

Association of American Medical Colleges

Proceedings for 1967

Meeting of the Institutional Membership
February 11, 1967

Meeting of the Institutional Membership
May 17, 1967

Seventy-Eighth Annual Meeting

Conference on Continuation Medical Education
October 27, 1967

Meeting of the Council of Academic Societies
October 27, 1967

Meeting of the Group on Student Affairs
October 27, 1967

Meeting of Medical School Business and Fiscal Officers
October 27, 1967

Meeting of the Council of Teaching Hospitals
October 27-30, 1967

Conference on Research in Medical Education
October 28-29, 1967

Conference on International Medical Education
October 28-29, 1967

General Sessions
October 28-29, 1967

Business Meeting
October 30, 1967

Panel Discussions on Medical Education
October 30, 1967

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Association of American Medical Colleges

Proceedings for 1967

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Council of Academic Societies

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Council of Teaching Hospitals

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Council of Teaching Hospitals

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Meeting of the Institutional Membership

Palmer House
Chicago, Illinois
February 11, 1967

Presiding: WILLIAM N. HUBBARD, JR., President

The meeting was called to order by Dr. William N. Hubbard, Jr., at 1:40 P.M., and the roll of Institutional Members of the Association of American Medical Colleges was taken: 12 medical schools were not represented.

NATIONAL FUND FOR MEDICAL EDUCATION

Dr. Hubbard called upon Dr. Donald G. Anderson, President of the National Fund for Medical Education (NFME), to discuss the current status of the NFME.

Dr. Anderson explained that 1966 was a year of transition for the Fund because of its change in program from one based primarily on institutional and per capita grants to one based on development and special purpose grants.

Dr. Anderson: For many years the funds raised by the National Fund were distributed in the form of flat institutional grants and per capita grants, supplemented in more recent years by special purpose grants for which specific application had to be made. When federal legislation providing basic support for the medical schools was enacted, it really called for the same type of grants to schools that the National Fund had been making, but on a scale some 10 times that which had been possible for the Fund to offer. So the directors of the Fund and many of the larger donors frankly stated that they saw no point in the Fund's continuing the program of flat institutional grants.

Many consultations were held with the Officers and Executive Council of this Association, individual deans, and representatives of corporations who had been most generous in their support of the Fund. From these talks it became apparent that the schools felt that the Fund's accomplishments and efforts to build up interest and support for medical education in the ranks of business and industry had been important, had been reasonably successful, and should not be abandoned, but that a program more appropriate to the changing times and circumstances should be developed. It was made clear that the schools have many needs that are not covered by federal funds or funds from other sources, and it also appeared that business and industry saw that they could provide valuable help for support of programs aimed at innovations and improvements in medical education. They clearly could not undertake, except through taxes, massive bread-and-butter support of medical schools; but they could and would provide funds that could be used to explore methods by which the basic support, bread-and-butter funds, could be used more effectively. It was on this basis, then, that the 1966 program, both for raising and for disbursing funds, was conducted.

During 1966, the Fund distributed approximately \$1.7 million. Although 23 schools did not apply for grants, 121 applications for grants totaling somewhat

over \$8.5 million were received. The distribution of grants is seen in the following table:

| Program Area | Amount of Grant |
|------------------------------|-----------------|
| Students | \$ 125,646 |
| Faculty | 135,400 |
| General Educational Program | 510,774 |
| Specific Educational Program | 506,090 |
| Programmed Instruction | 83,955 |
| Teaching Equipment | 112,186 |
| TV and Audiovisual Aids | 210,921 |
| Library | 18,000 |
| Total | \$1,702,972 |

In concluding his remarks, Dr. Anderson emphasized that the next few years will be transitional for the Fund, during which time it will be seen if business and industry are willing to contribute to the additional support of medical education and if the medical schools will provide the Fund with the types of proposals that will attract the support of business and industry. The programs that the Fund sponsors must be significant and of the type that will stimulate interest and enthusiasm. It is felt that the results for 1966 were reasonably successful and definitely encouraging.

In response to a question on whether Provisional Members are eligible for grants, Dr. Anderson indicated that the Board had discussed this at length. It was agreed that it would be appropriate to invite schools to apply for grants, if the schools have received letters of reasonable assurance.

Dr. Anderson was asked if there was a limitation on the number of grants that an individual school might receive. Dr. Anderson's reply was that due to the Fund's limited resources at this time and its desire to serve all of the schools, operationally there is a limitation of 1 grant to a school. When a school has submitted 2 or more grant requests that, in the judgment of the Evaluation Committee, appear to be of equal merit, the school has been given the option of electing which of the grants it wishes to have funded.

Dr. Hubbard expressed the appreciation of the medical schools to the National Fund for the effective efforts being made in their behalf. In addition to citing Dr. Anderson as due especial thanks, Dr. Hubbard named the contributions of Drs. Robert A. Moore, James M. Faulkner, and Joseph C. Hinsey, as well as selected leaders in business and industry who have long supported the Fund.

PUBLIC HEALTH PROGRAMS

The Institutional Membership examined and discussed carefully the fourth draft of a policy statement for the support of medical education by the federal government in 1967. Suggestions for rewording were offered; and the motion was made, seconded, and passed without dissent that the Executive Council incorporate the revisions suggested in the draft and that the statement, as amended, then be circulated to the Institutional Membership for adoption by mail vote. This was done, and on April 17, 1967, the Institutional Membership of the Association officially adopted "Proposals for the Support of Medical Education by the Federal Government, 1967: A Statement of Policy on Federal Government Support of Medical Education." Since this statement was published in *The Journal of Medical Education* (42:710-712, 1967), it will not be repeated here.

COUNCIL OF ACADEMIC SOCIETIES

On October 24, 1966, the Institutional Membership authorized the formation of a Council of Academic Societies. An organizational meeting to which persons identified with the classical medical school departmental disciplines were invited was held on January 10, 1967. It became apparent that many procedural problems would have to be solved before this Council could take an active role in the programs of the Association. A committee was elected and charged with the preparation of guidelines that could be used during the organizational phases of the Council. A copy of the guidelines drafted on January 22, 1967, was distributed to the Institutional Membership on February 11.

In keeping with the October 24, 1966, action of the Institutional Membership, the guidelines and a list of societies derived from its provisions were submitted to the Executive Council for approval. The Executive Council recommended their approval by the Institutional Membership.

On motion, duly seconded, the following societies were approved as the founding members of the Council of Academic Societies:

| Discipline | Society |
|--|---|
| Anatomy | American Association of Anatomists |
| Anesthesiology | Association of University Anesthetists |
| Dermatology | Association of Professors of Dermatology |
| Medicine | Association of Professors of Medicine Association of American Physicians |
| Obstetrics-Gynecology | Association of Professors of Obstetrics and Gynecology American Gynecological Society |
| Ophthalmology | Association of University Professors of Ophthalmology |
| Otolaryngology | Society of University Otolaryngologists |
| Pathology | American Association of University Professors of Pathology |
| Pediatrics | Association of Medical School Pediatric Department Chairmen |
| Preventive Medicine and Public Health | Association of Teachers of Preventive Medicine |
| Psychiatry | Association of Chairmen of Departments of Psychiatry |
| Radiology | Association of University Radiologists |
| Surgery | Society of Surgical Chairmen American Surgical Association |

PROVISIONAL MEMBERSHIP

Dr. Hubbard then presented the Executive Council's recommendation that Brown University Division of Biological and Medical Sciences be voted to Provisional Membership. It was so moved, and the motion was duly seconded and unanimously carried.

Dr. Hubbard called attention to the Executive Council's recommendation that the University of California Davis School of Medicine be elected to Provisional Membership. The motion was made and seconded. A member asked whether the Association had officially visited this school. Dr. Robert C. Berson said that it had not but that the Bylaws of the Association do not require an official visit prior to a school's election to Provisional Membership. The motion to elect the University of California Davis School of Medicine to Provisional Membership was then put to a vote and carried without dissent.

EMERITUS MEMBERSHIP

Emeritus Membership in the Association of American Medical Colleges is reserved for those individuals who have distinguished themselves in dealing with problems of and in contributing to the progress of medical education. The following individual was recommended by his institution, from the direction of whose affairs he has retired. On motion, seconded, and carried, Edward J. Van Liere, M.D., Ph.D., Dean Emeritus and Emeritus Professor of Physiology, West Virginia University Medical Center School of Medicine, was elected to Emeritus Membership.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

Dr. William N. Hubbard, Jr., President and Chairman of the Executive Council, reported informally on some of the recent activities of the Executive Council.

Structure and function of the Association.—Among major items of concern to the Council has been a review of the structure and function of the Association. Dr. Hubbard invited the Membership to direct to the Council's attention any problems that it considers of importance and urgent and the manner in which it visualizes the Association's being effective on behalf of the schools in working toward some better confrontation, if not solution, of these problems.

Additional staff.—Dr. Berson spoke of needs for additional staff.

Dr. Berson: It is perfectly obvious that in order for the Council of Teaching Hospitals to deal with the major problems facing teaching hospitals right now, the staff needs to be expanded in several ways rather quickly; and there are resources for that purpose available from the dues of the member teaching hospitals. There is a clear need for Mr. McNulty to have an assistant who can help him with effective liaison with a host of agencies and organizations that are working with problems of such great importance to the hospitals. It is also important, with 300 members, all of whom have some curiosity and some questions and needs, to develop a pretty well thought out and orderly membership activity that keeps in touch with these institutions.

And another area of great importance, and not different from some of the things that AAMC as a whole does, is the development of a profile of a great deal of information about each one of these institutions—cost, personnel, staffing—looking forward to the time when retrieval of this information and its appropriate analysis can greatly sharpen the understanding of these important institutions as a national asset.

So, with the approval of the Council, we are going to proceed to recruit some of the people needed on this staff within the resources available and with the approval of the Administrative Committee.

National Society for Medical Research and American Association for Accreditation of Laboratory Animal Care.—Dr. Hubbard called the attention of the Institutional Membership to the minutes from the Executive Council's meeting of January 25, 1967, regarding the National Society for Medical Research (NSMR). These minutes read as follows:

There was considerable discussion of the several organizations dealing with parts of the problem of caring for laboratory animals. Since the annual report of the National Society for Medical Research will be widely distributed soon and will presumably present its programs, plans, and financial position, the Executive Council felt that a specific recommendation to the Institutional Membership would be premature. The Council was favorably disposed toward the Institutional Members channeling the dues or contributions they have been making to the NSMR through the AAMC, which would, in turn, determine how much of those funds should be used to support the NSMR, in effect the AAMC becoming an "association" member of the NSMR.

Dr. Hubbard did note that although these minutes accurately reflect the sense of the Council's discussion, no action or recommendation was made by the Council.

Relations with federal government.—Next to be discussed was the position that the AAMC should take on the special improvement grants. Dr. Hubbard summarized the Executive Council's position as follows:

Dr. Hubbard: The Council recommends to this Institutional Membership, and unless instructed otherwise would like to proceed on, the development of a policy statement which would encourage funding of these special improvement grants, and recommending to the Congress that the special improvement grants be made available to those institutions that have serious financial problems and that have programs that show great promise of being brought into effect by the award of the special improvement grant. The Administrative Committee would be very much helped if there would be comment pro or con, or a motion, regarding this policy position.

Dr. Charles Sprague: I might point out that no additional legislation is required. The appropriation, as you know, applied to both the formula grant and the special improvement grant, so I think our need really is to get the appropriation level higher than it is. As you know, even for basic improvement grants it is only about 92 per cent, and 76 per cent last year, and I would strongly urge the passage of such a resolution, which would be helpful to Congress and the Council in that regard.

Dr. Hubbard: Would you like to make that motion?

Dr. Sprague: Yes, I'd be glad to.

Dr. Hubbard: You have heard the motion. Is there discussion?

Dr. Arthur Richardson: It seems to me it ought to be clear that this is in addition to the basic improvement grant. I think many of us have been worried about the past history of the basic improvement grant itself, in which we make a contract to do certain things and the government does not fulfill its part of the contract, and I would hope that the wording of this would mean that this would not in any sense take away from the basic improvement grant.

Dr. Berson: I might call attention to the fact that the President's recommended budget asks for \$57 million in this package which would be both basic and special improvement grants, and this would be approximately enough to fully fund all of the basic improvement grants and probably 125 special improvement grants. Now, you recall, this is not limited to medical schools, but there are

dental schools and other schools involved. The law provides a ceiling on the special improvement grants at the present time of \$300,000 per year per school. The President's recommendation would not raise enough money to provide \$300,000 for every eligible school, so that if his recommendation is what is appropriated, the basic improvement grants could be fully funded and there could be a substantial number of special improvement grants.

The Council will have to make decisions as to how to decide where to put the special improvement grants. There is some legislative history, and the reason for the Council considering it and bringing it up now is the question of whether the spokesman for the Association in testifying in support of the appropriation should express an opinion as to the best use for the special improvement grants that are available.

The motion was put to a vote and carried without dissent.

Dr. Hubbard reported on the development of a pilot study project whose purpose would be to develop an improved cost analysis and effort reporting procedure, which if successful could have very wide application.

Although this pilot study effort was stimulated in the first instance because of the awkward patterns that are now imposed on an institution for accountability of effort, there is also reason to believe that if an instrument that defines 100 per cent of effort distribution within the total medical center setting can be developed, it would be very important in improving the capacity of the federal government to respond to the differences between institutions.

This pilot study will involve approximately 6 medical schools. The Division of Operational Studies will manage the study, coordinating the collection of data in the center. It is hoped that the medical schools will be able to analyze costs in a way that will permit their true identification and funding.

The next item to be discussed was the proposed regulations for determining reasonable charges for physician services to medicare beneficiaries.

Dr. Hubbard: It is obviously of most fundamental importance to the Membership that they not be asked to subsidize medicare and medicaid out of their educational budgets, which may be the effect if a sharp exception is not taken to these regulations. To this end the Council has appointed a committee to formulate a letter to the Secretary of Health, Education, and Welfare, stating the position of the Association and taking exception to the rigidity of the definitions that would have serious impact on our schools' financing as it relates to collection of fees for service rendered.

National Intern Matching Program.—The procedure for handling intern matching results was revised: at a designated hour on the appointed day, each dean or his designee will be permitted to obtain results from a specified Western Union office.

REGIONAL MEETINGS

The chairman of each regional group of the Association was called upon to highlight recent meetings of his group. A special report has been prepared describing activities of the regional groups (See pages 658-660).

OTHER BUSINESS

The first item of new business was introduced by Dr. John R. Hogness.

Dr. Hogness: At the last 2 meetings of the Western Region we have been increasingly concerned over some problems relating to the implementation of Titles

XVIII and XIX. In at least 2 of our states, a genuine problem has confronted us. The Western deans have asked that I present to you a resolution which relates to this matter. The matter is specifically one relating to the payment of physicians for services to patients covered by Title XVIII and XIX, and I think I can summarize this best by reading 1 sentence from a letter which was written to me by Dr. C. J. Tupper, relating the experience in California. There has also been a similar experience in Colorado. It states: "There continues to be discussion at many levels for finding ways to pay teaching hospitals less than the standard fee for services, and in many circles it is being suggested that reimbursement should represent only that portion of the salary of the faculty man that represents his time devoted to the care of patients covered by the program."

Dr. Hogness then introduced the following resolution:

WHEREAS, Title XVIII and Title XIX legislation had as one of its major objectives the inclusion of all patients in the mainstream of quality medical care; and

WHEREAS, Policies relative to this legislation are being considered at the federal level, and in some areas state regulations are now being formulated which would foster a dual system of medical care and thus tend to perpetuate many of the defects and deficiencies of former systems;

NOW, THEREFORE, BE IT RESOLVED THAT, in the establishment of policies for reimbursement of physicians for services rendered to patients under Title XVIII and Title XIX legislation, it is essential that such policies should: (a) be uniform insofar as all physicians rendering such care are concerned; (b) not be discriminatory with respect to the locus wherein the service is provided; and (c) assure that the prevailing reasonable fee paid by the third party for any service not vary with the economic resources of the patient.

Dr. Hogness then moved the adoption of this resolution, and the motion was duly seconded. After considerable discussion, an amendment was offered to this motion to the effect that the resolution be approved in principle by the Institutional Membership and referred to the Executive Council for implementation as they deem best, with a sense of urgency. The amendment was duly seconded.

The motion of amendment, after due discussion, was put to a vote and carried without dissent. Then the original motion was put to a vote and carried without dissent.

There being no further business, the meeting was adjourned at 4:55 P.M.

Meeting of the Institutional Membership

Ramada Inn

Schiller Park, Illinois

May 17, 1967

Presiding: WILLIAM N. HUBBARD, JR., President

The meeting was called to order by Dr. William N. Hubbard, Jr., at 10:00 A.M., and the roll of Institutional Members of the Association of American Medical Colleges was taken by Dr. Robert B. Howard, Secretary-Treasurer: 21 medical schools were not represented.

REPORT OF THE PRESIDENT

Dr. Hubbard reported on plans for the Annual Meeting, to be held October 27-30, 1967, in New York; the theme of the Annual Meeting has been defined as "The Education of the Physician." Plans are also in progress for a workshop tentatively scheduled to be conducted in 1968 dealing with the same theme: the total continuum of education for medicine.

Dr. Hubbard then introduced Dr. James H. Cavanaugh, Director, Office of Comprehensive Health Planning, Office of the Surgeon General, U. S. Public Health Service, who reviewed the provisions of P.L. 89-749—the Comprehensive Health Planning Act and Public Health Service Amendments of 1966—known as the "Partnership for Health Act of 1966," and described plans for its implementation. Dr. Cavanaugh then answered 6 questions that had been submitted to him in writing by Dr. Hubbard prior to the meeting. A transcript of Dr. Cavanaugh's comments and discussion was summarized and distributed to the Institutional Membership on June 20, as memorandum No. 67-13 from Dr. Robert C. Berson, Executive Director.

REPORT OF THE EXECUTIVE DIRECTOR

Development of the AAMC since January, 1965.—On March 15, 1967, the Executive Council adopted the following resolution:

The Executive Council reaffirmed its support of the Coggshall Report (through page 48) and requested its staff to prepare a memorandum on the portions of that report which have been implemented, and intends to utilize the report as the outline for its systematic review of the structure and functions of the AAMC.

In response to this resolution, a summary report of the AAMC's development since January, 1965, was published in the May 17, 1967, Agenda Book (Pp. 1-11) vis-à-vis the recommendations that were summarized in the Coggshall Report (Pp. 100-104). A line-by-line review was made according to the 8 separate headings in the recommendations of the Coggshall Report. Because of its historical relevance, this summary is presented as it was then published:

Development of the AAMC since January, 1965**JANUARY-APRIL, 1965**

From the time the new Executive Director reported for duty, January 1st, until the report of the Coggeshall Committee, "Planning for Medical Progress Through Education," was received, the main preoccupations were the continuity of previously established programs and the opening of a Washington office for the AAMC.

The stability and loyalty to the Association of key members of the staff and inherent soundness of the established programs made it possible for all of them to continue in a sound manner through that period of transition.

After the national elections in the fall of 1964, the Executive Council was convinced that the 89th Congress was so certain to adopt legislation of major importance to medical schools that it approved the recommendation of the Executive Director-Designate that steps be taken immediately to open an office in Washington, however small. Accordingly, a small amount of space was rented from the American Council on Education and occupied early in the calendar year. So little time was available (and so little financial support for the purpose) that the decision was made that it was not practical to add someone to the staff with sufficient knowledge of the needs and attitudes of the medical schools, the past activities and policies of the AAMC, and the background of legislative proposals and considerations to be the key person in the Washington office. It was therefore decided that the Washington office should be the direct responsibility of the Executive Director, that Dr. William Maloney, Associate Executive Director, should be given increased responsibility for the Evanston office, and that the Director of each Division should be expected to carry on his program within established policies with the Executive Director commuting frequently between the two offices.

APRIL-NOVEMBER, 1965

On April 19, 1965, Dr. Coggeshall presented his principal recommendations to the Executive Council in person, and delivered the written report of his committee. Thereafter, the Executive Council decided to hold numerous extra meetings of its own for thorough discussion of the report and its recommendations. Quite early in those discussions the Executive Council accepted the report in principle in the spirit that action along those general lines was necessary. It also decided that although a number of the recommendations could, under the Bylaws, be implemented simply by action of the Council, the collective wisdom of the membership was necessary. The Council decided that the function of recommending objectives and philosophy and reviewing programs and plans of the Association, which Dr. Coggeshall had recommended be carried out by a "blue ribbon committee," should not at that time be delegated to such a committee, but should be carried out by the Council itself.

During the summer of 1965, regional meetings were held in five different cities for discussion of the Coggeshall Report with the representatives of institutions encouraged to attend that meeting most convenient for them. The Council or its representatives also discussed parts of the recommendations with the presidents of universities holding membership in the AAU [Association of American Universities], officials of several organizations in higher education, foundations, and federal agencies. These discussions led the Council to decide not to accept, or propose to the Institutional Members, the recommendation that the university—rather than the medical school—become the institutional member of the Association.

At the annual meeting in 1965, the Institutional Members thoroughly discussed, modified, and adopted a statement of objectives for the Association, which reads:

"The purpose of the Association is the advancement of medical education. In pursuing this purpose, it shall strengthen, expand, and cooperate with all educational programs that are important to the nation's health, with particular

concern for the entire span of education and training for the medical profession and health sciences. The Association will foster studies in research, provide means of communication and forums, and perform services necessary to program and policy decisions that the above broad objectives require."

The Institutional Members approved converting the "Teaching Hospital Section" into a "Council of Teaching Hospitals" and authorized it to designate a person to be elected as a voting member of the Executive Council and changed the Bylaws to accomplish this objective.

JULY 19TH AND 20TH, 1966

At a special meeting on July 19th and 20th, the Institutional Members took action to establish a formal regional organization of Institutional Members whose major function should be to identify, define, and discuss issues relating to medical education, and to make recommendations for further discussion of such issues at the national level. They approved the principle that the Executive Council should be reconstituted so as to be representative of the regions.

The Institutional Members approved the formation of the Council of Academic Societies and authorized a task force to work out the details and bring back specific recommendations at the annual business meeting.

At that meeting, the Institutional Members approved in principle a resolution urging the coordination and simplification of regulations and procedures of federal agencies and authorizing the President to transmit a strong, appropriately worded resolution to the President and the Secretary of HEW, as well as other officials. And the Institutional Members adopted a proposal that there be more frequent meetings of the Institutional Members for thorough discussion leading to the determination of AAMC policy on topics of national concern to medical education.

ANNUAL BUSINESS MEETING, OCTOBER 23, 1966

At the annual business meeting on October 23, 1966, the Institutional Members approved revision of the Constitution and Bylaws which had been prepared by a special committee, and which provided explicitly for a formal regional organization of the Association, the Executive Council's being constituted so as to be representative of those regions, and a specific mechanism for the establishment of "councils" of the Association.

The Institutional Members also adopted a specific description and pattern for the regional organization of the Association, and guidelines for the development of the Council of Academic Societies with procedures for its further development and representation on the Executive Council of the Association.

Review of Recommendations and Actions on Them

Dr. Coggshall's recommendations are summarized on pages 100-104, of "Planning for Medical Progress Through Education," under eight separate headings.

PHILOSOPHY AND OBJECTIVES

The first two recommendations have been accepted by the Institutional Members.

1. The philosophy of the Association should be enlarged to permit the Association to assume and exercise a greater leadership role.
2. The philosophy and objectives of the Association should not be restricted to emphasis on the medical school but should be more broadly conceived in terms of service to the nation and community as well as to members.

The third recommendation has not been explicitly accepted or rejected.

3. A broader and more precise philosophy should be adopted with respect to bonds between the Association and the universities.

It can be said that the fourth and fifth objectives have been accepted implicitly and passively but not effectively carried out.

4. The Association should undertake to be a more effective spokesman, and its philosophy and objectives should be spread across the land.
5. The broader philosophy should be the basis for realistic and concrete objectives that can be guides to action directed toward agreed ends.

The Executive Council has decided not to implement the sixth recommendation but to fill the role described for the blue ribbon committee itself.

6. An ad hoc "blue ribbon" committee should be established by Executive Council to work with the Executive Director to formulate statements of philosophy and objectives for the Association.

The Executive Council has embarked upon efforts related to the seventh, eighth, and ninth recommendations, but a good bit remains to be done before it can be said that they have been fully implemented.

7. The Executive Council should adopt official statements of the Association's philosophy and objectives.
8. The statements of objectives should be used as continuing guides for planning and evaluating the Association's programs and actions and for interpretation of the Association's work.
9. Particular effort should be made to inform members of the Association's philosophy and objectives, once they have been established.

PROGRAMS

The first three recommendations have been carried out in large part.

1. The accreditation program should be continued and strengthened. Enlarged panels of visitors should be provided to afford greater flexibility, coverage, and timeliness in the accreditation process.
2. The Association should continue to make special one-time studies and, occasionally, recurring studies concerned with the general operation of medical schools:
3. International medical education activities should be continued.

The enlarged panels have not been fully implemented. Fairly good progress is being made toward achieving greater flexibility, coverage, and timeliness in the visitation of medical schools, but more needs to be done. During this transitional year for the Division of International Medical Education, the Association faces difficult decisions as to the future direction of that program.

The fourth recommendation has not been carried out.

4. "Core" research projects should be given more concentrated attention and resources and be expedited.

Each of the major elements of the "core" research program has been developed logically to an appropriate terminal point, but increased resources have not been available in such a way as to fit precisely with the "core" program.

The fifth recommendation has not been carried out.

5. The "blue ribbon" committee should make a systematic examination of all present programs and needs for new programs.

The Executive Council is heavily engaged in playing this role itself.

It can be said that the sixth recommendation has been accepted, although this is a never-ending process.

6. Important new program fields should receive attention as possible parts of a new program structure.

Discussions indicate that the Executive Council is favorably disposed toward the seventh recommendation, but no specific means of carrying it out have yet come into focus.

7. Particular attention should be given to developing improvements in the team approach in both hospital care and medical practice.

Much the same thing can be said about the eighth and ninth recommendations.

8. Attention should be devoted to the development of basic educational programs leading to an earlier differentiation in specialties.
9. Particular effort should be made to provide leadership and aid in the development of improved approaches to family practice.

There has been little discussion of the tenth recommendation.

10. Serious consideration should be given to developing a program to study and exchange information concerning computer applications.

No practical way for the Association itself to mount a clearly visible and effective program in regard to this has been seriously proposed.

Some of the programs and activities of the Association, particularly its Division of Education, can be said to be relevant to the eleventh recommendation.

11. More intensified work leading to curriculum improvement should be considered.

But it would be difficult to be certain whether the words "more intensified" would accurately describe what has happened.

The Executive Council, and to some extent, the Institutional Members, are now engaged in discussions and considerations that are highly relevant to recommendations 12 and 13.

12. Some programs should be reviewed with particular attention to their importance and priority for the future.
13. The Association should provide for the elected leadership and senior staff members to evaluate programs continually, using established objectives as the standard of evaluation.

It is probable that Dr. Coggeshall had in mind a more highly organized and systematic approach to program evaluation than has been carried out to date or than could readily be done without assigning appropriate members of the staff to program evaluation on a nearly full-time basis.

SERVICES

The first recommendation has not been carried out.

1. Services provided to members and others should be reexamined by the "blue ribbon" committee established to review programs.

The second recommendation has been carried out.

2. Basic data and general information services should be continued and improved.

The recent grant from the Markle Foundation will make it possible to move more rapidly and effectively toward improvement in this area.

The third recommendation has not been carried out.

3. Editing and production of all publications should be brought under one individual.

Dr. Cooper serves very effectively as editor of *The Journal* on a part-time basis. He would not want nor accept the responsibility of supervising all of the publications, nor would it be appropriate at this stage to assign a member of the staff to detailed supervision of the activities of *The Journal*. The other publications of the Association should be brought more effectively under the supervision of one individual.

The fourth recommendation is being carried out.

4. Publications should be self-sustaining.

If a rational portion of dues from Individual or Institutional Members were allocated to the cost of *The Journal*, all of the publications efforts of the Association would be seen to be self-sustaining.

The fifth recommendation is being carried out.

5. The *Association of American Medical Colleges Directory* and *Medical School Admission Requirements* should be continued as basic publications, on a self-sustaining basis.

The sixth recommendation is being carried out.

6. Efforts to improve *The Journal of Medical Education* and increase its circulation should continue.

These efforts should be markedly increased. Serious consideration should be given to distributing *The Journal* to a much longer list of full-time members of the faculties (perhaps all) and to upgrading the appearance and type face of *The Journal* itself.

The seventh recommendation is being carried out.

7. Continued effort should be made to improve the content and organization of annual meetings.

The eighth recommendation has not been fully or effectively carried out.

8. Meetings should be arranged and conducted on a self-sustaining basis.

The registration fee which has been charged in each of the last two annual meetings has partially offset the expense, but it is far from popular. Since the attendance at the annual meeting is larger and now includes the administrators of a considerable number of the most important hospitals in the country, paid exhibits should probably be encouraged and actively promoted.

The ninth recommendation is being carried out.

9. Regional meetings should be provided for.

The tenth recommendation is being carried out.

10. The Medical College Admission Test and National Intern Matching Program should be continued.

It can be said that the eleventh recommendation is largely being followed.

11. Printing services should be provided only where essential and where needed services cannot be obtained elsewhere at equivalent cost.

The staff has reviewed the printing activities with care and concern. It seems clear that having all of the printing done on a contract basis would add modestly to the cost. A much more important consideration is the impossibility of getting outside contractors to accept such irregular schedules and very short lead times as many of the publications of the Association involve.

The twelfth recommendation has not been fully accepted or implemented.

12. Arrangements should be made to assure that costs of consultations and seminars are met by the institutions benefitted.

The thirteenth and fourteenth recommendations are rather general. It can be said that they have been accepted and carried out in part but that this is a continuing process.

13. New services should be considered that will be in keeping with the enlarged leadership role of the Association.

14. The Association should maintain positive working and informational contacts with all organizations concerned with education for health and medical sciences.

The fifteenth recommendation has been and is being carried out.

15. The Association should publish a bulletin providing current information about federal government programs of vital concern to medical education.

The sixteenth recommendation has not yet been carried out.

16. The Association should plan and conduct periodic training institutes for new administrators.

The staff is actively working on a proposal for serious study of the problems of administrators of medical schools that will involve more than, but will probably include, seminars or orientation sessions for new administrators.

DEVELOPMENT AND REVIEW OF PROGRAMS AND SERVICES

It is probable that Dr. Coggeshall had in mind a much more systematic and orderly approach to program planning than has yet been practical:

A sound approach to planning should be developed, adopted, and followed so that programs and services can be consciously and systematically planned in relation to agreed objectives and on the basis of careful analysis of need.

ORGANIZATION

The first recommendation was given consideration, particularly by the Committee on Constitution and Bylaws, although the revisions they recommended and which were adopted represent slight changes in the plan of organization of the Association.

1. The plan of organization of the Association should be revised to reflect clearly the new philosophy and enlarged leadership role that has been proposed.

The second recommendation has been considered and not accepted.

2. A new name such as "American Council on Medical Education" or "Association for the Advancement of Medical Education" should be adopted.

The third, fourth, and fifth recommendations have been accepted.

3. The Association should continue primarily as a membership organization of educational institutions.

4. The basic class of membership should be "institutional membership." In addition to primary institutional members there should be "graduate institutional members," "associate institutional members," and "provisional institutional members."

5. A second class of Association membership should be "individual members." The three categories of individual membership should be "emeritus members," "participating members," and "sustaining and contributing members."

It is not entirely accurate to describe the sustaining and contributing members as individual members. Nor is it entirely clear what Dr. Coggeshall had in mind concerning "participating members."

Efforts to carry out the sixth recommendation in slightly modified form are under way.

6. Provision should be made for suitable participation by other organizations. "Affiliate members" should be provided for as a third class of membership.

The Council of Academic Societies represents a serious effort to obtain the very active participation of certain other organizations and through them, of key members of medical faculties.

The seventh recommendation has not been carried out.

7. The Association should recognize as "related organizations" other organizations primarily concerned with education or practice in health and medical sciences.

Relations and liaison with such organizations continue to be cordial and pretty good, and it is not entirely clear what would be accomplished by formally establishing and attempting to recognize "related organizations."

The eighth and ninth recommendations have not been carried out as explicitly as recommended.

8. A "general assembly" should be established as the constitutional governing body of the Association and to represent all members.
9. The general assembly membership should comprise (1) institutional representatives, (2) affiliate representatives, and (3) related organization representatives.

The constitutional governing body continues to be the representatives of medical schools who are Institutional Members, but the meetings of the Institutional Members are developing into serious discussions of policies and national problems.

The tenth, eleventh, and twelfth recommendations have neither been accepted nor rejected.

10. The senior officer of the Association elected annually should be designated the "chairman."
11. The full-time chief executive officer of the Association should be given the title of "president."
12. The Executive Council should serve as "board of directors" of the Association. The Executive Council should probably give serious consideration to these three recommendations at an early date.

A substantial modification of the thirteenth recommendation has been adopted.

13. Three councils should be established: (1) council of deans, (2) council of administrators, and (3) council of faculty.

The Council of Teaching Hospitals has been fully activated and the Council of Academic Societies has been fully approved and is being developed. It would be logical to follow this line of reasoning and convert the Group on Student Affairs into a council on student affairs. In a reconsidered terminology for use in the organization of the Association, a "council" might be used for clearly defined portions of the Association which are composed of representatives of many institutions or of many societies.

The fourteenth recommendation has been made inappropriate by action taken to establish the Council of Teaching Hospitals and the Council of Academic Societies.

14. Three commissions should be established: (1) commission of related health organizations, (2) commission of teaching hospitals, and (3) commission of teaching organizations.

If the term commission is to be used in the reconsidered terminology for the Association, it probably should be applied to standing committees.

Recommendation 15 has not been adopted.

15. Standing committees should include the (1) program committee, (2) finance committee, (3) accreditation committee, (4) public interpretation committee, (5) government relations committee, and (6) research committee.

The committee structure of the Association has been modified but little.

Recommendations 16, 17, and 18 have been adopted.

16. Provision should be made in the revised plan of organization to extend and encourage participation and communication within regions.
17. "Regional assemblies" should be established by member institutions. "Regional councils" should be developed.

The regional meetings have not been developed to this full extent, and it is not yet certain how far they should go toward more formal organization.

18. There should be five regions: (1) east, (2) southeast, (3) north central, (4) central and southwest, and (5) west.

The five regions adopted by the Institutional Members vary slightly from this description and follow the pattern of the Group on Student Affairs.

Specific consideration has not yet been given to the 19th recommendation.

19. Study should be given to the desirability of encouraging formation of local or institutional chapters of the Association.

The Committee on Constitution and Bylaws did give some consideration to the 20th recommendation.

20. A definite plan of organization covering the governance, legislative functions, advisory duties, and staff functions should be adopted.

The Executive Council should consider a comprehensive plan of organization and functions.

RELATIONSHIPS

Efforts were made to carry out the first recommendation, but they were not very successful.

1. To strengthen relationships with universities, strong effort should be made to involve university presidents and vice presidents responsible for health programs in Association affairs.

Though the chance of involving university presidents actively seems remote, intensive efforts to develop a productive role for vice presidents might be productive.

In a sense, the second recommendation has been adopted.

2. The Association should seek positive and active relationships with key organizations interested in all aspects of education for health and medical sciences.

It cannot be said that the third recommendation has been fully accepted or could be fully implemented.

3. The Association should serve as spokesman for organizations concerned with education for health and medical sciences.

The Association is making some progress toward being a more effective spokesman for itself and for the medical schools and on a broader basis than the educational program leading to the M.D. degree, but much more progress in this direction is highly desirable.

It cannot be said that the fourth recommendation has been fully implemented.

4. The Association should take the initiative in developing the United States Government's interest in support for education, for health and medical sciences.

The Government's interest is so keen and its support is growing and changing so rapidly that they need little development. It remains highly desirable that the Association anticipate the future to such an extent that it can provide more initiative and guidance.

The fifth recommendation has been carried out.

5. The Association should establish regular representation in Washington to fulfill its leadership role and assure effective continuing contacts with the United States Government and other organizations primarily concerned with higher education.

This assignment is so large that it fully justifies far more time and effort than are currently available.

Little progress has been made toward implementing the sixth and seventh recommendations.

6. The Association should expand its efforts to interpret to the American public the objectives, programs, and needs of education for health and medical sciences.
7. Serious consideration should be given to the development of public interpretation services.

A very great deal could be done in this direction if resources could be made available for the purpose.

FACILITIES

None of the three recommendations as stated have been taken. The development of the Washington office was literally necessary to provide regular representation in Washington, to establish liaison with other organizations in higher education, officers responsible for administering established federal programs, and to keep up with legislative developments, as well as to provide necessary additional space.

Studies of the future requirements for facilities in Evanston and in Washington have been made, but their usefulness is sharply limited by the lack of certainty about programs and services to be provided in the future. It is clear that the possibility for expanding the building in Evanston is limited to about 5,000 additional square feet at a cost of something like \$100,000. It is also clear that the Washington office will have to be relocated promptly and that the activities of that office which can now be predicted with some confidence will require between three and four thousand square feet of space.

Improvements in the utilization of present space in Evanston have been studied with some care and some modest improvements are clearly practical.

1. Initial steps should be taken leading to eventual relocation of Association headquarters in Washington, D.C.
2. Thorough study should be made of future facilities requirements with the intent of relocating headquarters in Washington.
3. Interim improvements should be made in the headquarters and other space in Evanston.

The decision has been made to retain and improve these facilities at least for a number of years.

FINANCING

The first two recommendations have been tacitly agreed upon by the Executive Council, although the accomplishments to date have not been very impressive.

1. The Association should make efforts to develop general financial support and support for major programs.

The recently appointed ad hoc committee on ways and means represents a more intensive effort in this direction.

2. Government support should be more actively sought for the Association's programs.

Federal support has been obtained for the library study, the faculty roster, and the AID project; and federal support for other projects is under active consideration.

The third and fourth recommendations have not been explicitly considered by the Executive Council, but they have been partially explored by the staff.

3. The Association should adopt a program approach to budgeting.
4. Actual or possible subsidy situations should be examined.

White Paper.—Dr. Berson reported that the AAMC policy statement on federal support for medical education in 1967 was approved by mail vote and scheduled for publication (*J. Med. Educ.*, 42:710-712, 1967).

National Intern Matching Program.—Intern matching results will be distributed to the medical schools by certified mail rather than by Western Union, as was done in the last matching.

COUNCIL OF ACADEMIC SOCIETIES

Upon motion, duly seconded and passed, the Institutional Membership elected 6 societies into membership of the Council of Academic Societies. These newly elected societies were: American Society of Biological Chemists, Inc., American Academy of Microbiology, American Neurological Association, American Physiological Society, American Association of Pathologists and Bacteriologists, and American Pediatric Society.

COUNCIL OF TEACHING HOSPITALS

Dr. Russell A. Nelson (Johns Hopkins Hospital) reported that dues-paying members in the Council of Teaching Hospitals now number 319.

Regarding intern reporting dates, the Council of Teaching Hospitals recommended that the hospitals should make it clear that if interns are required to start early, the starting date should not be earlier than June 25, and the stipend should be extended to cover that period.

TITLE XIX PROGRAMS

Upon recommendation of the Executive Council and after considerable discussion by the Institutional Membership, the motion was made, seconded, and carried that the Institutional Membership adopt the following statement of position:

The Association of American Medical Colleges recommends that medical school teaching hospitals and clinics and their professional staff actively participate in programs under Title XIX of the Social Security Amendments and that the Secretary of the Department of Health, Education, and Welfare approve only those state plans that provide compensation for professional services in these hospitals and clinics on the same or equivalent basis as other comparable services in the state.

AAMC TESTIMONY ON CURRENT LEGISLATION

Appearing in the Agenda Book for this meeting were copies of testimony delivered (a) by Dr. William N. Hubbard, Jr., on April 27, 1967—Statement for the Association of American Medical Colleges Concerning Appropriations for the Department of Health, Education, and Welfare, before the Subcommittee on Labor-HEW of the House Committee on Appropriations; and (b) by Dr. Thomas B. Turner on May 4, 1967—Statement for the Association of American Medical Colleges Concerning H.R. 6418, Partnership for Health Amendments of 1967.

AD HOC COMMITTEE ON WAYS AND MEANS

Dr. William N. Hubbard, Jr., appointed this Committee in February, 1967. Its charge was to find ways to increase the means of the Association. The Committee reported to the Executive Council on April 30, 1967, at which time the

Council accepted in principle the Committee proposal that the Institutional Membership of the Association support the core activities of the Association through a fee structure that would provide approximately \$750,000 annually for these activities.

On May 17, 1967, at the request of the Executive Council, the Committee reported to the Institutional Membership. The Committee came to the conclusions that basic activities of the AAMC which should be supported on a stable basis by the dues of the medical schools and which now need far more support are:

1. Activities of the Executive Council and committees, regional and national meetings—travel, the use of facilities and staff support, including appropriate minutes and reports.

2. Liaison and current awareness—with federal agencies, professional organizations, educational organizations, and foundations.

3. Public relations.

4. Activities supporting educational programs—accreditation, consultation, workshops, conferences.

5. Studies and surveys—expenditures, facilities, salaries, administrative patterns, impact of new programs.

Additional basic programs of the AAMC which are not dependent on the dues of medical schools include:

6. Student affairs—studies and services, the work of the Group on Student Affairs, and the MCAT.

7. Publications—*The Journal of Medical Education*, Admission Handbook, Directory, reports of institutes, and so on.

These should continue to be supported by the income from the MCAT, *Journal* advertising and sales, and contracts and grants related to the programs.

Additional programs of the AAMC which the Committee considered important, but not so basic they should be supported regularly from the dues paid by medical schools are:

8. International relations in medical education—which should be continued to the extent support is available from foundations or federal agencies.

9. The “core” program of the Division of Education, and its logical sequels.

The Council of Teaching Hospitals should continue to be supported by the dues of member hospitals. Some studies and services it should develop will also be of interest and importance to federal agencies and should be supported by grants or contracts.

The timetable suggested by the Committee was (a) to receive a vote to accept the principle that the Institutional Membership should support the basic core activities of the Association (which was unanimously approved by the Institutional Membership on May 17, 1967); (b) to discuss subsequently in regional meetings the programs that should constitute the basic core activities and the formula that should be used for the assessment; (c) to receive final action by the Institutional Membership in the October, 1967, business meeting; and (d) to implement the membership fee structure over three fiscal years, 1968 to 1970, due to the time which would be required in which to accrue the necessary staff.

Other suggestions from the Committee not directly related to the proposal for increased support from the Institutional Membership included recommendations

(a) to distribute *The Journal of Medical Education* to all full-time faculty members, which should result in increased advertising potential; and (b) to discontinue the Annual Meeting registration fee, but to promote displays by selected exhibitors.

On June 23, 1967, recommendations by the *Ad Hoc* Committee on Ways and Means were distributed to the Deans as Memorandum No. 67-14. This memorandum included the transcript of the verbal presentation and discussion by the Membership on May 17, 1967.

PHYSICIAN MANPOWER

Dr. Hubbard spoke of the failure of the medical schools to produce physicians at a rate that will keep pace with the growing population and called this an urgent problem. He suggested that a small committee be authorized which would make a study of the resources that would be necessary, in terms of facilities, staff, and financing, to meet the physician output demands that would be projected by a maintenance of the physician-population ratio, with the intent that the Association would undertake an obligation to see that the purpose was met, given the available resources.

Upon motion, seconded, and carried without dissent, Dr. Hubbard was authorized by the Membership to proceed as proposed.

COMMITTEE ACTIVITY

Dr. Hubbard officially discharged the committee appointed by Dr. Thomas B. Turner to develop a statement on policy of federal regulations and to review the programs and commitments of the Association, since the intent of that charge was largely met by the report and recommendations of the *Ad Hoc* Committee on Ways and Means.

There being no further business, the meeting was adjourned at 3:15 P.M.

Conference on Continuation Medical Education

New York Hilton Hotel

New York, New York

October 27, 1967

The Conference on Continuation Medical Education was held in New York on Friday, October 27, 1967. Opening the meeting with announcements and introductory remarks was Dr. W. Albert Sullivan, Chairman, Department of Continuation Medical Education, University of Minnesota Medical School.

The theme of the Conference was "The Impact of the Regional Medical Programs on Continuing Medical Education." Dr. Alexander M. Schmidt, Chief, Continuing Education and Training Branch, Division of Regional Medical Programs, National Institutes of Health, was the first speaker to address this topic and gave "A View from the Federal Level." Dr. Jesse D. Rising, Chairman, Department of Postgraduate Medicine, University of Kansas School of Medicine, then spoke on "The View from the Working Program Level—The Kansas Region." Next heard by those attending the Conference was Dr. Frank M. Woolsey, Jr., M.D., Associate Dean, Professor and Chairman, Department of Postgraduate Medicine, Albany Medical College, who described "The Albany Regional Medical Program: Initial Operational Activities." Concluding the morning session was Dr. Sullivan, who reported on "The View from the Planning Level."

Dr. C. Hilmon Castle, Associate Dean and Associate Professor of Medicine, University of Utah College of Medicine, and Coordinator, Intermountain Regional Medical Program, opened the afternoon session with a paper entitled, "Physicians' Needs in Continuing Education and Regional Medical Programs." The final presentation was made by Dr. C. H. William Ruhe, Director, Department of Continuing Medical Education, and Secretary, Council on Medical Education, American Medical Association, whose speech was entitled, "Problems in the Accreditation of Programs in Continuing Medical Education."

Following the afternoon session, there was an informal meeting of representatives of the various regional medical programs.

Meeting of the Council of Academic Societies

New York Hilton Hotel
New York, New York
October 27, 1967

Presiding: THOMAS D. KINNEY, Chairman Pro Tem

PLENARY BUSINESS MEETING

The meeting was called to order by Dr. Thomas D. Kinney at 9:00 A.M. Convened in this first Annual Meeting of the Council of Academic Societies (CAS) was a total of 44 participants representing 22 disciplines and 27 medical schools.

INTRODUCTION

Dr. Kinney gave an account of the beginnings of the CAS and the steps that had been taken to bring it to its current status. He outlined as tasks to be accomplished at this meeting: (a) the further organization of the CAS, (b) approval of a proposed Constitution and Bylaws, (c) election of officers, and (d) identification of proper programs for the CAS.

REPORT OF THE NOMINATING AND CREDENTIALS COMMITTEE

Membership.—Dr. James V. Warren, Chairman of the Nominating and Credentials Committee, presented the Committee's report. It recommended that 7 additional societies be approved as constituent members of the CAS and that their nomination be forwarded to the Executive Council of the Association of American Medical Colleges for its recommendation to the Institutional Membership for ratification. The organization, purposes, and history of the societies that were recommended for nomination were reviewed. Each society was duly nominated, seconded, and unanimously approved by the CAS. Those societies nominated included:

The Association of Chairmen of Departments of Physiology
The Society of Academic Radiology Chairmen
The Association of University Cardiologists
The Society of University Urologists
The American Association of Neurological Surgeons
Joint Committee on Orthopaedic Research and Seminars
Academic Clinical Laboratory Physicians and Scientists

The CAS membership also discussed the status of the Society of Academic Pharmacologists, whose organization has not yet been completed. It was concluded that this society was not sufficiently mature to be voted on at this time. However, the CAS approved its subsequent membership on a tentative basis.

Brought out during the discussion of the nomination of these societies were certain issues and points of view on which no formal action was taken. These

included (a) the danger of encouraging an infinite proliferation of societies, (b) the relative merits of representation of a given discipline by more than one society, and (c) the need for considerable elasticity in considering individual societies for membership. It was suggested that formal guidelines for the admission of additional societies should be prepared. It was pointed out that some societies can be expected to withdraw or to change form, depending upon the problems presented to them in coming years.

Officers.—The Nominating Committee nominated the following slate of officers:

Chairman: Thomas D. Kinney, Duke University

Chairman-Elect: Jonathan E. Rhoads, University of Pennsylvania

Secretary: Harry A. Feldman, State University of New York (Syracuse)

Executive Committee Members:

Eben Alexander, Jr., Bowman Gray

Sam L. Clark, Jr., Washington University (St. Louis)

Patrick J. Fitzgerald, State University of New York (Brooklyn)

John I. Nurnberger, Indiana University

Daniel C. Tosteson, Duke University

Ralph Wedgwood, University of Washington (Seattle)

AAMC Executive Council Representatives:

Eben Alexander, Jr., Bowman Gray

Thomas D. Kinney, Duke University

Jonathan E. Rhoads, University of Pennsylvania

Daniel C. Tosteson, Duke University

Subsequent to a call for nominations from the floor, the election of these officers was moved, seconded, and unanimously passed. The nominations for Executive Council Members were forwarded to the Nominating Committee of the Association of American Medical Colleges, which presented this slate to the Institutional Membership for vote at its October 30, 1967, meeting. As recorded in the report of that meeting, these nominations were unanimously approved by the Institutional Membership.

REPORT OF THE CONSTITUTION AND BYLAWS COMMITTEE

Dr. Jonathan E. Rhoads, Chairman of the Constitution and Bylaws Committee, reported that the Committee had drafted a Constitution which had been circulated prior to the meeting. After a thorough review and discussion of each section of the Constitution, several revisions were incorporated into the draft. Dr. Kinney then asked for a motion for acceptance of the entire Constitution as revised. This motion was made, seconded, and unanimously approved.

The same procedure was followed for the Bylaws. Dr. Kinney then asked for a motion for acceptance of the Bylaws. This motion was made, seconded, and unanimously passed.

Subsequent to this meeting, the Constitution and Bylaws, with appropriate revisions that arose out of the discussion, were circulated among the membership. The Constitution and Bylaws of the Council of Academic Societies of the Association of American Medical Colleges, as finally adopted, appear at the end of this report (See pages 582-588).

REPORT OF THE AGENDA COMMITTEE

The Agenda Committee (Chairman, Dr. Ralph Wedgwood) did not suggest a specific agenda. Rather, this Committee encouraged the representation of the faculties of the colleges of medicine by societies representing the various interests of the faculties. The Council should seek to develop an action role for itself. The Council should address itself to problems that are general enough to concern many, yet not so global as to present the temptation to allow escape into dialectic; well enough circumscribed so that they are solvable; and important enough so that the answer when arrived at would be worth having. The Committee suggested that the most immediate problem on which the Council should focus its attention is the general area of health manpower. It further suggested that problems in faculty development would be a fruitful place for the Council to begin. Other areas of potential interest include the nature of the bottleneck preventing the rapid expansion of medical schools and some of the problems which the further interdigitation of residents into the programs of medical centers will occasion.

PLENARY PROGRAM SESSION

First to appear on the program of the Council of Academic Societies was Dr. William N. Hubbard, Jr., Dean, University of Michigan Medical School and President of the AAMC. Dr. Hubbard's topic was "Consideration of the Need for Increased Faculty Participation in the Actions of the Association of American Medical Colleges."

Dr. Hubbard stressed the urgent need for involvement of the faculty in proposing solutions to some of the pressing problems that the medical schools now face. Foremost among these problems that he cited is manpower. Dr. Hubbard observed that many qualified applicants are denied an opportunity for admission to medical schools simply because sufficient places to accommodate them do not exist. Further, production of medical manpower for research, for teaching, and for patient care is inadequate to meet the demands of society.

Faculty advice is also needed, according to Dr. Hubbard, on such matters as (a) establishment of a flexible curriculum considered in light of the total span of the education of the physician and of the multiple goals and motivations of the student body and (b) a method of measurement of student learning vis-à-vis his later professional responsibility.

"Major Issues Facing Medical School Faculties" was next discussed by Dr. Ivan L. Bennett, Jr., Deputy Director, Office of Science and Technology, Executive Office of the President. Dr. Bennett enumerated 4 major issues that medical school faculties must face as (a) the need to educate more physicians, (b) the need to devise a better system for the delivery of health care, (c) the need as faculty members to identify with the medical profession, and (d) the need to find ways to make their opinions heard and acted upon in Washington.

Dr. Bennett recommended to the Council that their opinion be sound, collective, and transmitted in a consistent program at the local level through their congressmen and senators. He emphasized that goals must be examined in the broad context of an evolving society.

Concluding the program session was Dr. Lowell T. Coggeshall, Trustee, University of Chicago, and Chairman of the Committee which recommended to the Association of American Medical Colleges the establishment of a formal council

of faculty within the organizational framework of the Association. Dr. Coggeshall reiterated the need for faculty not only to educate more physicians but more importantly to devise an improved system of utilization. An equally important role for the Council is in evaluating federal programs, according to Dr. Coggeshall.

COUNCIL OF ACADEMIC SOCIETIES OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES CONSTITUTION

Preamble

The Association of American Medical Colleges, in order to provide for greater faculty participation in its affairs, has authorized and brought into being this Council of Academic Societies. This action was taken in response to a broader conception of the role of the Association of American Medical Colleges which was set forth in a 1965 commissioned report to the Association, entitled *Planning for Medical Progress Through Education*.

The specific objectives of the Council of Academic Societies are to serve as a forum and as an expanded medium for communication between the Association of American Medical Colleges and the faculties of the schools of medicine. This forum should serve to enhance faculty participation in the formulation of national policies to provide for the whole span of medical education. The mechanism of communication shall include election at appropriate intervals of representatives to serve on the Executive Council of the Association of American Medical Colleges.

Article 1

The name of this organization shall be the Council of Academic Societies of the Association of American Medical Colleges.

Article 2. Part 1—Constituent Societies

Section 1. The Council of Academic Societies shall be composed of societies which have an active interest in medical education.

Section 2. A society may either seek or be invited to become a constituent society of the Council of Academic Societies.

Section 3. An initial group of scientific societies (see Appendix A) was invited by vote of the Executive Council and Institutional Members of the Association of American Medical Colleges to join the Council of Academic Societies and to send 2 representatives. All accepted the invitation.

Section 4. In the future, additional societies will be nominated as constituent societies of the Council of Academic Societies by vote of two thirds of the members present at a duly constituted meeting of the Council of Academic Societies, provided that notice of the proposed nominations shall have been circulated to the members at least one month in advance of the meeting. The nomination of new constituent societies, after being passed upon by the Council of Academic Societies, will be sent to the Executive Council of the Association of American Medical Colleges and to the Institutional Membership of the Association of American Medical Colleges for ratification.

Article 2. Part 2—Composition of the Council of Academic Societies

Section 1. Representatives of Societies. Each constituent society will be invited

to designate 2 representatives who will be members of the Council of Academic Societies.

Section 2. Members-at-Large. A number of individuals not to exceed 10 who are not chosen representatives of constituent societies but who have special interests and competence in medical education may be elected to membership in the Council of Academic Societies by the chosen representatives of the constituent societies as defined in the Bylaws. Election to membership-at-large shall require approval of two thirds of those present and voting at such elections.

Article 3

Any constituent society may withdraw at its discretion. Involuntary termination of participation by a scientific society which has been elected to the Council of Academic Societies shall occur only after a two-thirds vote of all members of the Council after thirty days prior notice of the proposed action, followed by a two-thirds vote of the Executive Council of the Association of American Medical Colleges and the necessary ratification by a majority of the Institutional Members.

Article 4

The method of selection of representatives by each constituent society shall be the sole responsibility of that organization. The term of office of chosen representatives and of members-at-large shall be two years but no individual is to serve more than four such consecutive terms.

Article 5

Individuals elected as officers of the Council of Academic Societies or as members of the Executive Council of the Association of American Medical Colleges representing the Council of Academic Societies may hold their membership on the Council of Academic Societies, ex officio, even though they may be succeeded by new representatives from their constituent organizations. (See below under Articles 6 and 10.)

Article 6. Officers

A Chairman, a Chairman-Elect, and a Secretary-Treasurer shall be elected annually by the Council of Academic Societies. A nominating committee of 7 members shall be selected by a mail ballot from all members of the Council with each being asked to vote for 7 persons. The 7 members who receive the largest number of votes will constitute the nominating committee and shall bring in the names of 2 candidates for each office whom they recommend and who they have ascertained would be willing to serve if elected. The only exception is the Chairman who would ordinarily be the Chairman-Elect from the previous year. Election shall be by written ballot at the annual meeting. The term of office of the Chairman and Chairman-Elect shall be approximately one year, from one annual meeting to the next. Officers shall begin their terms following the annual meeting of the Association of American Medical Colleges and serve until the end of the next annual meeting of the Association. The Secretary-Treasurer may not serve for more than two years following the expiration of his term as a representative of a constituency.

Article 7

Section 1. Duties of the Chairman. The Chairman shall preside at all meetings. He shall serve as chairman of the Executive Committee and shall be an ex officio

member of all committees. He shall have primary responsibility for arranging the agenda of meetings, provided that no question which 5 or more members desire to have placed on the agenda shall be omitted, and provided that there shall be at each meeting an opportunity for items of business to be introduced from the floor for action at a subsequent meeting.

Section 2. Duties of the Chairman-Elect. The Chairman-Elect shall act as a Vice-Chairman and assume the duties of the Chairman whenever the latter is absent or unable to act. He shall also keep in close touch with the affairs of the Council of Academic Societies and shall be an ex officio member of all committees, except that on nominations.

Section 3. Duties of the Secretary-Treasurer. The Secretary-Treasurer shall be responsible for keeping the minutes of meetings, a roster of members, sending out notices of meetings, and notifying the constituent societies of the need for selecting their representatives. He shall receive and review periodic reports from the business office of the Association of American Medical Colleges. He shall be entitled to inspect the books of original entry for deposits and expenditures of the Council. He shall be invited to review the results of the annual auditor's report with the auditing agency of the Association of American Medical Colleges.

Article 8. The Executive Committee

The Executive Committee shall be elected by written ballot at the annual meeting and shall number 9: the 3 officers of the Council of Academic Societies and 6 other members, 2 of whom will serve as representatives to the Executive Council of the Association of American Medical Colleges. These 6 members are to be elected for two-year terms on a staggered basis. The Executive Committee initially elected shall determine by lot or other appropriate impartial mechanisms the terms allotted to its members. Members may succeed themselves for 2 additional terms. The officers of the Council of Academic Societies shall serve as officers of the Executive Committee. The Executive Committee shall take interim actions between meetings of the Council subject to ratification by the Council at its next meeting, unless expressed authority has been granted at a prior meeting of the Council to the Executive Committee to act for it in a specific matter.

Article 9

Such other standing or *ad hoc* committees may be established as proposed by vote of the Council or of its Executive Committee acting between meetings of the Council. Members and chairmen of such committees will be named by the Chairman of the Council unless the names are a part of the motion establishing the committee. In the case of standing committees, membership on the committee will end with the expiration of the term of the member on the Council. In selecting a replacement, the Chairman of the Council of Academic Societies may appoint any member of the Council. Members of *ad hoc* committees may be selected from the academic community-at-large.

Article 10. Times of Meetings

The Council of Academic Societies shall meet during or within two days of the annual meeting of the Association of American Medical Colleges and at such other times as may be defined in the Bylaws. Notice of meetings shall be defined in the Bylaws.

Article 11

A quorum shall number 15 members or 25 per cent of the Council, whichever is the larger.

Article 12. Election of Representatives of the Council of Academic Societies to the Executive Council of the Association of American Medical Colleges

Four members of the Council of Academic Societies shall be elected to serve as its representatives on the Executive Council of the Association. Two of these shall be the Chairman and the Chairman-Elect of the Council of Academic Societies. As a general rule, 2 of the 4 members shall be from societies which are primarily concerned with preclinical disciplines and 2 from societies primarily concerned with clinical disciplines. Elections shall be for two-year terms, so staggered that 1 clinical representative and 1 preclinical representative shall be elected each year. The same nominating committee as that employed in the nomination of officers will be asked to bring forward nominations for the unfilled positions at each annual meeting. Two available candidates shall be named for each post and election will be by written ballot of the members present at the annual meeting. Those elected will take office after the annual meeting of the Association of American Medical Colleges occurring at the time of the meeting of the Council of Academic Societies and will serve until the completion of the second annual meeting thereafter. Any duly elected representative serving on the Council of Academic Societies or an officer of the Council who might remain as a member is eligible for election.

Article 13

The Council may not incur debts or enter into commitments by accepting restricted funds or otherwise, which could become obligations of the Association of American Medical Colleges, except by specific authorization of the Executive Council of the Association.

Article 14

Mechanisms for activity in the affairs of the Council of Academic Societies by individual members of the constituent societies may be provided in the Bylaws.

Article 15. Amendments

During the first two years of its existence, this Constitution may be amended by a simple majority of the members present at the annual meeting. Subsequently, this Constitution may be amended by a two-thirds vote of the members present at the annual meeting, provided that the substance of the proposed amendment has been circulated in writing to the members not less than thirty days prior to the meeting.

Appendix A

Scientific Societies, Now Members of the Council of Academic Societies

- American Association of Anatomists
- Association of University Anesthetists
- Association of Professors of Dermatology
- Association of Professors of Medicine
- Association of American Physicians
- Association of Professors of Obstetrics and Gynecology
- American Gynecological Society
- Association of University Professors of Ophthalmology

Society of University Otolaryngologists
 American Association of University Professors of Pathology
 Association of Medical School Pediatric Department Chairmen
 Association of Teachers of Preventive Medicine
 Association of Chairmen of Departments of Psychiatry
 Association of University Radiologists
 Society of Surgical Chairmen
 American Surgical Association
 American Society of Biological Chemists, Inc.
 American Academy of Microbiology
 American Neurological Association
 American Physiological Society
 American Association of Pathologists and Bacteriologists
 American Pediatric Society

**COUNCIL OF ACADEMIC SOCIETIES
 OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES**

BYLAWS

Article 1

Section 1. In addition to the annual meeting prescribed by the Constitution, there shall be at least 1 additional meeting each year. Such additional meetings shall be held at such times and places as may be decided by the Council of Academic Societies; whenever feasible these will be held in conjunction with other activities of the Association of American Medical Colleges. In addition, meetings may be called at the discretion of the Executive Committee of the Council of Academic Societies or at the request of 15 or more members of the Council. Notices of meetings shall be mailed to the last known address of each member of the Council, not less than thirty days prior to the date set for the meeting.

Section 2. In the case of the 2 regularly scheduled meetings, it shall not be necessary to give advance notice of items on the agenda except for amendments to the Constitution, election of additional constituent societies and members-at-large, and nomination of officers.

Section 3. In the case of especially called meetings, the agenda shall be set forth in the notice of the meeting and action on any other item introduced at the meeting shall require ratification, either by a two-thirds mail vote following the meeting or must be held over for a majority vote at the next regularly scheduled meeting.

Article 2

Section 1. A reminder shall be sent to the appropriate officers of the constituent societies in January of each year, notifying them that they are entitled to 2 representatives on the Council and stating that their present representatives will continue to serve until the Secretary-Treasurer has been notified of a successor who will take office following the next annual meeting of the Council. In the event of the death or disability of a representative, his society will name a successor to complete the unexpired term.

Section 2. For purposes of electing the nominating committee, the Secretary-Treasurer shall send to the members of the Council, on or about July 1, the names

of all of the representatives then serving on the Council with a request that each member indicate the 7 persons he thinks best qualified to serve as members of the nominating committee. The ex officio members, that is, the officers of the Council and its representatives to the Executive Council of the Association of American Medical Colleges, are eligible to serve on the nominating committee with the exception of the Chairman-Elect. Fifteen days will be allowed for the return of the ballots; any ballots postmarked after fifteen days from the time that they were mailed will not be counted. The 7 persons receiving the largest number of votes will constitute the nominating committee. In the event of a tie, it will be broken by the officers in the manner providing the best balance between preclinical and clinical interests. The member receiving the highest number of votes will serve as Chairman of the nominating committee.

Section 3. The nominating committee shall nominate 2 individuals for each office and an appropriate number of members-at-large as specified in the Constitution at least three weeks prior to the annual meeting. In the event of a tie, it will be broken by vote of the Chairman, Vice-Chairman, and Secretary-Treasurer, whose votes will be secret.

Article 3. Dues

Each constituent society shall pay dues of \$100.00 for the first year, and thereafter, recommendations for dues shall be made by the Executive Committee and acted upon by the Council at the time of the annual meeting. Failure to pay dues for two consecutive years will constitute grounds for termination of the constituent society's membership.

Article 4. Accounts

The funds of the Council shall be deposited with the Association of American Medical Colleges in a special account which may be drawn upon by any of the 3 officers of the Council of Academic Societies in accordance with action taken by the Council. Expenses in connection with meetings may be paid by the Secretary-Treasurer without specific authorization but shall be reported to the Council. The constituent societies shall be responsible for the travel and per diem expenses of their representatives, except as it may be determined by the societies that their representatives will utilize other funds for this purpose. Actual and necessary living and travel expenses will be paid from the funds of the Council in the case of officers no longer serving as representatives of constituent societies.

The funds of the Council shall be audited annually in accordance with the practices of the Association of American Medical Colleges; a report will be filed by the Secretary-Treasurer and incorporated in the minutes. The Council may also receive funds from the parent organization, the Association of American Medical Colleges, or any other source. The acceptance of such funds and the restrictions pertaining thereto will be by vote subject to Article 13 of the Constitution.

Article 5. Members-at-Large

Members-at-large may serve as officers if elected but not more than 1 such member-at-large may be nominated for each office. Nominations will be made for members-at-large by the nominating committee or by 15 or more chosen representatives to the Council if this is submitted in writing to the Secretary-Treasurer not less than six weeks prior to an annual meeting. Such nominations are to be circulated not less than thirty days prior to the meeting. Elections of members-

at-large will be conducted only at regularly scheduled meetings. If the number of nominations exceeds the maximum number of places, those receiving the largest number of votes will be elected. Ties are to be broken by secret ballots cast by the 3 officers.

Article 6. Amendments

Amendments to the bylaws may be made at any stated meeting or at a special meeting called for the purpose by a two-thirds vote of those present, provided there is a quorum in attendance.

Meeting of the Group on Student Affairs*

New York Hilton Hotel

New York, New York

October 27, 1967

OPEN SESSION

The meeting was called to order at 9:00 A.M. by Dr. Woodrow W. Morris, Associate Dean for Student Affairs, University of Iowa College of Medicine, National Vice-Chairman of the Group on Student Affairs (GSA). Approximately 300 individuals were present.

Opening the morning session was Dr. Robert G. Page, Associate Dean, University of Chicago School of Medicine, who provided a "GSA-Oriented Overview of the Spring 1967 Conference on Preparation for the Study of Medicine." A summary of the Conference has since been published (1).

Dr. James W. Bartlett, Associate Dean, University of Rochester School of Medicine and Dentistry, then spoke on "Improved Preparation of Entering Medical Students: Implications for Special Placement." Dr. Bartlett encouraged medical schools to establish and formalize a system which would enable them to become better acquainted with each student's background, abilities, interests, and goals. He suggested that a national placement testing program be developed to measure student competency in first-year medical courses.

Next on the program was Dr. James C. Cain, Chairman, National Advisory Committee to Selective Service, whose topic was "Selective Service and Military Medical Manpower." Dr. Cain outlined the various alternatives open to a young man in the medical field who must eventually fulfill his military obligation. Describing plans available to students and doctors in training, he alluded to the 3 variations of the Berry Plan. Dr. Cain further remarked that if a physician, his institution, or his community feels that he is essential to the community, a review of his classification can be made by the local board and further appealed to District and Presidential Appeal Boards. In conclusion, Dr. Cain commented that an emergency exists relative to medical manpower, both military and civilian, and that every physician must be utilized to his fullest reasonable capacity.

REPORTS OF MEDICAL STUDENT ACTIVITIES

After a brief intermission, Dr. Michael McGarvey, University of Southern California School of Medicine Class of 1967, presented a report on the Student Health Organization (SHO) entitled "A Treatise on Reformation: The Health Student Movement." Dr. McGarvey reviewed the historical background of SHO's contemporary movement, tracing various activities of the Medical Student Forum, the Student Medical Conference (SMC), and the more recent Student Health Project conducted during the summer of 1966 in California. He further asserted that one of SHO's major contributions had been to introduce the idea of the

* Summary prepared by Davis G. Johnson, Ph.D., Director, Division of Student Affairs, with the assistance of Suellen Muldoon, Staff Editor.

active participation by health students in community services while they receive their education and that the subsequent recognition of such a concept by the policy-making echelon of the federal government had constituted a significant advance for the organization.

Miss Barbara Blase, 1968 President, SUNY-Buffalo Society on International Medicine, then reported on "International Student Exchange." Describing briefly some of the successful activities of the Buffalo organization, Miss Blase expressed apprehension that although they intend to accept more applicants in the future, a Buffalo-World Exchange Program is unrealistic. In conclusion, Miss Blase stated that such a project requires active involvement of many medical schools and proposed that a national student organization devoted solely to international health should be developed and should represent the United States in the International Federation of Medical Student Associations (IFMSA).

Following this report, Neil Stone, Northwestern University Medical School Class of 1968, commented on the "Involvement of the Medical Student in Medical School Administration." Mr. Stone discussed 2 areas of student-faculty interaction at Northwestern, namely (a) student participation in the admissions process and (b) student involvement in curriculum evaluation of both preclinical and clinical programs of instruction.

USES OF COMPUTERS

The Open Session concluded with an address by Robert L. Thompson, Executive Secretary, Committee on Admissions, Duke University School of Medicine, entitled "Current and Potential Uses of Computers in Medical School Admissions and Student Affairs." Mr. Thompson described the uses of computers in medical schools and how systems could be devised to provide vital information on both applicants and students. William Smith, Director, Data Processing Center, Duke University, then reported on the system currently implemented at Duke. During Mr. Smith's presentation, a computer at Duke was transmitting biographical data on various students to a remote terminal in the meeting room.

EXECUTIVE SESSION

The Executive Session was called to order at 2:00 P.M. by Dr. Joseph J. Ceithaml, Dean of Students, University of Chicago School of Medicine, and GSA National Chairman. Dr. Ceithaml reported on the accomplishments of the GSA during the past year and provided a further account of the directions in which the GSA might profitably devote some of its future efforts.

RELEASE OF MCAT SCORES

Dr. Ceithaml indicated that the AAMC Executive Council has now recommended the release of Medical College Admission Test (MCAT) scores to applicants and that the new policy would become effective with the spring 1968 administration of the test.

NATIONAL INTERN MATCHING PROGRAM

Dr. Ceithaml then announced that he has been appointed to represent the GSA on the National Intern Matching Program (NIMP) Board and that this representation will facilitate communication between the GSA and NIMP. At a meeting of the NIMP Board on May 3, 1967, 2 resolutions were unanimously adopted.

These were (a) to return to a mail distribution of the internship results this year, with the refinement that the results will be sent to each school by certified mail to insure delivery and (b) to accompany the internship results to the medical schools with a covering letter emphasizing the fact that the results must not be released prior to 11:00 A.M. (EST) on the appointed Monday. At this point, Dr. Ceithaml stressed, particularly to those few members who in the past violated the ground rules pertaining to the distribution of internship results, that the NIMP Board approved the above mentioned motions on the strength of his own assurance that GSA members, without exception, could and would abide by the NIMP rules.

FUTURE PROJECTS

Cited by Dr. Ceithaml as other areas for GSA focus were (a) establishing a better rapport between GSA and premedical advisors in the undergraduate colleges, (b) developing ways by which workloads of admissions committees can be reduced, and (c) expanding areas of service to the medical schools. Named as 1 such service that should be considered in this newly expanded scope of activities was the suggestion of a common transcript evaluation service.

ORGANIZATION AND STAFF

Dr. Ceithaml announced that effective July 1, 1967, the former Office of Student Studies and Services became the Division of Student Affairs. Heading this new Division is Dr. Davis G. Johnson, who has been the primary staff person for GSA activities under the earlier structure, then a unit of the Division of Education. The restructuring of the Division of Education is described in the report which appears on pages 630-638.

Dr. Johnson reported that Miss E. Shepley Nourse resigned as Editorial Coordinator effective August, 1967. Miss Suellen Muldoon, who had served as Editorial Assistant to Miss Nourse, was promoted to Staff Editor. In this new capacity she will have responsibility for many of the editorial projects of particular interest to the GSA.

Dr. Johnson also noted that the AAMC has intensified its program to computerize its records, including those on applicants and students. He introduced Daniel J. Walter, Director of AAMC's new Data Processing Division.

Finally, Dr. Johnson introduced the Director of AAMC's new Division of Educational Measurement and Research, Dr. Dale E. Mattson, formerly of the American Association of Dental Schools. Dr. Mattson outlined briefly the plans being made for releasing MCAT scores to applicants and indicated some of the other major steps that were being considered regarding the future development and administration of the MCAT.

ADMISSION BOOK

Miss Muldoon reported that 12,938 copies of the 1966-67 Admission Book (2) had been distributed. Requests for reprints of the new chapter on sources of financial aid that appears in the most recent Admission Book (3) have been most gratifying.

ROLL CALL AND ELECTIONS

The roll was called and representatives were present from 94 schools, including 86 U. S. schools with students, 3 U. S. schools without students, and 5 Canadian schools. The only schools having voting rights which were not represented were

Beirut, Einstein, Florida, Georgia, Hawaii, Johns Hopkins, Loma Linda, Oregon, South Dakota, and Texas-Southwestern.

Election of national GSA officers for the coming year was held under the Acting Chairmanship of Dr. James W. Bartlett. Unanimously reelected were Dr. Joseph J. Ceithaml as National Chairman, Dr. Woodrow W. Morris as Vice-Chairman, and Dr. Davis G. Johnson as Secretary.

GSA BYLAWS

Dr. Bartlett, former chairman of the Bylaws Committee, reminded the Group of the proposed amendments to the GSA Bylaws, distributed first on April 20, 1967, and again at this meeting. He noted that the main purposes of these amendments were (a) to create a separate nominating committee for GSA national officers, (b) to clarify the terms of office for these national officers and for GSA committee members, and (c) to specify the procedure for filling committee vacancies during the year. The proposed amendments were passed unanimously.

STATEMENTS OF APPRECIATION

Dr. Morris presented resolutions of appreciation for 3 former AAMC staff members: (a) Dr. Edwin B. Hutchins for his contributions to the MCAT program, the AAMC Longitudinal Study, and the AAMC Study of Medical Student Attrition (4); (b) Miss E. Shepley Nourse for her contributions to the Admission Requirements Book and the Teaching Institute reports; and (c) Dr. William E. Sedlacek for his contributions to research in medical education. These resolutions were unanimously approved by the GSA, with instructions that they be transmitted to the recipients.

COMMITTEE REPORTS AND RECOMMENDATIONS

Relations with Colleges and Secondary Schools.—Dr. Nat Smith, Assistant Dean, University of Illinois College of Medicine, indicated that the Committee had reviewed the format, content, and purposes of *The Advisor*. In anticipation of the release of MCAT scores to students, the November issue of *The Advisor* dealt with the MCAT. Dr. Smith announced that listings in the recently published Directory of Premedical Advisors (5) have been expanded by almost 50 per cent.

Financial Problems of Medical Students.—Dr. John Chapman, Associate Dean, Vanderbilt University School of Medicine, announced that Dr. James Lovett, former Director, Health Professions Student Loan and Scholarship Program, U. S. Public Health Service, had resigned during the summer and has been replaced by George Warner, who is now Acting Chief of that Program.

Dr. Chapman then introduced Dr. Donald A. Boulton, Assistant Dean for Admissions and Student Affairs, State University of New York, Upstate Medical Center, who reported on a national study being conducted at the request of the Office of Education and the U.S. Public Health Service. The purpose of the study is to examine the operations, organization, and administration of all federally supported student aid programs. In response to this government directive, a questionnaire was developed and distributed to schools of medicine, dentistry, osteopathy, optometry, pharmacy, and podiatry. Dr. Boulton then related some of the findings produced by the questionnaire returns. He further indicated that a final report would be submitted to the Advisory Committee of the College

Scholarship Service. This would, then, with the recommendations of GSA's Financial Aid Committee, be presented to the federal government before December 31, 1967.

In commenting on Dr. Boulton's presentation, Dr. Chapman indicated that the federal government is basically looking into the feasibility of combining all federally supported financial aid programs for students. Dr. Chapman then presented the following motion which was passed unanimously: "The Committee recommends that the GSA support a position of a separate health professions financial aid program not consolidated with other federally sponsored financial aid programs for students."

Student Aspects of International Medical Education.—Dr. Mead Cavert, Associate Dean for Medical Student Affairs, University of Minnesota Medical School, reported for this Committee. In the past the Committee has been primarily concerned with the collection and assessment of data on foreign medical students in U. S. medical schools. More recently it has directed much of its interest and concern to U. S. medical students who are studying abroad. The Committee has been gathering background information on this topic from GSA members, the Division of International Medical Education, and others.

Dr. Cavert cited a GSA survey that Dr. Johnson had conducted for the Committee. Its results detailed the number of students participating in some form of international experience, the academic year in which students elected to participate in study abroad, the geographical distribution of student foreign experiences, the types of institutions in which study was conducted, indications of formal course work or research activity which was applicable to academic credit, the time periods during the year when students participated in an international program or instruction, and sources of financial support. Copies of this report were distributed to those present.

Subsequent to this report, Dr. Cavert presented the following motions which were passed unanimously: (a) that the study of the experience of U. S. schools in sending medical students abroad for short periods of study be continued and expanded; (b) that the AAMC gather information regarding educational opportunities abroad for medical students and that this information be published and disseminated for use by the medical schools; (c) that ways be sought to use the resources and good offices of the AAMC to facilitate arrangements for experience in the U. S. for exchange medical students from other countries; and (d) that the AAMC work to facilitate liaison with U. S. student organizations whose aim is international cooperation and exchange.

Research on Student Affairs.—Reporting for this Committee, Dr. Bartlett discussed a recent project undertaken which involved the participation of the admissions officers of the 6 medical schools represented on the Committee. This project was implemented to determine how these 6 representatives would evaluate each other's applicants. A complete confidential file of applicant information was circulated to these participants, and evaluations were recorded. A summary of the results of this project has been published (6).

Dr. Bartlett further related that the Committee had spent several years studying the matter of student evaluation and assessment of performance. The Committee has found a great diversity and some inadequacy in the assessment of student performance in the 6 schools which are represented on the Committee.

Dr. Bartlett then presented the following motion which was passed unanimously: "The Committee recommends that the AAMC sponsor a national Institute on the Assessment of Medical Student Performance."

Another motion which was made by Dr. Bartlett during this Executive Session was also passed unanimously, namely: "It is recommended that a medical student placement testing program for biochemistry be developed under the auspices of the AAMC."

Communication with Student Organizations.—Dr. John H. Githens, Associate Dean for Student Affairs, University of Colorado School of Medicine, then submitted a report for the Committee on Communication with Student Organizations. He indicated that the Committee had met only once during the year, since until quite recently student organizations had appeared to be disinterested in communicating with this Committee. Indicating that the Committee did meet with representatives of the Student Health Organization (SHO) and the Student American Medical Association (SAMA), Dr. Githens further remarked that there had been a growing interest in such communication on the part of student organizations that are seeking increased participation in curriculum planning, curriculum evaluation, and medical school administration in general.

He indicated that Mr. Peter Schnall of SHO had met with the Committee and expressed concern that medical schools and the medical profession were not adequately participating in the area of community and social medicine, and as a result, Mr. Schnall recommended that schools provide greater opportunities for students in these areas as either elective or required aspects of the curriculum.

Chairman Githens then discussed some of SAMA's activities, which included plans for preparing a report on medical education from the student viewpoint and a program of action which entailed a national research forum and a student congress on medical education. In response to SAMA's request for cooperation made at the Committee meeting held the preceding day, Dr. Githens presented the following motion which the GSA membership passed unanimously: "The Committee recommends cooperation with representatives from SAMA to evaluate and assess student participation in curriculum planning and evaluation."

Medical Student Health.—Dr. L. W. Earley, Professor of Psychiatry, University of Pittsburgh School of Medicine, reported for this Committee. He commented briefly on a recent AAMC survey that dealt with mortality among medical students. A summary of the survey was distributed.

Dr. Harold J. Simon, Assistant Dean for Student Affairs, University of California, San Diego, was introduced to report further on his related survey of medical student mortality in 65 schools which had been in operation for twenty years or more.

Dr. Earley then referred to Committee discussions regarding the establishment of better liaison between the health officers in medical schools and the GSA. In his concluding remarks, he indicated that the Committee planned to pursue studies of morbidity and that hopefully the approach used to obtain this information in the future would include the collection of data at the time of student admission to medical school and the necessary follow-up procedure over a ten-year period.

Medical Student Records.—Dr. Schuyler G. Kohl, Associate Dean, State University of New York, Downstate Medical Center, in reporting for this Committee,

indicated that it had focused on problems that may be anticipated by the increasing number of applicants and applications and the necessity of providing health manpower information as it pertains to applicants and students. He reported that the Committee felt that the establishment of a health manpower medical school applicant data bank by the AAMC would be desirable and that this data bank should include an application, as well as a transcript, service.

He further expressed the Committee's opinion that an application blank could be prepared which would be acceptable to most schools, and that such a document might be prepared once by an applicant and copies of it distributed to those institutions which are to be favored with a request for consideration for admission.

Citing the various advantages to applicants, medical schools, and the AAMC, Dr. Kohl continued by stating that his Committee could not see why such a central application service should adversely affect the present financial or personal relationships existing between applicants, advisors, and the schools of medicine.

Indicating that the Committee favored the initiation of a pilot study to be conducted on a centralized application service, Chairman Kohl briefly outlined the proposed study's timetable as follows: (a) Phase 1—an initial pilot study for students entering in September, 1969; (b) Phase 2—expansion of a pilot study, if merited by the original study, concerning students entering in 1970; and (c) Phase 3—the actual centralized application service, if the pilot study does justify such, for students entering in 1971.

Dr. Kohl then mentioned an inquiry originating from the Office of the Secretary, Department of Health, Education, and Welfare, which requested that the AAMC establish a clearinghouse for minority-group applicants. Indicating that the Committee believed that the U. S. medical schools were presently making concerted efforts to admit all qualified students from minority groups, Dr. Kohl stated that further action did not appear to be justified at this time.

On behalf of the Committee, Dr. Kohl then recommended that the timing of application lists for 1967-68 be altered somewhat, with the omission of the December list and the issuance of 3 lists: the first on February 2, 1968, the second in the middle of March, and the third in the third week of June. Following this report, Dr. Kohl presented the following motion which was passed with 1 dissenting vote: "The Committee recommends that a pilot study be authorized on a Centralized Application and Transcript Service, with the study design to be approved by the Steering Committee of the GSA before implementation."

OTHER BUSINESS

Deposit fee deadline.—Dr. Perry J. Culver, Associate Dean for Admissions, Harvard Medical School, then presented the following motion (as amended by Dr. Kohl) which was passed unanimously: "It is recommended that the question of a possible change of the January 15 deposit deadline be referred to the GSA Steering Committee for prompt action."

Association of Collegiate Registrars and Admissions Officers.—Eugene Tragger, Assistant to the Vice-President for Admissions, University of Tennessee College of Medicine, and official representative to the AAMC for the Association of Collegiate Registrars and Admissions Officers (AACRAO), announced that AACRAO had recently established a Committee on Admission to Professional Schools. He indicated that AACRAO has scheduled a meeting in Philadelphia

from April 15-19, 1968, and that 2 of the topics under consideration and of obvious interest to GSA members are "The Development of Centralized Application Services" and "New Developments in Achievement Testing."

Medical College Admission Test.—Dr. Wimburn Wallace, Director, Professional Examinations Division, The Psychological Corporation, reported on the number of students taking the MCAT during 1967. The count for the fall test group was 10,421, bringing the total for the year to 22,288. This represents a 13 per cent rise over last year—the most dramatic increase in a decade or more.

There being no further business, the meeting was adjourned at 5:15 P.M.

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4. JOHNSON, D. G., and HUTCHINS, E. B. Doctor or Dropout?: A Study of Medical Student Attrition. *J. Med. Educ.*, 41:1097-1270, 1966.
5. *Directory of Premedical Advisors, 1967-68.* (Fourth Edition). Evanston, Illinois: Association of American Medical Colleges, 1967.
6. Admissions Officers Compare Standards. In *The Advisor* (No. 5). Johnson, D. G. (Ed.). Evanston, Illinois: Association of American Medical Colleges, 1967.

Meeting of Medical School Business and Fiscal Officers

New York Hilton Hotel

New York, New York

October 27, 1967

Medical school business and fiscal officers met in an informal session on Friday afternoon, October 27. Dr. Lee Powers, AAMC Associate Director and Director of the Division of Operational Studies, which has conducted continuing studies into medical school operations and has sponsored a series of 3 Administrative Institutes, was chairman of the session. Mr. A. J. Carroll, Assistant Director, Division of Operational Studies, spoke on the topic, "Problems of Medical College Financial and Business Administration." Dr. Ernest M. Allen, Director, Office of Extramural Programs, U. S. Public Health Service, then discussed "Federal Government-Medical School Relations." Those attending the session had an opportunity for discussion of selected topics.

Meeting of the Council of Teaching Hospitals*

New York Hilton Hotel

New York, New York

October 27-30, 1967

The Council of Teaching Hospitals (COTH) program activity at the 78th Annual Meeting commemorated the tenth annual meeting at which teaching hospitals had met with the AAMC. Eight such meetings from 1958 through 1965 were on an informal basis as the Teaching Hospital Section. The Institutional Membership of the AAMC approved the Section as a Council of Teaching Hospitals at the 1965 Annual Meeting.

MEETING OF THE EXECUTIVE COMMITTEE

The COTH activities began with a meeting of the Executive Committee at 1:00 P.M., Friday, October 27, in Suite 513 of the New York Hilton Hotel. This session, the last one of the 1966-1967 Administrative Year, was convened by Chairman Stanley A. Ferguson. Items of business covered during the meeting included the admission of 3 new members—West Virginia University Hospital, Detroit General Hospital, and Allegheny General Hospital—for a total membership of 334 hospitals; reports from the Committee on Financial Principles for Teaching Hospitals, Committee on Government Relations, COTH-American Hospital Association (AHA) Liaison Committee, and the Subcommittee on Modernization and Construction Funds for Teaching Hospitals; agreement to invite an AHA representative to the meetings of the Committee on Financial Principles; and a general review by the Executive Committee and staff of the annual activities of COTH for 1966-1967 and a discussion of future objectives. The meeting was adjourned at 4:30 P.M.

RECEPTION AND LUNCHEON

COTH officially welcomed all AAMC members and guests with a large and successful reception in the Sutton Ballroom at 6:00 P.M. on Friday, October 27. The next COTH program activity was a noon luncheon in the Murray Hill Suite on Saturday, October 28, for membership informal discussion prior to the commencement of the educational portion of the COTH program.

PLENARY PROGRAM SESSION

The plenary program session was called to order on October 28 by Chairman Ferguson at 1:20 P.M. The program consisted of the presentation of 5 papers of topical interest in the field of the delivery of health services. Leo J. Gehrig, M.D., Deputy Surgeon General, U. S. Public Health Service, spoke first. His subject was "Local, Regional, and National Comprehensive Health Planning—The Role of the Teaching Hospital." Generally, Dr. Gehrig's paper presented

* Summary prepared by Matthew F. McNulty, Jr., Director, COTH, and Associate Director, AAMC; and Fletcher H. Bingham, Ph.D., Assistant Director, COTH.

his view of existing problems and a review of government approaches to providing comprehensive planning as a means of improving the delivery of health services. As a supplement to and further commentary on the subject of planning for an effective delivery of health services, Albert W. Snoke, M.D., Executive Director of Yale-New Haven Hospital, then presented a paper on the same topic, speaking from the viewpoint of the approach of teaching hospitals to comprehensive planning.

Mrs. Anne R. Somers, Research Associate, Princeton University, then presented the consumer's viewpoint in a paper entitled "Community Expectations from Comprehensive Health Care Planning." Mrs. Somers presented a set of general principles that she believes the health system should contain in order to be responsive to the needs of the community and introduced specific ways in which the teaching hospital can participate in the implementation of these principles.

Chairman Ferguson called for a fifteen-minute recess at 3:00 P.M. to give the approximately 450-member audience an opportunity for informal discussion. Chairman-Elect Lad F. Grapski reconvened the program session at 3:15 P.M.

Next on the program was Walter J. McNerney, President, Blue Cross Association, who spoke on "Key Developments in Medical Economics—Their Relevance to Medical Education." He discussed hospital costs and means of payment in the existing competitive economy, raising questions such as the responsibilities of the various levels of government; the centralization of decision-making; and the roles of physicians, state health departments, and hospitals in the changing dimensions of health economics. His main thrust was an emphasis on uniform policies in relation to health care prepayment and reimbursement.

Leonard D. Fenninger, M.D., Director of the U. S. Public Health Service Bureau of Health Manpower, presented the final paper, entitled "Health Care Manpower and the Teaching Hospital." He emphasized that there currently exists an imbalance of support among health manpower programs, in addition to a disengagement by the medical community from other educational segments with regard to manpower supply. He reported on the progress of the Department of Health, Education, and Welfare (DHEW) in trying to combat the shortage of manpower and the inefficiency of manpower administration through its relatively new Bureau of Health Manpower. Throughout, he emphasized the ultimate objective of the health mechanism—the best, most efficient patient care.

Chairman-Elect Grapski adjourned this plenary session at 4:30 P.M.

MEETINGS OF NOMINATING COMMITTEE

The COTH Nominating Committee held 2 open sessions at which time nominations for officers and Executive Committee members could be made by any COTH members; these sessions were held at 5:00 P.M. on Saturday, October 28, and at 12:30 P.M. on Sunday, October 29.

DISCUSSION GROUPS

The traditional COTH discussion sessions were held on Sunday afternoon, October 29; these consisted of 4 group discussion sections, each section studying a particular theme related to the role of the teaching hospital in the health care, health education system. The 4 sections met simultaneously, from 2:00 P.M. to 4:00 P.M., each attending member selecting the topic with which he was most concerned and interested. Because of the interest involved, several of the sessions

ran beyond 4:00 P.M. and all sessions engendered useful, illuminating, and vigorous discussion.

Each section was chaired by a hospital administrator. The chairman was joined by a designated Discussant, who presented briefly various highlights of the theme, and 2 to 3 Resource Individuals (not necessarily from the hospital field) chosen for their national competence on the theme, who served as resource support for information to each group discussion. The topics considered and the panel members were as follows: (a) "Comprehensive Planning and the Teaching Hospital," David B. Wilson, M.D., Chairman; Robert M. Sigmond, Discussant; Leo J. Gehrig, M.D., Albert W. Snoke, M.D., and Anne R. Somers, Resource Panel; (b) "Developments in Medical Economics and the Teaching Hospital," Irvin G. Wilmot, Chairman; Ray E. Brown, Discussant; Paul J. Feldstein, Ph.D., Robert M. Mayne, and Walter J. McNerney, Resource Panel; (c) "Educator and Consumer—The Teaching Hospital and Health Care Manpower," Richard O. Cannon, M.D., Chairman; L. H. Gunter, Discussant; Peter Bing, M.D., Leonard D. Fenninger, M.D., and William K. Selden, Resource Panel; (d) "The Changing Role of the House Officer in the Teaching Hospital," Russell A. Nelson, M.D., Chairman; Baldwin G. Lamson, M.D., Discussant; Charles W. Nordwall and Erwin Witkin, M.D., Resource Panel.

The total attendance at the 4 sections approximated 400 persons.

PLENARY BUSINESS SESSION

The Second Annual Plenary Business Meeting of the Council of Teaching Hospitals was called to order at 9:00 A.M. on Monday, October 30, in the Sutton Ballroom of the New York Hilton Hotel.

Comments by the Chairman

Mr. Ferguson gave a brief review of the COTH history. He indicated that the Council is now in its second year of formal organization, although teaching hospitals began to meet within the framework of the AAMC Annual Meeting in Philadelphia in 1958.

As the first order of business, the Chairman asked for approval of the report of the First Annual Meeting, which was published in *The Journal of Medical Education* (*J. Med. Educ.*, 42:538-546, 1967) and reprinted in the Proceedings of the Association of American Medical Colleges. A motion was made to so do. The motion was seconded and passed unanimously.

Mr. Ferguson then reported that the Executive Committee had met 5 times during the year to review and discuss matters of concern to COTH members as well as to plan with COTH staff for Council activities. Close cooperation with the total AAMC has been a hallmark of this year, for which Mr. Ferguson extended gratitude to William N. Hubbard, Jr., M.D., President; Robert C. Berson, M.D., Executive Director; Russell A. Nelson, M.D., COTH representative to the AAMC Executive Council; and COTH staff. He also noted the continued liaison between COTH and the AHA and the developing COTH Regional Meetings. The latter have been successful and will continue to be held as a midyear membership feature (more often if desired) as long as members feel they are beneficial. He stressed the development of a better understanding of the role of teaching hospitals as represented by the COTH membership and the need for the development to continue in order that the COTH staff can address itself

to the special responsibilities for health service and education as well as conduct a meaningful program which assists the membership in meeting these responsibilities. In closing, Mr. Ferguson expressed his deep appreciation to all members, particularly those on the Executive Committee, who participated in the COTH program activities, with a special thanks to Dr. Berson and Mr. Matthew F. McNulty, Jr., COTH Director, for their capable direction.

Comments by the Director

Mr. McNulty called the attention of the members to the COTH Annual Report previously distributed, which presented a detailed account of the activities of the 1966-1967 Administrative Year. Additionally, Mr. McNulty presented the Financial Statement of the COTH for the Fiscal Year 1966-1967 as contained in the Annual Financial Statement of the AAMC. He asked for any comments relating to these documents; there were none. The COTH Annual Report and the Financial Statement were accepted and approved by the membership.

Mr. McNulty, referring to the Annual Report, stressed the development and continuance of partnership with the total AAMC and the crucial role of teaching hospitals in medical education. Secondly, he pointed out that of the 350 hospitals which were originally identified as potential members, 331 had become members prior to the New York meeting. He noted that for the other 19 hospitals which did not become members, budgetary considerations were the primary difficulty. In addition, he drew the attention of the membership to the AAMC Annual Report and the newly published Roster of COTH Membership and Committees.

Mr. McNulty proceeded to outline the 8 methods of communication employed by COTH to keep its membership informed. They are as follows: General Membership Memoranda, Special Membership Memoranda, Executive Committee Memoranda, COTH Report, Regional Memoranda, COTH Profiles, Roster of Membership and Committees, and special reports such as (a) "Medical Schools and Hospitals: Interdependence for Education and Service" by C. G. Sheps *et al.* (*J. Med. Educ.*, 40:September, Part 2, 1965), and (b) "Report of the Second Administrative Institute—Medical School-Teaching Hospital Relations: Report of the Twelfth AAMC Institute," edited by G. A. Wolf, Jr., R. E. Brown, and R. M. Bucher (*J. Med. Educ.*, 40:November, Part 2, 1965). Mr. McNulty also mentioned the "Guide for Hospitals: Establishing Indirect Cost Rates for Research Grants and Contracts with the Department of Health, Education, and Welfare," published by the DHEW, and urged members to read it and officially report their comments to the COTH central office.

In review, the Director reported that this year has seen the establishment of an administrative and organizational mechanism. With this first phase of establishment attained, the next 2 steps in development are identification and representation. He stressed that while the staff can get attention and recommend action at the national policy level, it is incumbent upon each member to voice opinion to his U. S. senator or representative and to executive agencies on all pertinent issues of legislative nature. In that way a "pipeline" is established which promotes federal "partnership." In order for a COTH headquarters to accomplish this representation and identification in a meaningful fashion, it is necessary to accumulate data for teaching hospitals so that representation can be reinforced with appropriate data. From that data accumulation step, COTH

hopes to develop more fully into program areas concerning which the Executive Committee advises as to priority.

Mr. McNulty then presented to the Chairman a hand-carved walnut gavel from John C. Nunemaker, M.D., Director, Department of Graduate Medical Education, American Medical Association. The wood for the gavel was donated by Director McNulty, while Dr. Nunemaker thoughtfully accomplished the woodworking skill.

Mr. McNulty then reviewed the status of current COTH activities not covered in the Annual Report, including the Council's efforts to reach a solution to the problem of repayment of General and Categorical Clinical Research Center Program funds; the accumulation and indexing of affiliation agreements between hospitals and medical schools so that COTH can serve as a resource through a microfilmed library; the cooperation with the AAMC on the AAMC-DHEW Medical Center Cost Allocation Study Program in 7 major medical centers; and finally, active committee work in the field of financial reimbursement principles and also funds for modernization and replacement. In addition, he called attention to the recently released Report of the Intergovernmental Relations Subcommittee of the House Committee on Government Operations, commonly known as the Fountain Committee Report.

Presentation of Awards

Mr. Ferguson, on behalf of the COTH, made awards to 3 health care education leaders who made outstanding contributions to the initiation of the Council. These awards were presented to: (a) Gerhard Hartman, Ph.D., Director, University of Iowa Hospitals, who was first Chairman of the Medical School-Teaching Hospital Section; (b) Donald J. Caseley, M.D., Medical Director, University of Illinois Research and Educational Hospitals, for his work as Chairman in the organizational phase of the Section; and (c) Lowell T. Coggeshall, M.D., Trustee of the University of Chicago, whose report, *Planning for Medical Progress Through Education*, provided the opportunity and incentive for the organizational enlargement of the AAMC.

Report of the Nominating Committee

Prior to presenting the official report of the Nominating Committee, its Chairman, Russell A. Nelson, M.D., commented that in his activities with the total AAMC and COTH, he observed that great strides had been made in getting the teaching hospital aspect of medical education involved in the affairs of the AAMC. As an example, Dr. Nelson cited the move to have COTH representation on the AAMC Executive Council expanded from 1 to 3 persons.

The report of the COTH Nominating Committee was as follows: Chairman, 1967-1968 Administrative Year, Lad F. Grapski (currently Chairman-Elect); Immediate Past Chairman, Stanley A. Ferguson; Chairman-Elect, LeRoy S. Rambeck (now Executive Committee Member); and Secretary, Matthew F. McNulty, Jr.

Nominated for three-year terms now vacant on Executive Committee were: Ernest N. Boettcher, M.D., who is currently a one-year member; Charles R. Goulet, who is currently a one-year member; and Leonard W. Cronkhite, Jr., M.D.

Nominees for 3 potential COTH positions on AAMC Executive Council were: T. Stewart Hamilton, M.D., three-year term; Russell A. Nelson, M.D., two-year term; and Harold H. Hixson, one-year term.

Chairman Ferguson asked for any nominations from the floor. There being none, he requested the pleasure of the membership. A motion was made, seconded, and carried without dissent to elect the slate presented. After introducing the new officers, Mr. Ferguson turned the meeting over to Mr. Lad F. Grapski.

Mr. Grapski reviewed the committee chairmanships for the coming year. The chairmanships are as follows: LeRoy S. Rambeck, COTH-AHA Liaison Committee; Charles R. Goulet, Committee on Financial Principles for Teaching Hospitals; Charles H. Frenzel, Committee on Government Relations (while awaiting the decision by the AAMC on a combined Federal Health Programs Committee, as reported below); and Richard T. Viguers, Subcommittee on Modernization and Construction Funds for Teaching Hospitals. In summary, Mr. Grapski commended the Council and its members for its success to date and indicated that he looked for a coming year in which there would be a coordinated effort in the interests of patients, education, research, and community service.

Mr. Grapski adjourned the plenary business session at 10:10 A.M.

MEETING OF THE EXECUTIVE COMMITTEE

Chairman Lad F. Grapski convened the first meeting of the 1967-1968 Executive Committee of the Council of Teaching Hospitals at 1:30 P.M. on Monday, October 30, at the New York Hilton Hotel. Among other items of business, the Committee meeting schedule was agreed upon as follows: January 11-12; May 9-10; September 5-6; and November 1. Other actions included (a) giving ex officio membership status with votes on the Executive Committee to Russell A. Nelson, M.D., and Harold H. Hixson—COTH members on the AAMC Executive Council; (b) making the Subcommittee on Modernization and Construction Funds for Teaching Hospitals a full committee, since its parent, the Committee on Government Relations, which was comprised of 3 COTH members, was combined with the AAMC Committee on Federal Health Programs at the recently completed annual AAMC Institutional Membership Meeting; and (c) the appointment to the Committee on Financial Principles for Teaching Hospitals of Arthur J. Klippen, M.D., Director of the VA Hospital in Ann Arbor, Michigan.

After a discussion of future COTH aims and objectives, the meeting was adjourned by Chairman Grapski at 2:45 P.M.

Conference on Research in Medical Education

New York Hilton Hotel

New York, New York

October 28-29, 1967

The Annual Conference on Research in Medical Education was held on Saturday and Sunday afternoons, October 28 and 29, 1967. Fifteen minutes were allotted to each presentation with a five-minute discussion period following each. At the conclusion of the formal program on each day, speakers led small discussion groups to permit in-depth discussion by those who attended the Conference.

Serving as chairman of the Saturday session was Dr. Betty H. Mawardi, Associate Professor of Medical Education Research, Division of Research in Medical Education, Case Western Reserve University School of Medicine. The following papers were read at this session: "Factor-Analytic Approach to Attitude Scale Construction," Harold B. Haley, Jr., M.D., Loyola University Stritch School of Medicine, Isabel R. Juan, Ph.D., Loyola University, and Jean F. Gagan, B.A., Loyola University Stritch School of Medicine; "Attitudinal and Behavioral Aspects of the Doctor-Patient Relationship as Expressed and Exhibited by Medical Students and Their Mentors," Milton S. Davis, Ph.D., University of Southern California School of Medicine; "The Attitudes of Residents Toward Their Complex Role in Medical Education," William E. Sedlacek, Ph.D., University of Maryland; "Composition of Small Learning Groups in Medical Education," Daniel S. Fleisher, M.D., University of Illinois College of Medicine; "Experimental Study Comparing Four Modes of Instruction: Programmed Textbook, Lecture-Demonstration, Textbook, Lecture-Workshop," Phil R. Manning, M.D., Stephen Abrahamson, Ph.D., and Donald A. Dennis, M.A., University of Southern California School of Medicine; and "The Effect of Grades and Examinations on Self-Directed Learning," Patricia C. Johnson, M.A., and Stephen Abrahamson, Ph.D., University of Southern California School of Medicine.

Dr. Stephen Abrahamson, Director, Division of Research in Medical Education, University of Southern California School of Medicine, was chairman of the second session at which the following presentations were made: "Evaluating Patterns of Surgical Clerkship Programs," William H. McCarthy, M.B.B.S., F.R.A.C.S., St. Vincent's Hospital, University of Sydney, Australia, and Thomas C. King, M.D., University of Utah College of Medicine; "Research in Undergraduate Surgical Education: Innovation and Evaluation," Thomas C. King, M.D., J. Gary Maxwell, M.D., Ralph C. Richards, M.D., Lawrence E. Stevens, M.D., and Keith Reemtsma, M.D., University of Utah College of Medicine; "An Analysis of Student Clinical Activities," Dale N. Schumacher, B.S., University of Illinois College of Medicine; "A Classification of Physician Performance in Internal Medicine," Paul J. Sanazaro, M.D., Association of American Medical Colleges, and John W. Williamson, M.D., Johns Hopkins University School of Hygiene and Public Health; "Research on Learning of Psychiatric Interviewing," Hyman L. Muslin, M.D., Paul R.

Singer, Ph.D., and Mary F. Meuser, M.A., University of Illinois College of Medicine; and "Patterns of Success in Medical School and Their Correlates," Maurice Korman, Ph.D., R. L. Stubblefield, M.D., and Lawrence W. Martin, M.D., University of Texas, Southwestern Medical School.

Abstracts which were submitted for the Conference and from which the program was selected were published in *The Journal of Medical Education* in September, 1967. Papers presented will be published in the Conference Proceedings which will appear as a special issue of *The Journal of Medical Education* in March, 1968.

Conference on International Medical Education

New York Hilton Hotel

New York, New York

October 28-29, 1967

The Annual Conference on International Medical Education was convened on Saturday afternoon, October 28. Dr. Henry van Zile Hyde, Director of AAMC's Division of International Medical Education, presided.

A paper on "Current European Trends in Medical Education" was delivered by Dr. W. T. Tysarowski, Education and Training Officer, World Health Organization, Regional Office for Europe. Participating in a two-hour "Panel on Population" which followed were: Dr. Howard C. Taylor, Jr., Director, International Institute for the Study of Human Reproduction, Columbia University College of Physicians and Surgeons; Dr. Ivan L. Bennett, Jr., Deputy Director, Office of Science and Technology, Executive Office of the President; and Dr. Sheldon J. Segal, Director, Bio-Medical Division of the Population Council, Rockefeller University.

A luncheon session on October 29 concluded the Conference on International Medical Education. Guests were privileged to hear an address by one of the world's most distinguished and articulate population statesmen, Dr. Bernard Berelson, Vice-President of the Population Council. Dr. Berelson's address was entitled "National Population Programs and the Medical Community."

Twenty-four foreign guests representing 18 countries who attended included:

| | |
|------------------------|------------------------|
| Australia | Paraguay |
| William H. McCarthy | Alarico Quinones |
| Chile | Peru |
| Jose Amat | Alvaro Chabes |
| Colombia | Philippines |
| Jose Felix Patino | Jose Cuyegkeng |
| Denmark | Laura H. Panganiben |
| W. T. Tysarowski (WHO) | Alberto Romualdez, Jr. |
| England | Poland |
| Anthony A. G. Lewis | Boleslaw Gornicki |
| Finland | Thailand |
| Panu Vilkki | Avudh Srisukri |
| Germany | Venezuela |
| Elfriede Mulch | Edgar Munoz |
| Manfred Pflanz | Pablo Pulido |
| Holland | Edgar Chiossone |
| Paul Thung | Vietnam |
| India | Tran Ngoc Ninh |
| Ewald G. Kapal (WHO) | Vu-Thi Thoa |
| Indonesia | Yugoslavia |
| Mahar Mardjono | Zdenko Lowenthal |

The Seventy-Eighth Annual Meeting of the Association of American Medical Colleges

New York Hilton Hotel
New York, New York

GENERAL SESSION*

October 28, 1967

Presiding: WILLIAM N. HUBBARD, JR., President

PRESIDENTIAL ADDRESS

The meeting was called to order at 8:45 A.M. by Dr. Robert C. Berson, AAMC Executive Director, who introduced the first speaker of the session, AAMC President, Dr. William N. Hubbard, Jr. Dr. Hubbard's Presidential Address was entitled "Janus Revisited."

SPEAKERS

Other presentations made at this session were "Impact of the Changes Occurring in Premedical Education," by Dr. Robert G. Page, Associate Professor of Medicine and Associate Dean, Division of Biological Sciences, University of Chicago; "Implications of the Rapid Social Changes in Universities and Medical Schools for the Education of Future Physicians," by Dr. Daniel H. Funkenstein, Assistant Professor of Psychiatry, and Director, Program for Research in Medical Education, Department of Psychiatry, Harvard Medical School; "Special Problems of Women Medical Students," by Dr. John Z. Bowers, President, Josiah Macy, Jr. Foundation; "Necessity for Counterbalancing the Fragmenting Influences of the Clinical Years," by Dr. Leon O. Jacobson, Dean, Division of Biological Sciences, University of Chicago. The final paper in this session was presented by Dr. Joseph C. Hinsey, Consultant, the New York Hospital-Cornell Medical Center, whose topic was "Organization for Education in Some of the Clinical Fields."

ANNUAL BANQUET

October 28, 1967

Presiding: WILLIAM N. HUBBARD, JR., President

The annual banquet was served at 7:30 P.M., following which the evening session was called to order by Dr. William N. Hubbard, Jr. After the introduction of guests at the head table, the annual awards were presented.

* All papers presented at the General Sessions will be published in *The Journal of Medical Education*.

BORDEN AWARD

Dr. Seymour S. Cohen, Milton B. Hartzell Professor of Therapeutic Research and Chairman of the Department of Therapeutic Research, University of Pennsylvania School of Medicine, received the Twenty-First Annual Borden Award in the Medical Sciences. The presentation was made by the Chairman of the Committee on the Borden Award, Dr. Frederick C. Robbins, Dean, Case Western Reserve University School of Medicine. Widely known for his brilliant research in the area of biochemical virology, Dr. Cohen was cited for his outstanding work in the development of biochemical methods in the biochemistry of virus infected cells and his discoveries in virology.

ABRAHAM FLEXNER AWARD

Dr. Stanley E. Dorst, Dean Emeritus of the University of Cincinnati College of Medicine, was designated to receive the Tenth Annual Abraham Flexner Award for Distinguished Service to Medical Education. The presentation was made by the Chairman of the Committee on the Flexner Award, Dr. Leon O. Jacobson, Dean, Division of Biological Sciences, University of Chicago.

Following the presentation of the awards, the evening session recessed at 10:00 P.M.

GENERAL SESSION*

October 29, 1967

Presiding: WILLIAM N. HUBBARD, JR., President

TENTH ALAN GREGG MEMORIAL LECTURE

The first speaker of the morning was Dr. Colin M. MacLeod, Vice President for Medical Affairs, the Commonwealth Fund, who had been selected to deliver the Tenth Alan Gregg Memorial Lecture. Dr. MacLeod chose for the theme of the Lecture, "Society Challenges the Medical Schools."

SPEAKERS

Following Dr. MacLeod's presentation was Dr. Charles C. Sprague, Dean, University of Texas, Southwestern Medical School, whose topic was "Articulation of a Largely Elective Fourth Year with Graduate Education." Next heard in this session was Dr. Charles L. Hudson, Immediate Past President, American Medical Association, whose paper was entitled "The Responsibility of the University in the Continuing Education of Physicians." Dr. John C. Beck, Physician-in-Chief, Royal Victoria Hospital, and Professor of Medicine, McGill University Faculty of Medicine, then discussed "Responsibility of the University in Postdoctoral Education." Concluding the General Sessions of the Seventy-Eighth Annual Meeting was Dr. Robert J. Glaser, Vice President for Medical Affairs and Dean, Stanford University School of Medicine, and President-Elect of the AAMC. Dr. Glaser's presentation was on "The University Medical Center and the Community."

* All papers presented at the General Sessions will be published in *The Journal of Medical Education*.

The Seventy-Eighth Annual Business Meeting

New York Hilton Hotel

New York, New York

October 30, 1967

Presiding: WILLIAM N. HUBBARD, JR., President

Dr. William N. Hubbard, Jr., called the meeting to order at 9:05 A.M. Dr. Robert B. Howard, Secretary, called the roll, and all but 11 Institutional Members were represented by the dean or a designee. Dr. Hubbard called attention to the Agenda prepared for this meeting.

The first item of business was the presentation of annual reports of regional meetings, standing committees, and staff. The Annual Reports of Staff and Committees, Supplement No. 1 to the Agenda, and the Report of the Council of Teaching Hospitals were presented. At the Seventy-Eighth Annual Business Meeting, on motion, seconded and carried, these reports, which follow, were accepted.

REPORT OF THE EXECUTIVE DIRECTOR

ROBERT C. BERSON, M.D.

Since the business meeting of the Association in San Francisco, the Executive Council has met 7 times: on October 25, 1966; and January 25, February 10-11, March 15, April 29-30, July 11, and September 20, 1967.

TASK FORCE ON ALLIED HEALTH PROFESSIONS

Early in the calendar year, the Executive Council asked Dr. George A. Wolf, Jr., to join Drs. Isaac M. Taylor, Robert C. Hardin, Samuel P. Martin, and Ward Darley on this task force and to serve as its chairman.

In the spring of 1967, the task force decided to explore relations with the rapidly developing schools of allied health professions in academic medical centers. To that end, the task force called an informal meeting with a number of the individuals who are serving as deans or directors of schools of the allied health professions in medical centers. The meeting was cordial and interesting. The deans and directors of schools of allied health professions had already taken steps toward organizing an association of their own, and they seemed interested in close and effective relationships with the AAMC. The task force came to the conclusion that good communications and cordial relations between the AAMC and the deans and directors of schools of the allied health professions are highly desirable, but that the formalization of a council of deans of allied health professional schools within the AAMC would not be a completely satisfactory solution inasmuch as nursing, public health, dentistry, and some other disciplines would be omitted, because they do not come under the deans or directors.

In reporting to the Executive Council at its September meeting, the task

force called attention to the discussions going on in the Medical Administrators Group as to whether they should develop a formal and effective organization and concerning their relation to the AAMC. Several members of the task force are also members of the Medical Administrators Group and are keenly aware of the importance of the relations of that group to the AAMC and the fact that that group will meet in January and discuss these matters further.

The task force called the Executive Council's attention to the fact that the special planning committee under Dr. Coggeshall recommended that the university become the institutional member of the AAMC with appropriate changes in its name. It noted that this concept was not well received by the institutional members of the AAMC or the Association of American Universities in 1965, although it might have established a pattern within which effective relations among educators in the health professions could have been developed.

The task force recommended, and the Executive Council approved calling together at an early date an informal meeting to include (a) the Executive Council of the AAMC, (b) the Council on Medical Education of the AMA, (c) Allied Health Professional Deans, (d) the Medical Administrators Group, (e) the American Public Health Association or the Association of Schools of Public Health, (f) the American Nurses' Association, (g) the Association of University Programs in Hospital Administration, and (h) the American Association of Dental Schools. It is proposed that this informal meeting address itself to such questions as:

1. What are the needs and demands of citizens of this country for health services?
2. Which of these needs and demands are not now being met?
3. What can organizations concerned with education in the health field do together to see that these needs and demands are met in the future?

The date for this meeting has not yet been set.

REGIONAL MEETINGS OF THE ASSOCIATION

In keeping with the decision made at the 1966 business meeting, regional meetings have been held several times in each region.

The Great Plains regional meetings took place in Minneapolis on January 11, in Omaha on April 25, and in Kansas City on July 7. The Great Plains group invited a representative from each faculty to meet with it and has expressed the opinion that this has been highly satisfactory. The Great Plains group will meet with the Midwest group in Chicago on October 20.

The Midwest group has previously met on January 13 and on April 21 in Chicago.

The Northeastern regional meetings took place in New York on January 12 and in Washington on April 25, and this group is scheduled to meet Sunday afternoon, October 29, in New York.

The Southern regional meetings took place in Chicago on February 11, and in Atlanta on April 14 and October 6.

The Western regional meetings took place in San Francisco on January 17, in Chicago on February 11, and in San Francisco on April 14 and July 25.

In each region someone chosen by the group or a member of the Executive

Council has carried the responsibility for setting the time and place of the meeting and developing the agenda, including specific suggestions made by the Executive Council. Members of the AAMC staff have attended each regional meeting, but the minutes of each meeting have been prepared by a representative of some institution designated by the chairman of the regional meeting. It seems obviously desirable that the AAMC staff develop the capacity to be more effective in the circulation in advance of material for discussion and in the preparation and circulation of minutes.

NATIONAL FUND FOR MEDICAL EDUCATION

The Executive Council continues to be deeply interested in and concerned with the National Fund for Medical Education as it proceeds through this period of transition. During the year, there has been no change in the key personnel of the National Fund. Dr. Donald G. Anderson continues as president; the same individuals as members of the Board of Directors; Dr. Robert A. Moore as medical director on a part-time basis and chairman of the Evaluation Committee; and Drs. John R. Hogness, Leon O. Jacobson, William F. Maloney, and Charles C. Sprague as the members of the Evaluation Committee nominated by the AAMC.

The contributions and pledges received by the Fund from 511 companies through July 31, 1967, compared well with the total for the same period in 1966.

The National Fund has developed a newsletter, which has been well received, and has mailed its annual report to some 13,000 corporations this year. It remains to be seen, however, whether corporations will continue and, hopefully, increase their contributions to the Fund. A few corporations which had previously contributed substantially have discontinued their support, and some new corporations have begun to contribute. The Board of Directors hopes that the proposals from medical schools will have such obvious merit and interest that they will encourage increased support from corporations. If the Fund is to continue to provide substantial support for medical education, it will need the understanding and support of a host of people in academic medicine as well as in corporations.

RELOCATION OF THE WASHINGTON OFFICE

The Association's lease on the space it has occupied in Washington was due to expire in August, 1967. Concurrently, there was need to expand the staff of the Council of Teaching Hospitals and to consolidate the Division of International Medical Education in Washington. To meet this need, the Association has leased approximately 5,000 square feet of space at 1346 Connecticut Avenue, N.W., for two years, with an option for renewal. This space was occupied July 15 and is proving efficient and pleasant.

AD HOC COMMITTEE ON MEDICAL SCHOOLS AND THE AAMC IN RELATION TO TRAINING FOR FAMILY PRACTICE AND THE GRADUATE EDUCATION OF PHYSICIANS

As authorized at the 1966 business meeting, this committee was appointed with Dr. Edmund D. Pellegrino as chairman and Drs. W. Reece Berryhill, James L. Dennis, C. J. Tupper, Leon O. Jacobson, and Mr. Stanley A. Ferguson as members. As instructed, the committee has drafted a "Statement for Discussion," which has been distributed prior to those regional meetings taking place in the fall. This is not intended as a statement of position for the AAMC but is intended to bring into focus major issues in this complex area for their thoughtful discussion. The committee proposes to consider the discussions which take place

in reaching a conclusion as to whether or not to recommend a definite position for the Association to consider.

1967 CONFERENCE ON PSYCHIATRY AND MEDICAL EDUCATION

The AAMC and the American Psychiatric Association jointly sponsored this conference. Drs. L. W. Earley, Douglas D. Bond, Charles C. Sprague, Herbert Gaskill, and Bernard Holland served as the Executive Committee of the 14-man Planning Committee, which distributed a number of extremely well-prepared papers in advance. The conference was attended by about 153 people, including representatives from 84 established medical schools and 14 developing schools. The report of the conference will be published in book form, probably early in 1968.

NATIONAL SOCIETY FOR MEDICAL RESEARCH

Drs. Maurice B. Visscher and John S. Hirschboeck, members of the Board of the National Society for Medical Research (NSMR), met with the Executive Council on July 11, 1967. Dr. Visscher presented to the Council copies of a "Progress Report on Public Information" and the proposed budget of the NSMR for 1967-68 and discussed their contents. These documents have been widely distributed to medical schools and others interested in the NSMR. They make it clear that the NSMR intends to invest most of its energies in seeing that the public is well informed about the importance of animal experimentation in medical research and the progress that is being made in improving facilities and programs for the care of laboratory animals. Members of the Council commented favorably on the verbal and written report and the NSMR's public information program. The Council decided to defer making any recommendations to the Institutional Members about support of the NSMR until its new program has been more fully developed.

REPORT ON DEVELOPMENTS IN THE EVANSTON OFFICE

CHEVES MCC. SMYTHE, M.D.

Associate Director

Many changes were seen in the Evanston office during the past year. The Association accepted with regret the resignations of Harold Gordon, Edwin B. Hutchins, Ph.D., E. Shepley Nourse, and William E. Sedlacek, Ph.D. All were valued staff of the Association and well known to many of its members. Over the past decade, Dr. Hutchins and Miss Nourse were active in a number of studies and projects which are now seen as significant accomplishments in medical education.

NEW APPOINTMENTS

Major staff additions included the appointments of Dale E. Mattson, Ph.D., as Director of the Division of Educational Measurement and Research, and Mr. Daniel J. Walter as Director of the Data Processing Division. Dr. Mattson's initial responsibility will be for the development of the Medical College Admission Test (MCAT); but as this unit expands, it is to be a focus of continuing inquiry into the educational process. Mr. Walter is charged to develop further the data processing potential of the Association.

NEW PROGRAMS

New programs initiated during the past year were:

1. The Council of Academic Societies (CAS), whose activities are described in another section of these reports (See pages 639-640).
2. A study of the reasons for the short tenure of medical school deans and program designed to assist newly appointed deans. This project is supported by a grant from the Markle Foundation.
3. A pilot project to study cost information systems in 7 selected medical centers. This project is funded by a \$125,000 contract with the Department of Health, Education, and Welfare and by a \$35,000 contract from the Kellogg Foundation.
4. A project to introduce more sophisticated systems for data analysis and data processing techniques in the programs of the Association. This project has been supported by a \$195,000 grant from the Markle Foundation.

RELOCATION

The Division of International Medical Education, which has been located since its establishment in the Evanston office, was moved to the Washington office during August, 1967.

RESTRUCTURING OF DIVISION OF EDUCATION

Effective July 1, 1967, the Division of Education was restructured, its staff reassigned, and new units established within the Association. Paul J. Sanazaro, M.D., who had served as Director of the Division of Education since 1962, assumed the title Director of Education. Davis G. Johnson, Ph.D., formerly Assistant Director of the Division (Director of the Office of Student Studies and Services), became Director of a newly established Division of Student Affairs. Areas of responsibility formerly under the aegis of the Division's Office of Basic Research were transferred to the newly created Division of Educational Measurement and Research.

NATIONAL INTERN MATCHING PROGRAM

The National Intern Matching Program (NIMP) carried out the first residency matching in psychiatry in December, 1966. The institutions involved in the matching did so on a voluntary basis, and not all programs participated. The psychiatric residency matching will be repeated in December, 1967, with centers participating on a voluntary basis. In addition, NIMP is doing the staff work for residency matching in pediatrics for appointments beginning in 1968. The centers involved in this matching are also participating on a voluntary basis. The American Academy of Orthopedic Surgery is considering sponsoring a matching program for first-year residencies beginning in the summer of 1969. If this is done, the orthopedic program will get under way during the spring and summer of 1968.

REPORT OF THE TREASURER

ROBERT B. HOWARD, M.D.

On September 8, 1967, Dr. Cheves McC. Smythe, Associate Director, Mr. John L. Craner, Director of the Division of Business Affairs, and I met with representatives of the accounting firm of Ernst & Ernst and examined in detail the

"audited financial statements and other financial information" of the Association of American Medical Colleges. I am fully satisfied that the financial affairs of the Association are most capably managed.

The auditors have called our attention to the fact that they are unable to confirm accounts receivable from the United States government amounting to \$117,456. They were, however, able to satisfy themselves with respect to these accounts by utilization of other standard auditing procedures. This is apparently a difficulty experienced by all agencies doing business with the United States government, and it is brought to our attention simply as a routine matter.

The auditors have noted a progressive precision of our accounting techniques. Our business office is in the process of further defining and clarifying various programs and activities of the Association in order that costs may be appropriately assigned. Steps have been taken to facilitate the disbursements from the Washington office and at the same time provide necessary protection against duplicate billing.

Many ongoing programs of the Association have been supported in whole or in part by grants and other special funds. Certain of these grants have terminated, and others will do so in the relatively near future. Thus, the membership of the Association is faced with the need to decide which programs and activities should constitute the "basic" responsibility of the Association and, having reached such a decision, how these programs and activities can be financed. There is an obvious disparity between the unrestricted funds received each year by the Association and the costs of those programs most of us would consider "basic." The recommendations of the Ways and Means Committee concerning this matter deserve our most careful consideration.

ACCOUNTANTS' REPORT

Executive Council

Association of American Medical Colleges

Evanston, Illinois

We have examined the balance sheet of Association of American Medical Colleges as of June 30, 1967, and the related statements of equity and income and expense for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We were unable to obtain confirmation of accounts receivable from agencies of the United States government amounting to \$117,456 but we satisfied ourselves as to such accounts by means of other auditing procedures. We previously made a similar examination of the financial statements for the preceding year.

In our opinion, the accompanying balance sheet and statements of equity and income and expense present fairly the financial position of Association of American Medical Colleges at June 30, 1967, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

ERNST & ERNST

Chicago, Illinois

August 21, 1967

BALANCE SHEET

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

| | June 30 1967 | June 30 1966 |
|---|------------------|------------------|
| ASSETS | | |
| Cash | \$ 84,167 | \$ 74,863 |
| United States Government short-term securities—at cost and accrued interest | 128,193 | 221,499 |
| Accounts receivable | 305,902 | 196,406 |
| Accounts with employees | 6,031 | 5,639 |
| Supplies, deposits, and prepaid expenses | 26,185 | 21,573 |
| Inventory of publications, at the lower of cost or market—Note A | 9,341 | 8,355 |
| Land and building—at cost—Note B: | | |
| Land improvements | 9,002 | 9,002 |
| Building | 287,854 | 287,854 |
| | <u>296,856</u> | <u>296,856</u> |
| | <u>\$856,675</u> | <u>\$825,191</u> |
| LIABILITIES AND EQUITY | | |
| Liabilities: | | |
| Accounts payable | \$ 38,075 | \$ 28,317 |
| Salaries, payroll taxes, and taxes withheld from employees | 7,417 | 5,828 |
| | <u>45,492</u> | <u>34,145</u> |
| Deferred income: | | |
| Institutional dues received in advance | 77,500 | 55,750 |
| Other dues received in advance | 38,283 | 35,494 |
| Subscriptions | 11,947 | 11,506 |
| | <u>127,730</u> | <u>102,750</u> |
| Equity: | | |
| Restricted for special purposes | 272,798 | 293,167 |
| Invested in land and building | 296,856 | 296,856 |
| Retained for general purposes | 113,799 | 98,273 |
| | <u>683,453</u> | <u>688,296</u> |
| Lease commitment and contingent liability—Note C | | |
| | <u>\$856,675</u> | <u>\$825,191</u> |

See notes to financial statements.

STATEMENT OF EQUITY

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Year ended June 30, 1967

| | Restricted for Special Purposes | Invested in Land and Building | Retained for General Purposes | Total |
|--|---------------------------------------|-------------------------------------|-------------------------------------|------------------|
| Balance at July 1, 1966 | \$293,167 | \$296,856 | \$ 98,273 | \$688,296 |
| Deduct unexpended balances of Pan American Federation of Associations of Medical Schools grants transferred to the Feder- ation upon its incorporation | 18,007 | | | 18,007 |
| | 275,160 | 296,856 | 98,273 | 670,289 |
| Income in excess of expenses | 2,362* | | 15,526 | 13,164 |
| BALANCE AT JUNE 30, 1967 | \$272,798 | \$296,856 | \$113,799 | \$683,453 |

* Indicates expenses in excess of income.

See notes to financial statements.

STATEMENT OF INCOME AND EXPENSE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Year Ended June 30

| | 1 9 6 7 | | | 1966 Total |
|---|---------------------|---------------------|------------------|-------------------|
| | Special Purposes | General Purposes | Total | |
| Income: | | | | |
| Dues | | \$368,995 | \$ 368,995 | \$ 241,304 |
| Grants | \$620,049 | 3,455 | 623,504 | 642,036 |
| Services | | 306,617 | 306,617 | 276,332 |
| Publications | | 125,646 | 125,646 | 130,166 |
| Sundry | | 27,742 | 27,742 | 24,963 |
| Transfers in-out** | 65,375** | 65,375 | | |
| TOTAL INCOME | 554,674 | 897,830 | 1,452,504 | 1,314,801 |
| Expenses: | | | | |
| Salaries | 230,317 | 450,960 | 681,277 | 572,649 |
| Other expenses | 280,090 | 477,973 | 758,063 | 773,093 |
| Transfers in-out** | 46,629 | 46,629** | | |
| TOTAL EXPENSES | 557,036 | 882,304 | 1,439,340 | 1,345,742 |
| INCOME IN EXCESS OF EXPENSES | \$ 2,362* | \$ 15,526 | \$ 13,164 | \$ 30,941* |

* Indicates expenses in excess of income.

See notes to financial statements.

MAILING AND REPRODUCTION DEPARTMENT

Efforts to relocate the Mailing and Reproduction Department outside of the Association headquarters, as reported last year, have been unsuccessful. However, attempts are still being made to obtain additional space, and it is hoped that this problem will be resolved by the first of the year.

Mailing lists are maintained by the addressograph equipment. Zip-coding of approximately 18,000 plates has been completed, and plates are in file by category and by zip code. This method of filing complies with bulk mailing regulations as approved by the United States postal authorities. The categories of plates and numbers of plates in each is shown below:

| | |
|-----------------------------------|---------------|
| Membership | 2,734 |
| Subscriptions | 1,577 |
| Institutions | 1,093 |
| Datagrams | 882 |
| Council of Teaching Hospitals | 324 |
| Free | 188 |
| Emeritus | 52 |
| Sustaining and Contributing | 43 |
| Foundations | 38 |
| Deans | 187 |
| World Health Organization | 592 |
| Group on Student Affairs | 229 |
| Premedical Advisers | 1,500 |
| Nursing | 1,000 |
| Department Chairmen | 1,770 |
| Library | 1,886 |
| Advertising | 2,445 |
| Smith Kline & French—Press List | 885 |
| Liaison—Division of International | |
| Medical Education | 91 |
| Bibliography | |
| Universities | 199 |
| Medical Societies | 65 |
| Pharmaceutical Schools | 72 |
| Dental Schools | 48 |
| Total number of plates | <u>17,900</u> |

All equipment in the Mailing and Reproduction Department is now owned by the Association. Our program to educate staff on the high cost of crash printing has met with even less success than reported in the previous year.

As is shown in the following summary, printing activity increased over the past year, while a decrease in costs is seen:

| | 1964-65 | 1965-66 | 1966-67 |
|-------------------------|-----------------|-----------------|-----------------|
| Number of jobs produced | 958 | 1,100 | 1,572 |
| Amount charged | \$109,608 | \$108,698 | \$108,189 |
| Expense | 104,312 | 109,588 | 105,345 |
| Excess | <u>\$ 5,296</u> | <u>\$ (890)</u> | <u>\$ 2,844</u> |

DIRECTORY

The Directory of the Association for 1966-67 was published and printed by this Division at a cost of \$10,341 using the photo-listing printing process. Although this process left much to be desired in general format and appearance, due to economic considerations it was used for several years.

PUBLICATIONS

Publications of the Association are physically housed in one location. Inventory controls have been instituted to safeguard the Association's equity in its publications and has the approval of the Association's auditors.

MEETINGS

Annual Meeting.—This Division continues to be responsible for all Annual Meeting hotel arrangements, exclusive of housing. This includes the planning and allocating space for meetings, staffing and operating registration and workroom, data processing of daily registrations, providing special equipment, and Annual Banquet arrangements and special meal functions. This Division has printed and disseminated Annual Meeting preregistration information and invitations and maintained data processed preregistration counts according to individual sessions.

Other Meetings.—At the request of Committees and Staff, this Division makes arrangements for meetings throughout the year.

DATA PROCESSING DEPARTMENT

The Department continues to process data that emanate from annual studies of medical school operating costs, medical school applicants, and medical student accomplishment, and from special research that is conducted during the year. The National Intern Matching Program results are processed by this Department.

The Faculty Roster information for the 1965-66 academic year was converted to magnetic tape to facilitate a yearly updating. The system provides improved use of the data in variable correlations which was heretofore either impossible or not feasible with the punched-card equipment. The current data base includes all full-time faculty members whose rank is instructor or higher. The record includes the possibility of 1,600 positions of information on the 20,000 faculty members.

The system design of the Faculty Roster was assigned to the department staff in May of this year with a schedule of January 1, 1968, for the completion of the 1966-67 academic updating, with statistical tables as requested and a printout of each faculty member for updating the current school year data. The original data file of 230,000 cards was recorded on magnetic tape in July, and various edit routines were processed during the months of August and September to improve the validity of future statistical information. This type of edit procedure has revealed the duplication of names of faculty who change schools and whose previous school may not have reported this information earlier.

A new full-time faculty record was designed in the month of August for the 1967-68 individual record printout to provide additional information with an indication of missing items needed to complete the record, for example a reported internship or residency without an indication of the school and year the faculty member received an M.D. degree.

Effective September 1, 1967, the department became a separate division.

BUILDING SERVICES

This Division supervised the repair, maintenance, and cleaning of the headquarters office and the Annex. Despite continuing overcrowded conditions, the Association meets the safety regulations of the Evanston Fire Department.

APPENDIX

Accountants' Comments and Recommendations

September 8, 1967

Executive Council
Association of American Medical Colleges
Evanston, Illinois

Gentlemen:

We have examined the financial statements of Association of American Medical Colleges for the year ended June 30, 1967, and have issued our report thereon dated August 22, 1967. As indicated therein, "we were unable to confirm accounts receivable from the United States government amounting to \$117,456; however, we were able to satisfy ourselves with respect to these accounts by means of other auditing procedures." Disclosure of this situation is required of us by the standards set forth by our profession. Although we were unable to obtain confirmation of the accounts with the United States government, we were able to satisfy ourselves as to these accounts by examination of evidence of subsequent collection and other auditing procedures and we are therefore able to express an unqualified opinion on the financial statements of the Association as we have in previous years.

The aforementioned report, and the related financial statements have been reviewed with Dr. Robert B. Howard, Treasurer, and in that connection we reported to him on our annual review of the Association's system of internal control and management practices. The matters discussed with him are summarized in this letter.

Program and Activity Accounting

Since 1960, when the Association began accounting for expenses by responsibility, it has continued to improve its accounting techniques so that ultimately the costs of all of the Association's programs and activities can be identified and accounted for. In order to accomplish this ultimate goal the following remains to be done:

1. The definitions of the terms "program" and "activity" need to be refined and clarified.
2. The staff of the Association should identify those programs and activities which exist at the present time and review them with the Executive Council.
3. The chart of accounts should be revised to include all such programs and activities.
4. Certain accounting procedures now performed manually should be converted to automated data processing methods.
5. The staff of the Association should establish the procedures to be used to identify new programs and activities as they arise and to review such procedures with the Executive Council.

With respect to conversion of accounting procedures from manual to automated methods, we reported to you last year that the accounting staff of the Association had completed certain preliminary trials of the system designed to budget and account for all of the programs and activities of the Association. Such trials were made using manual methods principally. During the year ended June 30, 1967, such trials were

continued and an attempt was made to evaluate the practicability and economic feasibility of the system. On the basis of our review of the procedures which have been used in accounting for selected activities on a trial basis, we concur with the staff of the Association that implementation of the entire system is not practical or economically feasible unless a substantial portion of the procedures are changed and converted so that electronic data processing equipment is used in lieu of the manual clerical effort now required. We believe that the ultimate benefit which may be derived from complete program and activity accounting warrants additional study of the use of data processing equipment in this connection.

We note that the Association has accepted a grant from a private foundation to study how it might utilize high-speed, electronic data processing equipment in its efforts to further advance medical education. Perhaps, if contemplated in the grant, the study might include determination of the potential utilization of and ultimate conversion to high-speed, electronic data processing equipment for budgeting and accounting purposes. Budgeting and controlling its efforts to advance medical education are certainly an integral part of the overall operation of the Association.

Salary and Personnel Administration

During 1965, we submitted to the Association reports of studies entitled "Position Description" and "Proposed Salary Administration Program." The first report provides the Association with a definitive outline of the organizational structure and the responsibilities and reporting relationships of persons then in the Association's employ. The second report provided, among other things, a base for equity in salaries in order to recognize the experience, skills, and other requirements of each Association position, and a sound basis for determination and control of payroll costs. In order that they may be utilized effectively, we suggest that the reports be reviewed and revised annually by the Association's staff to reflect the dynamic, changing organization of the Association and the changes in salary levels resulting from outside economic and competitive influences. We understand that such reviews and revisions were made by the Association's staff this year and others are planned for future years.

Minutes of the Executive Council

We noted that formal recognition and approval of grants from private foundations and contracts with the government were not always recorded in the minutes of the Executive Council during the year ended June 30, 1967. We believe that formal Council action is advisable in order to provide the Association with a permanent and official record of all grants accepted and contracts entered into.

Disbursements from Washington, D.C., Office

In view of the increased size and scope of the Association's offices in Washington, D.C., an imprest bank account should be used for local disbursements. We suggest that an imprest bank account in the amount of \$1,000.00 be established for use by that office. Checks drawn on this account should require only one signature and could have a specified maximum dollar limit, perhaps \$50.00. Reimbursement of the account should be made upon submission of documents adequately supporting the disbursements. Invoices submitted directly to Evanston for payment should be processed immediately only if they exceed the specified amount. Invoices under that amount should be carefully screened to insure against duplicate payment. Under this system advance signing of checks will be avoided and the possibility of duplicate payment of invoices will be eliminated. Further, the Washington office will have funds available for its miscellaneous expenditures as well as the responsibility to properly account for them. Adequate control over all disbursements can be effectively maintained in Evanston.

Other Matters

During our examination of the financial statements, we discussed a number of other sundry matters relating to the Association's system of internal control and accounting procedures with Mr. John L. Craner, Director of Business Affairs.

We are pleased to report that the Association's system of internal control, accounting procedures, and business practices continue to provide management with meaningful information and are generally adequate to provide for the safeguarding of the Association's assets.

Very truly yours,
ERNST & ERNST

REPORT OF THE DIVISION OF OPERATIONAL STUDIES

LEE POWERS, M.D.

This, the ninth Annual Report of the Division of Operational Studies (DOS), summarizes the activities and accomplishments of the Division over the past year.

STAFF

Lee Powers, M.D., is Director of the Division; Mr. Augustus J. Carroll is Assistant Director; Mr. Harry Wiesenfelder is Research Associate; Miss Marian Weber and Mrs. Sylvia Mussche are secretaries; and Miss Eleanor Dougherty is statistical clerk.

ACTIVITIES OF THE DIVISION**Medical Center Financial Support**

Trends in financing medical education.—Medical school expenditure data for 1964-65 were incorporated with previously developed data in the study of trends in financing medical education providing continuity for the years 1941 through 1965.

Program costs in medical schools.—The DOS continued to provide consultation to medical schools in the utilization of the system of estimating medical school program costs.

Program costs in teaching hospitals.—Criteria and procedures for program cost analysis in teaching hospitals have been developed and extensively tested in the Yale-New Haven Hospital. Work is now underway on a report of the effectiveness of this procedure as field tested at the Yale-New Haven Hospital. This report will be submitted to a committee composed of representatives of the American Medical Association (AMA), the American Hospital Association (AHA), and the AAMC.

Summary of financial data for J.A.M.A.—The Division of Operational Studies for the sixth consecutive year provided the analysis of U.S. medical school expenditures for 1964-65 incorporated as a section of the Education Number of *The Journal of the American Medical Association*, Vol. 198, No. 8, November 21, 1966.

Medical school profile data.—The medical school profile data, consisting of faculty staffing, student enrollment, and expenditure data, were updated to include the most recently available information for the year 1964-65. The graphic method of presentation developed in the previous year has been extended to a number of additional items of information which were available for the 1965-66 academic year.

Medical Center Staff

Medical Faculty Roster.—The Medical Faculty Roster, which the DOS has attempted to maintain on a current basis for a number of years, was completely revamped for the 1965-66 updating. The information previously on file was listed off for all schools on a departmental basis and sent to the schools for distribution to departmental secretaries who were charged with the responsibility of verifying and updating existing information and providing information items not previously contained in the Faculty Roster. In addition to the bibliographic information on full-time faculty members, the departments were asked to provide head counts of part-time faculty at all ranks and such supporting personnel as interns, residents, professional staff without faculty rank, and all other administrative, clerical, and technical personnel. Extensive data processing of this information was undertaken to establish a historical file of medical faculty staffing, which is to be updated on an annual basis and provides for generation of a great deal of statistical data not previously available. The 1965-66 updating collected information on approximately 17,000 full-time faculty members. This information was processed by IBM methods and the 1966-67 updating materials were sent out to the medical schools in February for further verification and updating. Data collection and processing is now being completed on the 1966-67 updating. Computer technology has been adopted for current and future processing of Faculty Roster data.

Faculty vacancies.—The annual tabulation of faculty vacancies on a departmental basis as reported in the AAMC-AMA Liaison Questionnaire was utilized to provide information to applicants seeking academic appointments. Fewer requests for information were received from interested applicants than in previous years.

Faculty Salary Study.—A study of faculty salary levels was made for the fifth time by the DOS showing a continuing trend toward higher salaries in all department and rank categories. As in the past, these data were made available only to medical school deans in group data form for guidance in establishing and funding salaries.

Student-faculty ratios.—Based on information obtained in the AAMC-AMA Liaison Questionnaire, student-faculty ratios were computed for the 1965-66 academic year detailing both the ratios of medical students to faculty and full-time student equivalents to faculty.

Information Services

The DOS continues to provide an information service for the AAMC membership as well as external agencies seeking information pertinent to medical education. In providing information service, the DOS has an excellent mechanism for assessing the value of information currently maintained and for determining areas of information or data collection that require strengthening.

Datagrams.—The DOS has continued monthly publication of its Datagrams, providing data and information relating to medical education. The dissemination of information by means of the Datagrams has been enhanced in the past year by the reprinting of Datagrams either in their entirety or in part by numerous publications in the health fields.

Reprint file and library.—The DOS continues to maintain the reference library and reference reprint file as a service function to the AAMC.

Microfilm document file.—The 3 microfilm document files maintained by the DOS are Affiliation Agreements Between Medical Schools and Hospitals, Medical Center Administrative Organization, and Medical School Constitutions and Bylaws.

Institutes on Medical School Administration.—The Final Report of the Third Administrative Institute was published in July (1).

Medical Center Program Cost Allocation Study.—The Division is representing the AAMC in a study being conducted jointly with the Division of Grant Administration Policy of the U. S. Department of Health, Education, and Welfare. The Cost Allocation Study will examine program cost information systems to determine their adequacy and suitability to meet both the requirements of university medical center administration and the accounting and reporting requirements of various granting, contracting, and funding agencies. The study is being made in the following 7 medical centers: Bowman Gray School of Medicine of Wake Forest College, University of Iowa, Jefferson Medical College of Philadelphia, University of Michigan, New York University, Ohio State University, and University of Utah.

The objectives of the study are:

1. To identify the existing methods medical centers use in determining costs and related information required by granting, contracting, and funding agencies.
2. To determine program costs in each of the participating medical centers by a uniform system of program cost allocation.
3. To determine if the system or portions thereof proposed in Item 2 above meet the needs better than the reporting systems now used by the 7 medical centers. If the uniform cost finding system or portions thereof are more useful than existing systems, what suggestions can the medical centers offer for improvement?
4. To determine if the uniform cost allocation system will provide the fiscal and related information required by granting, contracting, and funding agencies in a manner acceptable to hospitals and medical centers and to the agencies involved. If the information produced by the system does not meet present requirements, should the system be revised so that the information produced will meet these requirements; or should the granting agencies revise their requirements?
5. To consider development of a program cost finding system on the basis of the findings of this study.
6. To describe the cost allocation procedure and other administrative programs relevant to these objectives in a final report.

STEERING COMMITTEE FOR THE DIVISION OF OPERATIONAL STUDIES

On the recommendation of the Executive Council of the Association, the Steering Committee has been established to advise the Division of Operational Studies. The initial meeting of the Steering Committee was held on September 15, 1967, at which time William F. Maloney, M.D., Dean, Tufts University School of Medicine, was elected Chairman. The membership of this committee consists of the following: Mark S. Blumberg, M.D., University of California, Berkeley; Robert C. Hardin, M.D., Dean, University of Iowa College of Medicine; J. A. Diana, Secretary to the Faculty, University of Michigan Medical School; C. N. Stover, Jr., University of Utah College of Medicine; John R. Hogness, M.D., Dean, University

of Washington School of Medicine; and Peter L. Eichman, M.D., Dean, University of Wisconsin Medical School.

REFERENCE

1. KNIGHT, D. M., and NOURSE, E. S. (Eds.). *Medical Ventures and the University: New Values and New Validities*. Report of the Thirteenth AAMC Institute, Third Institute on Administration. *J. Med. Educ.*, 42: July, Part 2, 1967.

JOINT REPORT OF THE COMMITTEE ON INTERNATIONAL RELATIONS IN MEDICAL EDUCATION AND THE DIVISION OF INTERNATIONAL MEDICAL EDUCATION

THOMAS H. HUNTER, M.D.
Chairman of the Committee
HENRY VAN ZILE HYDE, M.D.
Director of the Division

During the year under report, the international program of the Association continued to be active, undergoing important administrative changes and devoting much of its time to the development and maintenance of relationships with foreign medical educators and associations, as well as developing a new and potentially extensive fellowship program under contract with the U. S. Public Health Service (USPHS). The major activities of the program, conducted by the Division of International Medical Education (DIME), are summarized below.

ADMINISTRATION

Significant developments in the administrative aspects of the international program during the past year have included (a) refunding of the basic support of the international program by grants from the Rockefeller Foundation and the Commonwealth Fund, each for three years, with grants made in May, 1967, retroactive to January 1; (b) transfer of the Division of International Medical Education from Evanston to Washington; (c) development of a contract with the Bureau of Health Services of the USPHS for the administration by the AAMC of an international foreign fellowship program under U. S.-owned foreign currency; and (d) resignation of Dr. Harold Margulies as Associate Director of the Division and Agency for International Development (AID) Project Officer. The AID contract remains in force, providing funds for general program support to AID and for potential projects under specific task orders.

The continuing general program of the Division consists of maintenance of relationships in the international field, convening of the Annual Conference on International Medical Education, and provision of information services.

The report of the Institute on International Medical Education, incorporating the report of special AAMC study of the AID Program in Health Manpower, was published as Part 2 of the November, 1966 issue of *The Journal of Medical Education*. The Chairman of the Committee on International Relations in Medical Education (CIRME) served as a member of the Education and World Affairs (EWA) study committee on the professional school and world affairs. The Director of DIME served as a consultant on the EWA study of medicine and world affairs.

Special programs and projects are also carried out as provided for by contracts with AID and USPHS and under specific grants.

RELATIONSHIPS

Third World Conference on Medical Education.—The highlight of international relationships in medical education during the year was the Third World Conference on Medical Education convened in New Delhi, India, in November, 1966, dealing with medical education in the developing countries. Some 500 medical educators, economists, and social scientists from both developed and developing countries attended the Conference. Dr. Robert C. Berson, AAMC Executive Director, served as Chief Rapporteur. The Director of DIME served on the Headquarters Planning Committee, which was chaired by Dr. Robert A. Moore, who was former Chairman of the CIRME. The official proceedings of the Conference were published as a special issue of *The Journal of Medical Education* (February, 1968) and will be republished in India.

Pan American Federation of Associations of Medical Schools.—The Pan American Federation, which held its first conference in Bogota in August, 1966, transferred its headquarters from Rio de Janeiro to Bogota in February, 1967, when Dr. José Felix Patiño succeeded Dr. Ernani Braga as Executive Secretary. Dr. Braga has moved to Geneva, Switzerland, as Chief of the World Health Organization (WHO) Office of Education and Training. The Federation has now received grants from a number of sources including the Rockefeller Foundation, the W. K. Kellogg Foundation, the Milbank Memorial Fund, the Josiah Macy, Jr. Foundation, and the Commonwealth Fund and is established in headquarters made available to it by the government of Colombia. The AAMC has transferred to the Federation the fiscal activities it had previously carried on in its behalf. The AAMC had made its first monetary contribution to the Federation in the amount of \$2,700, based on \$25 for each institutional and provisional member, plus \$100 for the Association itself.

The contemplated program of the Federation includes developing systematic collection of data in medical education; holding administrative institutes and seminars designed to improve record-keeping and facilitate exchange of information; developing postgraduate training centers; and continuing support to national associations of medical faculties. The Federation is presently paying the salaries of some 6 to 8 full-time directors of national associations.

Policy issues faced by the Federation involve its relationship to the Pan American Health Organization (PAHO), which has an established program in support of medical education. These issues involve such matters as data collection and analysis, which is already under way in the PAHO; relationships of a proposed Fund for Medical Education under the Federation to the existing inter-governmental support of medical education through the PAHO; and support and participation of the Federation in the medical textbook program of the PAHO, with particular reference to maintenance of high professional standards and utilization of the textbooks by the member schools.

Dr. John A. D. Cooper continues to serve as a member of the Administrative Committee, which has recently been strengthened by the addition of a representative of the PAHO. Dr. Berson attended a one-day meeting of the full-time directors of national associations convened by the Federation in Bogota on September 25, 1967. Represented were Brazil, Canada, Colombia, Mexico, Peru, the United States, and Venezuela.

Association of Medical Schools of Africa.—From April 3-7, the Director of DIME attended a meeting of the Association of Medical Schools of Africa held at the Lovanium University in Kinshasa (formerly Leopoldville), Congo. Previous meetings of the African schools had been financed from a grant made by the Rockefeller Foundation to the University of Ibadan in 1961. These funds having been expended, the 1967 meeting was convened at the expense of the schools concerned, with Lovanium University serving as host and each school paying the expenses of its own delegation. This was the sixth annual meeting of the schools of Africa and the first annual meeting of the newly formed Association of Medical Schools of Africa. Each of the 7 schools represented (Accra, Dakar, Ibadan, Khartoum, Lagos, Lovanium, and Makerere) had paid its annual assessment of £100 (\$285). An additional school, that could not be represented at this meeting, had transmitted its assessment. It should be noted that the level of attendance at the meeting was high and that there is a progressive assumption of leadership by African medical educators, with expatriate representation rapidly diminishing; a continuing drive to establish an internationally respected African personality in medicine; and a continuing effort to develop internationally recognized, indigenous specialty qualifications.

The program adopted included arrangements for drafting a history of the development of the African Association; preparation of a document on the social role and ethos of the African physician; planning for enhanced exchange of students, faculty members, and external examiners between the schools of Africa; preparation of proposals to provide, in Africa, training for preclinical faculty; and a special meeting of deans to plan the next meeting of the Association. The African Association has submitted to the AAMC a formal request for financial support of the above program, which is now under discussion with AID.

France.—The Ministry of Education of France sent 6 medical educators to the Annual Meeting of the AAMC in San Francisco in October, 1966. The group consisted of the deans of the medical faculties in Tours, Clermont-Ferrand, and Lille, as well as representatives of the Universities of Paris and Lyon and of the Ministry of Education. On its return to France, the group made a laudatory report which was widely publicized in the popular medical press. It has prepared a series of special reports on various aspects of American medical education, which are in publication. The Society for Information and Research in Medical Education (SIDEM) has grown from a handful of interested persons to a group of some 600 medical educators, who regularly meet to discuss the progress of medical education. The Director of the Ministry's Department of Higher Education has given active encouragement to SIDEM. Dr. Jean Jacques Guilbert, who was the initiator and leader of SIDEM, is now the medical education adviser at the WHO Regional Office in Brazzaville. His mantle has fallen on Dr. Claude Pages, who succeeded him as Chief of the Medical Education Section of the Ministry of Education.

Germany.—The Society for the Study of Medical Education, which was founded after the visit of the German group to the AAMC Annual Meeting in 1964, continues in existence. Its work is directed by Dr. Hannes Kapuste and is attracting increasing financial support from the Volkswagenwerks Foundation. During the course of the AAMC Annual Meeting in 1966, a series of discussions were held by representatives of Germany, France, Switzerland, and the United States which resulted in the decision to study the performance of students in different countries on a standardized multi-choice examination. The joint ex-

periment is being carried out under the leadership of Dr. Kapuste, with the assistance of an advisory group of international stature. During the year, a first test was run utilizing questions of American, French, and German origin. The standard examination was given in Chicago, Edmonton, London, and 3 centers in Germany. The experts concerned have been convened in Munich at the expense of the Volkswagenwerks Foundation to analyze the results and plan for refining and expanding this test. Dr. Edwin B. Hutchins, formerly Director of AAMC's Office of Basic Research, was a member of this group.

India.—The Indian Association for the Advancement of Medical Education omitted its Annual Meeting in 1966 because of its participation at the Third World Conference of Medical Education in New Delhi. Its 1967 meeting was held in Bangalore in October and was devoted to a discussion of teaching methods. Dr. Govinda Reddy, the mainspring of the Association as its Secretary, died suddenly in August, 1966. The AAMC has been engaged in active negotiations with the Indian Association in an effort to develop closer relationships between American and Indian medical education and the fellowship program being established under contract with the Bureau of Health Services of the USPHS.

Israel.—The Director of DIME participated as Committee Rapporteur in the Fourth Rehoboth Conference at the Weizmann Institute in Rehoboth, Israel, August 14-22. The Conference, which dealt with health in the developing countries, was under the chairmanship of Foreign Minister Abba Eban and was attended by 72 ministers and directors of health, primarily from Europe, the Americas, and Africa. Particular attention was given to the organization of health services in developing countries, with emphasis on the use and training of ancillary and subprofessional members of the health team.

United Kingdom.—The *British Journal of Medical Education*, edited by the Association for the Study of Medical Education and published by the British Medical Association, recently made its initial appearance. It is a distinguished journal, which joins—as journals exclusively devoted to the processes of medical and related education—*The Journal of Medical Education*, the *Indian Journal of Medical Education*, *Educacion Medica y Salud* (Pan American Health Organization and Pan American Federation of Associations of Medical Schools), and the *Bulletin of Medical Education* (European Office of the WHO).

Middle East.—The World Health Organization, Eastern Mediterranean Regional Office, has scheduled a meeting on medical education in Baghdad, November 18-24, 1967, as a follow-up of the 1961 meeting in Tehran and its subsequent meeting in Alexandria in November, 1963, and has invited the Director of the Division, who attended the 2 previous meetings, to participate.

PROJECTS

Studies of foreign medical graduates.—Studies of foreign medical graduates in the United States, including a survey of performance in hospitals and estimates of numbers entering the United States, were completed. An article prepared by Dr. Harold Margulies on the hospital survey conducted by DIME will be published in a forthcoming issue of *The Journal of Medical Education*. The overall studies will be reported in a monograph now being prepared. A formal request has been made to AID for a task order to enable the AAMC to conduct a field study on foreign medical graduates who have returned to Turkey, Thailand, and Peru.

Advisory Committee on Health Manpower.—This Committee met twice during the year, reviewing the AID program in health manpower. An in-depth study of the program in Turkey was made by the Johns Hopkins School of Hygiene and Public Health under an AID contract. It requested a report of action taken on recommendations growing out of the study.

Other proposed AID projects.—AAMC requests are pending in AID for assistance to the Association of Medical Schools in Africa for the provision of a specialist in Latin American affairs for the DIME staff to serve as a liaison between the American medical community, the Pan American Federation of Associations of Medical Schools, the Pan American Health Organization, and the Alliance for Progress.

AAMC-Bureau of Health Services International Fellowship Program.—The AAMC entered into a contract in August, 1967, with the Bureau of Health Services of the USPHS to take the lead in developing a program of international fellowships in medicine, at the student and young faculty level, to be carried out under U.S.-owned excess foreign currency available in certain countries. The purpose of the program is to provide oncoming U. S. medical professionals with an opportunity to observe and work with biomedical and social problems that are exotic to the current American scene. At present, currencies are available for this purpose in India, Pakistan, Ceylon, Burma, Israel, Egypt, Tunisia, Yugoslavia, and Poland. Three students have been sent to Yugoslavia; and negotiations are in an advanced stage with Israel for developing, in that country, structured courses of three months' duration with subsequent opportunities for research in a broad spectrum of fields. Negotiations are also under way with India for the development of a program under which small research and training teams, composed typically of 3 students and a young faculty member, will be sent to India for three months each to work in a specific department. It is hoped that the foreign fellowship program will reach a significant level of operation in the spring of 1968.

Annual Conference on International Medical Education.—The Third Annual Conference on International Medical Education was held in conjunction with the AAMC Annual Meeting in San Francisco in October, 1966. Medical education in the USSR, the People's Republic of China, and Cuba was discussed by Drs. Mark Field, Ronald V. Christie, H. Bruce Collier, and Leo P. Krall; and general health manpower problems were discussed by Drs. Margaret Mead, Malcolm Merrill, and Harold Margulies.

Conferences of Foreign Medical Scholars.—The Eleventh Annual Conference of Foreign Medical Scholars was held at Duke University with Dr. E. Croft Long as organizer and was attended by 59 foreign scholars from 23 countries. This Conference was sponsored by the China Medical Board, Rockefeller Foundation, PAHO, WHO, and the Conference Board of Associated Research Councils (Fullbright Program).

The 1968 Conference will be held under the auspices of George Washington University at Airlie House, Leesburg, Virginia.

FOREIGN FELLOWSHIPS PROGRAM

The Selection Committee, under Dr. Robert G. Page as Acting Chairman, awarded Foreign Fellowships to 31 medical students selected from 83 applications received from 53 medical schools under the program financed by Smith Kline

& French Laboratories. Funds were also provided for 8 professionally qualified wives to accompany their husbands and participate in the program. A list of this year's grant recipients by school and sponsor station follows:

| Student | School | Station |
|------------------------------------|----------------------------|------------|
| Ashby, William Edward | Loma Linda | Indonesia |
| Byer, David Eugene and wife | Kansas | Ethiopia |
| Camp, John Clifford and wife | Ohio State | Kenya |
| Chisari, Francis Vincent | Cornell | Tanzania |
| Cockrill, Howard | Arkansas | India |
| Cole, Richard Irwin and wife | Southern California | Kenya |
| Davis, Roger Woods | Utah | Nigeria |
| Ellingstad, Richard Allen and wife | Wisconsin | Tanzania |
| Geelhoed, Glenn and wife | Michigan | Nigeria |
| Guerrant, Richard Littleton | Virginia, Univ. of | Congo |
| Hales, Bradley Tucker | Chicago | Haiti |
| Hall, James Hardman | Duke | Malawi |
| Hondl, Sister Gerlinda | Marquette | India |
| Jacobson, Arthur Ray and wife | Texas (Galveston) | Bolivia |
| Johnson, Linda Mae | Oklahoma | Ghana |
| Johnson, Ronald Malcolm and wife | Illinois | Congo |
| Kitchen, James Gordon | Pennsylvania | India |
| Li, Ronald | Columbia | Liberia |
| Lusignan, Denis Norman and wife | Albany | Kenya |
| Marcus, Michael William | Einstein | Nepal |
| Matthias, James David | Iowa | New Guinea |
| Meyer, Walter John | Johns Hopkins | Bolivia |
| Naylor, Rebekah Ann | Vanderbilt | Thailand |
| Powell, Kenneth Eugene | Northwestern | India |
| Seybuck, Victoria Pauline | New Jersey | Uganda |
| Smith, Laura Alice | Yale | Thailand |
| Smith, Michael Oliver | California (San Francisco) | Malaysia |
| Spengler, Kenneth Clifford | Boston | Laos |
| Woods, James Harley | Indiana | Nigeria |
| Yoo, Robert Paul | St. Louis | Malawi |
| Zurek, John Frederic | Minnesota | India |

FIFTH AND FINAL JOINT REPORT OF THE COMMITTEE
ON RESEARCH IN EDUCATION
AND
THE DIVISION OF EDUCATION

JULIUS B. RICHMOND, M.D.
Chairman of the Committee

PAUL J. SANAZARO, M.D.
Director of the Division

The Division of Education of the Association of American Medical Colleges was established in 1962 with the support of a five-year grant from the Carnegie Corporation for the primary purposes of stimulating and promoting research in

medical education. Its related functions were to encourage the application of research results to ongoing educational programs, to continue the AAMC's long established program of basic research, and to provide consultative services to medical schools and professional and scholarly organizations and societies. Those activities of the Division of direct benefit to the medical student have been financed by the AAMC. Other projects and special studies have been funded by grants from private foundations and by grants and contracts with the U. S. Public Health Service (USPHS). The Division furnished staff services for AAMC committees which were administratively related to the Division.

ORGANIZATION AND STAFF

The Division of Education has conducted 4 interrelated programs: Educational Research and Services, Core Program, Basic Research, and Student Studies and Services. The Director has been responsible for the first 2 units.

Edwin B. Hutchins, Ph.D., has served as Assistant Director in charge of the Office of Basic Research, assisted by William E. Sedlacek, Ph.D., who joined the Division as Research Psychologist in 1964. In the summer of 1966, Dr. Hutchins began a one-year leave of absence for the purpose of completing the AAMC Longitudinal Study. During his absence, Dr. Sedlacek served as Assistant Director (Acting) in charge of the Office of Basic Research.

Both Drs. Hutchins and Sedlacek resigned in the spring of 1967 to assume university posts, effective in the fall of 1967. Dr. Hutchins, who had been with the AAMC since 1959, became Professor of Psychology at Iowa State University. Dr. Sedlacek joined the University of Maryland as Assistant Director for Testing and Research of the Counseling Center.

Davis G. Johnson, Ph.D., has been Assistant Director in charge of the Office of Student Studies and Services. This Office is responsible for all records and functions related to applicants and medical students. It also provides staff services for the AAMC Committee on Student Affairs, the Group on Student Affairs (GSA), and its several subcommittees. Effective July 1, 1967, the Office was reorganized into a Division of Student Affairs, under the directorship of Dr. Johnson.

EDUCATIONAL RESEARCH AND SERVICES

All staff members of the Division have contributed to the programs of this unit. Its major functions have been to promote and undertake research in the educational process, to collect and provide information on curricular changes, to provide consultation and assistance to medical schools in educational self-studies, and to develop objective criteria for the assessment of educational programs.

Annual Conference on Research in Medical Education.—The Fifth Annual Conference on Research in Medical Education was held on October 22 and 23, 1966. The Conference Proceedings along with the abstracts submitted for the Conference, were published as a special issue of *The Journal of Medical Education* (1). The Sixth Annual Conference will be conducted October 28-29, 1967.

The Annual Conference has served as the national forum for reporting and discussing the results of research in medical education. It has attracted the interest and contributions of research workers with backgrounds in medicine, education, medical care research, psychology, social psychology, and sociology.

The scope of research problems under attack in medical schools is reflected in the papers submitted for presentation. These encompass studies of attitudes, social class, interests, professionalization, cognitive abilities, academic performance, and career choice of medical students; the design and evaluation of new curricula, programs, or instructional methods; development of reliable and valid measures of performance; and studies of faculty attitudes and values. Especially encouraging is the increasing recognition of the relationship of research in medical education to research in the medical care process (2). The maturation and interaction of these research areas will provide an increasingly substantive base for the initiation of "new curricula" which have as their major purpose the provision of academic clinical experiences in the settings of patient care.

Conference on Preparation for the Study of Medicine.—One hundred individuals from selected undergraduate colleges and medical schools attended this Conference which was held April 9-12, 1967, at the University of Chicago, co-sponsored by the University of Chicago and the Division of Education. Robert G. Page, M.D., Associate Dean of the University of Chicago, was Chairman of the Conference, and Paul J. Sanazaro, M.D., served as Co-Chairman. Extensive survey data were collected in advance of the Conference. A summary of the Conference was published (3). The Proceedings, which will include data analyses, Conference presentations, and deliberations of the discussion groups, will be published by the University of Chicago Press (4). The Conference was supported by grants from the Markle Foundation and the National Science Foundation.

This workshop is the first of a projected series of efforts by the AAMC to facilitate the academic realignments of medical education made necessary by the changes in the content and teaching of medically related disciplines in colleges and universities. The implications of these changes and of the increasing numbers of advanced placements and honors and independent study programs have now been more clearly defined.

Research in medical education.—The Division has continued to compile and analyze descriptive and comparative information which permits a more direct assessment of educational programs in medical schools. By drawing upon studies which have been conducted under other auspices and by other divisions of the Association, the Division of Education has demonstrated that the educational process in medicine can be definitely and objectively characterized. A summary of the Division's experience with educational self-studies by medical schools has been published (5). The report illustrates the application of available data, research techniques, and educational self-study to the comprehensive analysis of an educational program. This report has been distributed to all schools of medicine, both in operation and in development, in the United States and Canada.

Committees on education in major disciplines are more actively assessing current goals and methods in teaching and the place of their programs in the undergraduate curriculum. Consultation has been provided by the Division upon request and presentations have been made at meetings (6, 7).

The changing curriculum continues to command increasing attention in medical education. Studies by the Division of the curriculum and its relation to learning have been reported (8, 9).

CORE PROGRAM

The Core Program was initiated in 1962 as an interdisciplinary effort in research directed to key issues in medical education. It was proposed in order to assist the AAMC in providing leadership in adapting medical education to its new societal, scientific, and professional responsibilities. Four projects have become operational.

Project A. Projection of future needs for physicians.—A long-range research plan was developed for the analysis of the multiple determinants of the nation's future needs for types and numbers of physicians. Utilizing the techniques of econometricians and medical care researchers, the purpose of the project is to identify the probable range of the U.S.A.'s future needs for physicians as influenced by known factors of utilization, payment, organization of practice, social characteristics, and varying compositions of health care teams in office, clinic, and hospital settings. To the extent the findings will be generalizable, more precise guidelines will be available for planning the modification and expansion of the system of medical education. The research is currently underway at the University of California at Los Angeles.

Project B. Criteria of performance of practicing physicians.—The purposes of this study are (a) to define the criteria of effective professional performance by physicians; (b) to develop measures of performance based on these criteria; (c) to apply these measures to a sample of physicians; (d) to correlate level of performance with personal, social, and educational variables; and (e) to compare the criterion dimensions with the content of the contemporary medical curriculum. This project is funded by the USPHS. Data collected from 2,500 practitioners are being analyzed.

Interim reports were presented in October, 1967 before the Medical Care Section of the American Public Health Association and the Sixth Annual Conference on Research in Medical Education of the AAMC during the Annual Meetings of both organizations (10, 11). A final report will be available in 1968.

Project C. Joint study of teaching programs in comprehensive medicine.—Operational definitions of "comprehensive medicine" have been derived from a critical incidents study based on teaching programs in 8 medical schools. Checklists based on these criteria were applied to a sample of students, but the data were insufficient to permit correlational analyses of the level of performance with attitudinal and biographical factors, as originally intended. A descriptive report will be published.

Project D. Research in patient care.—Stimulated by the enthusiastic response to the Division's Seminar on Research in Patient Care held in 1965 and by the increasing interest in the field of health services research, the Division of Education and the Division of Medical Care and Hospitals of the Johns Hopkins University School of Hygiene and Public Health cosponsored a Seminar on Health Services Research, held at Johns Hopkins, April 2-7, 1967. This Seminar was supported by a contract with the USPHS. The Seminar provided intensive consultation in specific areas of health services research, including research in medical education, for faculty members and selected administrators of medical care programs.

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OFFICE OF BASIC RESEARCH

Medical College Admission Test (MCAT) program.—A study of the effect of restriction of range artifacts in the interpretation of MCAT validity coefficients was published (1). An extension of the basic method employed in this study allowing determination of input-output differences involving MCAT and National Board data was presented at the Midwestern Psychological Association meetings (2). Technical reports were prepared to explain the nature of an artifactual shift in MCAT Quantitative Ability (QA) scores as a function of practice effects in the norming procedures used in test development (3, 4). Tables of adjusted QA scores for both national and regional samples were reported in the latest applicant study (5).

The Office of Basic Research also cooperated with the Association of Canadian Medical Colleges in adapting the MCAT for use by Canadian medical schools.

Studies on nonintellectual characteristics of medical students.—Analysis has progressed on the Longitudinal Study. The 1965 follow-up questionnaires obtained information on student career choice patterns and in addition involved the readministration of the Medical School Environment Inventory (MSEI). Information on the construct validity of this instrument was presented (6).

Analyses of data on the female subjects were made separately (7). These data should offer valuable supplementary information to that presented in the AAMC study of attrition, which is cited elsewhere in this report, and to the study of women in practice which is being conducted by the AAMC Division of Operational Studies.

The analyses of the Career Attitudes (CA) instrument are essentially completed, and indications are that the instrument is useful in distinguishing career groups. The CA was pretested in both U. S. and Canadian schools; a French version for use in Canadian schools was also pretested (8).

A symposium dealing with the measurement of career attitudes in a changing profession was organized by the Office of Basic Research, and presentations were made at the American Psychological Association meetings (9, 10).

Dr. Hutchins presented an additional paper at the American Psychological Association meeting (11) and also participated in a symposium on the measurement of student environment at the National Council of Measurement in Education (12).

Additional staff activities include Dr. Hutchins' participation in planning a multicultural study of medical students from the United States, Canada, and West Germany. Dr. Sedlacek has begun to develop a measure of student attitudes toward their role as students and has developed a measure of job satisfaction currently being employed in a study of the faculty at the University of Maryland School of Dentistry.

Cooperative projects and general support.—Consultations and dissemination of research data to schools and researchers have increased yearly. Excluding data compiled or disseminated as part of a major study, the Office of Basic Research filled approximately 100 requests for data or information from researchers and medical educators.

Office of Basic Research staff have participated in several major studies with other units of the AAMC. The AAMC Study of Medical Student Attrition has been completed and published, as noted in this report, by the Office of Student Studies and Services. Dr. Hutchins was co-author of this publication. Supplementary attrition tables are available (13).

Dr. Sedlacek cooperated with the Office of Student Studies and Services on a study of medical school acceptance dates which was reported at the last AAMC Annual Meeting (14).

Additional staff activities.—During the summer of 1966, Dr. Hutchins spent six weeks at the Center for Advanced Study in the Behavioral Sciences at Stanford doing research on student attitudes. Dr. Hutchins also participated in a faculty conference at the University of Toronto Medical School and in a panel on the uses of the MCAT in admissions and in research at the 1966 AAMC Annual Meeting.

In addition to those noted above, Dr. Sedlacek presented research papers at the Midwestern Psychological Association and American Psychological Association meetings (15, 16).

The Office of Basic Research was discontinued, effective October 1, 1967.

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OFFICE OF STUDENT STUDIES AND SERVICES

The major functions of the Office of Student Studies and Services are to conduct studies, to provide services, and to serve as staff in the areas of admissions and student affairs. Except for the attrition study, which is described below, this Office has received its total support from AAMC.

Student studies.—The major study conducted by this Office has been the Study of Medical Student Attrition, which has been supported by the Maurice Falk Medical Fund. The final report of this study, "Doctor or Dropout?: A Study of Medical Student Attrition," was published as a special issue of *The Journal of Medical Education* (1). Davis G. Johnson, Ph.D., Principal Investigator, and Edwin B. Hutchins, Ph.D., Co-Investigator, co-authored the publication.

Several Datagrams relative to medical school applicants (2) and to the undergraduate colleges from which they come (3, 4) were also prepared by this Office.

A number of special analyses were done relative to the potential applicant pool of newly developing and proposed medical schools. Most of the other studies conducted by this Office are outlined briefly under the heading "Staff services."

Student services.—This Office maintains complete and accurate records of medical school applicants and students as a basic service to medical schools. Based on

these central records, a substantial amount of informational exchange continued to be provided to all medical schools and to over 1,000 undergraduate colleges annually.

Major effort during the year was given to exploring the feasibility of developing a comprehensive system to improve the manpower records of applicants, students, alumni, and faculty of medical schools and schools of the other health professions. Funding for such a project has not been obtained.

A final aspect of student services was the not inconsiderable amount of correspondence and consultation with medical school applicants, premedical advisors, GSA members, and others.

Staff services.—The major staff effort of this Office is in planning and supporting GSA activities and projects. At the national level, much of this activity focused around preparing for and implementing the 1966 GSA annual meeting.

A revised directory of GSA members, which includes lists of its committee members, regional affiliations, schedules of meetings, and the newly-adopted GSA Bylaws, was published and distributed (5). Also prepared was an annotated bibliography on admissions and student affairs which has received wide distribution (6).

At the regional level, this Office coordinated the preparation of background references for consideration at the 5 GSA regional meetings and provided staff representation at most of these meetings. Among the items considered at the 1967 regional meetings were the release of MCAT scores, an early decision plan for admissions, a proposed Centralized Application Service, the National Intern Matching Program (NIMP), U.S. medical student experience abroad, and medical student health.

This Office also provided staff services for the GSA subcommittees. Under the auspices of the Committee on Relations with Colleges and Secondary Schools (William B. Kennedy, M.D., Chairman), the Directory of Premedical Advisors for 1965-66 was updated and that for 1967-68 was prepared. Two issues of *The Advisor* were distributed to approximately 1,100 premedical advisors and emphasized such topics as financial aid and foreign students (7, 8).

The Committee on Financial Problems of Medical Students (John Chapman, M.D., Chairman) has helped maintain liaison with the federal government on its scholarship and loan programs. The Committee also suggested revisions for the AAMC booklet, "Financing a Medical Education," which will be incorporated into the 1967-68 Admission Requirements Book.

The Committee on Student Aspects of International Medical Education (John S. Wellington, M.D., Chairman) has continued its studies of foreign students who enroll in U.S. medical schools and has developed a proposed questionnaire study of U.S. students going abroad for short-term study and research.

The Committee on Research on Student Affairs (James W. Bartlett, M.D., Chairman) has continued its consideration of student evaluation and started an intensive study of rejected applicants.

The Committee on Communication with Student Organizations (John H. Githens, M.D., Chairman) has represented the AAMC in communicating with the Student American Medical Association (SAMA) and other national student organizations.

The Committee on Medical Student Health (L. W. Earley, M.D., Chairman) has served as liaison with the American College Health Association and has con-

ducted an intensive questionnaire survey of medical student health policies and practices in all U.S. medical schools.

A new Committee on Medical Student Records (Schuyler G. Kohl, M.D., Chairman) was organized by the GSA and approved by the AAMC Executive Council as the appropriate AAMC Liaison Committee with the USPHS Office of Equal Health Opportunity. The Committee has proposed the development of a Centralized Application Service to reduce paperwork by applicants, registrars, and admissions staffs and to provide a better data bank for future research and feedback.

Additional staff services.—This Office has continued to provide staff service for other committees, most notably for the AAMC Committee on Student Affairs, which held 3 meetings during the period covered by this report and which sponsored a survey of the new method of distributing NIMP results. Substantial staff effort was also contributed to the MCAT Advisory Committee and to the previously described Conference on Preparation for the Study of Medicine.

Effective July 1, 1967, the Office of Student Studies and Services became the Division of Student Affairs. In addition to its ongoing responsibilities, the Division assumed the administration of the MCAT program, pending the proposed establishment of a new Office of Educational Measurement and Research.

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JOINT REPORT OF THE EDITOR AND EDITORIAL BOARD THE JOURNAL OF MEDICAL EDUCATION

JOHN A. D. COOPER, M.D., Ph.D.

The Journal of Medical Education published 2,017 pages of editorial material (including supplements) for the period from July 1, 1966 to June 30, 1967.

SPECIAL ISSUES

December, 1966.—Doctor or Dropout?: A Study of Medical Student Attrition.
March, 1967.—Proceedings of the Fifth Annual Conference on Research in Medical Education.

SUPPLEMENTS

July, 1966.—Examinations and Their Place in Medical Education and Educational Research. Report of the Fiftieth Anniversary Invitational Conference of the National Board of Medical Examiners, Philadelphia, Pennsylvania, March 5, 1965.

September, 1966.—Manpower for the World's Health. Report of the 1966 Institute on International Medical Education, Association of American Medical Colleges.

November, 1966.—Bibliography on Medical Education for 1964 and 1965.

June, 1967.—Bibliography on Medical Education for 1966.

EDITORIAL BOARD AND STAFF

Dr. John A. D. Cooper remained Editor of *The Journal*. Mrs. Rosemarie D. Hensel, formerly Assistant Editor, was appointed Managing Editor; and Mrs. Leah Simon, formerly Secretary, was appointed Editorial Assistant. Miss Carol A. Spears continued as Assistant Editor.

Dr. Robert Q. Marston resigned his Board position as of October 31, 1966. Dr. C. Arden Miller was appointed to a five-year term as of November 1, 1966. Members of the Editorial Board are to be commended for their excellent contributions to *The Journal*.

REPORT OF THE
COUNCIL OF ACADEMIC SOCIETIES

CHEVES MCC. SMYTHE, M.D.
Associate Director

The Council of Academic Societies (CAS) was authorized by the Institutional Membership at its October 24, 1966, meeting. Guidelines for the organization of the CAS were adopted by the Institutional Membership at this time. A preliminary preorganizational meeting was held on January 10, 1967. The following organizations were represented at this meeting:

American Academy of Microbiologists
Association for the Aid of Crippled Children
American Association of Anatomists
American Association of Chairmen of Departments of Psychiatry
American Society of Human Genetics
American Society of Pathologists and Bacteriologists
Association of Medical School Pediatric Department Chairmen
Association of Professors of Medicine
Association of Teachers of Preventive Medicine
Association of University Professors of Ophthalmology
Association of University Radiologists
Society of Surgical Chairmen
Society of University Otolaryngologists

This group voted to endorse the actions of the Association. Certain contradictions in the identification of faculty concerns with professional disciplines were

voiced. The dichotomy between professional interest and educational interest has marked all subsequent discussions about the CAS and its role during the year.

Based on instructions from the Institutional Membership and on impressions gathered at the meeting held January 10, 1967, 16 societies were recommended for membership in the CAS:

- American Association of Anatomists
- Association of University Anesthetists
- Association of Professors of Dermatology
- Association of Professors of Medicine
- Association of American Physicians
- Association of Professors of Obstetrics and Gynecology
- American Gynecological Society
- Association of University Professors of Ophthalmology
- Society of University Otolaryngologists
- American Association of University Professors of Pathology
- Association of Medical School Pediatric Department Chairmen
- Association of Teachers of Preventive Medicine
- Association of Chairmen of Departments of Psychiatry
- Association of University Radiologists
- Society of Surgical Chairmen
- American Surgical Association

These recommendations were approved by the Executive Council and were submitted to and approved by the Institutional Membership on February 12, 1967.

On April 20, 1967, the first meeting of the CAS was held. At this meeting the steps that had been taken in its formation to date were reviewed. Those present adopted the Guidelines as a working document until a formal constitution was adopted, and agreed that the CAS hold an all-day meeting on Friday, October 27, 1967, at which time a constitution should be adopted and officers and representatives of the CAS to the Executive Council should be elected.

The following additional societies were approved for recommendation to the Executive Council for membership in the CAS:

- American Society of Biological Chemists, Inc.
- American Academy of Microbiology
- American Neurological Association
- American Physiological Society
- American Association of Pathologists and Bacteriologists
- American Pediatric Society

Three committees were appointed at this meeting: Nominating and Credentials Committee, Agenda Committee, and Constitution and Bylaws Committee.

On May 16, the Executive Council accepted the recommendation that the 6 societies listed above be added to the CAS. This action was ratified by the Institutional Membership on May 17, 1967.

The Committees on Nominations and Credentials, Agenda, and Constitution and Bylaws have all acted during the year. A Constitution and Bylaws has been drafted by the committee and is to be submitted to the membership of the CAS on October 27, 1967.

The activities of the CAS and the regional program have cost \$15,268.00 during the year. They have been supported by a grant from the National Fund for Medical Education. The CAS has not yet identified its own sources of support.

REPORT OF THE COUNCIL OF TEACHING HOSPITALS

MATTHEW F. McNULTY, JR.

Director

This annual report of the Council of Teaching Hospitals (COTH) summarizes a period of formal organization, founding, and initial development. It has been a period of broadening identification within the AAMC. To an extent that has been limited only by the usual commitments to getting a completely new project started, it has also been a period of creating greater visibility on behalf of teaching hospitals and initiating representation to the informed public. Additionally, this year has been a period for discussion of organizational goals and program possibilities and for initiating several ongoing program activities. Finally, this has been a period for completing certain immediate objectives, while simultaneously accomplishing the development of a stable administrative apparatus upon which to build for years of future growth, in order that the teaching hospital members can contribute collectively through the COTH to the general health and well-being of the nation.

A SUCCESSFUL AND REWARDING PARTNERSHIP

The Association of American Medical Colleges is approaching its centennial anniversary. Founded in 1876 as the American Medical College Association, dedicated to reform in medical school educational endeavors, the Association was reorganized in 1890, assuming its present name. It is against this background of approximately ninety-one years of AAMC activity, history, and tradition that teaching hospital administrators are playing an increasingly active role related directly to the overall, general objectives of the AAMC and, within that framework, to the specific objectives of the member teaching hospitals.

Teaching hospitals are the setting in which a major part of medical education takes place. These hospitals are also the locus for much of the educational development of health care scientists and technologists in a variety of disciplines allied with medicine. Continuing education programs for physicians and other health care workers and teaching conferences are only 2 means by which this educational process is accomplished. Lectures by distinguished scientists from biomedical fields, from the physical and social sciences, and the humanities, open both to the scientific community and public-at-large; and publication of educational, clinical, and research experiences are 2 other ways in which teaching hospitals contribute specifically to the scientific community and to society generally, while concurrently, and primarily, providing excellence of patient care to a constantly increasing and varying universe of public demand.

It is important and significant to report on behalf of the mutually inclusive interests of medical schools and teaching hospitals, and the society that they are endeavoring vigorously to serve, that this year of formal partnership of teaching hospitals within the AAMC has been successful and fruitful. Through the support, counsel, and assistance of the AAMC officers, Executive Council, committee chairmen, and members and other leaders in the Association, and also through the excellent support of the AAMC Executive Director and the entire AAMC staff in Washington and Evanston, the partnership has developed effectively. Traditional concerns have not disappeared, as perhaps such concerns never do—but they have relaxed; fixed ideologies have been considered, discussed,

and reviewed for opportunity and, to an extent, accomplishment of greater flexibility. In all, partnership has now an effective meaning in terms of new and broadened perspectives and opportunities for the AAMC, for the medical school and teaching hospital institutions it represents, and for the public it seeks to serve.

In order for these qualities of breadth, and the opportunities they create, to become realities of accomplishment, major commitments of many resources by AAMC-COTH members and staff are needed so that it will be possible to focus broadly on the total health education, research, and patient service desires of society and not narrowly on subject matter that may affect only particular member institutions.

REPORT OF SPECIFIC ACTIVITIES

As its initial program activity, COTH participated with the Division of International Medical Education in the study of American medical graduates and foreign medical graduates in internship and residency teaching hospital programs. Subsequently, COTH cooperated in the design and conduct of a questionnaire survey of 239 nonfederal, U. S. COTH member teaching hospitals as a method of obtaining information concerning the modernization and expansion needs of teaching hospitals. The results of that survey have now been tabulated, examined in some measure, and reviewed by a COTH committee. Further examination and interpretation is in progress, preliminary to publication for COTH membership.

The compilation of membership data has now been accomplished and is reported in the membership roster which has been distributed. Initiation of information-gathering programs concerning COTH membership is being broadened from the developmental stage in order to accomplish, over several years, a profile of each member hospital and of teaching hospitals in general and eventually, to establish a clearinghouse of information concerning teaching hospitals generally, with specific emphasis on the members of COTH.

The Council has been very active in several specific studies and activities that could have a major influence on the future of teaching hospital institutions and both their internal and external relationships. The Yale-New Haven Cost Study continues under the guidance of a steering committee composed of representatives of the American Medical Association, American Hospital Association, and the AAMC. Although this study has been long in accomplishment, it now appears to be approaching completion and available for committee review and action. Another parallel activity is the Medical Center Cost Allocation Study Program, sponsored jointly by the Department of Health, Education, and Welfare and the AAMC. This study involves the study of existing methods of program cost determination, as well as the potential for development therefrom of refined methods in 7 major medical centers. The particular emphasis of the Council has been in relation to the activities of this study with regard to the hospital element of the program. In accord with both of these activities, the Council has established a Committee on Financial Principles for Teaching Hospitals, which will use data derived from these, as well as other studies, for its basis of deliberation and action.

The Council has continued to be actively engaged in deliberations relating to general and categorical clinical research centers, both with regard to the current standard reimbursement rate determination and the "recapture" activities of the National Institutes of Health (NIH) under direction from the GAO. Because

of certain recent events, most particularly, the issuance of Congressman Fountain's report, it now appears almost definite that NIH will have no recourse but to seek settlement for any difference between what was found at each institution under prevailing rate agreements and what each was paid under the earlier "85/15" formula. This is an area in which the Council shall continue to be interested and will be in touch with the membership as information and/or policy matters develop.

ORGANIZATIONAL DETAILS

The formative and developmental period of COTH included securing first temporary and then "median range" office facilities, recruitment of staff, acquisition of the office equipment and supply needs, and the other start-up details. The professional staff was increased to 3 during the administrative year, with Miss Grace W. Beirne joining COTH as Staff Assistant on April 1 and Fletcher H. Bingham, Ph. D., being appointed as Assistant Director on July 1. During the year, the median range office facilities were secured when COTH, in coordination with several other Washington activities of the AAMC, moved from initial temporary quarters (1501 New Hampshire Avenue, N.W.) to quarters at 1346 Connecticut Avenue, N.W., Washington, D.C.

DEVELOPMENT OF INSTITUTIONAL MEMBERSHIP

The institutional response to COTH has been most gratifying. To date, the membership totals 331 hospitals. Two hundred and twenty of these hospitals were nominated by a dean of a medical school. The remaining 111 were self-nominated as meeting the internship and residency requirements stipulated in the *Council of Teaching Hospitals Rules and Regulations*.

EXECUTIVE COMMITTEE AND OTHER COMMITTEE ACTIVITIES

In addition to the organizational activities previously mentioned in a broad sense, work has been done on the necessary framework and structure of COTH. The COTH Executive Committee met 5 times during the administrative year: October 24, 1966, January 11 and 12, May 11 and 12, September 14 and 15, and October 27, 1967.

Among other accomplishments, the Executive Committee approved the establishment of 2 additional committees. The first is the Committee on Financial Principles for Teaching Hospitals, which is charged with the responsibility of developing broad principles of a fiscal nature applicable to teaching hospitals. The second committee will function at this time at the subcommittee level and is entitled the Subcommittee on Modernization and Construction Funds for Teaching Hospitals. This latter committee will presently operate as a subcommittee of the COTH standing Committee on Government Relations. Both of these newly formed committees have completed organizational meetings. They are moving with deliberate speed toward the examination of their broad subject matter assignment for the subsequent development of recommendations.

In the 1968 year the Committee on Financial Principles intends to evolve a preliminary set of principles. COTH, through the Committee on Modernization and Construction Funds for Teaching Hospitals (established by the Executive Committee on October 30), intends to obtain maximum agreement on the need for replacement and modernization and take some steps toward methods of financing.

The previously mentioned Committee on Government Relations met once during the year and has reviewed federal legislative programs with regard to health

matters generally and teaching hospitals specifically. On April 11, 1967, the Committee met with the AAMC Committee on Federal Health Programs so that COTH activities would be in consonance with the total AAMC goals and programs. The goal of a combined Committee on Federal Health Programs, representing COTH and the other elements of the AAMC, is being pursued.

COORDINATION AND COOPERATION WITH OTHER AGENCIES

In order to provide effective coordination and vigorous cooperation with the AHA, the COTH-AHA Liaison Committee met twice during the year for exchange of information and relating of activities.

The Council of Teaching Hospitals has recognized the interest and growing participation of the directors of medical education in COTH and AAMC activities. In order to explore areas of mutual interest that exist between directors of medical education and teaching hospitals, COTH established informal relations with the Association of Hospital Directors of Medical Education with the approval of the COTH Executive Committee. This informal relationship will be continued.

COTH REGIONAL MEETINGS

A final indication of the development of organizational momentum is reflected in the 3 regional meetings held during the year for COTH members. These meetings were for the Southern, the Northeastern, and the joint Midwest-Great Plains Regions. Because of unforeseen conflicts, the Western Region members agreed that a meeting this year was too difficult to schedule. The attendance at these meetings was excellent. The discussion was both vigorous and productive. There was a general consensus in each region that a target of 2 such meetings be held each year in each of the regions, commencing with 1 scheduled meeting in 1968 and 2 scheduled meetings in 1969 and thereafter. COTH staff is now in the preplanning stage for the first round of these meetings to be held early in 1968. A general summary of the discussions at each of the fall meetings is being distributed to all COTH members.

COTH COMMUNICATION MEDIA

In an effort to disseminate effectively information, data, and ideas to the COTH membership, an intensive communication series has been initially developed and is now operational. A memoranda series, including the General Membership Memoranda, the Special Membership Memoranda, the Regional Membership Memoranda, and the Executive Committee Memoranda, has been devised to apprise either the total COTH membership or specific elements within that total membership of ideas, occurrences, or events of interest. Additionally, the COTH Report and COTH Profiles publications have a twin mission. The COTH Report is primarily directed toward supplementing the memoranda series by providing, in another format, timely items related to teaching hospitals. COTH Profiles will report the results of significant research as it is accomplished by the COTH staff.

EDUCATIONAL EXHIBITS

Through the excellent cooperation of the organizations indicated, the Council of Teaching Hospitals this year sponsored 3 educational exhibits for the 1967 AAMC Annual Meeting. These booths were under the sponsorship of the Professional Activity Studies Program of The Commission on Professional and Hospital Facilities, the Hospital Administrative Services Program of the American

Hospital Association, and the American College of Hospital Administrators. The Book Fair of the American College of Hospital Administrators was particularly appropriate for all individuals engaged in administration of education and health services. The Book Fair represented one of the most complete libraries available on administrative and organization theory.

CONTINUED ORGANIZATIONAL DEVELOPMENT

In regard to the development of a research capability for the COTH office, several discussions with representatives of the U. S. Public Health Service indicate opportunity for future exploration. Although there is nothing definite to report at this moment, the COTH staff is interested in developing a relatively sophisticated degree of research capability in order to better identify, and subsequently relate, the particular social responsibilities of teaching hospitals.

In the introduction of this report, it was indicated that during this first year of active COTH staff program activity, there was a declining emphasis on the organizational development and an increasing emphasis on the onset of representation and "voice" projection in some of the many areas of urgent need (as the availability of a small staff permits); the examination of specific subject matter areas (the foreign medical graduate and the modernization and expansion cost studies), and recommendation therefrom of position and action courses, among other activities of the "tooling-up" phase of growth. As the Council approaches the threshold of the programmatic developmental stage, it will be necessary to delineate the parameters of interest in order to provide continual guidance to the program content. The Executive Committee has already directed thought to the definition of these dimensions and to the continuing reappraisal that will be necessary.

Administrative streamlining, as well as priority scheduling, will be necessary. It is too early yet to make conclusive decisions. It is possible to identify, however, the developing trends which indicate clearly that if any proportion of the many opportunities and needs coming to the attention of COTH offices are to be affirmatively and intelligently exploited, then the possibility of a more adequate resource base is a consideration, but one that can be pursued more thoughtfully and thoroughly in subsequent months of experience and evaluation.

RECOGNITION

This report would not be complete without emphasizing to the COTH membership the attention to responsibility, dedication of time, and outstanding leadership provided during this first formal year of COTH by the Officers, Executive Committee, and Committee Chairmen and members. It was a year of excellence!

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE, M.D.
Chairman

The Committee on Medical Education for National Defense (MEND) met 2 times during the past year: during the AAMC annual meeting in San Francisco, California, in October, 1966, and during the AMA meeting in June, 1967, in Atlantic City, New Jersey.

These meetings were attended by representatives of the Federal MEND Council, made up of representatives of the Armed Forces medical departments, the U. S. Public Health Service, Civil Defense, and Department of Defense, as well as the AAMC Committee. In each instance the current programs of medical education for national defense were reviewed and discussions held on their effectiveness. The National Coordinator for the Federal Services, Colonel David M. Tormey, presented the planned programs and the fiscal support anticipated for both the medical school phase and the federal side of the programs.

The MEND program has continued as a planned presentation of medical problems important in national defense and the solutions to these problems as presently available to the defense establishment. Wherever it is appropriate, the progress being made by research in improving the solution to medical problems of importance in national defense is included in the symposia attended by medical school faculty and students.

The method of utilization of this information by medical school faculty in the educational programs of the medical school is left up to the individual medical school under the leadership of the school's MEND coordinator.

A January, 1967, national meeting of MEND coordinators held in San Juan, Puerto Rico, was attended by 150 participants representing 86 of the 89 schools. This meeting provided a forum for the exchange of ideas between coordinators. It also provided an opportunity for coordinators and medical school deans to have presented to federal authorities questions on MEND activities that needed clarification. It is believed these discussion periods were valuable in improving the understanding of MEND aims and policies as well as developing better approaches to the teaching of MEND subjects.

ACTIVITIES FOR 1966-67

The MEND coordinator reported the following activities:

The attendance of faculty at MEND symposia and courses has been as follows:

| Course | FY 64 | FY 65 | FY 66 | FY 67 |
|---------------|-------|-------|-------|-------|
| Symposia | 395 | 553 | 965 | 808 |
| Short Courses | 114 | 68 | 187 | 261 |
| Mass Casualty | 209 | 211 | 230 | 240 |

Other activities include:

1. Distribution to medical schools of 10,000 copies of the Mass Casualty Text; copies of Accidental Death and Disability (NAS-NRC); and Research on Malaria (WRAIR).

2. Showing of 2 MEND-sponsored films on "Emergency Care of the Injured Patient," to MEND coordinators at the San Juan meeting.

3. Assisting school coordinators with planning of local meetings.

4. Establishing contact with 8 developing medical schools: University of California, Davis; Rutgers; Texas-San Antonio; Arizona; Mount Sinai; Connecticut; Pennsylvania State; Brown.

PLANS FOR 1967-68

Symposia.—The following symposia have been scheduled:

1. Military Medicine in Vietnam (Student Symposium)—October, 1967, Washington, D.C.

2. Human Response to Disasters—December, 1967, Columbus, Ohio.
3. Burns—February, 1968, San Antonio, Texas.
4. Environmental Stresses—May, 1968, Natick, Massachusetts.

Short Courses.—Spaces for 311 medical school faculty have been obtained in 15 short courses.

Mass Casualty Course.—There will be 150 faculty spaces in the course which is to be held March, 1968, at Fort Sam Houston.

Budget.—The budget for fiscal year 1968 is \$1,056,000. The average per school is \$11,000. This represents an increase of \$140,000 over the fiscal year 1967.

REPORT OF THE COMMITTEE ON STUDENT AFFAIRS

JOSEPH J. CEITHAML, Ph.D.
Chairman of the Committee

DAVIS G. JOHNSON, Ph.D.
Secretary to the Committee

The Committee on Student Affairs has continued to function primarily as an Executive Committee for the AAMC Group on Student Affairs (GSA), which is composed of persons designated by the deans of the medical schools as the schools' representatives in the areas of admissions and student affairs.

MEETINGS AND RECOMMENDATIONS

The Committee on Student Affairs held meetings on October 20 and 23, 1966, in San Francisco and on February 12, 1967, in Chicago. At the October 23 meeting, the following recommendations from the GSA were formally approved by the Committee on Student Affairs and were then transmitted to the AAMC Executive Council:

1. That the AAMC do all in its power to encourage the continuation of the present direct system of funding the Health Professions Educational Assistance Act medical student loan program rather than the new and more complicated financing methods, which do not appear to offer any advantages over the present system.

2. That the AAMC take appropriate steps to procure from the highest authorities in Washington a clear directive to Selective Service Local Boards differentiating the status of students of the Healing Arts from that of other graduate students, to assure the deferment of all accepted and enrolled medical students.

3. That the AAMC communicate to the National Intern Matching Program (NIMP) the concern of GSA about the proposed changes in transmitting the results of the Matching Plan to the medical schools, urging that (a) if possible, a return be made in 1967 to the procedures formerly employed; (b) if the proposed new procedures are employed, arrangements will be made which will insure delivery of the Matching results to the medical schools not later than 7:30 A.M. local time on Monday morning; and (c) consideration be given to representation of the AAMC Group on Student Affairs on the NIMP Board.

The committee also established a new GSA Committee on Medical Student Records and recommended to the AAMC Executive Council that this new committee be designated as the official AAMC liaison committee with the Office of Equal Health Opportunity of the U. S. Public Health Service.

All 4 of these recommendations were subsequently acted upon favorably by the Executive Council and resulted in obtaining GSA representation on the NIMP Board (by Dr. Joseph J. Ceithaml) and in increased aid from the National Advisory Committee to Selective Service in securing deferment for medical students whose draft status was in question.

OTHER ACTIVITIES

Through its chairman, the committee proposed the release of Medical College Admission Test (MCAT) scores to applicants and requested a recommendation from the membership of the 5 GSA regional groups. (Subsequently all 5 regional groups approved the release of MCAT scores by a total vote of 81 to 3 and the AAMC Executive Council was notified of the GSA's recommendation for release of the scores to applicants beginning with the May, 1968 administration of the MCAT.) In addition, the committee submitted other agenda items for the 5 GSA regional meetings and planned the program for the 1967 national meeting of the GSA.

The Committee on Student Affairs and the 7 standing committees of the GSA have worked closely with and received staff assistance from the AAMC Office of Student Studies and Services. Details concerning these activities may be found in the Joint Report of the Committee on Research in Education and the Division of Education (See pages 630-638).

REPORT OF THE EDUCATION ADVISORY COMMITTEE TO THE VETERANS ADMINISTRATION

S. RICHARDSON HILL, M.D.
Chairman

The first meeting of the Advisory Subcommittee on Programs for Exchange of Medical Information of the Special Medical Advisory Group (SMAG) of the Veterans Administration (VA) was held on July 26, 1967, in the VA Central Office. A summary of that meeting was prepared by Mr. Clyde J. Lindley, Executive Secretary, Special Medical Advisory Group. Mr. Lindley's summary, which follows, is presented as the Report of the AAMC Education Advisory Committee to the Veterans Administration.

REPRESENTATIVES PRESENT

Subcommittee Members:

- Dr. S. Richardson Hill, Jr., Dean, Medical College of Alabama
(Chairman)
- Dr. Granville A. Bennett, Dean, University of Illinois College of
Medicine
- Dr. Roger O. Egeberg, Dean, University of Southern California
School of Medicine

Dr. Hayden C. Nicholson, Vice President for Medical Affairs and
Dean School of Medicine, University of Miami
Dr. Barnes Woodhall, Vice Provost for Medical Affairs, Duke
University Medical Center

Veterans Administration:

Mr. W. J. Driver, Administrator
Dr. H. M. Engle, Chief Medical Director
Dr. O. T. Skouge, Deputy Chief Medical Director
Dr. O. K. Timm, Assistant Chief Medical Director for Professional
Services
Dr. B. B. Wells, Assistant Chief Medical Director for Research
and Education in Medicine
Dr. E. Dunner, Special Assistant to Assistant Chief Medical
Director of Research and Education in Medicine
Dr. H. M. Schoolman, Director, Education Service
Dr. L. M. Bernstein, Director, Research Service
Dr. C. A. Rosenberg, Assistant Director, Education Service
Mr. C. J. Lindley, Executive Secretary, Special Medical Advisory
Group

Association of American Medical Colleges:

Dr. Robert C. Berson, Executive Director

Committee member, Dr. George James, Dean, Mount Sinai School of Medicine,
was not present.

FUNCTIONS OF COMMITTEE

Dr. Hill, Chairman, reviewed the 3 functions of the Committee. The first is a legal function in connection with P.L. 89-785. Under this authority, the Committee makes recommendations to the Administrator and Chief Medical Director relative to grants to medical schools, hospitals, and research centers, about the exchange of medical information. Congress appropriated \$3 million for this purpose for each of four fiscal years effective July 1, 1967. In the apportionment process, the President's budget provided \$1 million for this purpose.

The Committee will also function as the Education Advisory Committee to the Department of Medicine and Surgery. In this capacity the Committee will advise the Director, Education Service, and the Chief Medical Director about all other aspects of the education and training program not directly related to the grants program.

The Committee will also serve a third purpose which is a liaison function on educational matters of mutual concern to the VA and the Association of American Medical Colleges (AAMC). The nominations for membership on the Committee were approved by the AAMC. Thus, the Committee will assume the functions of the former AAMC Committee on Medical School-VA Relationships.

By virtue of this Committee serving 3 functions, it will be possible to cover the total range of education and training activities of the VA. The Committee will be in the unique position to advise the Executive Council of the AAMC, the membership of the AAMC, and the leadership of the VA, about the medical program and matters dealing with relationships with medical schools. It will also serve to advise the AAMC Committee on Federal Health Programs of important legislative matters that should be brought to its attention.

REVIEW OF PUBLIC LAW 89-785

The first item of business of the Committee was to review P.L. 89-785, the so-called Omnibus Bill. There are several portions of this Bill which are of significance:

Training and education of health service personnel.—Section 101 has the primary purpose of recognizing education as a function of the Department of Medicine and Surgery of the VA along with both medical research and the care and treatment of patients. It was recognized that the VA has engaged for a number of years in the teaching of health personnel, but this activity had never received statutory recognition. While the Bill stresses that the basic mission of the VA Department of Medicine and Surgery is the medical care and treatment of veterans, it also recognizes that if the VA is to continue to improve the high quality of medical care which it has achieved, it is essential that an environment conducive to teaching, learning, and research be maintained in the VA system of hospitals and outpatient clinics.

The Chief Medical Director stated that the VA can increase its training programs significantly in the future if appropriate budgetary support is forthcoming. Furthermore, there have been indications that the Congress will be receptive to considerable expansion of the training program for Fiscal Year 1969. The Committee indicated that enthusiasm throughout the country was very high about potential contributions that the VA can make in training health manpower personnel throughout the country. The Committee further indicated that the total problem of health education was one of the most critical problems in the health field today and expressed the desire that the VA proceed with every possible mechanism to increase the numbers of people in the health manpower field.

Special Medical Advisory Group and other advisory bodies.—Section 109 of P.L. 89-785 deals with the SMAG and other advisory bodies. The second part of this Bill provides a statutory recognition of the "Deans Committees" and other medical advisory committees that have been in existence in the VA medical program. There was some confusion concerning the reason that this particular portion of the Bill was passed by the Congress. Most of the confusion related to the fact that the Bill states that the Administrator "shall establish an advisory committee, that is, Deans Committee, medical advisory committee, or the like." It was pointed out that this, in reality, is no change from existing policy. Although the Bill states that this is a function of the Administrator, the Administrator delegates these functions to the Chief Medical Director; and prior to the passage of P.L. 89-785, members of Deans Committees were appointed by the Chief Medical Director on nominations from the deans concerned. There are no plans to change these procedures as a result of this legislation. The Bill does provide that members of such advisory committees shall include personnel from the VA hospital as well as from the institutions with which the department enters into contract or agreement. The VA is developing a manual change to provide that the hospital director and/or chief of staff would be ex officio members of the Deans Committees.

Contracts for scarce medical specialist services.—Section 112 deals with contracts for scarce medical specialist services. The purpose of this particular section was to legalize and largely duplicate authority which the VA now has. This

would make it easier to extend contracts to other areas as the need arises. However, the intent of the law to provide for contracts with medical schools and clinics for scarce medical specialist services at VA facilities should serve a useful purpose in enhancing the VA-medical school relationships. The VA has issued instructions related to this particular portion of the law which establishes certain criteria relative to developing contracts. Basically, there has to be a definite need for the specialized medical services for which the use of conventional employment authorities has been unsuccessful. The VA has issued directives indicating that the Hospital Director would have to finance such contracts within the station's primary fund allocation. Nothing in this regulation can be used to circumvent current federal rules and regulations on current employment practices and compensation. In effect, what the VA is attempting to do is to protect the employment rights of its full-time, part-time, attending, or consulting staff.

Sharing of medical facilities, equipment, and information.—Section 203 of P.L. 89-785 relates to sharing of medical facilities, equipment, and information. The Committee focused discussion on sharing of medical information with which it is specifically concerned as the Advisory Subcommittee on Programs for Exchange of Medical Information of SMAG. This section of the Bill indicates Congressional recognition of the fact that there is a widening gap between the availability of medical knowledge and its application in medical practice. This is true partially because necessary costly and highly sophisticated techniques and resources are not universally available. Also, a significant time lag exists between the development of new techniques in the medical centers and the learning and utilization of these techniques in medical facilities remote from the medical center. In order to solve this problem for the VA, the VA must contribute to the possible solutions for the community-at-large. The Bill provides means of accomplishing these objectives through sharing of specialized medical resources and through a program of exchange of medical information.

It was felt noteworthy that the Bill itself indicated that through agreements with medical schools, hospitals, and research centers, the purpose was to create at each VA hospital an environment of academic medicine. The grant program authorized by this public law has been established to facilitate new approaches to the most effective way to utilize all of the medical information that is available in a medical center so that this can be used by all and shared even with medical facilities located in more remote areas.

In the first fiscal year the grant program will be initiated and developed in selected locations throughout the United States upon recommendations by Central Office staff to the Committee, based on their knowledge of these institutions and potential contributions. Each such project must be approved by the Committee. In the future a different mechanism for handling grants will likely evolve, probably at the next meeting of the Committee. The reason for this approach in the first year is that available funds are so limited that the VA would not be able to fund proposals if there were an active seeking of grants by publicizing this matter. There is precedent for such a procedure in other federal agencies that grant funds—the National Institutes of Health has used this approach in initiating some of its programs by itself approaching institutions about establishing pilot programs. It was agreed that the Deans Committees should know about this and understand that there was no attempt to control this program directly

from the Central Office. Rather it was felt that through the resources of the Committee members and the Central Office staff that we are already aware of the locations where pilot programs may be initiated, and that we can select others as necessary.

Several suggestions were made relative to the use of videotape and having it made available to a large number of VA hospitals. Closed-circuit, audiovisual, two-way communication was also considered, both between the VA hospital and the medical schools and within a VA hospital. Consideration was also given to the possibility of investigating organizational concepts. A pilot program might involve changing the organizational relationships of hospitals with respect to the community or some medical centers. Plans to incorporate VA hospitals into the total regional complexes for training and care might be an example. Consideration was also given to the investigation of functional concepts. One example is utilizing modern data transmission which might provide major laboratory support for a number of hospitals simultaneously. The total function of the hospital might be altered so that it might become a research and teaching center for chronic care.

There was concurrence in principle by the Committee that these approaches should be developed, utilizing the initial funds allocated under the law.

COMPREHENSIVE HEALTH PLANNING

The Committee expressed concern that there was no specific mention made of the VA hospital system when Dr. Cavanaugh talked to the AAMC at its interim meeting in Chicago about comprehensive health planning as it related to the medical schools. It was suggested that in the dissemination of knowledge about comprehensive health planning someone from the VA Central Office should contact Dr. Cavanaugh to assure the VA system is included as an integral part.

REGIONAL MEDICAL PROGRAMS

The Committee discussed the section of P.L. 89-785 relating to coordination of programs carried out under the Heart Disease, Cancer and Stroke Amendments of 1965. The VA has been invited to participate in meetings of the Advisory Council of the Division of Regional Medical Programs and active communication has been carried on between USPHS and the VA. The VA has also sent letters to all of its hospitals encouraging their participation in the planning phase of the local regional medical program. It appears that the existing approved programs have, in one way or another, at least listed the VA hospitals as a regional health care resource in the region. It is recognized that the degree of participation has varied enormously from very little participation to a VA hospital director being the chairman of the committee for the regional medical program in his area.

The Committee discussed the implications of the recent P.L. 90-31 which amends Title 5 of P.L. 89-239 to permit direct grants by the USPHS "for research, training, or demonstration project grants . . ." to VA hospitals under the same terms and conditions for such grants as apply to nonfederal institutions. Many of the VA hospitals throughout the country feel that under P.L. 90-31 they have good projects ready to submit that relate to various aspects of the regional medical programs which would be beneficial to the regional medical schools and the hospital. It was pointed out that no guidelines have been developed by the

USPHS concerning the implementation of P.L. 90-31. The Committee agreed that there was not the slightest doubt that it was the wish of the Congress that the VA be included in the Regional Medical Programs operations and the Committee enthusiastically supported this position.

INFORMATION TO DEANS AND VICE-PRESIDENTS FOR HEALTH AFFAIRS

The Committee indicated that its deliberations could serve as an excellent means of communication with the deans and vice-presidents for health affairs around the country. There is a need for continuing information of this type to be circulated. It was felt that such materials should represent a summary of the deliberations of the Committee. Dr. Robert Berson, who was present for the discussion concerning liaison activities with the AAMC, concurred in this endeavor and offered the services of his office to serve as a medium for exchange of such information. The Committee asked Mr. Lindley to prepare a summary statement which might be used by the AAMC staff to publish information in the pink sheet memorandum to their deans prior to the AAMC annual meeting in October. Summaries of meetings would be circulated to the Chairman beforehand for his comments, advice, and approval. In this manner, the communication to the AAMC members would be from the Committee itself. From time to time, as necessary, supplemental information concerning education and training activities and other items of significance could be made available by the Executive Secretary, SMAG, to the AAMC for dissemination.

REMUNERATION FOR TEACHING

The Chairman discussed a letter from Dr. Kenneth Castleton of Utah, which had been transmitted by Dr. Berson. Dr. Castleton had indicated that he did not understand that portion of VA Circular 00-67-12 which stated, "that the teaching process may include teaching rounds, but not rounds for patient care." The question was how can one identify a portion of funds used for teaching and that part which is used for patient care. It was pointed out by the Chief Medical Director that this language of the instructions was necessary to satisfy legal requirements of the law concerning dual compensation making it illegal for an individual to be paid twice for the same service. Though it is realized that this is difficult to define, it is the only way to satisfy this requirement of the law.

Dr. Castleton also raised questions concerning the form that has to be filled out to identify specific hours that are to be spent on a weekly basis on teaching. This form is also a requirement related to the dual compensation laws and constitutes documentation certifying that time devoted to teaching is over and above full-time VA responsibilities and that teaching compensation from outside sources is for services other than those for which VA compensation is paid.

It was stressed that the change of policy allowing physicians to be remunerated for teaching by the medical school was precedent-shattering—a very progressive step, and then to allow payment for teaching that was going to be conducted within the VA hospital was again a major step forward.

PLANS FOR FUTURE MEETINGS OF THE COMMITTEE

Plans were discussed for the next meeting which would include review of program plans and developments proposed by the VA for Fiscal Year 1969. In

this connection, it was emphasized that construction needs for education should deserve a high priority. It was pointed out that there is a time lag for major construction items, and only the cost of minor alterations could be included in the Fiscal Year 1969 budget. It was agreed that the next meeting would be held on October 27 in conjunction with the annual meeting of the AAMC.

TERM OF OFFICE

There was concurrence that a staggered system be developed for term of office for Committee members. It was agreed that this could be worked out in cooperation with Dr. Berson by the Executive Secretary of SMAG.

REPORT OF THE LIAISON COMMITTEE ON MEDICAL EDUCATION

CHEVES MCC. SMYTHE, M.D.
Associate Director

The Liaison Committee on Medical Education is a joint committee of the Executive Council of the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association. This report covers its activities from September, 1966, through August, 1967.

MEMBERSHIP

Membership from AAMC has been Robert B. Howard, M.D., University of Minnesota; William N. Hubbard, Jr., M.D., University of Michigan; John Parks, M.D., George Washington University; Thomas B. Turner, M.D., Johns Hopkins University; and Robert C. Berson, M.D., Executive Director, AAMC (Staff).

Membership from the AMA has included E. Bryce Robinson, Jr., M.D., Lloyd Noland Hospital, Fairfield, Alabama; Kenneth C. Sawyer, M.D., Denver, Colorado; William R. Willard, M.D., University of Kentucky, Lexington, Kentucky; W. Clarke Wescoe, M.D., University of Kansas, Kansas City, Kansas; and Walter S. Wiggins, M.D., AMA (Staff).

W. Clarke Wescoe, M.D., served as Chairman of the Committee; Cheves McC. Smythe, M.D., was Secretary from September, 1966, through December 31, 1966; C. H. William Ruhe, M.D., is Secretary through 1967.

SURVEYS DURING 1966-67

In 1966-67 surveys of 14 established medical schools were carried out. Seven of these were resurveys, scheduled in somewhat less than the usual period of eight to ten years. The programs of all schools surveyed were approved.

Albany Medical College of Union University
University of Arkansas School of Medicine
University of California, California College of Medicine
University of California School of Medicine, Los Angeles
University of Chicago School of Medicine
Dalhousie University Faculty of Medicine
George Washington University School of Medicine
Medical College of Georgia
Loma Linda University School of Medicine
University of Manitoba Faculty of Medicine

Meharry Medical College School of Medicine
 University of Nebraska College of Medicine
 University of Southern California School of Medicine
 University of Virginia Medical School

Visits of one to two days were paid to the New Jersey College of Medicine and Dentistry, Jersey City, New Jersey; Brown University, Division of Biological and Medical Sciences, Providence, Rhode Island; Mount Sinai School of Medicine, New York, New York; University of Sherbrooke, Faculty of Medicine, Sherbrooke, Quebec, Canada; Milton S. Hershey Medical Center, Pennsylvania State University, Hershey, Pennsylvania; University of California, Davis, California; Louisiana State University Medical Center, Shreveport, Louisiana; McMaster University, Hamilton, Ontario, Canada.

The majority of the above visits were in connection with the progress of these developing medical schools. The course of development was approved in each instance, and the role of the Liaison Committee in rendering assistance to these institutions is reaffirmed.

Five groups interested in developing medical schools were visited at their request:

Appalachian Regional Center for the Healing Arts, College of Health, East Tennessee State University, Johnson City, Tennessee
 City of Hope Medical Center, Duarte, California
 University of Tennessee Medical Center, Knoxville, Tennessee
 Tulsa County Medical Society, Tulsa, Oklahoma
 University of Nevada, Reno, Nevada

Staff consultation visits were paid to the New York Medical College, New York University, and the Chicago Medical School.

SURVEYS SCHEDULED 1967-68

The schedule for the 1967-68 academic year includes accreditation visits to the developing medical schools of the University of Arizona; the University of Hawaii; Michigan State University College of Human Medicine; Louisiana State University Medical Center, Shreveport School of Medicine; the University of California, Davis; Rutgers University College of Medicine; the University of Saskatchewan College of Medicine; and the University of Sherbrooke Faculty of Medicine.

Regular visits are scheduled for the following schools for 1967-68:

Albert Einstein College of Medicine
 University of Colorado School of Medicine
 Columbia University College of Physicians and Surgeons
 Jefferson Medical College of Philadelphia
 Johns Hopkins University School of Medicine
 University of Kansas School of Medicine
 University of Michigan Medical School
 Vanderbilt University School of Medicine
 Washington University School of Medicine

EXPANSION GRANT APPLICATIONS

During the past year, expansion grant applications were reviewed for the following schools:

Case Western Reserve University School of Medicine
 University of California, San Francisco School of Medicine

George Washington University School of Medicine
Medical College of Georgia
University of Iowa College of Medicine
University of Maryland School of Medicine
University of North Carolina School of Medicine
Medical College of South Carolina
Medical College of Virginia

MEETINGS

Meetings of the Liaison Committee were held on March 31, 1967, and June 30, 1967. In addition to completing routine business, efforts were made to define further the purposes for this committee, to define what role if any the committee has in accreditation of animal facilities, to strengthen its liaison with the Association of Canadian Medical Colleges, and to reassess usage of the terms "Public" and "Confidential" Probation. No conclusions on these issues are ready for presentation to the Institutional Membership of the Association of American Medical Colleges.

REPORT OF THE MCAT ADVISORY COMMITTEE

DAVIS G. JOHNSON, Ph.D.
Acting Secretary to the Committee

PAUL J. SANAZARO, M.D.
Chairman of the Committee

During the past year, the MCAT Advisory Committee was a subcommittee of the AAMC Committee on Research in Education. Members of the MCAT Advisory Committee were as follows: Dr. James W. Bartlett, Rochester; Dr. John L. Caughey, Jr., Case Western Reserve; Dr. Joseph J. Ceithaml, University of Chicago; Dr. Roy K. Jarecky, Kentucky; Dr. Schuyler J. Kohl, SUNY-Downstate; Dr. Woodrow W. Morris, Iowa; Dr. Paul J. Sanazaro, AAMC, Chairman; and Dr. William Schofield, Minnesota. From the AAMC, Drs. Edwin B. Hutchins and Davis G. Johnson also served as ex officio members.

Committee meetings were held on December 12, 1966, and on February 10 and May 11, 1967. Major committee actions and activities during the year include the following:

1. The committee recommended that it be made a full standing committee of the AAMC rather than a subcommittee of the Committee on Research in Education.
2. The committee recommended that the AAMC should employ a full-time Director of the MCAT Program and helped recruit for this position.
3. The committee sponsored a study of the feasibility of the administration of the MCAT being taken over entirely or in part by the AAMC.
4. The committee approved financial support from MCAT funds for a joint project between the AAMC and the Association of Canadian Medical Colleges to develop a Canadian MCAT. This would include elimination of culturally biased items, translation of the test into French, and development of Canadian norms.
5. The question of special placement tests for medical school applicants was considered, and an exploratory meeting was held with the National Board of

Medical Examiners. Questionnaire data from the medical schools indicated a fair amount of interest in the possible development of such tests, probably starting with a pilot study in biochemistry.

6. The committee reviewed reports from The Psychological Corporation concerning the October, 1966 and the May, 1967 test administrations, including the results of experimental tests in science problem-solving, the Biological Sciences Curriculum Study (BSCS) test, and a Commission on Undergraduate Education in the Biological Sciences (CUEBS) test in the biological sciences.

7. The committee approved the administration of a special questionnaire on "Preparation for the Study of Medicine" to all those taking the MCAT during 1966-67.

8. The committee recommended the release of MCAT scores to applicants starting with the spring of 1968 and took preliminary steps to devise materials for reporting such scores to applicants if and when such score release should be approved by the AAMC. The question of a possible increase in MCAT fees from \$15.00 to \$20.00 per applicant was also considered and eventually recommended. (Both of these recommendations were subsequently approved by the AAMC Executive Council.)

9. The MCAT Handbook was revised by William E. Sedlacek, Ph.D., under the auspices of the committee (1).

10. The committee considered the implications for the MCAT of a possible Centralized Application Service which might involve the gathering of more extensive biographical and transcript data in conjunction with the MCAT administration.

REFERENCE

1. SEDLACEK, W. E. (Ed.). *Medical College Admission Test Handbook for Admissions Committees* (Second Edition). Evanston, Illinois: Association of American Medical Colleges, 1967.

REPORT OF THE NOMINATING COMMITTEE

REGINALD H. FITZ, M.D.

Chairman

President-Elect: Robert J. Glaser, Stanford University

Executive Council: Merlin K. DuVal, University of Arizona, 1970

Robert H. Felix, Saint Louis University, 1970

T. Stewart Hamilton, Hartford Hospital, 1970 (COTH)

Russell A. Nelson, Johns Hopkins Hospital, 1969 (COTH)

Harold H. Hixson, University of California Hospitals,
1968 (COTH)

Thomas D. Kinney, Duke University, 1969 (CAS)

Jonathan E. Rhoads, University of Pennsylvania, 1969 (CAS)

Eben Alexander, Jr., Bowman Gray, 1968 (CAS)

Daniel C. Tosteson, Duke University, 1968 (CAS)

At the Seventy-Eighth Annual Business Meeting, on motion, seconded and carried, these nominations were accepted.

REPORT ON REGIONAL ORGANIZATION OF AAMC*

On July 19, 1966, the Institutional Membership heard a recommendation from the deans of the southeastern medical schools calling for establishment of a formal regional organization within the AAMC. The following principles were accepted: (a) that a formal regional organization of the Institutional Membership should be established, and (b) that membership on the Executive Council should be reconstituted so as to be representative of the regions.

At the annual meeting on October 24, 1966, the Institutional Membership adopted a formal statement identifying the major purpose of the regional organization as follows:

Purpose.—The major purpose of regional meetings of the Institutional Members of the Association shall be to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion of such issues at the national level. Faculty and medical center administrative officers of each member institution should be encouraged to participate actively in regional discussions and meetings.

It was further established at this time that a pattern of communication between the regional and national organizations should be devised. Initially, 5 regions were designated: Northeast, South, Midwest, Great Plains, and West. Later in the year the Midwest and Great Plains regions amalgamated into a single unit.

During the year, the Great Plains and Northeast regions each held 3 meetings, and the West, South, and Midwest regions held 4. All meetings were scheduled in order that the Institutional Membership might have benefit of their discussion in relation to Institutional Membership meetings or other major actions of the Association.

An Executive Council member was generally designated chairman in his region. Someone was usually named to act as secretary and was responsible for transmitting minutes of the regional meeting to the national organization. The national organization usually suggested significant topics for consideration by the regional groups as a basic agenda, and characteristically, the regions added other material to such suggested agendae.

Attendance at the meetings was not restricted to deans. Business officers, faculty members, and other interested observers often attended. Characteristically, the proceedings were conducted no more formally than was necessary for ordered communication. When definite actions were taken, motions were made, seconded, and passed, with the deans of the medical schools voting.

The major benefits of this program might be summarized as follows:

1. The regional meetings served to increase the speed with which items were considered at Institutional Membership meetings.
2. The regional meetings served as ideal settings in which policy could be discussed in depth, and the implications of change explored prior to adoption of set positions.
3. The regional meetings served to enhance communication between the medical schools and the national organization.
4. The regional meetings served as invaluable mechanisms for exchange of information between the deans of the various schools.

Among those topics discussed most frequently in the regional meetings were

* Summary prepared by Cheves McC. Smythe, M.D., Associate Director.

(a) evaluation of the AAMC's programs; (b) organization of the AAMC and its relation with other organizations interested in health education and the various implications of the Coggeshall Report; (c) the Council of Academic Societies and its relationship to the programs of the AAMC and to the goal of optimal faculty involvement in its affairs; (d) the report of the AAMC Ways and Means Committee, the implications of its call for increased support, and its definition of a "Core Program"; (e) research in patient care and the report of the AAMC *ad hoc* committee to consider ideal preparation of physicians for continuous comprehensive care; (f) implications of the supply of health manpower and a proposed workshop on the entire medical curriculum; (g) the regional organization itself; and (h) AAMC policy on animal care and animal care accreditation.

Also of high priority in the regional meetings were (a) development of the Association's policy statement on federal support of medical education in 1967; (b) the potential effect of Titles XVIII and XIX of the Social Security Law on patient loads and financing of medical schools; and (c) the proper testimony of the Association on the Comprehensive Health Planning bill.

Among the regions, some variation in foci was seen. A summary illustrating the emphases of specific groups follows:

Northeast.—(a) Policies of the National Institutes of Health; (b) the future pattern of a block as opposed to a project grant; (c) changing patterns of patient care; (d) an analysis of the AAMC's programs; and (e) the effectiveness of AAMC relations with the federal establishment.

Midwest.—(a) Federal support for medical education; (b) implications of developing programs of the National Institutes of Health; (c) the Comprehensive Health Planning Act; (d) implications of full development of Titles XVIII and XIX on teaching hospitals—all reflecting the major role of large grants and the responsibility for care of large numbers of indigent patients in municipal hospitals as prominent features of the medical schools in densely populated urban areas; (e) the ideal model for teaching continuous comprehensive patient care; and (f) optimal representation of faculties within the Association.

Great Plains.—Proper development of a council of faculties to assure adequate faculty representation in the AAMC.

West.—(a) Implications for medical schools of Titles XVIII and XIX; (b) provisions of the Comprehensive Health Planning Act; (c) effectiveness of the AAMC in liaison with Washington; and (f) evaluating current AAMC programs.

South.—(a) The organization of the AAMC, especially as related to health education schools and organizations; (b) its policy statement of federal support for medical education; (c) evaluation of AAMC programs; (d) report of the AAMC Ways and Means Committee; (e) the relation of the AAMC to the elaboration of new programs for teaching continuous comprehensive patient care.

CONCLUSION

At the end of its first year this regional program fulfilled its major purpose of identifying, defining, and discussing issues related to medical education. The communication between the regional organization and the national organization has resulted in recommendations for further discussions coming from the regional to the national level. Faculty and medical center administrative officers have been

encouraged to participate and have participated actively in these meetings. Although the communication between regional and national organizations remains informal and essentially unstructured, it has been effective.

Financed during the year by a grant from the National Fund for Medical Education, expenditures to date have been less than \$5,000. The increase in interest in the programs of the Association by Institutional Members and the speed and the effectiveness with which policy decisions can be arrived at has certainly been implemented to a far greater degree than anyone could have hoped twelve months ago.

DISCUSSION AND ACTION

REPORT OF AD HOC COMMITTEE ON WAYS AND MEANS

Dr. William G. Anlyan, Chairman of the *ad hoc* Committee on Ways and Means, reviewed the discussion at the May 17 meeting of the Institutional Membership regarding the estimated need for increased staffing and space and the resolution adopted by the Institutional Membership at that time to support the basic core activities of the Association.

A summary of AAMC's sources of income and expenditures attributed to its several program activities was distributed to each dean in his registration packet at the Annual Meeting. In fiscal year 1966-67 the expenditures of the AAMC totaled \$1,439,340. Income was \$1,452,504 or \$13,164 in excess of expenditures. Dues from the Institutional Membership amounted to \$146,875 or 10.2 per cent of the total expenditures of the Association.

Dr. Anlyan then introduced a motion that the report of the *ad hoc* Committee on Ways and Means be accepted. The motion was seconded and carried with 2 dissenting votes. This report as accepted follows:

The Ways and Means Committee recommends that:

1. The dues for Institutional Members of the Association of American Medical Colleges be \$2,000 per year. Two-year schools and Provisional Institutional Members (developing medical schools) will be \$1,000 per year. In the year in which Provisional Institutional Members (developing medical schools) enroll their first third-year class (21 months before the first M.D. degrees are granted), their dues will become \$2,000 per year.

2. In addition, all Institutional Members and all Provisional Institutional Members, both four-year and two-year schools, will be billed quarterly for services by the Association of American Medical Colleges as described in the following list. The quarterly bill will be calculated as \$250 per million per year of the total operating expenditures in excess of the first \$2 million as reported by each member school in Part I, page 7, Section A, III, line item 1639, of the most recent Liaison Committee on Medical Education Annual Medical School Questionnaire. No such quarterly bill for services will exceed \$2,000.

SERVICES

1. Informational services from Executive Director, Washington, D.C.: Washington Bulletin.
2. Maintenance of accreditation status.
3. Reports on financial, personnel, and resources, operations and management.
4. Applicant services.
5. Public relations services.

6. Consultative services.
7. Conferences, studies, seminars, and consultations on educational programs.
8. Foreign fellowship programs.
9. Membership in the Pan American Federation of Association of Medical Schools.
10. Support of annual, regional, and other meetings.
11. Subscriptions to *The Journal of Medical Education*.
12. Other publications.

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

The next item on the agenda was the proposed changes in Bylaws. The purpose of these proposed changes was (a) to clarify the voting status of the Provisional Members, (b) to introduce formally into the government of the Association, the Council of Academic Societies, and (c) to redefine the constituent membership of the Executive Council, increasing representation from the Council of Teaching Hospitals.

Upon motion, seconded, and carried, the revisions in Bylaws as proposed were adopted. The Bylaws of the Association of American Medical Colleges as amended on October 30, 1967, appear in the Appendix to these Proceedings (pages 667-673).

ARTICLES OF INCORPORATION OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Dr. Berson indicated that the legal counsel of the Association had advised it that if the Institutional Membership desired to give the Provisional Institutional Membership a vote at the time they admit their first students, it was necessary to amend Article 7 of the Articles of Incorporation as well as to revise the Bylaws. For this reason the Executive Council recommended revision of Article 7.

Upon motion, duly seconded, it was voted that Article 7 of the Articles of Incorporation be so amended. The Articles of Incorporation as amended on October 30, 1967, appear in the Appendix to these Proceedings (pages 666-667).

PROVISIONAL INSTITUTIONAL MEMBERS

The Executive Council received 1967 progress reports from 13 developing medical schools, and summaries of these reports were presented in the Agenda Book on pages 11 through 23. The Executive Council recommended the acceptance of these 13 schools as Provisional Institutional Members of the Association of American Medical Colleges for the year 1968-69. The vote was called and the motion carried. Provisional Institutional Members for 1967-68 are as follows:

- University of Arizona College of Medicine
Tucson, Arizona (four-year school)
- Brown University Division of Biological and Medical Sciences
Providence, Rhode Island (two-year school)
- University of California, Davis, School of Medicine
Davis, California (four-year school)
- University of California, San Diego, School of Medicine
La Jolla, California (four-year school)
- University of Connecticut School of Medicine
Hartford, Connecticut (four-year school)
- University of Hawaii School of Medicine
Honolulu, Hawaii (two-year school)
- University of Massachusetts School of Medicine
Boston-Worcester, Massachusetts (four-year school)

Michigan State University College of Human Medicine
East Lansing, Michigan (two-year school)

Mount Sinai School of Medicine of The City University of New York
New York, New York (four-year school)

University of New Mexico School of Medicine
Albuquerque, New Mexico (four-year school)

Pennsylvania State University College of Medicine
Milton S. Hershey Medical Center
Hershey, Pennsylvania (four-year school)

Rutgers Medical School, Rutgers-The State University
New Brunswick, New Jersey (two-year school)

University of Texas Medical School at San Antonio
San Antonio, Texas (two-year school)

EMERITUS MEMBERS

Emeritus Membership in the Association of American Medical Colleges is reserved for those individuals who have distinguished themselves in dealing with problems of and in contributing to the progress of medical education. The men listed below were nominated by their institutions, from the direction of the affairs of which each has retired. On motion, seconded and carried, the following were elected to Emeritus Membership:

William A. Sodeman, M.D., Dean Emeritus, and formerly Vice President for Medical Affairs, The Jefferson Medical College of Philadelphia.

Maxwell E. Lapham, M.D., Member of Staff, American Council of Education; formerly Dean, Tulane University School of Medicine, and Provost, Tulane University.

INDIVIDUAL MEMBERS

On motion, seconded and carried, a total of 300 Individual Members, as listed on pages 27 through 34 in the Agenda Book, were voted into the Association of American Medical Colleges.

OTHER BUSINESS

REPORTS FROM REGIONAL MEETINGS

President Hubbard called upon the chairman of each regional group to offer for the information of the Institutional Membership and for the further consideration by the Executive Council any recommendations that emanated from his group that had not already been transmitted to the Executive Council. This discussion focused on the extension of the Association vis-à-vis the recommendations of the Coggeshall Report (Coggeshall, L. T. *Planning for Medical Progress Through Education*. Evanston, Illinois: Association of American Medical Colleges, 1965).

First to be heard was Dr. Douglas M. Surgenor (State University of New York at Buffalo) speaking as Chairman of the Northeast Region. The recommendation he presented stemmed from a discussion by the Northeast group of the developing organization of vice-presidents and provosts under separate status and reflected a concern that AAMC make necessary changes to include this group. The recommendation of the Northeast Region follows: "That a relationship be

created within the Association for the chief administrators of health affairs, organizations, and activities within the university."

Dr. Hubbard indicated that the Executive Council plans to discuss the importance of proceeding actively with a review of the organization of the Association and the review of its name along the lines suggested in the Coggeshall Report. It is the wish of the Executive Council that this active review be pursued with the intent that the name and the organization be changed so as to allow inclusion of the university administrative officers in the medical area and also to allow for the inclusion of associations in the health profession within the general structure of the Association as recommended by the Coggeshall Report.

Speaking next from the floor was Dr. Warren L. Bostick (University of California, California College of Medicine), who expressed the concern that no action be taken on this matter at this time. Dr. Bostick pointed out that a gradual increase in the size of the AAMC is inevitable and desirable, but that it should be carefully considered.

Dr. Bostick: One motion that I had in mind to bring before us was to have us give careful consideration to the addition of appropriate representatives from the Veterans Administration who are on the verge of having direct interest in medical education, and even perhaps having to start medical schools. And they likewise are standing at the door ready to join us, as are many others.

Dr. Isaac M. Taylor (University of North Carolina School of Medicine) then read from a letter dated October 17, 1967 from the Southern Region to Dr. Berson. That portion of the letter read as follows:

In the morning we spent a couple of hours talking about Item II on our agenda, university-medical school-AAMC relations. Dr. Batson reported on the recent meeting in Chicago with the university health administrators. After considerable discussion, it was moved, seconded, and unanimously passed that the Association of American Medical Colleges be asked to explore with the representatives of university health administrators the possibility of bringing this group into AAMC as a Council.

We then went on to a prolonged discussion to the relationship between medical schools of AAMC and the various allied health professions. It was the general consensus that AAMC must move towards more effectively working with other health education groups. Possibilities were discussed ranging from the establishment of a new national organization to implementation of a relative portion of the Coggeshall Report. It was moved, seconded, and unanimously voted that the Executive Council of AAMC give consideration at the next annual meeting to the development of a mechanism for bringing together all academic health science organizations either as an expansion of the existing AAMC structure, or through the creation of a new organization.

Dr. Richard H. Young (Northwestern University Medical School) was called upon to present the consensus of the Midwest and Great Plains groups, that met jointly on October 20, regarding the evolution of the Association, and the change of structure and name.

Dr. Young's response was that the consensus reinforced the suggestions made by Dr. Taylor (Southern Region) that the Executive Council extend further the recommendations of the Coggeshall Report.

Dr. Taylor further commented that the Southern Group talked for at least two hours about the relationship of the AAMC (medical education) and the other health professions groups. The members present repeatedly pointed out that they considered this to be one of the most important matters that the Association faces at the present time.

REPORT OF THE COUNCIL OF ACADEMIC SOCIETIES

Dr. Thomas D. Kinney, Chairman Pro Tem of the Council of Academic Societies, spoke briefly to the Institutional Membership, recounting the development of the Council to date with particular reference to its first Annual Meeting held on October 27, 1967. A complete report of that meeting is recorded in these Proceedings on pages 579-588. For this reason, Dr. Kinney's remarks before the Membership will not be repeated here.

INSTALLATION OF OFFICERS AND EXECUTIVE COUNCIL MEMBERS

The next item of business was the report of the Nominating Committee, which was presented by Dr. Reginald H. Fitz, Chairman of the Committee. This Committee's report appears on page 657.

Dr. Fitz explained that the Nominating Committee met and considered in its deliberations the possibility that changes in the Bylaws just effected would be made. As a result, instead of considering only the replacement of 2 members to succeed those Executive Council Members whose terms were expiring and who were ineligible for reelection, and the president-elect, the Nominating Committee was charged with the responsibility of nominating 9 new Executive Council Members.

In accordance with the Bylaw changes, it was stipulated that 4 of these Members be from the Council of Academic Societies and 3 from the Council of Teaching Hospitals. Because of this, the Nominating Committee solicited nominations from each of these groups. Each group responded, and its nominations were honored by the Nominating Committee.

The new President, Dr. John Parks, was escorted to the podium by Dr. Merlin K. DuVal and Dr. Kenneth R. Crispell. There was a standing ovation to Dr. William N. Hubbard, Jr., for his presidency.

Dr. Parks's first act as President of the Association was to announce the names of the Association's committee chairmen for the year 1967-1968. A complete listing of committees is found on pages 677-682.

Dr. Parks adjourned the meeting at 10:55 A.M.

Panel Discussions on Medical Education

New York Hilton Hotel

New York, New York

October 30, 1967

Two simultaneous "Panel Discussions on Medical Education" were held on Monday, October 30, 1967, from 9 A.M. to 12 noon.

"Innovations in Medical Education" was the topic discussed by the first panel. Serving as chairman of the panel was Dr. E. Croft Long, Associate Dean, Undergraduate Medical Education, Duke University School of Medicine. Members of the panel were Dr. Robert D. Coye, Associate Dean, University of Wisconsin Medical School; Dr. Kinloch Nelson, Dean, Medical College of Virginia; and Dr. Kenneth E. Penrod, Provost, Indiana University Medical Center.

The second panel, entitled "Community Medicine and Medical Care Research," was chaired by Dr. Robert J. Haggerty, Professor and Chairman, Department of Pediatrics, University of Rochester School of Medicine and Dentistry. Comprising the panel were Dr. Duncan W. Clark, Professor and Chairman, Department of Environmental Medicine and Community Health, State University of New York, Downstate Medical Center, College of Medicine; Dr. H. Jack Geiger, Professor, Department of Preventive Medicine, Tufts University School of Medicine; Dr. Robert R. Huntley, Associate Professor, Department of Preventive Medicine, University of North Carolina School of Medicine; and Dr. Charles E. Lewis, Professor and Chairman, Department of Preventive Medicine and Community Health, University of Kansas School of Medicine.

Appendix

ARTICLES OF INCORPORATION OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES*

Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its initial registered office in the State of Illinois is 185 North Wabash Avenue, Chicago 1, Illinois (Cook County). The name of its initial registered agent at said address is Dean F. Smiley.

4. The first Board of Directors shall be eleven in number, their names and addresses being as follows:

Vernon W. Lippard, Yale University School of Medicine, 333 Cedar Street,
New Haven 11, Connecticut

Robert A. Moore, University of Pittsburgh, Pittsburgh 13, Pennsylvania

John McK. Mitchell, University of Pennsylvania School of Medicine, 36th and
Hamilton Walk, Philadelphia 4, Pennsylvania

John B. Youmans, Vanderbilt University School of Medicine, Nashville 5,
Tennessee

Stanley E. Dorst, University of Cincinnati College of Medicine, Eden and
Bethesda Avenues, Cincinnati 19, Ohio

Stockton Kimball, University of Buffalo School of Medicine, 3435 Main Street,
Buffalo 14, New York

John Z. Bowers, University of Utah College of Medicine, 105 Medical Building,
Salt Lake City 1, Utah

George N. Aagaard, University of Washington School of Medicine, Seattle 5,
Washington

Walter R. Berryhill, University of North Carolina School of Medicine, Chapel
Hill, North Carolina

Lowell T. Coggeshall, University of Chicago, 950 E. 59th Street, Chicago 37,
Illinois

Thomas H. Hunter, University of Virginia School of Medicine, Charlottesville,
Virginia

5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of a class known as Institutional Members and such other classes, including Provisional Institutional Members, as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of mem-

* As amended October 30, 1967.

bers shall have no right to vote and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons as may from time to time be designated pursuant to the Bylaws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.*

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES†

Section 1. Institutional Membership

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges.

b) Standards. Each Institutional Member shall conduct its educational program in conformity with the following standards of curriculum:

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can be best achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thor-

* This sentence has been inserted to avoid any question of compliance or non-compliance with certain Illinois legal requirements.

† As amended October 30, 1967.

oughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These 5 requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives.

The curriculum should extend over a period of at least four academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources, and curriculum as may be prescribed by the Executive Council and expressing its readiness to be reviewed from time to time. The Executive Council shall consider the application and report its findings and recommendation for action at the next annual meeting of members.

d) The Executive Council shall appoint at its discretion representatives to survey programs of schools and colleges applying for membership or reinstatement, and also those in membership in the Association. The survey reports, together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, Bylaws, and education standards established by the Association. Any Institutional Member or Affiliate Institutional Member which after accreditation visit has been found not to conform to the then-existing Articles, Bylaws, or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon "open probation" for a period to be decided by the Council. This action will not be taken except after a school in question has been on confidential probation for at least one year. Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional or Affiliate Institutional Member from Association membership will require a recommendation and justification of the Executive Council and the affirmative vote of two thirds of the Institutional Members present at an annual or special meeting.

Section 2. Affiliate Institutional Membership

There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate

Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way but shall have no right to vote.

Section 3. Provisional Institutional Membership

There shall be a class of Institutional Members entitled Provisional Institutional Members consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions, or Canada having an acceptable academic sponsor. The sponsor must have made a definite commitment to establish such school, college, or program; must have appointed a full-time dean; and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council sixty days prior to a regular meeting of the Institutional Membership. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and reelection each year will be by the Institutional Members based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussion and shall be entitled to vote after they have admitted their first class.

Section 4. Graduate Affiliate Institutional Membership

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privilege of the floor in all discussions but shall not be entitled to vote.

Section 5. Emeritus, Individual, Sustaining, and Contributing Membership

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first Individual Members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated, voluntary association called the Association of American Medical Colleges.

a) Emeritus Membership. Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers, who have been active in the affairs of the Association, who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education, and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual, or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifica-

tions by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) Individual Membership. Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) Sustaining and Contributing Membership. Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 6. Meeting of Members

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council, or by 10 Institutional Members.

Regional meetings of Institutional Members shall be held at least twice each year in each of the regions established by the Institutional Members, to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion or action at the national level. The Executive Council member elected from each region shall set the time and place of such meetings.

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than twenty or more than forty days before the date of the meeting written or printed notice stating the day, hour, and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) One representative of each Institutional Member shall cast its vote. The Association may accept the written statement of the Dean of an Institutional Member that he or some other person has been properly designated to vote for the institution.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

g) The decisions and actions taken at a meeting of the Institutional Members shall establish policy for the Association.

Section 7. Officers

The Officers of the Association shall be a President (who shall serve as Chairman of the Executive Council), a President-Elect, who shall also be Vice-President, an Immediate Past-President, a Secretary, a Treasurer, and an Executive Director. The same person shall be Secretary and Treasurer, and may be designated Secretary-Treasurer. The President-Elect shall be elected at the annual meeting of the Institutional Members to serve in that office for one year, then be installed as President for a one-year term in the course of the annual meeting the year after he has been elected. The Secretary-Treasurer shall be elected for a three-year term and shall be eligible for election to a second term of three years. The Executive Director shall be appointed by the Executive Council, which on his recommendation may appoint an Assistant Secretary to assist the Secretary and perform his duties in his absence. The other officers shall be elected by a majority of the Institutional Members present and voting and may be removed by a vote of two thirds of such members.

The officers shall have such duties as are implied by their respective titles or are assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns, or for any other reason ceases to act, the President-Elect shall immediately be designated by the Executive Council as President and shall serve for the remainder of that term and the next term.

The Executive Director shall recommend to the Executive Council the organization of the staff of the Association.

Section 8. Executive Council

a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Institutional Members and take necessary interim action for the Association and carry out duties and functions delegated to it by the Institutional Members. It shall set high educational standards as prerequisites for the election of Institutional Members.

b) The Executive Council shall consist of 15 elected members and, ex officio, the Immediate Past-President, the President, the President-Elect, and the Secretary-Treasurer, all of whom shall be voting members. The Executive Director shall be an ex officio member without vote.

c) Of the 15 elected members of the Executive Council, 4 shall be members of the Council of Academic Societies and 3 shall be members of the Council of Teaching Hospitals; 5 shall be elected annually by the Institutional Members at the annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two thirds of the Institutional Members present and voting.

At least 1 elected member of the Executive Council shall be from each of the regions of the Association.

In order to have 15 elected members beginning in 1967, not only shall the 6 members whose terms do not expire in 1967 continue to serve for the terms to which they were elected but also 9 additional members shall be elected at the annual meeting in October 1967, 5 to serve a three-year term, 2 a two-year term, and 2 a one-year term, as determined by lot amongst the 9 drawn at the session at which they shall be elected. Thereafter, 5 new members shall be elected each year for a three-year term to replace those whose terms then expire.

d) The annual meeting of the Executive Council shall be held within six weeks after the annual meeting of Institutional Members at such time and place as the President shall determine.

e) Meeting of the Council may be called by the President or any 2 voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

f) A quorum of the Council shall be a majority of the voting Council members.

g) The Executive Council may appoint and dissolve from time to time such committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control.

h) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of 3 or more voting Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

Section 9. Councils of the Association

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the Institutional Members present and voting. The purpose of such councils shall be to provide for special activities in important areas of medical education as part of the program or as an extension of the program of the Association. Such councils with approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For purposes of particular emphasis, need, or timeliness, such councils are expected to appoint *ad hoc* committees and study groups; develop facts and information; and also to call national, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity of the council. Such councils are encouraged to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position. Such councils shall report at least annually to the Institutional Membership and to the Executive Council.

Section 10. Nominating Committee

A nominating committee composed of 5 persons, each from a different region of the Association, shall be appointed by the Executive Council. After soliciting suggestions from the Institutional Members, the committee will report to the Institutional Members at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any Institutional Member at the annual meeting. Election shall be by a majority vote of the Institutional Representatives present and voting.

Section 11. Waiver of Notice

Whenever any notice whatever is required to be given under the provision of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 12. Seal

The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 13. Fiscal Year

The fiscal year of the Association shall be from July 1 to June 30.

Section 14. Dues

The annual dues of each class of members shall be in such amounts as determined by the Institutional Members.

Section 15. Amending Bylaws

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the Institutional Members present at any meeting of Institutional or Affiliate Institutional Members for which thirty days' written notice has been given.

Section 16. Amending Articles of Incorporation

The Articles of Incorporation may be altered, repealed, or amended by the Institutional Members in the manner provided by statute.

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HAROLD H. HIXSON.....University of California Hospitals, COTH

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* Council of Teaching Hospitals.

† Council of Academic Societies.

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1968: HAROLD H. HIXSON University of California Hospitals
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T. STEWART HAMILTON Hartford Hospital
1968: DAN J. MACER..... Veterans Administration Hospital (Pittsburgh)
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Council of Teaching Hospitals

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