

1-18-1966 Organization of A.A.M.C. - Ideas from
Frank Darley

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ORGANIZATION OF AAMC

[1-18-1966]
[By Ward Darley]

It is possible, even probable, that not all Institutional Members will wish to establish the above groups of committees. In order that the work of those that do can be translated into AAMC consensus and possible AAMC policy, I suggest the formation of regional committees that will consider the work of each Institutional Committee, and choose and refine in such a way that both consensus and diversity can be formulated for the consideration of a national committee which I choose to call a Commission.

In order to clarify this portion of my proposal for each of the above four areas of committee responsibility, I envision first, the Institutional Committee; next, the Regional Committee and; finally, the National Committee, which I prefer to call the AAMC Commission on Relationships with the Federal Government, etc. These four commissions would report to the Executive Council. The chairman of each commission would be an ex officio member of the Council.

I suggest that the medical school deans of each of the institutions constituting each of the regions (as the result of a regional conference of their own), select the members and the chairmen for each of the Regional Committees. This should assure a Regional Committee that is not only representative of each of the regional institutions, but also one that is balanced relative to disciplines and individual competences. In choosing the Chairman for each Regional Committee it must be anticipated that this chairman will be the regional representative upon his respective AAMC Commission. The choice of the Chairman for each of the four Commissions (to be selected from the membership of the Commission), should be the responsibility of the Executive Council.

The work of these Committees and Commissions will be of the utmost importance to an intelligent approach to many, if not most, of the problem areas that are vexing the Institutional Membership, collectively as well as individually. Effective work of these Committees and Commissions will be dependent upon the information services that will be rendered by the central office of AAMC, and also upon an arrangement whereby each committee chairman and each committee member can have the free time necessary for study and contemplation. The committee sessions are apt to be long and frequent. Adequate staff should be provided. To these ends I recommend that the universities and medical schools assume all costs for the participation of their own people in this enterprise, and that teaching, research, and other administrative loads be adjusted to the demands of the Committees. Each university member should provide the staff for its own Committees. The university member of each Regional Committee would share the support of the necessary staff. The AAMC budget should provide the staff for each of the Commissions.

Each Commission should be in a position to employ consultants (if not associated with Institutional Members) at AAMC expense. There may be times when Commission-sponsored special task forces or small conferences will be necessary. In order that there be no confusion regarding financing, either of these activities should be approved by the Executive Council.

One particular activity should be required of the Commission on Educational Goals

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B) ORGANIZATION FOR CONSENSUS

The basic units of this organization will be the committees that are set up at the level of each university or other institution sponsoring a school of medicine. There will be one committee for each of the areas that is of major importance to the university's concern for the nation's medical establishment. The number and kinds of individuals upon each committee, and the committee chairman, will be matters for each university to decide. It is important that each committee be multi-disciplinary in composition, each discipline and each individual being chosen in the light of the needs of the particular area under consideration. I suggest four committees:

1. Committee on Relationships with Federal Government: This Committee would study and recommend proposals for legislation and university posture regarding legislation that is already proposed, new programs being proposed within existing legislation, or programs and regulations as they may be developed for the administration of legislation and programs.
2. Committee on Educational Goals and Programs: This Committee would study and make recommendations regarding the relationships and the implementation of relationships between the goals of the various programs and levels of programs that are concerned with the education of health, and medical service and scientific personnel; the research, service, and community resources necessary to the effective integration of these programs; and the relationship of these programs to agencies that accredit institutions or programs and that license or certify their product.
3. Committee on Administration and Financing: This Committee would study and make recommendations regarding the administrative and financial relationships of all of the educational, research, and service programs that the university conducts or in which it is involved that have to do with health or medicine. Emphasis should be on the criteria that will permit the identification of sources of income and the costs of programs, upon methods for the dollar measurement of these criteria, and upon interpretation of the resultant data. Following acceptable interpretation the emphasis should then be upon how the data can be used in identifying and securing the financing necessary to the stability and strength required for a long-range program of education for health and medical service and research.
4. Committee on the University and the Community: In addition to a membership that would be broadly representative of the University, this Committee should include the chairmen of the above three committees, as well as individuals representing the health and medical service and consumer groups of the community. The President of the University would do well to chair this committee. In the light of the University's over-all objectives in education for health and medical service and science, and also in the light of the communities' needs and resources in the field of health and medical service, this committee would study and make recommendations regarding the various ways in which the university and community could share resources and join in programs of education and research that would develop models which, when properly evaluated might be more generally applied and improve both the present and future efficiency and effectiveness of the nation's medical establishment.

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and Programs. There are many specialty organizations (both clinical and basic science), (American Council of Graduate Schools should also be included), whose membership is limited to individuals who belong to medical school faculties. There are other specialty organizations (both clinical and basic science), that have active committees on medical education. The Commission should establish a means of maintaining close and regular contact with these groups. An annual conference built around well-prepared agenda materials is suggested. A large liaison committee might also help take care of this situation. The implications of this paragraph are that the relationship of these organizations with AAMC must be more than mere communication; the mechanism of contact should involve enough discussion so that there is understanding as well.

The Commission on Administration and Financing should give consideration to a working relationship between AAMC and the National Fund for Medical Education. The NFME has never been able to raise funds to any appreciable extent outside of the large metropolitan areas of New England and Chicago. Even this is beginning to break down. In my opinion, a regional approach involving the local medical schools and groups of businessmen, plus a study of the financing and the financial needs of the schools, provides the only approach to the solution of this problem - the sophistication of the schools in the raising of funds must approach that of industry in the giving of funds. The regional structure of AAMC's Organization for Consensus should work from the top down, as well as from the bottom up.

c) ORGANIZATION FOR COMMUNICATION

The suggestion here is that AAMC take the lead in establishing a Federation (The Federation of Schools of the Health Professions), of all the associations of schools and colleges concerned with the education of personnel for health and medical service and science. These would include associations concerned with such education at both the professional and technical levels. In addition to AAMC this would include such associations as the Association of Schools of Public Health, American Association of Dental Colleges, the American Council of Deans of Graduate Schools (check with Logan Wilson on this title), the Association of Collegiate Schools of Nursing (also the several associations of non-collegiate schools of nursing and practical nursing), American Association of Colleges of Pharmacy, the Association of Schools of Hospital Administration (check on the name of this agency), the Association of Schools of Social Work, the associations of schools of podiatry and optometry, and the several technical areas such as medical technology, occupational therapy, medical library science, and on down the list. How about including the Association of the Schools of Osteopathy and the association of full-time directors of medical education?

There would also be Secondary Members of the Federation. These would consist of the professional associations of the corresponding associations of schools. Among these should be included the AMA, the AAGP, and the AHA. Another group of Secondary Members would be the several national, voluntary health agencies.

All members would pay dues, but only the Primary Members would vote. The principal responsibility would be the election of officers.

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Since the principal purpose of the Federation is for communication, the most important activity would be to conduct an annual conference on education for health and medical service and science (I would suggest this be called "The Annual Conference Upon the Production and Utilization of Health and Medical Manpower"). Additional activities could be added as experience will dictate.

WD/arm
1-18-1966