be found in the auditor's reports. Program cost accounting is being tried for the first time during this fiscal year.

Basic Research and Education

Except for studies that are related to medical student financing and outside employment, the category, "Basic Research and Education," includes all survey, research, and service activity that is related to student admissions, counselling, and characteristics and to all aspects of teaching and learning, including curriculum and the resources, such as the library, that are related thereto. Also included here are studies that are concerned with the fields of medical and patient care that hold long-range implications for present day medical education. For want of a better term, these activities have been called the "Core Program."

The Commonwealth Fund grant of \$50,000 a year for the fiscal years ending 1960, 1961, and 1962 helped materially with the program of basic research, particularly the intensive phases of the longitudinal study. Beginning with the fiscal year 1959-60, the Committee on Medical Communications received the first of two \$10,000 grants from E. R. Squibb and Company to finance the development of programs for the evaluation of teaching motion pictures in the basic science areas and for the development of guidelines for medical libraries. The annual Carnegie grant of \$60,000 (5 years) first became operative in fiscal year 1962-63 and beginning with the fiscal year 1963-64, the Executive Council designated the income from the Medical College Admissions Test for the research and services concerned with this enterprise and for the services, studies, and activities that will improve student admissions, counselling, and welfare. Dr. Davis Johnson was employed to take charge of the Office of Student Studies and Services in September, 1963. While he was with the State University of New York, Dr. Johnson had already started the study of student attrition, which was cosponsored by the AAMC. When he joined the staff of the AAMC, the balance of the grant supporting this study (Maurice Falk Foundation) was transferred to the Association.

The above sources of income account for the major increases in expenditure under the category, "Basic Research and Education." All of this activity is under the direction of the Division of Education supervised by Dr. Paul Sanazaro who joined the staff during the summer of 1962. The activity of the Division is divided into four programs. Note that the name of each program is followed by the name of the individual who is responsible for it and also the tab number of an exhibit that provides a summary of the program. Also, where indicated, reference is made to a separate book which, in addition to the above summaries, contains appendices and exhibits that will provide very considerable amplification.

1. Educational Service and Research - Dr. Paul J. Sanazaro
Pages 2-6 of Tab B. Also see Book I
2. The Core Program - Dr. Paul J. Sanazaro
Pages 6-15 of Tab B. Also see Book I
3. Basic Research - Dr. Edwin B. Hutchins
Tab C. Also see Book II

(In Book II, particular attention is called to the appraisal of the impact of the programs of basic research)

4. Student Studies and Services - Dr. Davis G. Johnson
Tab D. Also see Book III

Operational Studies

Except for the fact that general Association funds have been necessary to meet the indirect costs, and except for a portion of a grant from the Sloan Foundation for a study of medical school-teaching hospital affiliation agreements, the program of Operational Studies has been financed by grants from the W. K. Kellogg Foundation. The initial Kellogg grant of \$500,000 terminated in March 1964 and at the same time was renewed for \$375,000 to cover a second 5-year period. Two early grants of the Kellogg Foundation (1959 and 1960) financed the direct costs of a study of the university hospital internship, the publication of A. J. Carroll's book, Medical College Costs, and subsequently a pilot study that led to the present method for determining medical college program costs. A related pilot study - the development of methods for determining the educational costs in affiliated hospitals - is currently underway. It is anticipated that the results of this latter study will be ready for discussion at the forthcoming Institute on Medical School-Teaching Hospital Relationships.

A brief summary of the category, "Operational Studies," will be found under Tab E. A perusal of Book IV will be necessary if the very comprehensive nature of this program is to be appreciated. In this book, particular attention is called to the statement, "The Impact of the Present Program of Operational Studies."

International Medical Education

The program in International Medical Education was initiated during fiscal year 1961-62 under the leadership of Dr. Henry van Zile Hyde supported by a grant from the Rockefeller Foundation of \$50,000 a year (5 years). The 1959-60 expenditures in the interests of international medical education were to finance the travel and other activities incident to the development of the Pan-American Federation of Associations of Medical Colleges. Since the initiation of the program of the Division of International Medical Education, very considerable outside support has been obtained, some from the Rockefeller Foundation and very considerable from other sources. The details of the grants and contracts that are supporting this program, together with a concise summary of the total activities will be found under Tab F. The indirect costs involved in the support of the program in international medical education have been borne by the general funds of the Association. If an appreciation of the total scope of the program is desired, Book V should be reviewed.

Publications

The publications program of the Association is the natural result of activities that center around studies, research, and service. With the exception of an annual grant of \$10,000 from the Macy Foundation for the development of The Journal of Medical Education (particularly its international flavor), the monthly publication and mailing of the Datagrams and special Journal supplements, this program has been financed from the general funds of the Association. With few exceptions, the Journal supplements, have been financed by the Commonwealth Fund in connection with its support of the Teaching Institutes.

The Association's most important monthly and annual publications are:

1. The Journal of Medical Education. See Tab G for a review of the development and present status of The Journal.
2. The Admission Requirements of American Medical Colleges. This annual publication has now come to be the "Bible" of all students planning to apply for medical school. More than 10,000 copies are sold each year.
3. Financial Assistance Available for Graduate Study in Medicine. This book, currently in its sixth publication, like Admission Requirements of American Medical Colleges, is the standard reference book of students seeking opportunities (other than clinical residencies) for advanced study in the medical sciences.
4. Directory of the Association of American Medical Colleges. This publication goes to all members as part of their membership. Many copies are sold to individuals and agencies not related to the Association by virtue of membership. In all, over 5,000 copies are distributed annually.
5. The monthly "Datagrams," containing data of current importance to medical education, is circulated to the total Association membership. The publication and mailing of the "Datagrams" has been and will continue to be financed by the grant from the Kellogg Foundation. Within a month of publication, each "Datagram" again appears in The Journal of Medical Education. Reference to the "Datagrams" in the growing literature on medical education is now extremely common.

The Association's publications available in book form are:

1. The Teaching Institute reports. The reports currently available are as follows:

Conference on Preventive Medicine in Medical Schools (1952)
Teaching of Physiology, Biochemistry, and Pharmacology (1953)
Teaching of Pathology, Microbiology, Immunology, and Genetics (1954)
Teaching of Anatomy and Anthropology in Medical Education (1955)
Appraisal of Applicants to Medical Schools (1956)
Ecology of the Medical Student (1957)
First Institute on Clinical Teaching (1958)
Second Institute on Clinical Teaching (1959)
Medical Education and Medical Care: Interactions and Prospects (1960)
Research and Medical Education (1961)

The reports for 1962, "Medical Education and Practice" (see Tab H for summary), and 1963, "Medical School Administration" are still in the process of production. (See Tab I for summary) Both will be published in the fall of 1964.

2. Medical School and the Changing Times: Nine Case Reports on Experimentation in Medical Education. Peter V. Lee

3. Medical Schools in the United States at Mid-Century. John Deitrick and Robert Berson.
4. Lifetime Learning for Physicians. Bernard Dryer
5. A Study of Medical College Costs. Augustus J. Carroll

Of the above publications only those noted as 1, 2, 3, and 4 are reflected in Schedule A. The activity of the Association that is concerned with the publication of such things as The Journal and books, has yet to be established on an inventory-asset-cost basis. This will be done beginning with the fiscal year 1964-65. At the present time this inventory (including back issues of The Journal) represents an asset of well over \$100,000.

In 1960 the AAMC installed its own offset press. This has enabled the Association's communication dollar to stretch much further than would otherwise have been the case. (See bibliographies attached to "impact" papers of Books II and IV and that follow page 27 in Book V.) These publications are of importance because, while they do not appear as published literature, they do represent the organization and analysis of much of the Association's study and research data, and this in a fashion that is extremely useful and that often is a prelude to formal publication. Many of these publications represent working documents that have been developed for important conferences or workshops. Other Association printing is in the interests of bulletins and pamphlets that are prepared to serve special purposes. This type of publication is not reflected in Schedule A, because such items are charged to the budgets of the Divisions that prepare and make use of them - an accounting practice instituted shortly after Ernst and Ernst were employed as auditors.

Teaching Institutes

The Teaching Institutes, suggested and initiated by Dr. George Packer Berry in 1952, and the resultant reports, probably constitute the most important concentration of information, coupled with judgmental and philosophical thinking, that exists in the literature of medical education. Over the years the Institutes have grown in sophistication and importance. At the onset, except for the availability of data from the Medical College Admissions Test, the planning committees had to ferret out their own information. As a consequence, the old Institute questionnaire returns and work books constitute important original sources of information about medical education and medical schools. The Division of Education is transferring all of this information to punch cards and is integrating it into the trend and profile data that are being developed for each school; thus adding to the resource material that can be utilized for such purposes as the Intramural Institutes - see Book II.

As the years have gone by, the Institutes are more and more utilizing data and information that have been brought together as the result of the over-all study, research, and service program of the Association. Thus, the Institute on Research and Medical Education, in addition to what was then the Division of Basic Research, was very dependent upon the previous work of the Division of Operational Studies. The Institute on Medical Education and Practice was very dependent upon the study of Medical School-Medical Profession Relationships by Dr. Patricia Kendall of the Columbia University Bureau of Applied

Social Research; the Institute on Medical School Administration upon the Division of Operational Studies. The Institute on Medical School-Teaching Hospital Relationships will lean heavily upon two studies, one of medical school-hospital affiliation agreements, sponsored and partially financed by the AAMC but being conducted by Dr. Cecil G. Sheps of the University of Pittsburgh, and the other, a study of educational costs in the Grace-New Haven Hospital, by Mr. A. J. Carroll of the Association's staff.

The growing complexity of the Institutes - much of it represented by the above extended activity - has contributed to the increasing expenditures in their interests. With grants, and now contracts, the National Institutes of Health have always assisted with the financing of the Institutes. The Commonwealth Fund has participated in the financing of each Institute since 1955. Sloan Foundation (planning and contract for the study of medical school-medical profession relationships) and Kellogg Foundation help (printing costs) were added to the financing of the Institute held in 1962. Finally, beginning with 1963 (indirect costs have always been borne by the Association), unrestricted funds of the Association have been channelled to the direct support of the Institutes.

All of this is reflected in the Schedule under Tab A. In studying this schedule it must be pointed out that Institute expenditures made during any one year are not those for the Institute of that year. Because of the time involved, the expenditures for a given Institute usually extend over a 3-year period. Two exhibits attached to Schedule A will show the total expense and source of expenditures for the Institutes held in 1961 and those that are anticipated for the one in 1962.

School Visitation and Consultations

The AAMC and the AMA joined forces in the accreditation of medical schools in 1942. Beginning with fiscal year 1960-61, both of these agencies began separate accounting for this activity so that the costs could be equally shared. This resulted in costs being counted that had never been included before. As a consequence, 1961 marks a time for a doubling of the expenditures for this program. Schools are not charged for accreditation visits. This is done so as to avoid any implications of obligation or commitment between the schools and the accrediting agencies. The AAMC share of this expense is borne by its general funds. Dr. William F. Maloney joined the staff as the second Associate Director in July, 1963. The School Visitation and Consulting program is largely his responsibility.

With the advent of new schools and with rapid change causing special problems in the weaker schools, the AAMC and AMA have instituted a program of consultation to their responsibility of accreditation. Early consultation with universities and hospitals that are considering the establishment of new schools has been important in discouraging low quality developments; also, in encouraging and guiding those that have real potential. This has also placed the AAMC and AMA where they can play an important role in the administration of Public Law 88-129 (The Educational Facilities Construction Act of 1963). The availability of consultation for schools with special problems may well prove to be a device for the over-all strengthening of medical education as well as one that may keep a few institutions from losing their accreditation.

Finally, by standardizing the approach to accreditation and periodically by selecting specific areas for investigation, the AAMC and AMA are looking forward to the probability of publishing a biennial survey of medical education.

The exhibit behind Tab J describes the details of the past, present, and future activities of the AAMC and AMA that have to do with the accreditation and consultation process.

The Annual Meeting

During the past ten years, the annual meeting has grown from one involving a few hundred individuals to one of more than 1,000. This is largely because of the meetings of special interest groups that meet ahead of or following the main meeting. At the 1964 meeting these groups were:

1. The Continuing Group on Student Affairs
2. The Medical School-Teaching Hospital Section
3. The Conference on Continuing Education
4. The Medical Section of the Association of College Public Relations Officers, and
5. The Conference on Research in Medical Education

The increasing size and the increasing purposes being served plus the increasing travel for staff and speakers account for the increasing expenditures. The farther the meeting is from Chicago, the greater the expense. In 1963 the meeting was in Los Angeles; in 1964, in Chicago. The meetings are moved from place to place so that over a period of time they can be accessible to more people - particularly medical school faculties. In 1965 the meeting will be in Philadelphia because of the 200th anniversary of the School of Medicine of the University of Pennsylvania; in 1968, in Baltimore because of the 75th anniversary of the Johns Hopkins University Hospital.

Film Library and Index

As mentioned earlier, the film library has been an Association enterprise for a number of years. Excluding the USPHS, this is the third largest library of medical teaching films in the country. The library is unique in that most of its items are those that deal with the basic sciences. A grant from the Pfizer Company will make it possible to keep this library up to date. Now that the AMA has established a catalogue of all teaching material motion pictures on computer tape (including most of the items in the AAMC library) a considerable increase in utilization of this library is probable.

The expenditure for the film index in 1961 represented an abortive attempt to develop a comprehensive catalogue that would cross index a selection of the 500 most useful teaching films according to the key word in the title, discipline, anatomical part or system, author, producer, and library. In addition, a description of content and an evaluation of usefulness was to be included. The project was discontinued because of insufficient funds and staff. The AMA film catalogue referred to above is intended to serve the purpose of this incompleting project.

National Intern Matching Program

The National Intern Matching Program (a corporation formed by the AAMC, AMA, Student AMA, and the American Catholic and Protestant Hospital Associations) was established in 1952. Since its establishment, the program has been operated by AAMC under contract with the NIMP Board of Directors. The operation of NIMP provides the AAMC with an invaluable source of research data. This data has frequently been used by the Teaching Institutes and is now proving to be an important asset to the program of the Division of Education - for its medical school profile data program, particularly.

Under Tab K the reports of the Seventh and Eighth programs have been included because, in addition to showing the kind of data the program provides, they detail the background, history, mechanics, time table and the manner in which compliance with the agreements is enforced.

Miscellaneous

The category, "Study of Preprofessional Education," represents the expenditures from a Markle Foundation grant for the resurvey of premedical education previously reported in 1953. This resurvey, again done by Dr. Aura Severinghaus, Harry Carman, and William Cadbury, was published in 1961.

The category, "Joint Study of Continuing Medical Education," was the AAMC contribution to the study of Dr. Bernard Dryer - Lifetime Learning for Physicians, published as a supplement to The Journal of Medical Education in 1962.

The Teaching Hospital expenditures were from a special fund established by the Teaching Hospital Section in the interests of its annual meeting. Expenditures for the Nurse Study were from a grant Dr. Frank J. Whiting brought with him when he joined the Association staff in 1959. Expenditures from the Akron Fund were from funds the Association accepted for a feasibility study of the University of Akron done by Dr. Lee Powers. Expenditures under the category, "Reprints," are for the printing costs of reprints ordered and paid for by authors publishing articles in The Journal of Medical Education.

Administration

The expenditures for the Federal Health Programs Committee were from a grant from the Macy Foundation to help the Association establish closer working relations with the USPHS and NIH. Other than this, the details of the expenditures for administration are given on Schedule B under Tab A.

The detail of Schedule B should be self-evident. The increase in the 1964 expenditure for the Executive Director reflects the employment of Dr. William F. Maloney as a second Associate Director.

Tab L presents a detailed description of the development and function of the Division of Business Affairs.

In general it is the administrative accounts that must absorb costs that are not or cannot be charged as direct costs to specific accounts. Insofar as is reasonable, the Association has developed a system of cost accounting that permits the identification and charging of costs that can be charged directly and appropriately to special accounts: this is particularly true for IBM, mailing, and reproduction. The present system of accounting has permitted the Association to justify an overhead rate of 22 per cent which has been accepted by the NIH in its contracts. This means that the system has passed the rigorous tests of the Federal auditors.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

COMPARISON OF EXPENSE
YEARS ENDING 1959-1964

SCHEDULE "A"

	1959			1960			1961			1962			1963			1964		
	Unre- stricted	Re- stricted	Total	Unre- stricted	Re- stricted	Total	Unre- stricted	Re- stricted	Total	Unre- stricted	Re- stricted	Total	Unre- stricted	Re- stricted	Total	Unre- stricted	Re- stricted	Total
BASIC RESEARCH & EDUCATION																		
General Support	\$ 83,969	\$ 22,092	\$106,061	\$ 44,467	\$ 52,143	\$ 96,610	\$ 61,042	\$ 50,000	\$111,042	\$ 20,493	\$ 62,057	\$ 82,550	\$ 61,089	\$ 65,152	\$126,241	\$ 75,203	\$ 65,000	\$ 140,203
Medical Communications					2,716	2,716		6,187	6,187		4,924	4,924		2,563	2,563		2,500	2,500
Service to Member Schools		25,000	25,000	35,579		35,579	40,149		40,149	37,342		37,342	31,030		31,030	61,581		61,581
Attrition Study																	10,693	10,693
	\$ 83,969	\$ 47,092	\$131,061	\$ 80,046	\$ 54,859	\$134,905	\$101,191	\$ 56,187	\$157,378	\$ 57,835	\$ 66,981	\$124,816	\$ 92,119	\$ 67,715	\$159,834	\$136,784	\$ 78,193	\$ 214,977
OPERATIONAL STUDIES																		
General Support	\$	\$ 22,162	\$ 22,162	\$	\$101,272	\$101,272	\$	\$107,399	\$107,399	\$	\$ 99,314	\$ 99,314	\$	\$ 86,748	\$ 86,748	\$	\$ 96,000	\$ 96,000
Internship Study		18,702	18,702		37,390	37,390		16,971	16,971		1,578	1,578						
Medical College Finance		17,879	17,879		16,913	16,913		141	141									
Hospital Affiliation Study											4,200	4,200						
	\$	\$ 58,743	\$58,743	\$	\$155,575	\$155,575	\$	\$124,511	\$124,511	\$	\$105,092	\$105,092	\$	\$ 86,748	\$ 86,748	\$	\$ 96,000	\$ 96,000
INTERNATIONAL MEDICAL EDUCATION																		
General Support	\$	\$	\$	\$	\$ 1,266	\$ 1,266	\$	\$ 93	\$ 93	\$	\$ 44,744	\$ 44,744	\$	\$ 48,207	\$ 48,207	\$	\$ 50,000	\$ 50,000
Fellowship Program					49,718	49,718		56,857	56,857		56,202	56,202		62,789	62,789		60,000	60,000
Latin American Deans								8,692	8,692		9,400	9,400		2,508	2,508			
AID Contract										1,795	238	2,033	374	26,901	27,275		75,000	75,000
Gt. Britain (J.M.E. Subs.)					773	773												
Pan American Federation														8,347	8,347		30,000	30,000
				\$	\$ 51,757	\$ 51,757	\$	\$ 65,642	\$ 65,642	\$ 1,795	\$110,584	\$112,379	\$ 374	\$148,752	\$149,126	\$	\$215,000	\$ 215,000
PUBLICATIONS																		
Journal of Medical Education	\$ 66,915	\$ 5,560	\$ 72,475	\$ 80,152	\$ 10,000	\$ 90,152	\$ 98,697	\$ 10,000	\$108,697	\$140,527	\$ 10,000	\$150,527	\$ 99,411	\$ 10,000	\$109,411	\$109,376	\$ 10,000	\$ 119,376
Other: Admission Book, AAMC Directory, Fin. Asst., Film Directory																		
	\$ 66,915	\$ 5,560	\$ 72,475	\$ 80,152	\$ 10,000	\$ 90,152	\$120,574	\$ 10,000	\$130,574	\$159,174	\$ 10,000	\$169,174	\$134,677	\$ 10,000	\$144,677	\$171,732	\$ 10,000	\$ 181,732
TEACHING INSTITUTES																		
SCHOOL VISITATIONS & CONSULTATIONS	\$ 14,406	\$ 54,170	\$ 54,170	\$ 13,260	\$ 45,127	\$ 45,127	\$ 24,546	\$ 51,067	\$ 51,067	\$ 28,503	\$108,374	\$108,374	\$ 4,095	\$ 83,418	\$ 87,513	\$ 26,166	\$ 86,124	86,124
ANNUAL MEETING	\$ 7,383	\$ 1,500	\$ 8,883	\$ 11,789	\$ 11,789	\$ 11,789	\$ 23,054	\$ 23,054	\$ 23,054	\$ 27,579	\$ 27,579	\$ 27,579	\$ 39,306	\$ 1,000	\$ 40,306	\$ 28,839	\$ 1,500	\$ 30,339
FILM LIBRARY	\$ 4,855	\$ 10,434	\$ 15,289	\$ 1,418	\$ 350	\$ 1,768	\$ 14,639	\$ 14,639	\$ 14,639	\$ 7,940	\$ 7,940	\$ 7,940	\$ 6,547	\$ 6,547	\$ 6,547	\$ 5,292	\$ 5,292	\$ 5,292
FILM CATALOGUE & INDEX							\$ 5,750	\$ 4,425	\$ 10,175									
NIMP	\$ 36,632		\$ 36,632	\$ 44,348		\$ 44,348	\$ 38,649		\$ 38,649	\$ 33,716		\$ 33,716	\$ 35,697		\$ 35,697	\$ 39,595		\$ 39,595
MISCELLANEOUS																		
Study Preprofessional Education	\$	\$ 55,825	\$ 55,825	\$	\$ (542)	\$ (542)	\$	\$ 5,239	\$ 5,239	\$	\$ 1,465	\$ 1,465	\$	\$ 1,327	\$ 1,327			
Joint Study of Cont. Med. Education										16,000		16,000						
Teaching Hospital Section					989	989		817	817		1,601	1,601		569	569		450	450
Nurse Study					847	847		709	709		1,055	1,055						
Akron Study											11,736	11,736						
Reprints										8,001		8,001						
	\$	\$ 55,825	\$ 55,825	\$	\$ 1,294	\$ 1,294	\$	\$ 6,765	\$ 6,765	\$ 24,001	\$ 15,857	\$ 39,858	\$ 6,829	\$ 1,896	\$ 8,725	\$ 7,500	\$ 450	\$ 7,950
ADMINISTRATIVE (See Schedule "B")																		
Executive Director	\$108,952	\$	\$108,952	\$101,139	\$	\$101,139	\$105,035	\$	\$105,035	\$103,880	\$	\$103,880	\$ 87,379	\$	\$ 87,379	\$119,424	\$	\$ 119,424
Business Affairs	58,276		58,276	56,696		56,696	57,726		57,726	68,695		68,695	95,093		95,093	98,585		98,585
Building Services	13,757		13,757	41,468		41,468	53,407		53,407	45,871		45,871	53,376		53,376	59,396		59,396
Comm. on Federal Health								5,000	5,000		4,570	4,570		4,545	4,545		4,000	4,000
	\$180,985		\$180,985	\$199,303		\$199,303	\$216,168	\$ 5,000	\$221,168	\$218,446	\$ 4,570	\$223,016	\$235,848	\$ 4,545	\$240,393	\$277,405	\$ 4,000	\$ 281,405
GRAND TOTAL	\$395,145	\$233,324	\$628,469	\$430,316	\$318,962	\$749,278	\$544,571	\$323,597	\$868,168	\$558,989	\$421,458	\$980,447	\$580,654	\$404,074	\$984,728	\$693,313	\$491,267	\$1,184,580

ADMINISTRATIVE EXPENSE

YEARS ENDING 1959-1964

SCHEDULE "B"

	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
<u>EXECUTIVE DIRECTOR</u>						
Salaries	\$ 68,018	\$ 56,869	\$ 55,692	\$ 58,811	\$ 55,707	\$ 85,707
Contracted Services	18,558(1)	6,465		9,045		
Stivers Employment Service			4,228			
Burrelles Press Clippings			1,771			
Other			1,059			
Travel						
Director	8,662	11,920	9,002	5,646	5,813	7,000
Exec. Council		5,316	4,375	5,993	6,807	7,000
Printing		7,794	18,363(2)	5,124	7,691	7,500
Other	13,714	12,775	10,545	19,261	11,361	12,217
	<u>\$108,952</u>	<u>\$101,139</u>	<u>\$105,035</u>	<u>\$103,880</u>	<u>\$ 87,379</u>	<u>\$119,424</u>
<u>BUSINESS AFFAIRS</u>						
Salaries	\$ 37,425	\$ 32,713	\$ 45,018	\$ 49,669	\$ 51,310	\$ 53,000
Professional Fees						
Ernst & Ernst (Auditors)		7,025	3,600	3,850	4,865	5,500
Bell, Boyd, Marshall & Lloyd (Attorneys)		6,389	202	515	1,200	1,200
Tabulating		2,465	2,800	2,522	2,000	2,200
Other		8,104	6,106	12,139	35,718	36,685
Travel	5,007					
Supplies	4,707					
Tel. & Postage	4,348					
Printing & Stationery	5,472					
Other	1,317					
	<u>\$ 58,276</u>	<u>\$ 56,696</u>	<u>\$ 57,726</u>	<u>\$ 68,695</u>	<u>\$ 95,093</u>	<u>\$ 98,585</u>
<u>BUILDING SERVICES</u>						
Salaries	\$ 5,519	\$ 12,480	\$ 15,937	\$ 13,537	\$ 14,161	\$ 14,700
Insurance		783	1,506	3,544	1,552	1,600
Supplies		3,267	3,203	3,302	2,862	3,000
Tel & Tel		4,213	5,456	6,882	8,036	8,000
Utilities		3,860	4,388	6,475	6,407	6,400
Repair & Maintenance	6,386	13,130	13,104	5,274	15,892	19,696
Other	1,852	3,735	9,813	6,857	4,466	6,000
	<u>\$ 13,757</u>	<u>\$ 41,468</u>	<u>\$ 53,407</u>	<u>\$ 45,871</u>	<u>\$ 53,376</u>	<u>\$ 59,396</u>
 TOTAL Administrative Expense	 <u>\$180,985</u>	 <u>\$199,303</u>	 <u>\$216,168</u>	 <u>\$218,446</u>	 <u>\$235,848</u>	 <u>\$277,405</u>
 (1) Luke Quinn	 \$ 10,000					\$ 1,432
Horvath & Horvath (Auditors)	1,587					1,400
Bell, Boyd, Marshall & Lloyd (Attys)	4,617					1,142
Federal Leasing	800					2,781
Temporary Help	1,000					11,608
Other	554					<u>18,363</u>
	<u>\$ 18,558</u>					
 (2) Medical Mentor (News Letter)						
Memb. Applications & Publications Available						
Financing Medical Education						
Sources of Information - Funds Available						
Other - 393 Printing Jobs						

1960 & 1961 TEACHING INSTITUTE
EXPENSES

	COMMONWEALTH 276-31 1960	HEW 293-31 1960	TOTAL	COMMONWEALTH 277-31 1961	HEW 294-31 1961	HEW 296-31 1961	GENERAL FUNDS	TOTAL
Salaries	\$ 7,480.88	\$ 6,187.79	\$ 13,668.67	\$ 4,296.20	\$ 9,677.76	\$ 17,017.88	\$ 4,016.00	\$ 35,007.84
Payroll Taxes	169.63	115.16	284.79	185.42	279.22	332.46		797.10
Travel	6,683.05	11,871.94	18,554.99	5,871.61	9,241.98	11,635.98		26,749.57
Honorariums	1,250.00	450.00	1,700.00		150.00	1,350.00		1,500.00
Contracted Services		1,400.48	1,400.48	45.74	280.66	635.22		961.62
Equipment Rental		56.00	56.00			148.00		148.00
Dues & Subscriptions		87.50	87.50			1.50		1.50
Express & Freight		11.96	11.96		3.30	31.75		35.05
Postage	180.09	393.73	573.82	13.81	165.64	534.47		713.92
Tel & Tel	66.87	1,056.85	1,123.72	205.29	226.14	318.10		749.53
Supplies	12.10	16.72	28.82	16.50	13.52	519.21		549.23
Tab - Outside						25.00		25.00
Printing - Outside	10,000.00	1,262.73	11,262.73	11,819.01	200.14	474.41		12,493.56
Printing - M & R	193.27		193.27	144.18		1,262.57		1,406.75
M & R - Allocated	285.69	237.14	522.83	35.89	240.50	233.70		510.09
Xerox Charges	1.05		1.05	119.70				119.70
Tabulating				2,246.65	2,669.14	29.75		4,945.54
Overhead		1,852.00	1,852.00		1,852.00			1,852.00
Repair & Maintenance	33.25		33.25					
TOTAL	\$26,355.88	\$25,000.00	\$51,355.88	\$25,000.00	\$25,000.00	\$34,550.00	\$4,016.00	\$88,566.00

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SALARY BREAKDOWN BY YEARS
TEACHING INSTITUTES
1960 & 1961

	1960 INSTITUTES		
	1960 HEW	1961 COMMONWEALTH	1962 COMMONWEALTH
January	\$ 157.50	\$ 520.83	\$ 349.00
February	131.25	211.66	268.33
March	315.00	439.22	
April	416.25	176.67	
May	222.00	35.00	
June	264.69	211.66	
July	503.80	502.76	
August	555.00	680.50	
September	675.00	1,086.47	
October	964.08	1,305.77	
November	1,014.20	802.29	
December	969.02	890.72	
	\$6,187.79	\$6,863.55	\$617.33

	1961 INSTITUTES				
	1961 COMMONWEALTH	1961 HEW	1961 HEW	1962 COMMONWEALTH	1962 HEW
	\$	\$ 836.13	\$	\$	\$ 844.04
		1,762.00		324.99	
		1,831.60		349.00	
		1,672.00		418.89	
		1,672.16	430.23	961.24	
	3,174.79	1,903.87	435.00	932.71	
	17.50		435.00	943.28	
			3,602.13	359.30	
			3,410.97		
			3,199.06		
			3,773.95		
	830.50		887.50		
	\$4,022.79	\$9,677.76	\$16,173.84	\$4,289.41	\$844.04

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1962 TEACHING INSTITUTE EXPENSE
COMMONWEALTH FUND, H.E.W., & SLOAN FOUNDATION

	Commonwealth Fund			H.E.W.			Sloan Foundation				Consolidated Expense & Projections					
	Expenses 1962	Expenses 1963	Total	Expenses 1962	Expenses 1963	Total	Expenses 1961	Expenses 1962	Expenses 1963	Total	Expenses 1961	Expenses 1962	Expenses 1963	Total Expense	Projected Expense	Total Proj. Exp.
Salaries	\$ 3,655.81	\$(2,878.03)	\$ 777.78	\$ 2,033.74	\$ 9,183.61	\$11,217.35	\$	\$	\$	\$	\$	\$ 5,689.55	\$ 6,305.58	\$11,995.13	\$ 3,000.00	\$14,995.13
FICA	78.24	(50.05)	28.19	57.65	259.94	317.59						135.89	209.89	345.78	100.00	445.78
Travel-Other	3.38	57.65	61.03									3.38	57.65	61.03		61.03
Travel-Food & Meetings	5.25	957.45	962.70	185.07	692.58	877.65	113.92		42.20	156.12	113.92	190.32	1,692.23	1,996.47		1,996.47
Travel-Room	1,523.36	4,183.78	5,707.14	475.94	1,730.47	2,206.41	124.12	74.50	129.45	328.07	124.12	2,073.80	6,043.70	8,241.62		8,241.62
Travel-Transportation	6,044.50	10,029.46	16,073.96	2,147.36	2,971.02	5,118.38	2,172.63	108.88	378.07	2,659.58	2,172.63	8,300.74	13,378.55	23,851.92		23,851.92
Travel-Hosp. Affl. Study							1,501.84	2,714.84		4,216.68	1,501.84	2,714.84		4,216.68		4,216.68
Professional Fees		1,102.00	1,102.00										1,102.00	1,102.00		1,102.00
Contracted Services	38.54	6.93	45.47		724.90	724.90	10,000.00	15,125.00	3,200.00	28,325.00	10,000.00	15,163.54	3,931.83	29,095.37		29,095.37
Insurance	4.00	33.75	37.75	4.50	(4.50)							8.50	29.25	37.75		37.75
Rentals	15.00		15.00		386.93	386.93						15.00	386.93	401.93		401.93
Dues & Subscriptions	8.00	9.09	17.09	5.09	(5.09)							13.09	4.00	17.09		17.09
Express & Freight	22.27	18.02	40.29	18.02	(18.02)							40.29		40.29		40.29
Postage	449.67	73.76	523.43	157.86	78.55	236.41						607.53	152.31	759.84	700.00	1,459.84
Tel. & Tel.	432.57	96.35	528.92	94.61	372.53	467.14	25.07	161.90	1.50	188.47	25.07	689.08	470.38	1,184.53	300.00	1,484.53
Supplies	108.04	76.05	184.09	100.10	164.64	264.74		.94		.94		209.08	240.69	449.77	200.00	649.77
Tab-Outside				103.39		103.39						103.39		103.39		103.39
M & R Printing	15.86	10.14	26.00					9,251.21	412.02	9,663.23		9,267.07	422.16	9,689.23		9,689.23
M & R Allocated	290.26	54.46	344.72	240.22	1,149.29	1,389.51			17.17	17.17		530.48	1,220.92	1,751.40	500.00	2,251.40
Xerox Charges	151.34	207.57	358.91	31.15	19.53	50.68						182.49	227.10	409.59	50.00	459.59
Graphic Arts	11.00		11.00									11.00		11.00		11.00
Printing-Outside															12,000.00	12,000.00
Shep's Report									3,400.00	3,400.00			3,400.00	3,400.00		3,400.00
Total Expense	\$12,857.09	\$13,988.38	\$26,845.47	\$ 5,654.70	\$17,706.38	\$23,361.08	\$13,937.58	\$27,437.27	\$ 7,580.41	\$48,955.26	\$13,937.58	\$45,949.06	\$39,275.17	\$99,161.81	\$16,850.00	\$116,011.81
Budget			25,000.00			25,000.00				48,989.66						98,989.66
Budget Balance			<u>\$(1,845.47)</u>			<u>\$ 1,638.92</u>				<u>\$ 34.40</u>						<u>\$ 17,022.15</u>

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IV. The Past and Present: Roles of the Association of American Medical Colleges

The Association of American Medical Colleges has developed in 75 years as a vital factor in medical education. After this period of significant development and substantial progress in its efforts, there is general recognition that over-all appraisal is due so that gains can be consolidated and further forward movement can be charted. Therefore, it is important that the development of the association be reviewed, analyzed as it exists at present, and its effectiveness assessed. Consideration also needs to be given to whether the association in its present form can most suitably respond to the trends in health care and their implications.

1. DEVELOPMENT OF THE ASSOCIATION

The development of the Association of American Medical Colleges can be seen in two major stages, divided by World War II, which almost constituted a developmental stage in itself. Founded in 1876 by representatives of 22 medical schools, and supported by expressions of interest from nine others, the embryo organization soon foundered over an issue involving its principal concern for higher standards. The question was whether graduation requirements should be extended to three years rather than two. However, by 1890 the need for concerted action was again recognized to be so acute that another call for a meeting brought together 66 medical colleges. From the beginning, the common concern of the deans who came together in the Association of American Medical Colleges was to elevate the standards of education to an acceptable level.

The period following saw great advances in the development and application of improved minimum standards. Most problems encountered existed within the institutions and with licensure requirements of states. Discussions resulted in the setting of higher admission requirements, including requirements for examinations in English; then later, a high school diploma or equivalent and, following the Flexner report, one year of college, and soon thereafter, two years. Major attention was also given to curriculum and requirements for graduation. A graded curriculum with a specified minimum term was agreed upon; laboratory instruction in chemistry, histology, and pathology was provided for; and written and oral examinations were stipulated as requirements for course credit and graduation. Particular standards were continuously raised and were adopted by the National Confederation of State Medical and Licensing Boards.

A full-time secretary was appointed in 1903 to give leadership to meetings and other activities. The principal activities were the annual meeting, accreditation visits to medical schools, publication of a journal, and establishment of commissions and provisions for surveys. After much discussion and difficulty, the membership agreed upon an acceptable set of minimum standards for education and for membership in the Association of American Medical Colleges. The Flexner report noted that only 35 of the association's 50 members were meeting these standards, and

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the strengthening continued. Shortly after publication of the Flexner report, joint considerations and actions began to develop involving the Association of American Medical Colleges with the American Medical Association and its Council for Medical Education, including a liaison committee, publication of lists of approved schools, and joint inspection teams for accreditation. The main leverage to apply agreed minimum standards was exercised through Association of American Medical Colleges membership requirements and American Medical Association accreditation criteria—although some state licensing bodies also incorporated the standards in their regulations.

World War II produced extraordinary problems and demands for service and research. The Association of American Medical Colleges assisted in developing a three-year accelerated program of education, helped supply large volumes of information not previously available, and otherwise worked closely with the War Department on immediate problems. However, the Association of American Medical Colleges was not well equipped to provide all the necessary assistance for its members as they faced the serious requirements of a nation at war. More service was needed. This resulted in increasing costs and the need for added financing.

Following World War II, the association and its members entered upon a period of evolution of new and more positive programs. Although a few schools had already indicated readiness to break with tradition and improve their educational programs in new ways and in terms of their own particular goals, innovation became much more commonplace and increasingly the association was looked to for leadership in helping to achieve constructive change. New curricula were developed and new methods tried. Stimulating information about them was circulated. The association led in developing a statement of objectives of medical education. It embarked upon an aggressive program of research in medical education to provide educational ideas and to test the validity of ideas.

The Association of American Medical Colleges further departed from its previous leisurely pattern with new organization and additional services. The office of executive director was created in 1957 to afford new leadership. Staff was increased and focused upon key areas of activity. New programs and services were undertaken to provide more help to schools to do more for themselves and to help them do collectively what they could not do alone. Notable among these were the development of the Medical College Admission Test in 1947, and the National Intern Matching Program in 1952.* Both have been of outstanding significance to association members and have served as prototypes for other educational fields. Continuous attention was given to admission standards and to accreditation surveys and maintenance of educational standards. An imaginative series of institutes and other meetings was initiated in 1953 to communicate the results of research and experience and afford opportunity for interchange of ideas and problems.

This evolution of program, service, and organization has continued to

*A corporation established jointly with American Medical Association, American Hospital Association, Catholic and Protestant hospital associations, and Student American Medical Association; operated under contract by Association of American Medical Colleges and housed at its headquarters.

the present. The Association of American Medical Colleges today fulfills an essential and dynamic role in the advance of medical education.

Its membership includes the 89 American medical schools and two graduate schools, 13 Canadian schools, and one in the Philippines. It continues its requirement of compliance with membership standards, but exercises no other authority over its members, exercising its influence through communications and service. The work and activities of the Association of American Medical Colleges continue to be centered around one basic purpose—the improvement of the health of the people of the nation through medical education.

2. THE TIME FOR APPRAISAL

The present is a propitious time for appraisal when the dynamic changes that are emerging in health care and medical education are considered. The Association of American Medical Colleges needs to be evaluated not only in terms of past accomplishments or present contributions, but in relation to its readiness for and likely effectiveness in the future. Thus, appraisal is made in light of anticipated needs and the implications of existing trends related to health care for medical education and the Association of American Medical Colleges outlined in Chapter III.

This chapter presents summary appraisals of the association's philosophy and objectives, programs and services, organization, facilities, and financing. The evaluative comments are composites of the views of those who participated in the study and those who were interviewed during the study. Recommendations to build on the strengths and overcome the limitations noted in this chapter are outlined in Chapter V.

3. PHILOSOPHY AND OBJECTIVES

The present philosophy and objectives have been appropriate for development of the Association of American Medical Colleges to the present. Guiding philosophy has been generally sound. It is articulated in statements, speeches, and articles by individuals in behalf of the association rather than in any consolidated statement agreed upon by institutional membership or the executive council. This philosophy emphasizes (1) concern for improvement of the education of physicians, which was the focus of the association's founding, (2) insistence on high standards of admission, accreditation, and educational quality on the part of its members, and (3) service to its members.

(1) PHILOSOPHY

There are a number of limitations to the association's philosophy that are not in accord with the requirements of the future. Specifically:

- Limited emphasis has been given to the role of the university in medical education, or the medical school's role in the university.
- Attention to and relationship with groups not directly involved with the education of physicians has been quite limited.
- Related professional organizations, including those of medical specialties and allied health professions, have received little attention.
- Concern for relations with governments has been sporadic and uncertain.

- The scope of philosophic attention has been almost entirely limited to physician education, with limited emphasis on interrelated aspects of the whole of education for health and medical sciences or national needs and the concerns of the general public.

(2) OBJECTIVES

Within this general philosophy, broad objectives have been mainly useful and valid, although not easy to perceive and rarely distinct. Objectives are not stated in any formal document. They have not been reviewed by the staff, executive council, or institutional membership. When set forth in partial fashion, different objectives are expressed or emphasized at different times and vary from broad statements such as "the improvement of medical education," to particular aims of individual programs or studies. Most appear to be widely shared, or at least accepted, but they are not widely identified as definite objectives, and some feel there are other important objectives which have not been articulated.

Specific program objectives have not been developed or adopted. As an organization, the Association of American Medical Colleges has simply not decided consciously what it intends to accomplish in order to achieve its objectives. Rather, particular programs are proposed and adopted on an *ad hoc* basis, with regard for their individual merit but without conscious relation to over-all association objectives. There is no basic reference point, such as program objectives would provide, for determination of priorities, for expression or action by the association, or for review of its program.

In view of present circumstances, the time is opportune for review of philosophy and objectives. There has been much change in the Association of American Medical Colleges, in the institutions that compose it, in the professional field in which it works, and in education. Even more important, the world of health care is changing rapidly and dramatically. Without wide understanding and agreement as to objectives, and clear articulation for general knowledge about them, the future development of the association will be handicapped. Moreover, if the Association of American Medical Colleges fails to set objectives to determine its own destiny, it seems inevitable that the association will fall into a dependent role and that its future—as well as the future of medical education—will be determined by others who are far less qualified than the leaders of the association.

4. PROGRAMS AND SERVICES

Over the years, the Association of American Medical Colleges has initiated an extensive array of programs and services. Present programs and services are well regarded. There is general recognition that the work of the association has been indispensable to its members and to others. It has done and continues to do things that no other organization or institution is equipped to do.

No other organization is comprehensively concerned with the education of physicians or the institutions which provide it. The existence of the association has been a major factor in helping the medical colleges to improve their work. Its function as a focus for discussion and a clearing-

house for information has been vital to the improvement and development of medical education. Where the Association of American Medical Colleges has on occasion served as spokesman for its members, its efforts have been worthwhile, especially in relations with the federal government. However, it has neither been geared specifically enough to serve as spokesman for the field of medical education, nor has it been consistent and active in doing so. Moreover, instead of actively seeking ways to serve members in relation to the federal government, the association has tended to respond passively to the initiative and requests of government. Rather than present proposals for action and the "case" for medical education, the association has been inclined to await government requests for information and assistance.

(1) CENTRALLY ADMINISTERED PROGRAMS

Some major programs or services are administered centrally within the Association of American Medical Colleges. Particularly important among these is the function of accreditation, with its related medical school visitations and consultations, the principal means for development and maintenance of educational standards. This major function is conducted jointly with the American Medical Association, and its activity is increasing with the development of new medical schools. It is regarded as a keystone of the Association of American Medical Colleges and of physician education generally.

Also handled centrally are the National Intern Matching Program (see footnote, p. 50), liaison with agencies related to the Association of American Medical Colleges, fund raising, and essential arrangements for operation of the association's annual meeting, executive council, and standing committees. Each of these activities is essential to the effective functioning of the association.

(2) PROGRAMS ADMINISTERED BY DIVISIONS

Other major programs and services are administered through five organized divisions. The divisions of education, operational studies, and international medical education are responsible for activities conducted on behalf of the members or performed to render a service to them. *The Journal of Medical Education*, the principal official publication of the Association of American Medical Colleges, is regarded as a division. The division of business affairs is concerned with internal administrative activities of the organization.

(2.1) PROGRAMS OF THE DIVISION OF EDUCATION

Through its division of education, the association engages in research, communications, and services essential to strengthening education. The focus of these programs is the educational processes involved in teaching and learning in health and medical sciences. Major emphases of this work are in the general categories of:

- Student studies and services, which include a variety of efforts directed toward determining and making available facts about students in medical schools.

- Educational services and research, which consist of varied activities directly involving member institutions, such as seminars and conferences, review and validation of the Medical College Admission Test, guidelines for school libraries, and certain applied studies.
- Basic research which concentrates on longer term efforts, including the "longitudinal study" to assess the experience of 2,500 medical students over an extended period of their education and careers, and studies of factors affecting learning.
- A new "core program" now getting under way to stimulate research in specified areas related to the educational process and its future effect in medicine.

The programs and studies related to students are mostly desirable and well administered, particularly the Medical College Admission Test and developments related to it, and are the objects of active interest of member institutions. The "core program" has great potential in its approach to the need for physicians, criteria of professional competence, programs in comprehensive medicine, research in patient care, and application of new technology to medical education.

With regard to research activities, it does not appear that clear priorities have been applied in the selection of projects or in their completion, the proportion of association resources (including executive time and attention) devoted to them, and the extent to which research is actually conducted by staff members in contrast to stimulating research by others and assisting member institutions or other institutions.

(2.2) PROGRAMS OF THE DIVISION OF OPERATIONAL STUDIES

The division of operational studies is engaged in work related to the environment in which teaching and learning take place. It concerns itself with studies, communications, and services considered essential to assist member institutions in improving that environment. The major aspects of operational studies are:

- Administrative studies closely geared to preparation for the annual administrative institutes.
- General financial studies covering medical school expenditures, sources of support to medical education, and cost analysis of medical school programs and educational programs in medical school teaching hospitals.
- Faculty information, including a current faculty register, tabulation of trends in staffing patterns, sources of faculty and vacancies, and a salary survey.
- Facilities information, consisting of construction expenditures, inventory of new or planned facilities, and medical school library needs.
- Special informational materials including monthly *Datagrams*, profiles for individual schools in relation to established indices, and other means of disseminating information from studies.

The gathering and distributing of information about education, educational institutions, and related factors is vital and has produced results of wide and current practical use. Financial studies, administrative institutes, and the faculty register are particularly important.

It appears, however, that vast amounts of valuable data are being collected but not sufficiently synthesized, evaluated, and generally made available.

(2.3) PROGRAMS OF THE DIVISION OF INTERNATIONAL MEDICAL EDUCATION

The work of the division of international medical education represents a useful new area of primarily contract service aimed at increasing international understanding through medical education.

The Association of American Medical Colleges provides direct services to and communicates with institutions, organizations, and students of other countries and conducts related studies. Main effort is directed to assessing the scope and nature of problems abroad, assessing resources available in the United States, and assisting other agencies in planning and conducting programs designed to strengthen education in health and related sciences abroad.

Work is conducted through: (1) information services, particularly regarding available and potential personnel; (2) studies of United States resources available to assist overseas programs; (3) operational programs for exchange of students and scholars; (4) representation in international associations, meetings, and contracts; and (5) consultation, when specifically arranged.

These activities serve important purposes. However, they are less germane to the primary concerns of the Association of American Medical Colleges and have not stressed benefits to association members.

(2.4) THE JOURNAL OF MEDICAL EDUCATION

The Journal of Medical Education is widely acknowledged as "the voice of medical education." It provides a continuous record of the development of medical education in the United States. Annually over 75,600 copies are printed and circulated throughout the world. It is widely read, not only by medical school administrators, faculty members, and researchers, but also by officials of private and government organizations concerned with the health and medical sciences.

The Journal is well regarded by those for whom it is intended and by others, as indicated by increasing circulation.

(3) PROGRAM PLANNING

Clearly negative reaction to association programs is infrequent. Nevertheless, questions need to be raised about some elements of programs and services and especially about how they are planned.

Programs and services appear to have proliferated in a number of directions and to have become diffused in the process. The over-all balance between operating programs and direct services does not appear to be fully justified. Not enough distinction has been made between programs conducted on behalf of the members and those services that are provided to them. It would be helpful for development of programs and services and for evaluation if these aims were more distinct.

Association programs and services have come about in a number of ways. The process of program development is not clear or systematic. At present, the over-all program is not planned as such, but is the product

of a number of individual and largely separate program decisions. A comprehensive program is not planned on a long-range or comprehensive basis after analysis of needs. There is limited rationale for the total program. Relations of proposed or current programs to objectives are not systematically established. Priorities are not clear. Programs appear to have evolved from particular opportunities or needs, or availability of financing, rather than as products of conscious comprehensive planning and are not consistently guided by known objectives. Furthermore, there is not sufficient participation by governing bodies or members in program conception, development, considerations, authorization, or execution.

Attitudes toward current association programs and services are definitely more receptive than critical. However, the criticism that does exist should be taken into account in planning for the future. More important though, changing needs and growth call for re-evaluation of present programs and services in light of objectives and over-all needs and opportunities. Circumstances are clearly changing, as was pointed out in Chapter II, where the trends in health care and their implications were cited. These changing circumstances should be taken into account.

Existing programs need to be reviewed and possible future programs should be examined in relation to the trends and implications and to the clear objectives established to cope with them. Many needs and opportunities confront the Association of American Medical Colleges—they require careful determination as to which possible activities are of greatest importance in comparison to existing programs.

In this process, it is important that the institutional members play as active a role as possible and that their representatives share in understanding and determination of what future programs and services will be. Without such re-evaluation, and sharing in its outcome on the part of the members, the association will be distinctly handicapped in future development. Again, if the Association of American Medical Colleges fails to take the initiative in developing the programs and services that will be needed in decades ahead as society, health care, and medical education change, the initiative will be seized by others. The association should not allow itself to lose its leadership position by inaction, default, or inadequate program planning.

5. ORGANIZATION

The way in which the Association of American Medical Colleges is organized is extremely important to its future effectiveness—to the way in which vital decisions will be made and to the manner in which programs will be conducted. The present plan of organization has functioned with reasonable success. The existing structure was established as a basis for development of the Association of American Medical Colleges in an earlier and simpler situation. It served this purpose well. It has been modified from time to time as circumstances and requirements have changed. However, even with these modifications, the current plan of organization presents limitations in terms of present needs and almost certainly will retard the future development of the association.

One important factor in the successful development of the association has been the direct and effective involvement of medical college deans in

the conduct of the association's affairs. These key educational administrators have basic responsibility for the development of the medical schools. As principal executives of the institutional members, the deans exercise controlling influence over the affairs of the association both in the formal organization and in its actual operations. Deans make up the membership of the executive council and most of the committees of the Association of American Medical Colleges.

It is proper and appropriate that the deans have prime roles in the work of the association. However, the participation of deans has been overemphasized, almost to the exclusion of others.

(1) EXECUTIVE COUNCIL

Executive council maintains control over association affairs and staff. This council, elected by the institutional members at their annual meeting, possesses and exercises full control. It acts for the membership with full formal authority.

As the single representative governing body of the Association of American Medical Colleges, the council is confronted by a volume of detailed matters in various stages of development that is probably too great for effective handling in the future development of the organization.

(2) INSTITUTIONAL MEMBERSHIP

The institutional membership is obviously regarded as important to the Association of American Medical Colleges and is its basic constituency. However, the role of the institutional membership is not clear.

The institutional membership meets annually. However, there is no clear status or process by which the institutional members or their representatives constitute a primary governing body for the association. No responsibilities are specified for the institutional membership in the articles of incorporation or bylaws. The only derived responsibilities are the election of members, amendment of articles of incorporation or bylaws, and the election of the executive council. It is the executive council which legally and actually directs and controls property and affairs of the corporation.

The lack of a clear-cut role for the institutional membership and its primacy as a governing body could be a limitation in future leadership as a spokesman for the members and in relationships with other organizations as well as with the members.

(3) COMMITTEES

Much of the important consideration and work of the Association of American Medical Colleges is carried on in committees, as with most other membership organizations. However, the committee structure is unclear and uneven.

A variety of standing committees now exists, but without definite design as to their relation to the over-all governance of the association, to its programs, or to other factors. Establishment, composition, appointment, and responsibilities of the various committees are not formally or otherwise specified in readily available documents.

The lack of a clearly defined set of committees to relieve the institutional

membership and the executive council of much of the prior review and deliberation upon proposals or other matters, before members and the executive council are called upon to give consideration or take action, is a definite limitation of the present plan of organization.

(4) PARTICIPATION

The present plan of organization makes only limited provision for participation by persons other than medical college deans. No definite provision is made for participation in the organization by university officers, including those of specialized responsibilities such as vice presidents for health sciences and medical affairs. No definite provision is made for participation by medical college faculty members, although they are welcomed as individual members and as participants in individual institutes or meetings. Neither is provision made for participation by other organizations or institutions, except for the quite effective medical school-teaching hospital section.

Present arrangements do not generally encourage participation of other organizations in activities of the Association of American Medical Colleges.

(5) RELATIONSHIPS WITH OTHER ORGANIZATIONS

Neither the present philosophy nor broad objectives call for relationships with other organizations or make them an important concern. Present programs do make limited efforts to involve other organizations, either because they are useful sources of information or because of some direct involvement with the subject being considered. The present plan of organization does not foster either active relationships with or active participation by other organizations. The Association of American Medical Colleges inclines to be a rather "tight" and limited association which has been so busy with its own direct affairs and those of its members that it has not yet reacted fully to the importance of others around it. Continuation of such a posture will not be conducive to an effective future role.

The annual meeting of the Association of American Medical Colleges and its various publications have been relied upon heavily as means of communicating with other organizations and, especially, with member universities. The meetings are worthwhile and well conducted. However, they cannot be relied on as the principal channel of communication with other enterprises. The association cannot afford, for example, to rely on a medical school dean who attends the sessions to report fully to the administration and faculty of his institution and count on this informal communication channel to serve as the sole tie between the association and the university.

(5.1) RELATIONSHIPS WITH UNIVERSITIES

One key factor noted throughout this report is the ever-mounting importance of the university as the proper context for the best education for health and medical sciences. However, present arrangements make little provision for or emphasis upon participation by universities in the work of the Association of American Medical Colleges.

Although most medical colleges are constituent units of universities,

only the medical colleges themselves are members of the association or otherwise provided for in formal participation. No reference is made in any basic documents of the Association of American Medical Colleges as to the relationships of its members or the association itself with universities, nor are working provisions made for such relationships on a less formal basis.

The present plan of organization of the Association of American Medical Colleges gives definite recognition to the fact that many decisions fundamentally affecting education for health and medical sciences, and, specifically, physician education are made outside the medical college.

The one substantial avenue of contact with universities is the occasional informal provision made for participation in certain activities by university vice presidents concerned with health or medical sciences. Even this appears to come about mainly because most of these men are themselves former medical college deans or concurrently hold that post. With the future development of education for health and medical sciences so substantially dependent upon the universities, the Association of American Medical Colleges will be vitally affected—it cannot afford to disregard formal relationships with and actual involvement of universities and university officers in association affairs.

(5.2) RELATIONSHIPS WITH PROFESSIONAL ORGANIZATIONS, GOVERNMENT, AND THE PUBLIC

The present plan of organization does not facilitate relationships with many organizations of similar interest or with the public and government. Formal working relationships exist only with the American Medical Association, in the joint Liaison Committee on Medical Education, and the teaching hospitals, in the medical school-teaching hospital section. Otherwise, external relationships with other organizations concerned with health and medical sciences are sporadic and quite limited. They are not facilitated by the existing plan of organization.

As for the public and government, the broad objectives of the Association of American Medical Colleges refer to communications between medical educators and the public, but no specific provision has been made for such communication or for communication with governments at various levels. Other formal relationships are maintained by designation of association representatives to 11 other organizations of varied types, but no similar representation with the Association of American Medical Colleges is provided for these other organizations. The present formal relationships vary in nature and effectiveness. They are not regarded as altogether satisfactory, and sometimes occasion criticism or expressed hope of improvement by other organizations.

Informal relationships with other organizations are generally favorable, but too limited. The relationships that do exist have been mutually helpful and are held in general favor. There is quite a range of intermittent contacts by individuals with other organizations or other individuals that seem generally beneficial to the purposes of the Association of American Medical Colleges.

Staff members have contacts with other organizations interested in the health and medical sciences through studies or exchange of information.

Also, officers and leaders of the Association of American Medical Colleges have occasional contacts with officers and leaders of other organizations with similar interests. Such contacts, whether by officers, leaders, or staff appear to be cordial without exception. Occasionally, specific desire is expressed for the development of regular working contacts. Regularization of such contacts would be beneficial to future development of the Association of American Medical Colleges, both to its programs and activities and to its general role in its field.

An important factor is that the development and progress of the Association of American Medical Colleges are highly regarded. This recognition is important to good relationships and helps encourage them, even when little effort is made to establish or sustain external relationships. The existence of the Association of American Medical Colleges and its general role are regarded by most other organizations and institutions as essential. Frequent note is made of the studies and other accomplishments of the association since its founding. Many organizations are looking to the Association of American Medical Colleges for greater leadership in the broad field of education for health and medical sciences. The readiness for such leadership offers a significant opportunity and could mean much for the future effectiveness of the association.

6. FACILITIES

Offices of the Association of American Medical Colleges are now located in Evanston, Illinois, in a relatively modern building, which it owns, and in a rented annex approximately one mile away. As presently situated, there are several advantages. The existing owned facilities were made available on very favorable terms at a time when resources were extremely limited and have proven to be of major benefit to the association. Their location in a pleasant community has undoubtedly served as an aid to recruitment and retention of staff.

(1) SPACE

The present facilities present distinct space problems. They are overcrowded and inconvenient, even for present operations and staff, and offer no flexibility for expansion without great expense. It has already been necessary to add substantial footage of rental space to accommodate new programs and staff, and this space is also crowded and inconvenient. The added space is some distance away from the main building and the staff is thus divided between two locations. It is evident that the separation has adverse effect on the ease and effectiveness of communications within the staff and interferes with efficient operations.

Within the main building, office space and passageways are crowded and every corner is occupied. Although the use of space in the main building appears to be quite ingenious within severe limitations, the annex is very poorly arranged.

(2) LOCATION

Facilities are not located in a community that is convenient to members or to others. The present locations are not quickly or easily accessible to either members or others for normal working contacts or visiting. They

are not close to the offices of major organizations with which the Association of American Medical Colleges has most frequent and important communications, either from the standpoint of staff contacts or the visits of member representatives. They are particularly remote from effective contact with the major educational organizations and foundations with which the association has so much in common. They are far from federal government agencies.

In the offices of the association, no convenient space exists for meetings, review of documents or other study, or office use by members or visitors temporarily in the buildings. The various limitations in facilities will not further the future effectiveness of the association and could very well provide a handicap to its development.

7. FINANCING

Financing of the Association of American Medical Colleges is dependent mainly on grants from private foundations, revenues from services and publications, and dues from members. The total income for 1963 was \$1,022,318. Over 40% of this amount was provided with restrictions of its use to special purposes. The bulk of it came from private foundations, with sizable amounts also provided by private industrial companies and the United States government. Of the 60% available for general purposes, the largest single source was revenue from services such as administering the Medical College Admission Test and the National Intern Matching Program. The next largest source was dues from members. Other major sources for general funds, in the order of their yield, were revenues from publications, grants from private foundations, and interest and other income.

(1) PROGRAM FINANCING

Present financing is adequate for present programs but limited and not flexible. If programs and services are to expand in the future to meet growing needs and achieve the potential development of the Association of American Medical Colleges, additional financing will be needed and greater flexibility will be highly desirable.

Up to the present, funds have been available from one source or another for programs and services regarded as particularly important. No essential programs or services are known to have been deferred for lack of funds. Rather, it appears, some programs have come about more because funds were indicated to be available than because there was strong impetus from the association or its members.

Contacts with private philanthropic foundations are generally favorable and matters of mutual respect. The foundations have been quite generous in their financing and their attitudes toward the Association of American Medical Colleges. Where criticism exists, it is usually of a constructive character intended to help the association and the medical schools better to achieve their purposes.

A limitation of present financing is the fact that a high proportion of funds is available only for restricted uses. As mentioned previously, over 40% of all the association's income is received with specific restrictions as to its use. This is understandable for those funds from foundation and

governmental sources, which often have specific program interest and are accountable for the use of funds in accordance with their own objectives. However, it is obvious that flexibility for program development or modification is reduced by a high proportion of restricted funds. Undue reliance upon restricted funds can tend to unbalance priorities and intended emphases, and can thwart the initiative and creativity of the association to some extent.

(2) FINANCIAL MANAGEMENT

As to financial management, there appears no question, from audit reports and other observations, that the association's funds have been expended with integrity and prudence. However, in the rapid pace of development of the organization, a variety of not too well-coordinated financial practices have come about that do not appear to facilitate careful program management.

The over-all budget of the Association of American Medical Colleges is not developed consciously as the financial component of careful program plans. Moreover, it is not used currently as a means of program direction and control. Neither careful budgets nor controls are used in administration of some programs and services. This latter point has been recognized and initial steps have been taken to overcome this deficiency. These steps are in the right direction and there seems to be recognition of the need for more definite and systematic financial management. Other improvements in the financial management of programs are warranted and should be taken.

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In this chapter, the past and present roles of the Association of American Medical Colleges have been reviewed. The brief evaluation of the association's philosophy and objectives, programs and services, organization, facilities, and financing has given an indication of the extent of its readiness to meet, in coming years, the challenges and needs set forth in Chapter III. In general, the association has been doing a creditable job. However, the organization is not yet realizing its full potential.

The next chapter outlines recommendations for future development of the Association of American Medical Colleges. These recommendations have been designed to enable the association to respond to emerging trends in health care and their implications for medical education and the association and to help it realize its full potential.