



ASSOCIATION OF AMERICAN

MEDICAL COLLEGES

Proceedings

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Association of American Medical Colleges Proceedings for 1968

INSTITUTIONAL MEMBERSHIP MEETINGS

February 10

May 22

November 4

ANNUAL MEETING

Plenary Sessions

Business Officers Section

Continuation Medical Education

Council of Academic Societies

Council of Teaching Hospitals

Group on Student Affairs

International Medical Education

Public Relations Section

Research in Medical Education

ANNUAL REPORTS OF STAFF AND COMMITTEES

ARTICLES OF INCORPORATION AND BYLAWS AS AMENDED NOVEMBER 4

*Edited by
Mary H. Littlemeyer
Janet H. Nelson*

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*The Proceedings for 1968 cover a one-year period that began with the election of officers and Executive Council for 1967-68 by the Institutional Membership on October 30, 1967. Officers, Executive Council, Committees, and Staff of the Association who were in office then are listed at the conclusion of these Proceedings. Staff changes that may have occurred during the year are reflected in the Annual Reports of Committees and Staff.

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Meeting of the Institutional Membership

Palmer House, Chicago, Illinois, February 10, 1968

The meeting was called to order by Dr. John Parks, President, at 2:05 P.M., and the roll of Institutional Members of the Association of American Medical Colleges was taken by Dr. Robert B. Howard, Secretary-Treasurer. Voting members not represented were 12 Institutional Members and 4 Provisional Institutional Members.

Regional Meetings

The chairman of each regional group of the Association was called upon to highlight recent meetings of his group.

West.—Reporting for this group was Dr. John R. Hogness. The West region met last on January 10, 1968. This group opposed both the creation of a Council of Vice Presidents and the establishment of a Council of Medical Faculties.

Regarding the dues increase to member schools, there was consensus that certain types of expenditures should not be included in the formula: cited as examples were expenditures for regional medical programs, earnings of full-time faculty members, and construction.

In a discussion of financial support by medical schools of the National Society for Medical Research, there was general consensus that education of the public as to the value and importance of animal experimentation can be done more effectively through the AAMC.

There was unanimous support for the continuation of the National Fund for Medical Education. It was hoped that consideration could be given to reinstating block grants, as opposed to special project grants, to medical schools, even though these might

be significantly less than in the past.

Midwest-Great Plains.—Dr. Richard H. Young, reporting for this region, said that the 15 Midwest schools and the 10 Great Plains schools have merged. This region, therefore, represents the geographic area that extends from Ohio to Nebraska and from North Dakota to Kansas.

The group met last on October 20, 1967. One-half day of this meeting was held jointly with the newly created Regional Council of Faculties which had been active in the Great Plains group on several earlier occasions. Total attendance was 80.

In plenary sessions, Dr. William N. Hubbard, Jr., led discussions concerning the establishment of councils within the AAMC, the possibility of the establishment of an organization to represent all the important elements of education for health, the Pellegrino Report, and the Report of the Ways and Means Committee. Dr. Robert C. Berson, Executive Director, reported on the Washington scene.

A recommendation was made that medical school fiscal officers meet as a group at the time of the Midwest-Great Plains regional meeting.

Dr. Robert B. Howard was elected Chairman of the newly combined Midwest-Great Plains group. Its next meeting was scheduled for March 15, 1968.

The Regional Council of Faculties discussed the development of its bylaws. This group saw no conflict between a regional council of faculties and a national council of faculties. The Council also discussed the problems of two-year schools as they relate to curricular variations in four-year schools,

curricular revisions at Iowa and Minnesota, and the home care teaching program at the University of Kansas.

South.—Dr. Isaac M. Taylor reported that the group met on February 9, 1968. Governmental representation was present and future programs of importance to medical schools, reorganization of the Public Health Service, and legislative programs as they affect medical education, were discussed. Reports were presented by Dr. William G. Anlyan for the Ways and Means Committee and by Dr. Charles C. Sprague for the Committee on Educational Studies and Programs. Dr. Winston K. Shorey was elected Chairman of the group.

Northeast.—Dr. Franklin G. Ebaugh, Jr., reported that this group was scheduled to meet on March 20, 1968.

Report of the Chairman of the Executive Council

Dr. John Parks, President and Chairman of the Executive Council, reported informally on some of the recent activities of the Executive Council.

1. He commended the *ad hoc* Committee on Ways and Means for its high level of productivity. The concept of a Federation of Allied Health Professions, which originated in the Council, is described in the Report of the *ad hoc* Committee on Ways and Means.

2. Developments in student affairs include a centralized application service [American Medical College Application Service] which is in a pilot phase, an advanced placement testing program in biochemistry, and distribution of MCAT scores to applicants and to their faculty advisors by the AAMC in the spring of 1968.

3. Another important activity is the proposed information retrieval system based on an expanded annual questionnaire for each institution that will provide very useful information in the management of medical schools and medical centers.

4. Newly established sections within the AAMC are one for Business Officers and one for Public Relations Officers.

5. The Council has concluded that faculty salary data that the AAMC collects from institutions needs to be improved and is making this recommendation to the Steering Committee to the Division of Operational Studies.

6. The Executive Council has gone on record as stating that the AAMC should concern itself increasingly in education, research, and service for all the health professions in an appropriate way. The AMA House of Delegates has gone on record in support of federal funds for the operation of medical schools. The Executive Council has been invited to coordinate its efforts with the AMA and will do so.

Staff Retreat

Dr. Berson reported that the AAMC staff held a retreat on January 4-5, 1968 during which a review of current staff activities was made, and suggested revisions were presented by the staff. This was a step toward clarifying proposals for the Executive Council which would eventually be referred to the Institutional Members. The purpose of the retreat was to improve the services the AAMC provides its members and to move more effectively toward its objectives. The Executive Council reviewed some of these plans and approved in principle proceeding to refine these recommendations.

Reports from Committees

Progress reports were given by chairmen of the following committees: Curriculum Study, Ways and Means, Annual Meeting Program, and Federal Health Programs. Final reports of the first 2 committees appear elsewhere in these Proceedings.

Dr. Hubbard reported on the status of current federal legislation and on the AAMC's increasing sphere of influence in policy-making. The Federal Health Programs Committee has had collaborative meetings with the American Dental Association, Association of Schools of Public Health, and American Hospital Association.

Dr. Hubbard pointed out 2 areas in which the committee should devote more

attention: (a) improvement of staff capacity of the AAMC in direct day-to-day, continuing relationships with the executive, legislative, and agency groups, and (b) development of an apparatus which will allow the AAMC to address more effectively the decision-makers in Washington.

Activities of the Federal Health Programs Committee are reported fully in the AAMC *Washington Bulletin*.

Council of Academic Societies

At its October 27, 1967 meeting the Council of Academic Societies nominated 8 societies for membership and presented these to the Institutional Membership for their approval. After considerable discussion, the Institutional Members asked to have read the names of the current members. A listing of the prospective and current members follow:

Prospective Members

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

Current Members

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

Considerable debate ensued regarding criteria for election of members to the Council of Academic Societies. Various concerns were expressed, foremost among which was the threat of imbalance between the basic sciences and clinical sciences.

On motion, duly seconded, the Institutional Members voted unanimously to table action on the nominations for membership in the Council of Academic Societies.

There being no further business, the meeting was adjourned at 4:10 P.M.

Meeting of the Institutional Membership

Shoreham Hotel, Washington, D.C., May 22, 1968

The meeting was called to order by Dr. John Parks, President, 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. Voting members not represented were 17 Institutional Members and 4 Provisional Institutional Members.

Site Visit Guidelines

Because of increasing participation of community forces in decisions pertinent to medical center site visits, at its meeting on March 28, 1968 the Executive Council adopted a set of guidelines for the conduct of site visits. These guidelines follow:

1. Applicants whose projects require a site visit should do their best to provide the visitors with an opportunity to conduct their visit in a manner that is calm and professional in demeanor, so that their work can be accomplished without distraction or prejudice to the outcome of the proposal being reviewed.

2. Representatives of communications media who may wish to give coverage to the site visit, interested citizens, and spokesmen for local governments, should be informed in advance of the site visit that the visitors will be there for the purpose of making a professional judgment regarding the application. Inasmuch as their findings and deliberations will not be reviewed until after the site visit has been completed, the visitors shall not be expected to comment on their findings.

A motion to adopt and distribute these guidelines was made, seconded, and unanimously approved.

Reorganization of AAMC

After careful and deliberate evaluation of the feedback on the proposal for reorganization of AAMC from regional meetings, indi-

vidual members, the Council of Academic Societies, and the Council of Teaching Hospitals, on March 29 a plan for reorganization of AAMC was adopted unanimously by the Executive Council for presentation to the Institutional Membership on May 22, 1968.

To clarify previous concerns, the following changes were made from the proposal discussed at the February meeting of the Institutional Membership:

1. The name of the organization would remain the same—the Association of American Medical Colleges.

2. The composition of the Assembly, which would meet once a year, would be as follows: (a) each dean from the Council of Deans (currently 101); (b) a maximum of 35 representatives of the Council of Academic Societies (currently 29); and (c) 10 per cent of the number of members of the Council of Teaching Hospitals with a maximum of 35 representatives (currently 34).

3. The Executive Committee of the Executive Council would consist of the Chairman, the Chairman-Elect, the full-time President, and 3 others elected yearly by the Executive Council.

4. As in the past, the Group on Student Affairs, the Business Officers Section, the Public Relations Section, and any future groups, such as on graduate medical education would report directly to the Executive Council.

Dr. William G. Anlyan, Chairman of the *ad hoc* Committee on Ways and Means, offered the following motion:

I move that the reorganizational plan that has been presented and approved unanimously by the Executive Council be approved by the Insti-

tutional Membership today, and that our legal counsel prepare the necessary changes in our Articles of Incorporation and our Bylaws for adoption at the November, 1968 meeting of the Institutional Membership.

The motion was seconded from the floor.

Dr. Parks then called upon the representative of each AAMC region to report on the consensus from his respective region.

Northeast.—Dr. Robert M. Bucher, reporting for this region, said 19 deans met in Boston on March 20, 1968.

Essentially, the actions taken by this group, after prolonged discussion, were in keeping with the recommendations which have been presented by the Ways and Means Committee and the Council; that the name remain the same, that the business or finance officers report to the Council, and that there be a full-time President. Actually the group felt that the membership from the Councils of Academic Societies and Teaching Hospitals might collectively be even larger than that which was recommended, that is, up to 50 per cent.

Therefore, the consensus of the Northeastern Group was that their ideas had been adequately considered, and they would be supportive of the recommendation.

Midwest-Great Plains.—Dr. Robert B. Howard said that this group met in Chicago on March 15, 1968.

The group went on record as favoring a change in the organizational structure of the Association, including approval of the change of its name. Other principal considerations were the nature and makeup of the Assembly. In this regard, the group felt that for the moment at least a ceiling or limitation of 175 total membership should apply, with an understanding that when the size of the Assembly reaches that point, its makeup and nature might be reevaluated.

Finally, within this group there has been a strong feeling that the Council of Academic Societies will not specifically represent faculty viewpoints, but will likely represent the viewpoints of the various disciplines, and that there should also be a provision, at

least at some point, for the development of a Council of Faculties.

West.—Dr. Merlin K. DuVal stated that this group met on April 15, 1968. The western deans agreed to support the concept of broadening the AAMC by adding representation from the teaching hospitals and academic societies. The group expressed a preference that representation from councils other than deans should be specified by number rather than by a percentage, and that this number should probably total 50.

The group also stated its preference that the officer who was elected annually should be chosen from the Council of Deans.

South.—Dr. Winston K. Shorey indicated that the group had met in February, 1968 and in the interim had had individual communications with the Ways and Means Committee. Eighteen medical schools were represented in a meeting of this group on May 21, 1968. The southern group favors the reorganization as presented by the Ways and Means Committee.

Dr. Parks then opened the discussion to the general membership of the Association. Among those heard were Drs. Andrew D. Hunt, Jr., John E. Deitrick, Arthur P. Richardson, and John L. Caughey, Jr.

Dr. Warren L. Bostick then offered an amendment to the motion under discussion. He moved that the Chairman of the Association be a member of the Council of Deans. This amendment was seconded from the floor and was defeated by a voice vote.

Dr. Thomas B. Turner raised a question about the proposed Federation for Health Education. Dr. Parks indicated that the AAMC had been a leading organization in the development of the Federation but that it had no direct relationship to the reorganization of the AAMC.

Dr. William S. Jordan, Jr., reiterated the concern that the Council of Academic Societies might not be as proper a mechanism for the broader representation the AAMC is seeking as a Council of Faculties.

Dr. Glen R. Leymaster pointed out what

he considered to be a future problem of establishing additional councils vis-à-vis relative proportion of deans in the Assembly. He suggested a reduction in the number as shown in the Assembly somewhat, in order to make it easier to add subsequently councils without concern about disproportionate representation.

The motion was then called to a vote by a show of hands. The motion was carried by 56 for and 7 opposed.

The Articles of Incorporation and Bylaws as amended on November 4, 1968 appear on pages 456-462.

Council of Academic Societies

Subsequent to the action by the Institutional Membership on February 10, 1968 to table the recommendation of the Executive Council for the addition of a number of new societies to the Council of Academic Societies, a request was made that a roster of those societies now in the Council of Academic Societies and those proposed for membership be prepared.

Current Members

American Academy of Microbiology.—Formed in 1955, the Academy has 580 members who are almost 100 per cent full-time faculty. Its concern is the entire field of microbiology. Its most significant accomplishment to date has been sponsorship of the American Board of Microbiology.

American Association of Anatomists.—Formed in 1888, the Association has 1,852 members who are almost 100 per cent full-time faculty. Its purpose is the advancement of anatomical science.

American Association of Chairmen of Departments of Psychiatry.—The Association has 83 members who are full-time faculty. Its purposes are (a) to promote and facilitate communication and interaction among chairmen of departments of psychiatry in the medical schools of the United States; (b) to establish and exercise liaison with organizations such as the National Institute of Mental Health, the American Board of Psychiatry, the Residency Review Committee, and other agencies; and (c) to develop

an overview of academic psychiatry.

American Association of Pathologists and Bacteriologists.—Formed in 1925, the Association has 1,025 members who are virtually 100 per cent full-time faculty. Its purposes are (a) the advancement of the knowledge of disease by scientific and educational means and (b) the dissemination of such knowledge.

American Association of University Professors of Pathology.—This Association has 100 members who are all full-time faculty. Its purpose is to promote the interests and general effectiveness of medical school departments of pathology.

American Gynecological Society.—The Society was formed in 1876. Virtually all of its 135 members are full-time faculty. Its purpose is the promotion of knowledge in all that relates to the diseases of women and obstetrics.

American Neurological Association.—Established in 1875, the Association's 411 members are virtually all full-time faculty. Its purpose is the advancement of the neurological sciences.

American Pediatric Society.—Formed in 1888, this Society's 254 members are almost all full-time faculty. It is interested in (a) the study of children and their diseases and (b) the prevention of illness and promotion of health in childhood.

American Physiological Society.—Established in 1887, this Society has 3,066 members of which the majority are full-time faculty. Its purpose is to promote the increase of physiological knowledge and its utilization.

American Society of Biological Chemists, Inc.—Formed in 1906, the majority of the Society's 2,307 members are full-time faculty. Its purpose is to further the extension of biochemical knowledge.

American Surgical Association.—Formed in 1880, the Association's 290 members are almost entirely full-time faculty. Its purpose is the cultivation and improvement of the science and art of surgery.

Association of American Physicians.—Formed in 1886, the Association's 250 mem-

bers are almost entirely all full-time faculty. It is primarily a research society whose purpose is the advancement of scientific and practical medicine.

Association of Medical School Pediatric Chairmen.—Formed in 1961, the Association's 91 members are all full-time faculty. Its purpose is to foster education and research in the field of child health and human development.

Association of Professors of Dermatology.—Formed in 1960, the Association's 120 members are all full-time faculty. Its purpose is the improvement in the teaching and status of dermatology.

Association of Professors of Gynecology and Obstetrics.—Its members are all full-time faculty. It is concerned with educational activities within the profession.

Association of Professors of Medicine.—Formed in 1954, the Association's 81 members are all full-time faculty. It is concerned with medical education, research, and patient care in internal medicine.

Association of Teachers of Preventive Medicine.—Formed in 1942, the Association's 400 members are all full-time faculty. It is concerned with teaching, research, and research training in departments of preventive medicine.

Association of University Anesthetists.—Formed in 1953, all of the Association's 108 members are full-time faculty. Its purpose is the promotion of research and teaching in anesthesia.

Association of University Professors of Ophthalmology.—Formed in 1965, the Association's 81 members are all full-time faculty. Its purpose is promotion of medical education, research, and patient care in departments of ophthalmology.

Association of University Radiologists.—Formed in 1953, the Association's 215 members are all full-time faculty. The purposes of this organization are (a) to encourage laboratory and clinical investigation in radiology by the informal exchange of ideas, (b) to stimulate an interest in academic radiology as a medical career, and (c) to advance radiology as a medical science.

Society of Surgical Chairmen.—Formed in 1965, the Society's 86 members are all full-time faculty. Its purpose is to better the quality of surgical practice through (a) exchange of information, (b) critical evaluation of present methods of teaching of surgery at both the undergraduate and graduate levels, and (c) recommendations for improvements in surgical education.

Society of University Otolaryngologists.—The Society's 78 members are all full-time faculty. Its purpose is the advancement of the art and science of otolaryngology by (a) development and improvement of undergraduate and graduate teaching programs and (b) encouragement of basic research and clinical investigation as an integral part of university training programs in otolaryngology.

Academic Societies Nominated for Election

American Association of Neurological Surgeons.—Formed in 1931, almost all of the Association's 50 members are full-time faculty. Its members are men who have devoted special study to some phase of surgery of the nervous system and who have demonstrated excellence in their field by some of their publications. Members also must hold a responsible post, carrying with it responsibilities for graduate or undergraduate teaching in a university or clinic.

Academic Clinical Laboratory Physicians and Scientists.—Formed in 1966, all of the group's 75 members are full-time faculty. Its purpose is to promote the highest standards of education, research, and service in laboratory medicine in medical schools.

Association of Chairmen of Departments of Physiology.—All of its members are full-time faculty. Its purpose is to promote discussion of problems of interest to chairmen of departments of physiology.

Joint Committee on Orthopaedic Research and Education Seminars.—Formed in 1960, all of the Committee's 230 members are full-time faculty. Its purpose is to arrange an annual seminar on a topic of concern to this field.

Society of Academic Radiology Chair-

men.—Formed in 1967, all of the Society's 60 members are full-time faculty. Its purpose is essentially for the exchange of information regarding organizational problems and educational goals of departments of academic radiology.

Society of University Urologists.—Established in 1967, all of the Society's 60 members are full-time faculty. Its purpose is to promote the highest standards of urologic education.

Recommendation and Motion

The Executive Council recommended that the Institutional Membership ratify the election of those proposed members of the Council of Academic Societies. Upon motion, duly seconded, membership of these societies in the Council of Academic Societies was unanimously approved.

Liaison Committee Report

The procedures outlined below were recommended by the Liaison Committee on Medical Education:

1. The accreditation process, including collection of presurvey materials, selection of a team, conduct of the survey, practices to be observed by the team members, relations with administrative officers, character, distribution and confidentiality of reports, submission of reports to AAMC Executive Council and AMA Council on Medical Education, should be continued as it is now. This set of procedures is described in the May 4, 1963 report of the Subcommittee on Accreditation Procedures.

2. The actions of the Liaison Committee concerning approval of medical schools should be: (a) approval for a regular term; (b) approval for a term limited to less than five years; (c) public or open probation for a limited term, usually less than three years, but subject to renewal; or (d) disapproval and nonrecognition of program.

3. The interval between surveys of fully approved schools should be approximately every seven years.

Both the Executive Council of the AAMC and the Council on Medical Education of the AMA have reviewed this question. Each has approved these procedures, and each Council passed formal action endorsing

their implementation on July 1, 1968. On motion, duly seconded, the Institutional Members unanimously approved these recommendations.

Reports from Committees

Dr. Kenneth R. Crispell, Chairman of the Annual Meeting Program Committee, reported. The Annual Meeting, which has subsequently been held, is described elsewhere in these Proceedings.

A progress report was given by Dr. William N. Hubbard, Jr., Chairman of the *ad hoc* Curriculum Study Committee. A report of this committee appears elsewhere in the Proceedings.

Dr. William F. Maloney, Chairman of the Steering Committee to the Division of Operational Studies, summarized 2 areas of special concern to this committee.

1. The committee is attempting to improve the accuracy and kind of faculty salary data collected. It is eager to improve its usefulness and to increase the number of schools reporting.

2. The first meeting of the business officers group has been held. There was a great diversity in the knowledge and the responsibilities of the individuals in attendance. The group requested that the deans designate the individual who is most knowledgeable about the business affairs as the representative to this group.

In conclusion, on behalf of the Steering Committee, Dr. Maloney introduced the following resolution for adoption by the Institutional Membership and transmittal in a letter to Mrs. Augustus J. Carroll:

The Association of American Medical Colleges wishes you to know of the deep sense of loss it shares in the death of Gus Carroll. His contributions to the welfare of medical education, particularly its financial health, have been visionary, critically important, and everlasting. The membership of the Association extends to you its deepest sympathy in your grief.

On motion, duly seconded, this resolution was unanimously adopted.

There being no further business, the meeting was adjourned at 12:45 P.M.

The Seventy-Ninth Annual Business Meeting and the First Annual Assembly

Shamrock Hilton Hotel, Houston, Texas, November 4, 1968

Dr. John Parks, President, called the meeting to order at 1:30 P.M. Dr. Robert B. Howard, Secretary-Treasurer, called the roll. Voting members not represented were 16 Institutional Members and 2 Provisional Institutional Members.

Articles of Incorporation and Bylaws

The first item on the agenda was the proposed revision in the Articles of Incorporation and Bylaws of the Association of American Medical Colleges.

Upon motion, seconded, and carried, the revisions in the Articles of Incorporation and Bylaws as proposed were unanimously adopted. The Articles of Incorporation and Bylaws as amended on November 4, 1968 appear on pages 456-462.

Upon the adoption of the amended Articles of Incorporation and Bylaws, Dr. John Parks called to order the First Annual Assembly of the Association of American Medical Colleges. Under the newly-structured AAMC, an additional body of voting members was authorized: 34 from the Council of Teaching Hospitals and 27 from the Council of Academic Societies. Dr. Howard called the roll of the latter group, and 12 academic societies were represented. The roll of the Council of Teaching Hospitals representatives was not called. A quorum was declared present.

Annual Reports

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 Federal Health Programs Committee were presented. On motion, seconded, and carried, these reports, which appear elsewhere in these proceedings were accepted.

Principal Recommendations of the Workshop on Medical School Curriculum

Principal recommendations of the Workshop on Medical School Curriculum which were forwarded to the Executive Council by the workshop participants were distributed to members of the Assembly. Workshop participants urged that the Executive Council and the Institutional Membership of the Association of American Medical Colleges adopt these specific recommendations in the near future.

Dr. William N. Hubbard, Jr., Chairman of the *ad hoc* Curriculum Committee and workshop, addressed the Assembly:

The Executive Council endorses the overriding recommendation and commends to each medical school the 5 specific recommendations for consideration and decision in light of the differing individual capacities of each institution.

The overriding recommendation and the 5 specific recommendations in reference follow:

Medical schools must now actively revise the content and methods used in the total span of the education of the physician so that his professional competence will be most relevant to meeting the changing health needs of the people. This recommendation reflects the unique

social purpose of a medical school which is the primary education of the physician. An academic medical center and a university medical faculty engage heavily in a variety of health-related educational programs, basic and clinical research, and a wide range of patient services that are all essential contributions to health; but these efforts are appropriately collateral to the fundamental obligation for the education of the physician.

1. Medical schools must increase their output of physicians. All schools should immediately increase the number of entering students, accelerating expansion by redistributing temporarily the use of existing resources.

2. Medical schools must admit increased numbers of students from geographic areas, economic backgrounds, and ethnic groups that are now inadequately represented.

3. Medical schools must individualize the education of the physician to fit the students' varying rates of achievement, various educational backgrounds, and differing career goals.

4. Medical school curricula should be developed by interdepartmental groups that include participation of students. Curricula should be ratified by the faculty as a body rather than by individual departments.

5. The medical schools must now assume a responsibility for education and research in the organization and delivery of health services.

The motion was made, seconded, and passed to adopt the recommendations as submitted by the workshop participants and endorsed by the Executive Council.

Later in the meeting Dr. Ralph J. Wedgwood stated his concern that the intent of the motion that was adopted by the Assembly in that it did not reflect the actual concern within the community of medical education for increased production in physicians. Dr. Wedgwood therefore offered the following motion:

That the schools of medicine and the faculties and hospitals involved in teaching will to the best of their institutional capabilities increase medical school enrollment and will incorporate within the student bodies larger numbers of students from geographic areas,

economic backgrounds, and ethnic groups that are currently inadequately represented.

By way of clarification, Dr. Hubbard said that Dr. Wedgwood's proposal added an expression of intent to undertake affirmative action to the fullest possible extent in relationship to increasing the output of physicians. The motion that was adopted by the Executive Council and endorsed by the Assembly did not isolate that as a separate and special intent.

The motion which was made by Dr. Wedgwood was called to a standing vote and was defeated.

The motion was then offered by Dr. Hubbard, and seconded from the floor, that the record show the defeat of this motion to be due to the view that the motion was redundant, that that motion passed by the Assembly subsumed the motion that was subsequently offered, and that in that sense it need not be passed. This motion was unanimously passed by the Assembly.

Council of Academic Societies

Dr. Thomas D. Kinney, Chairman of the Council of Academic Societies, brought before the Assembly the recommendation of the Council of Academic Societies and the Executive Council of the Association of American Medical Colleges that 3 new societies be elected to membership in the Council of Academic Societies: the Society of University Surgeons, the American Association of Plastic Surgeons, and the American Association of Neuropathologists.

Assembly members received background information on the current membership of the Council of Academic Societies. Of the 27 active societies, 8 may be construed as allied to the basic sciences, 8 may be identified as belonging to the 5 major clinical disciplines, and 11 as representing the more highly specialized clinical areas. One society, the Society of University Cardiologists, declined an invitation to join, and another, the American Gynecological Society, has resigned. A list of the membership follows:

Basic Science Disciplines

American Academy of Microbiology
 American Association of Anatomists
 American Society of Biological Chemists, Inc.
 American Physiological Society
 Association of Chairmen of Departments of Physiology
 American Association of Pathologists and Bacteriologists
 American Association of University Professors of Pathology
 Academic Clinical Laboratory Physicians and Scientists

Major Clinical Disciplines

American Association of Chairmen of Departments of Psychiatry
 American Pediatric Society
 Association of Medical School Pediatric Chairmen
 Association of Professors of Gynecology and Obstetrics
 Association of Professors of Medicine
 Association of American Physicians
 Society of Surgical Chairmen
 American Surgical Association

Specialized Clinical Disciplines

Association of Teachers of Preventive Medicine
 American Neurological Association
 Association of University Anesthetists
 Association of University Professors of Ophthalmology
 Society of University Otolaryngologists
 Association of Professors of Dermatology
 Association of University Radiologists
 Society of Chairmen of Academic Radiology Departments
 Society of University Urologists
 American Association of Neurological Surgeons
 Joint Committee on Orthopaedic Research and Education Seminars

Academic Societies Nominated for Election

Motion was made, duly seconded, and unanimously passed to admit the following 3 societies to membership in the Council of Academic Societies, bringing the total of its membership to 30:

Society of University Surgeons.—This society was founded in 1938 and has approximately 500 members. Its purpose has been to foster the development of the academic and particularly the research careers of young surgeons. In its thirty years of existence it has become an eagerly sought honor, and membership in it a significant milestone in the development of the careers of academic surgeons. With rare exceptions its members are actively engaged in medical school teaching. Since it has a cutoff age

of 45, this does much to characterize the membership.

The American Association of Plastic Surgeons.—This society was founded in 1921 and has approximately 125 members. Election to it is based on outstanding accomplishment in the field of plastic surgery. Its membership includes virtually all of the established academically-oriented plastic surgeons in the country. It is the first society devoted to the interest of this discipline recommended for membership. The Executive Committee selected it from the 3 plastic surgery organizations applying.

American Association of Neuropathologists.—This society was founded in 1960 and has 351 members. The members are overwhelmingly identified with medical

schools. The program of this society is definitely scientific and research oriented. This will be the fourth society composed predominantly of pathologists recommended for admission to the Council of Academic Societies.

Dr. Kinney next brought before the Assembly the following recommendation from the Council of Academic Societies:

The Council of Academic Societies goes on record as favoring an increasing role and responsibility of the universities for graduate medical education.

Upon motion, duly seconded, the Assembly unanimously adopted it.

Dr. Kinney then offered the following recommendation:

The Council of Academic Societies recommends that the Association of American Medical Colleges support the formation of a Commission on Graduate Medical Education.

Both of these recommendations, Dr. Kinney explained, emanated from the workshop sponsored by the Council of Academic Societies on the Role of the University in Graduate Medical Education, held from October 2-5, 1968 in Washington, D.C. Both recommendations were approved by the voting membership of the Council of Academic Societies and by the Executive Council of the AAMC.

A motion was made, seconded, and unanimously voted to adopt it.

Council of Teaching Hospitals

Lad F. Grapski, Chairman of the Council of Teaching Hospitals, submitted the listing of the COTH representatives to the Assembly. The names of these representatives appear in the COTH Annual Report.

Mr. Grapski also presented a progress report on COTH program activities and informed the Assembly of the contract that COTH has received from the National Center for Health Services Research and Development to study the feasibility of establishing a Teaching Hospital Information Center.

Also, COTH will be publishing a membership directory that identifies in 1 comprehensive document facilities, services, and educational programs available in the teaching hospitals.

Provisional and Institutional Members

The Executive Council approved the 1968 progress reports from 11 schools and recommended their acceptance as Provisional Members of the Association of American Medical Colleges for the year 1968-69. The vote was called, and the motion carried. The Council also recommended 2 schools for Institutional Membership. Upon motion, duly seconded, the Assembly voted unanimously to adopt the recommendations of the Executive Council for approval of the following schools to Provisional Institutional Membership and full Institutional Membership respectively:

Provisional Institutional Members

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)

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

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

Institutional Members

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

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

Emeritus Members

Emeritus Membership in the AAMC is reserved for those men who have distinguished themselves in dealing with problems of and in contributing to the progress of medical education. The men listed below have been nominated by their institutions from the direction of the affairs of which each has retired. The Executive Council has endorsed these nominations. On motion, seconded and carried, the following were elected to Emeritus Membership: Dr. David W. E. Baird, Dean Emeritus, University of Oregon Medical School; Dr. Coy C. Carpenter, Emeritus Vice President for Medical Affairs and former Dean, the Bowman Gray School of Medicine of Wake Forest University; Dr. Victor Johnson, Director Emeritus, Mayo Foundation for Medical Education and Research; and Dr. John J. Sheinin, President Emeritus and Emeritus Professor of Anatomy and former Dean, the Chicago Medical School.

Individual Members

On motion, seconded, and carried, a total of 381 Individual Members (as listed on pages 14 through 25 in the agenda book) were voted into the AAMC.

Other Business

Dr. Warren L. Bostick suggested that the new officers and Executive Council seriously consider reforming the meetings of the Assembly to assure a better informed membership. He objected to the meeting falling at the conclusion of the Annual Meeting.

Dr. Robert B. Howard offered a resolution to thank Dr. Kenneth R. Crispell, Chairman of the Annual Meeting Program Committee, and Dr. Cheves McC. Smythe, AAMC Associate Director, for the superb meeting just concluded. This motion was seconded and passed, and the Assembly rose in applause to Drs. Crispell and Smythe.

Installation of Officers and Executive Council Members

The next item of business was the report of the Nominating Committee. Dr. Isaac M. Taylor, Chairman of the committee, explained that the Nominating Committee had operated under the assumption that the Bylaws would be amended. This required nominations for all Officers and Executive Council members except for the Chairman of the Assembly, who, prior to the revision of the Bylaws was the President-Elect. The

Nominating Committee endorsed recommendations from the Council of Academic Societies and from the Council of Teaching Hospitals, as well as offering nominations for Chairman-Elect of the Assembly, Executive Council representatives from the Council of Deans, and Chairman and Chair-

Elect from the Council of Deans.

Dr. Parks called for nominations from the floor, but there were none. The motion was made and seconded that nominations be closed. The slate presented was unanimously elected. The Officers and Executive Council members for 1968-69 follow:

Officers

Chairman of the Executive Council: Robert J. Glaser,
Stanford University

Chairman-Elect: Robert B. Howard, University of Minnesota

Chairman, Council of Deans: William G. Anlyan, Duke University

Chairman, Council of Academic Societies: Jonathan E. Rhoads,
University of Pennsylvania

Chairman, Council of Teaching Hospitals: Roy S. Rambeck,
University of Washington

Council of Deans

Carleton B. Chapman, Dartmouth, 1971

Kenneth R. Crispell, University of Virginia, 1971

Charles C. Sprague, University of Texas, Southwestern, 1971

Merlin K. DuVal, University of Arizona, 1970

Robert H. Felix, St. Louis University, 1970

Robert M. Bucher, Temple University, 1969

Franklin Ebaugh, Jr., Boston University, 1969

John R. Hogness, University of Washington, 1969

Council of Academic Societies

Thomas D. Kinney, Duke University, 1971

James V. Warren, Ohio State University, 1971

Daniel C. Tosteson, Duke University, 1970

Council of Teaching Hospitals

T. Stewart Hamilton, Hartford Hospital, 1970

Russell A. Nelson, Johns Hopkins Hospital, 1969

Dr. Robert Felix commended Dr. John Parks for his superb services as President of the Association. There was a standing ovation in response to this commendation.

Dr. Parks then turned the gavel of the Association of American Medical Colleges over to Dr. Robert J. Glaser.

Dr. Glaser added his personal apprecia-

tion to the outgoing President, Dr. Parks, for a job well done, and cited Drs. Berson and Smythe and AAMC staff for the excellent support provided during this past year and for the success of the meeting.

Dr. Glaser announced that the next meeting of the Assembly would be held February 8, 1969 in Chicago. Dr. Glaser adjourned the meeting at 3:15 P.M.

The Seventy-Ninth Annual Meeting

Shamrock Hilton Hotel, Houston, Texas, November 1-4, 1968

Plenary Sessions*

The meeting was called to order on November 1, 1968 at 9:00 A.M. by Dr. John Parks, AAMC President. Selected as the theme for this Annual Meeting was "Medical Education and Physician Manpower." The first plenary session addressed "The Issues."

Speakers

Opening this session was the Honorable Wilbur J. Cohen, Secretary, Department of Health, Education, and Welfare, who considered "Medical Education and Physician Manpower from the National Level." Next, Dr. James L. Dennis, Vice President, Director of the Medical Center, and Dean of the School of Medicine, University of Oklahoma, reported on "Medical Education, Physician Manpower, the State and Community." Alexander Robertus, Baron Todd, Chairman of the Royal Commission on Medical Education, and Nobel Laureate Chemist, Christ College, Cambridge, spoke on "A British View of Medical Education."

Presidential Address

Concluding this morning session, Dr. John Parks, AAMC President and Dean, George Washington University School of Medicine, gave the Presidential Address entitled, "The University Medical Center."

This session was called to order on November 2, 1968 at 9:00 A.M. by President Parks. The session speakers focused on "The Specific Problems."

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

Speakers

The first speaker, Dr. John H. Knowles, General Director, Massachusetts General Hospital, reported on "The Quantity and Quality of Medical Manpower: A Review of Medicine's Current Efforts." A panel presentation was then made on the topic of the "Specific Needs for Medical Manpower." The moderator of this panel was Dr. Robert J. Glaser, AAMC President-Elect; Acting President, Vice President for Medical Affairs, and Dean of the School of Medicine, Stanford University. Panelists and their topics were: Dr. William R. Willard, Vice President for the Medical Center, University of Kentucky, "The Primary Physician"; Dr. Martin Cherkasky, Professor and Chairman, Department of Community Medicine, Albert Einstein College of Medicine of Yeshiva University, and Director, Montefiore Hospital and Medical Center, "Medical Manpower Needs in Deprived Areas"; and Dr. William B. Castle, Francis Weld Peabody Faculty Professor of Medicine, Harvard Medical School, "Improved Utilization of Medical Faculty."

Alan Gregg Memorial Lecture

Concluding the morning session was the delivery of the Eleventh Alan Gregg Memorial Lecture by John M. Russell, President of the John and Mary R. Markle Foundation. The lecture was entitled, "A Letter to Alan Gregg."

Annual Banquet

The Annual Banquet was held on November 2, 1968 at 7:30 P.M., after which the

evening session was called to order by President Parks. After the introduction of the guests seated at the head table, the annual awards were presented.

Borden Award

Dr. Arthur Kornberg, Professor and Chairman of the Department of Biochemistry at Stanford University School of Medicine, received the Twenty-Second Annual Borden Award in the Medical Sciences. The presentation was made by a member of the Borden Award Committee, Dr. Harry H. Gordon, Dean, Albert Einstein College of Medicine of Yeshiva University. Dr. Kornberg, a 1959 Nobel Prize winner, was cited especially for his research discoveries in the field of biochemical genetics.

Abraham Flexner Award

Senator Lister Hill of Alabama was selected as recipient of the Eleventh Annual Abraham Flexner Award for Distinguished Service to Medical Education. The award was presented by the Chairman of the Committee for the Flexner Award, Dr. James L. Dennis, Vice President, Director of the Medical Center, and Dean of the School of Medicine, University of Oklahoma.

The award was given to Senator Hill in recognition of his long and valued leadership in the advancement and quality of medical education, research, and health care in the United States. As Senator Hill was unable to be present at the banquet, a film of the award presentation and his acceptance of it was made earlier, and the film was shown at this time.

Following the presentation of the awards, the evening session recessed at 9:30 P.M.

The meeting was called to order on November 3, 1968 at 9:00 A.M. Presentations in this session dealt with the question: "What Can Be Done Now?"

Opening this plenary session was Dr. William N. Hubbard, Jr., AAMC Past President and Dean, University of Michigan Medical School, who enumerated the principal recommendations emerging from the

Workshop on Medical School Curriculum held September 18-22, 1968 in Atlanta, Georgia. Following Dr. Hubbard's presentation, other workshop participants highlighted other aspects of the workshop. Speaking were: Dr. John A. D. Cooper, Dean of Sciences, Northwestern University; Dr. John A. Gronvall, Associate Dean, University of Michigan Medical School; Dr. George R. DeMuth, Associate Dean for Academic Affairs, University of Michigan Medical School; and Dr. Peter V. Lee, Professor of Medicine and Pharmacology, University of Southern California School of Medicine.

At 10:45 A.M. the plenary session adjourned into 6 small discussion groups.* Topics considered and panelists were:

Panel 1. Physicians for Deprived Areas:

Do We Need a Different Reward System?

—Dr. Roger O. Egeberg, Dean, University of Southern California School of Medicine, *Moderator*; Dr. George Christakis, Assistant Dean for Student Affairs, Mount Sinai School of Medicine, *Recorder*; Dr. James G. Haughton, First Deputy Administrator for the City of New York, Health Services Administration; Dr. Gary D. London, Director, Health Services Office, Community Action Program, Office of Economic Opportunity; and Dr. Robert E. Tranquada, Associate Professor and Chairman, Department of Community Medicine and Public Health, University of Southern California School of Medicine.

Panel 2. Factors or Barriers Involved in Student Selection for the Study of Medicine.

—Dr. John L. Caughey, Jr., Associate Dean, Case Western Reserve University School of Medicine, *Moderator*; Dr. James W. Bartlett, Associate Dean, University of Rochester School of Medicine and Dentistry, and Medical Director, Strong Memorial Hospital; Dr. John E. Chapman, Associate Dean for Education, Vanderbilt University School of Medicine; Dr. Roy K. Jarecky, Associate Dean of Admissions and

*Summaries of all panel discussions will be published in *The Journal of Medical Education*.

Student Personnel, University of Kentucky Medical Center; and Dr. Edward S. Petersen, Assistant Dean, Northwestern University Medical School, *Recorder*.

Panel 3. Production of Teachers: The Responsibility or Mission of All Schools or a Few Selected Schools?—Dr. Sherman M. Mellinkoff, Dean, University of California School of Medicine, Los Angeles, *Moderator*; Dr. William G. Anlyan, Dean, Duke University School of Medicine; Dr. Lewis W. Bluemle, Associate Dean, University of Pennsylvania School of Medicine, *Recorder*; Dr. Thomas A. Gonda, Associate Dean, Stanford University School of Medicine; and Dr. Daniel C. Tosteson, Professor and Chairman, Department of Physiology and Pharmacology, Duke University School of Medicine.

Panel 4. Student and Faculty Attitudes Toward Early Career Commitment.—Dr. Robert H. Ebert, Dean of the Faculty of Medicine and President of the Medical Center, Harvard Medical School, *Moderator*; Dr. T. Albert Farmer, Jr., Associate Dean and Director, Student Affairs, Medical College of Alabama, *Recorder*; George G. Fishman, Student, Boston University School of Medicine; Dr. Daniel H. Funkenstein, Assistant Professor of Psychiatry, Harvard Medical School; Richard S. Lieberman, Student, University of Illinois College of Medicine; and Dr. E. Croft Long, Associate Dean for Undergraduate Medical Education, Duke University School of Medicine.

Panel 5. Can the Formal Education of the Physician be Shortened?—Dr. Carleton B. Chapman, Dean, Dartmouth Medical School, *Moderator*; Dr. John A. D. Cooper, Dean of Sciences, Northwestern University, *Recorder*; Dr. David G. Freiman, Professor of Pathology, Beth Israel Hospital, Boston; Dr. F. C. Pannill, Dean, University of Texas Medical School at San Antonio; and Dr. August G. Swanson, Associate Dean, Student Affairs, University of Washington School of Medicine.

Panel 6. Need for Physicians: Numbers, Redistribution, or Better Utilization?—Dr.

Joseph F. Volker, Vice President for Birmingham Affairs and Director of the Medical Center, University of Alabama, *Moderator*; Dr. Glenn W. Irwin, Jr., Dean, Indiana University School of Medicine, *Recorder*; Dr. John H. Knowles, General Director, Massachusetts General Hospital; Dr. Edmund D. Pellegrino, Vice President for Health Sciences and Director of the Health Sciences Center, State University of New York at Stony Brook; and Dr. Frank Sloan, Staff Economist, Rand Corporation.

The plenary session resumed at 2:00 P.M. A report on the "Current Status of the Regional Medical Programs" was given by Dr. Stanley W. Olson, Director, Division of Regional Medical Programs, Department of Health, Education, and Welfare.

The session then adjourned into 5 small discussion groups. Topics considered and panelists were:

Panel 7. Will Curriculum Changes Affect Career Choices: Fact or Fancy?—Dr. John R. Hogness, Chairman, Health Sciences Division, and Dean, University of Washington School of Medicine, *Moderator*; Dr. Stephen Abrahamson, Director, Division of Research in Medical Education, University of Southern California School of Medicine; Dr. J. A. L. Gilbert, Director, Research in Medical Education, University of Alberta Faculty of Medicine; Dr. John A. Gronvall, Associate Dean, University of Michigan Medical School, *Recorder*; Dr. Thomas H. Hunter, Chancellor for Medical Affairs, University of Virginia; and Dr. Thomas D. Kinney, Professor and Chairman, Department of Pathology, Duke University School of Medicine.

Panel 8. Should Practice Models be Part of the Curriculum?—Dr. Leon O. Jacobson, Dean of the Division of the Biological Sciences, University of Chicago, Pritzker School of Medicine, *Moderator*; Dr. David P. Earle, Professor and Chairman, Department of Medicine, Northwestern University Medical School; Dr. Richard L. Landau, Professor and Chairman, Division of Endocrinology and Metabolism, Universit/

of Chicago, Pritzker School of Medicine; Dr. William F. Maloney, Dean, Tufts University School of Medicine, *Recorder*; Dr. Edmund D. Pellegrino, Vice President for Health Sciences and Director of the Health Sciences Center, State University of New York at Stony Brook; and Dr. Carroll Witten, Chairman, Examination Committee, American Academy of General Practice.

Panel 9. Student Opinions of the Present Medical Curriculum.—Dr. Harry H. Gordon, Dean, Albert Einstein College of Medicine of Yeshiva University, *Moderator*; C. Clement Lucas, Jr., SAMA President, University of North Carolina School of Medicine; David S. Pisetsky, President of the Sophomore Class, Albert Einstein College of Medicine of Yeshiva University; Michael Schatz, Student, Northwestern University Medical School; and Dr. Carl H. Slater, Fellow, Office of Research in Medical Education, University of Illinois College of Medicine, *Recorder*.

Panel 10. Training and Distribution of Specialists: Local or National Policy?—Dr. Julius B. Richmond, Acting President of the Medical Center, Dean of the College of Medicine, and Professor and Chairman of the Department of Pediatrics, State University of New York, Upstate Medical Center, *Moderator*; Dr. Paul D. Doolan, Associate Dean, Medical College of Virginia School of Medicine, *Recorder*; Dr. Leonard D. Fenninger, Director, Bureau of Health Manpower, U.S. Public Health Service, Department of Health, Education, and Welfare;

Dr. Lyndon E. Lee, Jr., Director of Surgical Services, Veterans Administration Central Office, Washington, D.C.; Dr. John C. Nunemaker, Associate Director, Medical Education Division, American Medical Association; and Dr. Edward C. Rosenow, Jr., Executive Director, American College of Physicians.

Panel 11. The Foreign Medical Graduate: Responsibilities and Liabilities.—Dr. Dwight L. Wilbur, President, American Medical Association, *Moderator*; Dr. Robert L. Evans, Department of Medical Education, York Hospital, York, Pennsylvania; Dr. J. Wendell Macleod, Executive Director, Association of Canadian Medical Colleges, *Recorder*; Dr. Harold Margulies, Secretary, Council on Health Manpower, American Medical Association, Washington, D.C.; Dr. C. H. William Ruhe, Director, Medical Education Division, American Medical Association; and Dr. Charles C. Sprague, Dean, University of Texas, Southwestern Medical School.

The final plenary session was called to order on November 4, 1968 at 9:00 A.M. by President Parks, who then turned the session over to Dr. Dwight L. Wilbur, President, American Medical Association, who served as moderator of the panel presentations. Summaries of the conclusions and recommendations reached by each of the previous day's 11 panels were presented.

The session adjourned at 11:30 A.M.

Meeting of the Business Officers Section*

After one year's planning, a Business Officers Section (BOS) of the AAMC was formally organized November 1, 1968 with the adoption of Bylaws and the election of officers. The Executive Council had given approval for the development of this organization in December, 1967. Shortly thereafter a

Planning Committee was named by the late A. J. Carroll to organize the new section and prepare a program for the 1968 Annual AAMC Meeting. Members of the committee to organize the new section are named in the Annual Report of the BOS.

The deans of the nation's medical schools were asked to nominate a representative from their school to membership in this new

*Summary prepared by Thomas J. Campbell, Assistant Director, AAMC Division of Operational Studies.

organization. The deans reacted enthusiastically to this new section.

Officers.—Officers elected for the coming year include: Joseph A. Diana, Jr., University of Michigan Medical School, *Chairman*; H. O. Parker, Bowman Gray School of Medicine, *Vice Chairman*; William Hilles, New York Medical College, *Secretary*; and C. N. Stover, Jr., University of Utah Medical Center, *Treasurer*.

Plenary Session

The main address was the First A. J. Carroll Memorial Lecture given by Dr. Julius B. Richmond, Acting President of the State University of New York, Upstate Medical Center at Syracuse. Dr. Richmond was a long-time, personal friend and associate of Mr. Carroll. This Memorial Lecture was established by the BOS members in tribute to their late colleague who took the first steps in organizing the section.

Other speakers included in this one-half day program were Dr. Manson Meads, Dean, Bowman Gray School of Medicine of Wake Forest University, who spoke on "A

Deficit in Medical School Administration"; Dr. William F. Maloney, Dean, Tufts University School of Medicine, who outlined "The Relationship of the Business Officer with AAMC"; and Robert F. Kerley, Vice-President of Business Affairs, University of Kentucky, whose topic was "The Relationship of the Business Officer with COGR [Committee on Governmental Relations]."

Regional Meetings

Plans for holding regional meetings and workshops for the coming year were discussed. Regional organizations were developed and meetings were held. This met with a great deal of success, since many of the members were not acquainted and a large majority of the representatives have been in their positions for a relatively short period of time.

Conclusion

The first annual meeting of the Business Officers Section was considered a great success. The enthusiasm for this new organization was reflected in the attendance by 105 individuals representing 78 medical schools.

Conference on Continuation Medical Education

The Conference on Continuation Medical Education was convened on Thursday, October 31, 1968. The morning session was opened at 9:00 A.M. by the Chairman, Dr. Frank M. Woolsey, Jr., Associate Dean, Professor and Chairman, Department of Postgraduate Medicine, Albany Medical College of Union University.

The theme of this Conference was "Methods of Instruction." The first speaker to address this topic was Dr. Woolsey, whose title was "Now is the Time." Next, Dr. W. Albert Sullivan, Jr., Director of Continuing Medical Education, University of Minnesota Medical School, reported on "Physician Attitudes Toward Learning." Dr. C. Wesley Eisele, Associate Dean for Postgraduate Medical Education, University of Colorado School of Medicine, described "The Medical Audit in Continuing Educa-

tion." Dr. Jesse D. Rising, Professor and Chairman, Department of Postgraduate Medical Education, University of Kansas School of Medicine, outlined "Home Study Courses." Dr. S. E. Sivertson, Assistant Clinical Professor of Medicine, University of Wisconsin Medical School, described "Single Concept Films." Dr. Thomas C. Meyer, Associate Dean, Continuing Education, University of Wisconsin Medical School, then gave a report on "Dial Access Tapes." The next speaker, Dr. Charles F. Bridgman, Director, Office of Learning Resources and Assistant Dean, University of California, San Diego School of Medicine, discussed "Tutorial Environment." Dr. William G. Harless, Chief, Instructional Systems, Office of Research in Medical Education, University of Illinois College of Medicine, enumerated "Some Experiences

with Computer-Assisted Instruction." Dr. Charles R. Smart, Director, Tumor Registry, Intermountain Regional Medical Program Cancer Coordinator, University of Utah College of Medicine, reported on "The Computer and Patient-Oriented Cancer Education." Concluding the morning session was Dr. William P. Nelson, III, Professor of Postgraduate Medicine, Albany Medical College of Union University, whose speech was entitled, "Learning Centers."

The afternoon session was opened at 1:30 P.M. by the Chairman, Dr. William D. Mayer, Dean, University of Missouri School of Medicine. The first speaker of the session was Dr. John Parks, AAMC President and Dean, George Washington University School of Medicine, who spoke on "The University Medical Center's Responsibility for Continuing Education." The next speaker, Dr. Hilliard Jason, Chairman, Medical Education Research and Development, Michigan State University College of Human Medicine, reported on "Programmed Instruction." Dr. Edward C. Rosenow, Jr., Executive Director, American College of Physicians, described "Medical Knowledge Self-Assessment Program." A report on "Two-Way Radio Conferences" was given by Dr. William G. Pace, Assistant Dean and Director of the Center for Continuing Medical Education, Ohio State University College of Medicine. Dr. Donald H. Williams, Professor and Chairman, Department of Continuing Medical Education, University of British Columbia Faculty of Medicine, discussed "Health Team Instruction." Next on the program was a description of "Extra-

mural Programs" by Dr. Paul D. Cudmore, Assistant Director, Postgraduate Division, Dalhousie University Faculty of Medicine. Concluding the formal presentations was a talk given by Dr. Andrew T. Hunter on "AMTVB [Association of Medical Television Broadcasters]—Its Relation to Continuing Medical Education."

Following these presentations, participants met in small discussion groups. Dr. William P. Nelson, III, was Chairman of the first group in which the following topics were discussed: Two-Way Radio Conferences, AMTVB—Its Relation to Continuing Medical Education, Dial Access Tapes, Learning Centers, and Single Concept Films. Dr. Jesse D. Rising served as Chairman of the second group, which dealt with: Home Study Courses, Physician Attitudes Toward Learning, Programmed Instruction, Some Experiences with Computer-Assisted Instruction, and Self-Evaluation. Under the chairmanship of Dr. C. Wesley Eisele, the third group concerned itself with: The Medical Audit in Continuing Education, Extramural Programs, Tutorial Environment, Health Team Instruction, and the Computer and Patient-Oriented Cancer Education. The fourth group, chaired by Dr. Frank M. Woolsey, Jr., gave those in attendance an opportunity to express their thoughts concerning the role of the AAMC in continuing education. The Continuation Education Committee of the AAMC, whose Chairman is Dr. Woolsey, is in the process of drawing up recommendations for augmented activities and responsibilities of the AAMC in continuing education.

Meeting of the Council of Academic Societies*

Plenary Sessions

The Council of Academic Societies (CAS) held its second annual meeting on November 1-2, 1968.

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

Expansion of Enrollment

This session was called to order by Dr. Thomas D. Kinney, CAS Chairman, at 1:30 P.M. on November 1, 1968. Under the theme, "Expansion of Medical School Enrollments Now," 9 speakers covered various aspects of the problem, from the possibili-

ties of decentralization of study in the sciences basic to medicine to a scheme of double scheduling of classes in the same facility. These speakers and their topics were: Dr. Ewald E. Selkurt, Professor and Chairman, Department of Physiology, Indiana University School of Medicine, "Pre-Clinical Sciences Facilities Requirements and Medical School Enrollment"; Dr. Grant O. Graves, Professor and Chairman, Department of Anatomy, Ohio State University College of Medicine, "Need for a Multiple-Track System in Medical Education"; Dr. Thomas M. Peery, Professor and Chairman, Department of Pathology, George Washington University School of Medicine, "Double Scheduling of Medical School Classes"; Dr. Ernst Knobil, Professor and Chairman, Department of Physiology, University of Pittsburgh School of Medicine, "Laboratory and Learning—What is the Effect on Learning of Intensive Laboratory Experience?"; Dr. Robert G. Pierleoni, Assistant Professor of Education, College of Education, and Research Associate in Medical Education, University of Rochester School of Medicine and Dentistry, "Television Tapes and Teaching Machines—How Much of the Classroom Load can be Mechanized?"; Dr. Richard Magraw, Deputy Assistant Secretary, Division of Health Manpower, U.S. Public Health Service, "Multiple Entry Points and Advanced Standing—Implications for Enrollment and Teaching Levels"; Dr. Jonathan E. Rhoads, Professor and Chairman, Department of Surgery, University of Pennsylvania School of Medicine, "Facilities and Other Clinical Sciences Requirements and Expansion of Medical School Enrollments"; Dr. Edward M. Chester, Cleveland Metropolitan General Hospital, Cleveland, Ohio, "The Potential of the Out-Patient"; and Dr. Morton Levitt, Associate Dean, Academic Affairs, Wayne State University School of Medicine, "Attrition—Enroll More, Lose More, but Graduate More."

Each talk alluded to actual mechanisms

for the redirection of available facilities and resources which could result in expanded enrollments. A review was made of studies which reported that medical schools with large enrollments were not only considered not inferior but in some ways actually superior to smaller schools.

The meeting closed with estimates of the possibilities for securing students for enrollment in advanced standing in medical schools and with a discussion of the hospital facilities which increased medical student enrollment might demand.

Report of the Workshop on Graduate Medical Education

This session was convened at 1:30 P.M. on November 2, 1968 by Dr. Daniel C. Tosteson, Professor and Chairman, Department of Physiology and Pharmacology, Duke University School of Medicine.

Dr. Cheves McC. Smythe, AAMC Associate Director, was the first speaker of this session, presenting the audience with a background description of the organization and format of the workshop on The Role of the University in Graduate Medical Education. This three-day conference, held in Washington, D.C., October 2-5, 1968, was attended by approximately 175 medical educators and representatives of many groups and organizations deeply involved with graduate medical education.

Summarizations of their impressions of the workshop were given by Dr. Thomas D. Kinney, Chairman, Council of Academic Societies, and Professor and Chairman, Department of Pathology, Duke University School of Medicine; Dr. Jonathan E. Rhoads, Professor and Chairman, Department of Surgery, University of Pennsylvania School of Medicine; and Dr. Thomas B. Brem, Professor and Chairman, Department of Medicine, University of Southern California School of Medicine. The 3 speakers reflected the apparent consensus of the workshop that the conceptualization of medical education as a continuum required for its realization an increasing role by

the universities in graduate medical education. The attitude that the specialty boards should evolve toward examining and certifying agencies without heavy stress on determining the content or duration of training was emphasized. The need for approval of graduate medical education programs on an institution-by-institution basis, rather than a program-by-program basis, was stressed. The strong support for a Commission on Graduate Medical Education, whose functions have not yet been defined, was described.

National Biomedical Education Communications Network

A report on the potential for a national biomedical education communications network was presented by 2 staff members from the National Library of Medicine: Dr. Martin M. Cummings, Director, and Dr. Ruth M. Davis, Associate Director. They described in broad terms the current state of the technology and the possibilities it permitted and pointed out that input from the most effective and thoughtful medical teachers would be necessary for such a network to reach optimal use.

In the ensuing business meeting, the CAS voiced its support of the biomedical education communications network that had been described and urged its Executive Committee to cooperate with the National Library of Medicine to the fullest.

Annual Business Meeting

This meeting was called to order by Dr. Thomas D. Kinney at 3:30 P.M. on November 2, 1968. Dr. Kinney reported on the activities of the CAS Executive Committee, and Dr. Harry A. Feldman gave the report of the Secretary-Treasurer.

Report of the Executive Committee

Resolutions.—The CAS Executive Committee presented 4 resolutions to their membership, all of which were passed. The membership directed that the following 4 resolutions be forwarded to the AAMC Executive Council and then on to the Assembly for their approval:

1. The Council of Academic Societies goes on record as favoring an increasing role and responsibility of the universities for graduate medical education.

2. The Council of Academic Societies recommends that the AAMC support the formation of a Commission on Graduate Medical Education.

3. The Executive Committee recommends the formation of a Standing Committee on Graduate Medical Education of the Council of Academic Societies.

4. The Council of Academic Societies expresses its concern for continued support for fundamental medical research in addition to urgently needed increased support for the delivery of health services.

Report of the Nominating and Credentials Committee

Membership.—Three new societies were recommended for election to membership, which would bring the total CAS membership to 30: the Society of University Surgeons, the American Association of Plastic Surgeons, and the American Association of Neuropathologists.*

Officers.—The Nominating Committee, chaired by Dr. Ralph J. Wedgwood, brought in the following slate: Jonathan B. Rhoads, University of Pennsylvania, *Chairman*; Daniel C. Tosteson, Duke University, *Chairman-Elect*; Thomas D. Kinney, Duke University, and James V. Warren, Ohio State University, *AAMC Executive Council Representatives (1971)*.

After written ballots were tallied, the foregoing elections were announced.

Other Business

Dr. Clarence Dennis reported concern of the Society of Surgical Chairmen with developments in the Deans Committees of the Veterans Administration Hospitals. After discussion of a number of points, the recommendations submitted by Dr. Dennis were referred to the Executive Committee for final action. The meeting was then adjourned at 5:30 P.M.

*The Assembly of the Association elected these societies to membership on November 4, 1968.

Meeting of the Council of Teaching Hospitals*

The Council of Teaching Hospitals (COTH) program activity at the 79th Annual Meeting of the Association marked the eleventh annual meeting at which teaching hospitals had met with the AAMC. It was the third meeting of COTH with the Association since the Institutional Membership elevated the Medical School-Teaching Hospital Section to Council status in 1965.

Meeting of the Executive Committee

The COTH activities began with a meeting of the Executive Committee at 2:00 P.M. Thursday, October 31. This session, the last of the 1967-68 administrative year, was convened by Chairman Lad F. Grapski. Items of business covered during the meeting included: approval for membership of the Bronx Municipal Hospital (New York); authorization of mail ballot to admit to membership Tucson Medical Center (Arizona), Orange County Medical Center (Orange, California), and Cedars of Lebanon Hospital (Miami, Florida); staff preparation of a discussion paper on the role of the teaching hospital in comprehensive health planning; and approval of AAMC cosponsorship, with COTH as the appropriate focus, of the Fourth Annual Health Services Research Seminar. The meeting was adjourned at 5:00 P.M.

Reception and Luncheon

COTH officially welcomed all AAMC members and guests with a large and successful reception held at 6:00 P.M. on Thursday, October 31. A COTH noon luncheon was held on Friday, November 1, for informal discussion prior to the commencement of the educational portion of the COTH program. Chairman Grapski welcomed those present, and Dr. John Parks, AAMC President, commented briefly on the AAMC year's activities.

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

Joint Meeting of GSA and COTH Representatives

The elected officers and staff of COTH and several representatives from GSA met for informal discussion of common areas of interest on Friday morning, November 1, at 7:30 A.M. After a lengthy discussion of these areas, there was agreement by representatives of both components that the meeting had been fruitful and that there should be continued informal liaison between the 2 organizations. It was also agreed they would meet again in February, 1969.

COTH Plenary Session

On Friday afternoon, November 1, the Plenary Session of the Council of Teaching Hospitals was called to order by Chairman Lad F. Grapski. The program consisted of 4 papers of topical interest to those engaged in the administration of teaching hospitals.

The Honorable Boisfeuillet Jones, Chairman, National Advisory Commission on Health Facilities and President, Emily and Ernest Woodruff Foundation, Atlanta, Georgia, spoke on "Modernization and Expansion of Teaching Hospitals: A Look to the Future." He suggested that while the hospital generally, and the teaching hospital particularly, has become a symbol of strength in our system of health care, the teaching hospital, along with its related medical education involvement assumes for the future a much more responsible and leading role in total planning for comprehensive health services.

Mr. Jones emphasized 1 thought which he regarded to be the most important—". . . the concept of organization must join that of the art and the science of medical practice of modern day times." He said that teaching hospitals and medical schools can no longer avoid effective emphasis on the organization of community and region-wide health care delivery systems as an essential part of the educational process which has

through many years emphasized art and science.

Ray Brown, Executive Vice President, Affiliated Hospitals Center (Harvard), Boston, Massachusetts, in his presentation, "Realigning the Hospital System: Emerging Forces and Evolving Patterns," acknowledged that there were many social forces in process which would necessitate the restructuring of the existing methods of delivering health care in the nation. He emphasized the number of combinations of mergers and consolidations occurring in nonhealth care distributive industries that could be followed in restructuring the hospital system.

Dr. Thomas McCarthy in his role as Deputy Director of the National Center for Health Services Research and Development, Department of Health, Education, and Welfare, described the Center as serving as the federal focus in organizing a program of research, development, demonstration, and training, supported by grants, contracts, and intramural effort related to major national problems in health care. He indicated that initial priority has been given to research and development directed to improving health care programs for the disadvantaged and to problems affecting the costs of medical care.

Thomas M. Tierney, Director of the Bureau of Health Insurance, Social Security Administration (SSA), said that he recognized the problems of teaching hospitals with regard to their needs for modernization funds, but he stressed the fact that the program referred to as medicare is properly identified by the Congress as the "Health Insurance for the Aged" program operated with "trust funds" in contrast with "general revenue." These funds must be used for the beneficiary participants and not as a source of funding for capital expansion. He referred also to the matter of reimbursement for physicians supervising interns and residents and indicated that SSA has gone as far as it can in the interpretation of the law (P.L. 89-97) in this regard.

Mr. Tierney expressed the hope that

COTH and the AAMC would continue to call the attention of Congress to the very real needs and the tremendously important role of the teaching hospitals of this nation as the very foundation of society's health care services.

Meetings of the Nominating Committee

The COTH Nominating Committee held 2 open sessions at which time nomination for Officers, Executive Committee members, and COTH representatives to the AAMC Assembly could be made by any COTH member. These sessions were held on Friday, November 1 at 5:15 P.M. and on Saturday, November 2 at 12:30 P.M. A final closed session of the Nominating Committee was held on Sunday, November 3.

Concurrent Discussion Sessions

The traditional COTH Discussion Sessions were held on Saturday afternoon, November 2. These sessions consisted of 4 groups, each of which examined a particular theme relating to subject matter presented at the November 1 COTH Plenary Session. The 4 sections met concurrently, from 2:00 P.M. to 5:00 P.M., and each attending COTH member chose the topic with which he was most concerned and interested. The total attendance at the 4 concurrent discussion sessions approximated 400 persons.

Each discussion session was chaired by a hospital administrator. The chairman was in all but 1 case joined by a discussant and 2 to 3 resource panelists (not necessarily from the hospital field) chosen for their national competence on the theme, who served as resource individuals for the particular topics under discussion. The topics considered and the panel members follow: (a) "Teaching Hospital Modernization and Construction," Richard T. Viguers, *Chairman*; Dr. Charles E. Burbridge, *Discussant*; Boisfeuillet Jones, *Speaker*; Sister Anthony Marie FitzMaurice, George E. Cartmill, and Dr. John C. Haldeman, *Resource Panelists*; (b) "Realigning the Hospital System: Forces and Patterns," Dr. Ernest C. Shortliffe, *Chairman*; Ray E. Brown, *Speaker*;

William S. Cowles, Jr., Dr. Karl S. Klicka, and W. Wilson Turner, *Resource Panelists*; (c) "National Center for Health Services Research and Development," Edward J. Connors, *Chairman*; David L. Everhart, *Discussant*; Dr. Thomas McCarthy, *Speaker*, Sam A. Edwards, Al A. Gavazzi, and Dr. Ellsworth T. Neumann, *Resource Panelists*; (d) "Medicare and the Financing of Teaching Hospitals," David L. Odell, *Chairman*; Dr. Thomas G. Bell, *Speaker*, Dr. Donald J. Caseley, *Discussant*, Walter W. Diggs, Dr. David V. Habif, and Dr. Stanley W. Olson, *Resource Panelists*.

COTH Annual Institutional Membership Meeting

The Third COTH Annual Institutional Membership Meeting was called to order at 12:15 P.M. on Monday, November 4, by Chairman Grapski. As first order of business, the Chairman asked for approval of the report of the Second Annual Meeting as published in the Proceedings of the Association of American Medical Colleges for 1967 (*J. Med. Educ.*, 43:597-602, 1968). The motion was made, duly seconded, and unanimously passed.

Report of the Nominating Committee

Mr. Grapski then called upon Harold H. Hixson, Acting Chairman of the Nominating Committee, for the committee's report. Mr. Hixson noted that the committee had con-

sisted of Stanley A. Ferguson, Dr. Donald J. Caseley, Dr. Russell A. Nelson, and himself. He indicated for the record that he was presenting the committee report at the request of Mr. Ferguson who was unable to be present. Mr. Hixson noted that because of the reorganization of the AAMC, and the subsequent need to recommend 34 representatives to the AAMC Assembly, as well as Officers and Executive Committee members, that the magnitude of effort on the part of the Nominating Committee had been very great.

The report of the COTH Nominating Committee was as follows: *Chairman*, 1968-69 Administrative Year, Roy S. Rambeck; *Immediate Past Chairman*, Lad F. Grapski; *Chairman-Elect*, Dr. T. Stewart Hamilton; and *Secretary*, Matthew F. McNulty, Jr. Nominees for three-year terms now vacant on the *COTH Executive Committee* were: L. H. Gunter, David Odell, Irvin G. Wilmot, and for a one-year unexpired term, Dr. Charles E. Burbridge (replacing Dr. T. Stewart Hamilton), and Reid T. Holmes (replacing Dr. LeRoy E. Bates).

Mr. Hixson then indicated the committee's recommendation for COTH representatives to the AAMC Assembly. Comprising the 34 representatives named to the Assembly were 12 each for one- and two-year terms and 10 for three-year terms. The representatives recommended were:

One-Year Term (1968-69)

Dr. Charles E. Burbridge, Freedmen's Hospital (Washington, D.C.)
 Dr. Martin Cherkasky, Montefiore Hospital and Medical Center (New York)
 Edward J. Connors, University of Wisconsin Hospitals
 Charles H. Frenzel, Duke University Medical Center
 Reid T. Holmes, North Carolina Baptist Hospitals
 Lloyd L. Hughes, Rhode Island Hospital
 Dr. Arthur J. Klippen, Veterans Administration Hospital (Minneapolis)
 Dr. Baldwin G. Lamson, University of California Hospital (Los Angeles)
 Charles W. Nordwall, Jackson Memorial Hospital (Miami)
 John M. Stagl, Passavant Memorial Hospital (Chicago)
 Richard D. Vanderwarker, Memorial Hospital for Cancer and Allied Diseases (New York)
 Richard T. Viguers, New England Medical Center Hospital (Boston)

Two-Year Term (1968-70)

Dr. Ernest N. Boettcher, St. Louis University Hospitals
 Ted Bowen, Methodist Hospital (Houston)
 H. Robert Cathcart, Pennsylvania Hospital (Philadelphia)
 Clyde G. Cox, Veterans Administration Hospital (Birmingham)
 Dr. Leonard W. Cronkhite, Jr., Children's Hospital Medical
 Center (Boston)
 Gordon R. Cumming, Sacramento Medical Center
 Sister Anthony Marie FitzMaurice, St. Vincent's Hospital and
 Medical Center of New York
 Charles R. Goulet, University of Chicago Hospitals and Clinics
 Lad F. Grapski, Allegheny General Hospital (Pittsburgh)
 Jack A. L. Hahn, Methodist Hospital of Indiana, Inc.
 Sidney Lewine, The Mt. Sinai Hospital of Cleveland
 Dr. Jack Masur, National Institutes of Health

Three-Year Term (1968-71)

Don L. Arnwine, University of Colorado Medical Center
 George E. Cartmill, Harper Hospital (Detroit)
 Stanley A. Ferguson, University Hospitals of Cleveland
 William B. Forster, Harris County Hospital District (Houston)
 Joe S. Greathouse, Jr., Vanderbilt University Hospital (Nashville)
 L. H. Gunter, Veterans Administration Hospital (Cincinnati)
 Dr. John H. Knowles, Massachusetts General Hospital (Boston)
 David Odell, Los Angeles County-University of Southern California
 Medical Center
 Irvin G. Wilmot, New York University Medical Center
 Charles B. Womer, Yale-New Haven Hospital

Chairman Grapski asked for nominations from the floor. Since there were none, he requested the pleasure of the membership. A motion was made, seconded, and carried without dissent that the report of the Nominating Committee be adopted and the slate presented elected.

Report of the Chairman

Mr. Grapski noted that the Executive Committee had met 5 times during the year to review and discuss matters of concern to the COTH membership as well as to plan with COTH staff for Council activities. He noted the Executive Committee had followed closely the progress of the several appointed committees. Mr. Grapski stressed the strength of the reciprocal relationship between COTH and the AAMC and described how this relationship had allowed

much organizational momentum to be gained.

The Executive Committee had reviewed and recommended to the COTH membership the results of the following committees' deliberations: Committee on Financial Principles for Teaching Hospitals, the Committee on Modernization and Construction Funds for Teaching Hospitals, and the *ad hoc* Committee on Program Development. He noted that these committees would report later at the Institutional Membership meeting.

He noted the continued liaison between COTH and the American Hospital Association (AHA) and the continuation of the COTH regional meeting series. The latter meetings have been successful and will continue to be held as a midyear membership feature as long as the members feel they are

beneficial. He stressed the development of a better understanding of the role of the teaching hospital as represented by the COTH membership and the need for continued development 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. He noted in this regard that the Executive Committee had approved, after careful study, the forthcoming recommendation by the *ad hoc* Committee on Program Development that the dues for membership in the Council of Teaching Hospitals be increased \$200 effective January 1, 1969.

In closing, Mr. Grapski expressed deep appreciation to all members, particularly those on the COTH Executive Committee, who participated in the COTH program activities. Additionally, he extended appreciation to those COTH representatives on the AAMC Executive Council for effective representation: Harold H. Hixson, Dr. Russell A. Nelson, and Dr. T. Stewart Hamilton. Finally, Mr. Grapski expressed a debt of gratitude to Dr. John Parks, AAMC President, and a special thanks to Dr. Robert C. Berson, AAMC Executive Director, and Matthew F. McNulty, Jr., COTH Director, and AAMC Associate Director.

Report of the Director

Mr. McNulty indicated that the COTH Annual Report for 1967-68 outlined in rather specific form COTH activities and accomplishments and stated he did not wish to duplicate that report.

He did, however, want to bring to attention of those present some idea of the dimensions of the massive nature of opportunities and responsibilities now facing teaching hospitals. In this commentary he identified the following 8 items as relating directly to this issue:

1. The Health Manpower Act of 1968.
2. The Report of the Carnegie Commission on Higher Education, which recommended a 60 per cent increase in the output

of medical school graduates.

3. The increase in affiliations between hospitals and colleges of medicine.

4. Increasing interest by the consumer in the delivery of health services.

5. The AAMC Workshop on Role of the University in Graduate Medical Education.

6. The AAMC Workshop on Medical School Curriculum and the recommendations that emanated from that Workshop.

7. The urgent need for planning expanded roles of the teaching hospital.

8. COTH participation in the AMA-AAMC accreditation of undergraduate medical education.

From these developments, he concluded that both the undergraduate and graduate phases of medical education were to be restructured. He continued that this restructuring would affect both the substance and students that enter into the process. He further concluded that this restructuring was indeed underway and that the COTH had the opportunity to play a vigorous, articulate, and participating role in the discussion of change and in the activities relating to this change as a body of educational administrators. He indicated that, while this would require a reexamination of commitments and priorities by administrators of teaching hospitals, he believed, in view of the many forces at work in this field, such a reexamination was necessary.

In closing, he noted that COTH was continuing to have added input into the AAMC, which itself is in a stage of reorganization. He expressed his thanks to those COTH representatives who contributed so effectively to this report.

Report of Ad Hoc Committee on COTH Program Development

Mr. Grapski called upon Dr. Leonard W. Cronkhite, Jr., Chairman of the *ad hoc* committee, to present the report.

Dr. Cronkhite noted that this committee, composed of Dan J. Macer, Stanley A. Ferguson, and himself, was formed by the Executive Committee to review the current program activity of COTH and to consider

the direction and future program development that COTH should take.

He observed that 2 methods of approaching the charge became apparent to the committee: (a) development of the anticipated program activity in accord with a preestablished amount of income generated by dues, grants, and other sources or (b) initial development of the expanded program activity and the subsequent determination of the financial resources necessary to support such a program. It was agreed to follow the latter approach.

The committee reviewed the activities that the Council of Teaching Hospitals could undertake that would be of particular importance to the interests of the membership, as well as other voluntary and governmental agencies. He stressed throughout these discussions that the committee wanted to be certain that the substantive programs under consideration would not duplicate program activities currently being provided on a widespread basis by other organizational bodies.

The committee carefully reviewed the structure of the Council in terms of its responsibilities to its membership and to its immediate publics including medical schools and other hospitals and to its secondary publics, such as foundations, educational associations, and governmental agencies at all levels. From these discussions it was agreed that the 4 major activities that COTH is now so excellently developing be continued and that it should be urged to continue as rapidly as possible in the areas of: (a) representation to as many as possible of the publics having significant interest or policy influence on teaching hospital functions; (b) information to the teaching hospital membership of current development activities, impending programs, et cetera; (c) provision of data on which effective decisions and social policy can be based; and (d) forecasting.

He stressed that these areas of activity had already been and would continue to be extraordinarily useful to all interested in the activities of teaching hospitals, including

administrators, boards of trustees, medical staff, the voluntary system, and the governmental agencies.

Following the committee's report to the COTH Executive Committee, there was a consensus that immediate action was needed, while continued review and consideration would be directed toward identifying further the precise definition of the future programs of COTH.

Upon review of the current financial structure of COTH, the committee recognized that even to maintain existing program levels, more funds were needed.

Dr. Cronkhite then, on behalf of the committee and with the unanimous support of COTH Executive Committee, moved that COTH dues be increased by \$200, effective January 1, 1969, for the 1968-69 fiscal year and annually with the provision that the *ad hoc* committee responsible to the Executive Committee continue to examine the opportunities for program financing and report its findings and recommendations (a) to the Executive Committee in January, 1969, (b) to the membership at its 4 regional meetings, now scheduled to be held April 16, 1969, New York; April 18, 1969, San Francisco; April 30, 1969, Atlanta; and May 1, 1969, Chicago; and (c) to the COTH annual institutional meeting on November 3, 1969.

The chairman then called for a motion whereupon it was moved, seconded, and unanimously approved that effective January 1, 1969 dues be increased to \$700 a year.

Report of Committee on Modernization and Construction Funds for Teaching Hospitals

Mr. Grapski called upon Richard T. Viguers, Chairman, to report. Mr. Viguers recounted some of the developments that led to the formation of the committee. He indicated that publication of the results of the questionnaire administered by COTH was the first time that any data had been gathered on a nationwide basis showing the special needs of teaching hospitals and the size of the needs both for modernization and ex-

pansion. The conclusion indicates the approximate need of something in the magnitude of \$4 billion over the next ten years. He then noted a position paper was developed in an effort to explain this financial need. He stressed that in its preliminary form the position paper has been used with some success by various committees including the National Advisory Commission on Health Facilities, with various legislators, the Bureau of the Budget, and others.

He then moved that the white paper entitled, *Meeting Society's Expectations for Excellence in Service and Education*, as developed by the Committee on Modernization and Construction Funds for Teaching Hospitals and approved by the COTH Executive Committee and the AAMC Executive Council, be approved by the membership. The motion was duly seconded and unanimously approved.

Report of Committee on Financial Principles for Teaching Hospitals

In the absence of Charles R. Goulet, Chairman of the committee, who was unable to be present, Mr. Grapski called upon Richard D. Wittrup, Vice Chairman of the committee, to report. Mr. Wittrup noted the long interest of AAMC in developing cost allocation procedures for teaching hospitals including the "Gus" Carroll Yale-New Haven Study and the AAMC-DHEW Program Cost Allocation Study. He indicated that against this background the COTH Executive Committee believed it vital for COTH to develop a statement on the subject. The committee has been working for the last year to develop such a statement. He said further that the committee now anticipates there will be continued efforts to develop further some of the concepts included in this statement.

Mr. Wittrup then moved that the statement, *Guidelines for Allocating Program Costs in Teaching Hospitals*, as developed by the committee and recommended by the COTH Executive Committee be adopted by the membership. The motion was duly seconded and approved unanimously.

Comments by Robert A. Derzon

Mr. Grapski then called upon Robert A. Derzon, the First Deputy Commissioner, Department of Hospitals, City of New York, for a presentation on the implications of the recent contract settlement between the City of New York and the Committee of Interns and Residents, Inc.

Mr. Derzon indicated that presently in the New York City hospital system, there are 2,600 interns and residents which represents about one half of the total house staff in all hospitals in the city and noted that in effect, the new salary relationships established with hospital staff in New York City will probably affect all but about 10 per cent of the approximately 5,000 house officers in the city. He commented on the history of the Committee of Interns and Residents. In existence since 1958, it has been negotiating with the city for many years and is an association, not a union. The committee hired an attorney to aid with their social security and were formally recognized in 1965 with a three-year contract which brought house officers to the starting level of \$4,500 for interns in 1967 plus a \$900 living-out increment.

He said that the agreement reached had cost the city approximately \$5,545,000 for the 2,600 house officers it presently has, and noted that the agreements the city has with the affiliates will cost—if the affiliates choose to pay these salary levels that are commensurate with the city's—about \$3,666,000 making \$9 million as the settling-out figure for hospital staff currently employed in the municipal hospitals.

When the operations are costed out, this amounts to an increase of \$1.50 per patient day, thus raising the cost from \$3.50 to \$5.00 per patient day. He stressed his belief that these negotiations have shown that the house staffs are very socially conscious, and that in New York City, this social consciousness is felt a little more directly and more actively than in other parts of the country at the current time.

He pointed out that the house staffs are

now negotiating, not merely for benefits to improve their economic well-being; they are also negotiating for improvements in the standards of care. He suggested that collective action for house staffs will spread. However, it probably will not spread outside of New York City under the auspices of the Committee on Interns and Residents, because they simply do not have the organization nor the desire to expand their activities, and they are not interested in activities outside of New York State.

In summary he noted that the more hospitals pay house staffs the more they will expect, but they will not be any better satisfied. He did not think hospitals are buying house staffs off. House staffs are now demanding a role on the medical board. Members of the medical board by and large are sympathetic, and many of them want to give the house staff a voice.

In closing he continued that there is no

question, however, that whether there is organized or disorganized collective action, the house staffs are going to be on the hospitals' doorsteps and are going to be demanding an increasing share of the hospital dollar and an increasing voice, and that administrators are only aiding and abetting that process.

Chairman Grapski then resumed the meeting by noting that the incoming COTH Chairman, Roy S. Rambeck, was hospitalized and that the Chairman-Elect, Dr. T. Stewart Hamilton, had to attend another meeting which required that he catch an early plane.

He introduced the members of the COTH Executive Committee and the COTH Representatives to the AAMC Assembly and urged the latter to join the Assembly then in progress. He thanked the membership for their cooperation and adjourned the meeting at 2:00 P.M.

Meeting of the Group on Student Affairs*

Open Session

The meeting was called to order at 1:30 P.M. on November 1 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 400 individuals were present.

Reports Related to Minority Groups in Medicine

Opening the session was Dr. George A. Perera, Associate Dean, Columbia University College of Physicians and Surgeons, who reported on "Recent Conferences on Women in Medicine." He recommended that (a) more medical school places be made available for both men and women, (b) schools with few women in attendance should reexamine their admissions policies, (c) specialized counseling should be made

available for female students, (d) flexible schedules should be arranged for female students and house staff, (e) a better living environment should be established for female medical students, and (f) longitudinal studies of women in medicine should be carried out.

Dr. Herman Branson, President-Elect, Central State University, then spoke on "Recent Conferences on Negroes in Medicine." He reported on the efforts of such organizations as the Josiah Macy, Jr. Foundation to recruit more Negroes to medical careers and the proposals of an *ad hoc* committee for obtaining massive scholarship funds for minority students aiming for medicine. He also commented on the need to examine the Medical College Admission Test (MCAT) as a selection device for such students.

Concluding this portion of the program, Dr. Roy K. Jarecky, Associate Dean for Admissions and Student Personnel, University of Kentucky Medical Center, discussed "Medical School Efforts to Increase Minor-

*Summary prepared by Frank T. Stritter, Ph.D., Assistant Director, and Davis G. Johnson, Ph.D., Director, AAMC Division of Student Affairs.

ity Groups in Medicine." He reported not only on the May, 1968 GSA survey of such efforts but also provided up-to-date details on a number of specific projects to increase minority group representation at such medical schools as Albert Einstein, Harvard, Meharry, Pittsburgh, and Florida. In addition, he mentioned related efforts at the undergraduate college level and concluded by encouraging every member institution to reevaluate its own efforts in this area.

Medical Schools—Student Rights and Responsibilities

After a brief intermission, Dr. Carl Slater, a recent graduate of the University of Colorado School of Medicine and National Chairman of the Student American Medical Association (SAMA) Committee on Medical Education, spoke on "Student Participation in Curriculum Planning." He summarized a recent SAMA-AAMC survey to determine the extent of student involvement in curriculum planning and evaluation and recommended that students should be formal participants in creative curriculum planning as well as in routine curriculum evaluation in all medical schools. He also reported briefly on such national student efforts as the SAMA Commission on Medical Education and the proposed Student Conference on Medical Education.

Next on the program was C. Clement Lucas, Jr., a student at the University of North Carolina School of Medicine and National SAMA President, who reported on "Other Medical Student Projects." He described a number of projects currently being undertaken by SAMA in medical education and in community and international health. He also suggested that SAMA should have ex officio representation on the GSA and that there should be greater cooperation between the GSA and SAMA Chapters.

Dr. Ben Rubenstein, Director of Admissions, Wayne State University School of Medicine, spoke on "Medical Student Activism." He discussed recent research on individuals classified as activists and suggested that such activism could be channeled along

constructive lines in medical schools, with proper understanding and guidance from student affairs officers and others.

"Legal Considerations" was the topic of Charles E. Westcott, Assistant Dean for Administration, Tufts University School of Medicine. Mr. Westcott discussed the evolution of student rights and responsibilities and suggested that medical schools should take preventive legal measures. He recommended the establishment of definitive, written student regulations, with due process provisions. Student involvement was suggested as an effective means of avoiding legal confrontation. Among the major potential legal problem areas discussed were (a) illegal activities of medical students, (b) liability in the use of student records and communications, and (c) admission and promotion of disadvantaged students.

Special Reports

Dr. James C. Cain, Chairman, National Advisory Committee to Selective Service, reported on "Selective Service and Military Medicine." He indicated that both osteopaths and foreign medical graduates are now eligible for the draft and are performing their military duties well. He also commented that physicians are the only professionals who are fully mobilized for national service and pointed out that a shortage still exists.

Finally, Raymond F. Dixon, Director, Division of Health Manpower Educational Services, National Institutes of Health, U.S. Public Health Service, reported on "Federal Financial Aid for Medical Students." He commented briefly on the new student assistance provisions of the Health Manpower Act of 1968 and indicated that in large part they are in accord with the recommendations of the GSA. He also reported that receiving benefits from the G.I. Bill does not now deprive otherwise eligible students from receiving concurrent Health Professions Scholarships and Loans.

Following each of the 3 major sections of the program, indicated by the subheadings above, there was vigorous questioning and

audience discussion, including comments concerning the contribution of the Student Health Organizations. The Open Session was adjourned by Dr. Morris at 5:00 P.M.

Executive Session

The Executive Session was called to order at 1:30 P.M. on November 2 by Dr. Joseph Ceithaml, Dean of Students, University of Chicago School of Medicine, and GSA National Chairman. Dr. Ceithaml reviewed the major activities of the GSA during the past year and indicated directions in which the GSA might devote future effort.

Release of MCAT Scores

Dr. Ceithaml reported that Medical College Admission Test (MCAT) scores had been released to examinees starting with the May, 1968 test. To date there have been no problems with the release of the scores, as both students and premedical advisors have responded favorably to the policy.

National Intern Matching Program

Chairman Ceithaml reported that results of the National Intern Matching Program (NIMP) had been distributed by certified mail to all medical schools in March, 1968. This procedure originated from a GSA recommendation and replaced the arrangement of the previous year when the results were distributed at Western Union offices. Medical school representatives were also permitted to view the results prior to 11:00 A.M. E.S.T. on the appointed Monday under the condition that no hospital or student could be contacted concerning the results. Dr. Ceithaml indicated that he had been notified of no violations by the medical schools of any NIMP rules for 1968. He also announced that the NIMP Bylaws had been changed and that the organization is now being called the National Intern and Resident Matching Program (NIRMP).

1968 Buck Hill Falls Conference

Dr. Ceithaml indicated that the Northeast GSA had conducted a successful three-day meeting during April, 1968 at Buck Hill

Falls, Pennsylvania with premedical advisors and medical school representatives in attendance. This meeting resulted in the formation of a premedical advisors' group which will meet jointly with the Northeast GSA at Martha's Vineyard in June, 1969. He also reported that the Midwest advisors are considering the formation of such a group and expressed the hope that similar groups might be started in other regions.

GSA Committees

Dr. Ceithaml announced that membership on all standing committees had been increased to 6 members, each member to serve for three years. This facilitates more equitable regional representation and more efficient rotation of members.

Biochemistry Placement Examination

Chairman Ceithaml informed the membership that a Biochemistry Placement Examination is currently being developed by the AAMC Division of Educational Measurement and Research. A pilot study will take place later this year, and it is anticipated that students entering medical school in September, 1969 will be able to take the examination.

AAMC Reorganization

Dr. Ceithaml noted that the AAMC general reorganization had been approved by the Institutional Membership. The GSA will continue to report directly to the Executive Council and be represented on that group by the GSA National Chairman as an ex officio member of the Council. He also commented that consolidation of all AAMC offices in Washington is intended to start taking place in the summer of 1969.

Future Projects

Finally, the following were cited by Dr. Ceithaml as other areas of continued GSA concern: (a) continued development of procedures to assist in the admissions process, such as the American Medical College Application Service, (b) emphasis on recruitment from minority groups on a national and regional basis, and (c) construc-

tive utilization of student groups, such as the Student Health Organizations (SHO), the Student National Medical Association (SNMA), and SAMA.

AAMC Staff

Dr. Ceithaml then introduced Dr. Davis G. Johnson, Director of the AAMC Division of Student Affairs, who reported briefly on Division activities. Dr. Johnson introduced the new Assistant Director of the Division, Dr. Frank T. Stritter; the Division Secretary, Helen Noble; and the Assistant Division Secretary, Eileen McVey. Dr. Johnson also announced that Dorothy A. Klaub had resigned as Student Records Supervisor effective October, 1968 and that Wallie Dube, her successor, will continue to develop and automate the student record system and data bank.

Dr. Ceithaml also introduced Dr. Dale E. Mattson, Director of the AAMC Division of Educational Measurement and Research. Dr. Mattson referred to the increased involvement by the AAMC in the MCAT testing program which is presently planned to take place in the spring of 1969. He also announced that there had been a significant increase in MCAT examinees, from 22,288 in 1967 to 26,541 in 1968. He stated that the present contract with The Psychological Corporation will not be renewed, but a new contract will be written. Dr. Mattson then introduced Dr. Jack Hutton, Jr., the new Assistant Director of this Division.

Admission Book

Suellen Muldoon, AAMC Staff Editor, reported that 12,500 copies of the 1967-68 *Medical School Admission Requirements* book had been distributed. She indicated that increased promotion of the 1968-69 edition had been made through the direct mailing of 15,000 advertisements. For this reason, the sales for the 1968-69 edition have exceeded those of the previous year at the same time by 4,000 books. She also announced that 81 medical schools had requested 70,000 reprints of specific sections as of September, 1968.

Committee Reports and Recommendations

Relations with Colleges and Secondary Schools.—Dr. Nat E. Smith, Assistant Dean, University of Illinois College of Medicine, reported that this committee had continued to provide editorial advice regarding the *Advisor, Medical School Admission Requirements*, and the *Directory of Premedical Advisors*. He also presented the recommendation of this committee, which was subsequently passed by the GSA, that item number 3 of the Recommended Acceptance Procedures be changed to read:

Prior to February 15, the student receiving an offer may be required to file within two weeks a statement of intent, or a deposit, or both. The statement of intent should leave the student free to withdraw if he is accepted by a school he prefers; and the deposit, which should not exceed \$100, should be refundable without question if the request for refund is made before March 1.

Financial Problems of Medical Students.—Dr. John E. Chapman, Associate Dean for Education, Vanderbilt University School of Medicine, reported on improvements in federal legislation affecting financial aid for medical students and indicated the role that this committee had played in bringing about these changes.

Dr. Chapman moved that Ray F. Dixon, Director, Division of Health Manpower Educational Services, be elected to honorary membership in the GSA in recognition of his contributions to federal aid programs for medical students. This motion was passed unanimously.

Student Aspects of International Medical Education (SAIME).—Dr. H. Mead Cavert, Associate Dean for Medical Student Affairs, University of Minnesota Medical School, reported that this committee is participating in the AAMC Division of International Medical Education (DIME) study of individual school activities in international medical education. He also reported on liaison with SAMA on: (a) international exchange programs, (b) compilation of data for the SAMA publication on international

opportunities, and (c) study of a clearing-house on international opportunities for medical students.

Dr. Cavert suggested that 1 chapter in future editions of *Medical School Admission Requirements* might well be devoted to international medical education. He indicated that this committee will continue to assume responsibility for recommending revisions of sections on foreign medical applicants and on U.S. students considering medical study abroad.

Subsequent to this report, Dr. Cavert presented the following motions which were passed unanimously: (a) that the AAMC staff, with the assistance of SAIME, explore with the National Board of Medical Examiners (NBME) the feasibility and possible advisability of arranging a centralized mechanism for appropriate students to take Part I of the NBME abroad as a required step in a centralized transfer application procedure (described in [b.] below) and (b) that the AAMC staff, assisted by SAIME, explore the feasibility and possible advantages of instituting a centralized transfer application and distribution system for U.S. citizens who are medical students in foreign medical schools and desire such transfer and that completion of NBME Part I be a required part of that centralized application procedure.

Medical Student Health.—Dr. L. W. Earley, Professor of Psychiatry, University of Pittsburgh School of Medicine, reported that the AAMC would be one of a number of cosponsors with the American College Health Association of the Fifth National Conference on Health in College Communities which will take place in April, 1970. Dr. Earley also reminded the GSA of the committee's past recommendation to delay the requirement for a detailed history and physical examination until the applicant is seriously considered for admission or actually admitted. This will help reduce the current heavy and to some extent unnecessary work load of the student health officers in undergraduate colleges.

Research on Student Affairs.—Reporting

for this committee, Dr. James W. Bartlett, Associate Dean, University of Rochester School of Medicine and Dentistry, indicated that the study of unsuccessful applicants to medical schools has recently been completed and will be submitted for publication. Consideration is being given to expanding the study on a national basis. Dr. Bartlett also reported that his committee has approved 2 studies for the near future. One, to be conducted by Dr. Stritter, Assistant Director of the AAMC Division of Student Affairs, will provide a description of the characteristics of student affairs officers. The second, to be conducted by Dr. Hutton, Assistant Director of the AAMC Division of Educational Measurement and Research, will study the possibility of cultural bias in the MCAT. Dr. Bartlett also commented that the extent of student involvement in institutional decision-making needs further study and suggested a possible project on this topic for the future.

Communication with Student Organizations.—Dr. John H. Githens, Associate Dean for Student Affairs, University of Colorado School of Medicine, reported on the growing activity of this committee. He indicated that student organizations had become increasingly interested in communicating formally with the AAMC through this committee and that representatives from both SAMA and Student National Medical Association (SNMA) attended its Houston meeting. Dr. Githens commented on the SAMA Commission on Medical Education which plans to study this topic and submit a final report in 1970. He also mentioned that SAMA plans to sponsor a Conference on Medical Education to be held in conjunction with the AMA Congress on Medical Education in February, 1969. Other current areas of SAMA concern discussed with this committee are clinical externships, a residency matching program, and the increased involvement of students with the GSA on the regional level.

Subsequent to this report, Dr. Githens presented the following recommendations from this committee which were passed

unanimously: (a) that the GSA cooperate with SNMA, SAMA, and other interested organizations to increase the dissemination of information about careers in medicine and the allied health sciences to minority group communities, and (b) that a student membership be initiated in the AAMC and dues be set at 50 per cent of the annual dues for other individual members.

Dr. Githens also presented the following motion which passed with a 38 to 34 majority: that the AAMC appropriate \$3,000 for the support of the SAMA Conference on Medical Education and that the deans of the individual schools be urged to finance student representatives from their respective institutions to attend the meeting regardless of the existence of a SAMA chapter on their campus.

Medical Student Records.—Dr. Schuyler G. Kohl, Associate Dean, State University of New York Downstate Medical Center, reported that the Pilot Study and Demonstration Project of the American Medical College Application Service had begun successfully and is on schedule. The study is presently in Phase 2 with Phase 3 expected to begin in July, 1969. Dr. Kohl announced that the committee had approved a change in the project's name to American Medical College Application Service (AMCAS). He also reported that 27 schools are already using the uniform Application Blank that had been developed in Phase 1. There appears to be some controversy concerning the questions in the application regarding student health, and the committee intends to resolve this prior to the spring 1969 revision of the blank. Finally, based on a show of hands from the GSA members present, Dr. Kohl indicated that the number of accepted applicants lists for 1968-69 would be increased from 3 to 4.

Regional Reports

Great Plains.—Dr. Woodrow W. Morris reported that members of the Great Plains GSA Region had met in Omaha, Nebraska in June, 1968 and were presently considering a possible merger with the Midwest Re-

gion. The 2 groups will meet jointly in 1969, at which time a final decision will be made regarding the merger.

Midwest.—Dr. Edward S. Petersen, Assistant Dean, Northwestern University Medical School, reported that the Midwest GSA had met in Detroit, Michigan in May, 1968 and had participated in the celebration of Wayne State's 100th Anniversary. The principal topics of discussion at that meeting were the problems of minority groups in medical education and student participation in institutional decision making.

Northeast.—Dr. Philip O. Nice, Associate Dean, Dartmouth Medical School, reported that the Northeast GSA had met in Rochester, New York in June, 1968. He introduced Dr. Hugh Bennett, Associate Dean, Hahnemann Medical College, who gave further details concerning the previously mentioned Buck Hill Falls Conference. Dr. Bennett also indicated that the Northeast GSA plans to continue to help support the newly-organized Northeast pre-medical advisors' group also mentioned above.

South.—Dr. Robert L. Tuttle, Associate Dean, Bowman Gray School of Medicine, reported that the Southern GSA had met in New Orleans, Louisiana in September, 1968. He commented on the decision that no separate southern premedical advisors' group was contemplated at this time. He also indicated that the date of their future regional meetings would be changed from the fall to the spring.

West.—Dr. John H. Githens reported that the Western GSA had met at Asilomar, California in May, 1968. He commented on various school policies regarding extramural electives and suggested that such policies be listed in future issues of the annual AAMC Summer Session Bulletin. He also announced that a Western GSA Conference on Minority Students in Medical Education would be held at Asilomar in March, 1969.

Roll Call and Elections

The roll was called, and representatives were present from 76 schools—75 from the

United States and 1 from Canada. The schools with voting rights which were not represented were Arkansas, Beirut, Brown, California-Davis, Cornell, Creighton, Florida, Georgia, Hawaii, Howard, Johns Hopkins, Loma Linda, Louisville, Mississippi, New Mexico, New York University, Oregon, Pennsylvania, Puerto Rico, South Carolina, SUNY-Buffalo, Texas-San Antonio, Virginia, West Virginia, and Yale.

Election of national GSA officers for the coming year was held under the Acting Chairmanship of Dr. Philip O. Nice of the GSA Nominating Committee. Unanimously elected were Dr. Joseph Ceithaml, *Chairman*; Dr. Robert L. Tuttle, *Vice Chairman*; and Dr. Davis G. Johnson, *Secretary*.

Other Business

National Board of Medical Examiners.—Dr. William B. Kennedy of the National Board staff discussed the revision of National Board examinations to better deal with the extensive curriculum revisions now in progress, including a study of the relevance of NBME basic science questions to new curricula.

Resolution.—Dr. James R. Schofield, Associate Dean for Medical Student Affairs, Baylor College of Medicine, presented a resolution of sincere appreciation from the GSA to Dorothy A. Klaub who had recently resigned after more than a decade of dedicated service as AAMC Supervisor of Student Records. The resolution was passed unanimously and enthusiastically, and an appropriate plaque was presented to Mrs. Klaub.

Association of Collegiate Registrars and Admissions Officers (AACRAO).—Eugene F. Tragesser, Assistant to the Vice President for Admissions, University of Tennessee Medical Units, and official AACRAO representative to the AAMC, announced that AACRAO's next annual meeting is scheduled for April 21-25, 1969 in Dallas, Texas. He indicated that 67 medical schools were represented at AACRAO's 1968 annual meeting and encouraged even greater attendance in 1969.

There being no further business, Dr. Ceithaml adjourned the meeting at 5:05 P.M.

Conference on International Medical Education

The Annual Conference on International Medical Education was convened on Saturday afternoon, November 2, 1968. Dr. Thomas H. Hunter, Chairman of the Committee on International Relations in Medical Education presided.

The Conference opened with a luncheon session, at which time Dr. A. H. Taba, Director of the Eastern Mediterranean Regional Office of the World Health Organization (WHO), delivered an address on "Medical and Health Manpower Problems in the Middle East." Dr. Taba also provided the audience with an in-depth description of WHO activities in the Middle East.

Also addressing the Conference was Dr. Charles Easmon, Dean of the Ghana Medical School, who spoke on "Medical Problems in Tropical Africa." Next Dr. Asrat

Woldeyes, Medical Director of the Princess Tsehai Memorial Hospital in Addis Ababa, Ethiopia, discussed the current status of health, health manpower, and medical education in his country. Dr. James S. Dinning, the Thailand representative of the Rockefeller Foundation, presented a report on "The Development of Graduate Training in the Basic Medical Sciences in Thailand." In conclusion, Dr. Huo-Yad Wei, Dean of the College of Medicine, National Taiwan University, gave an excellent review of the medical manpower situation in Taiwan.

Ten foreign guests attended the Conference. Organizations represented were: World Health Organization by A. H. Taba, Iran; the Pan American Federation of Associations of Medical Schools by Mario Chaves, Brazil; and the Association of Medical

Schools in Africa by C. O. Easmon, Ghana. Five other foreign countries were represented by the attendance of Alexander Robertson, Lord Todd, England; Asrat Wol-

deyes, Ethiopia; J. Gonzalez Quijano, Antonio Rodriguez, and Jose Cervantes, Mexico; Joseph Gaka, Switzerland; and Huo-Yad Wei, Taiwan.

Meeting of the Public Relations Section

At the Public Relations Section Meeting held Friday, November 1, 1968, the following Bylaws were adopted for the AAMC Public Relations Section.

Public Relations Bylaws

I. Name

The name of the organization shall be the Public Relations Section.

II. Purpose

The purpose of the section is to stimulate understanding, acceptance, and support for the aims, goals, programs, and achievements of health education in all its related activities, and to develop public awareness that support for health education is directly related to the availability of excellent patient care.

III. Membership

1. Members shall be individuals whose primary responsibility is in 1 or more aspects of public relations in a medical school, teaching hospital, and/or medical center holding Institutional, Affiliate Institutional, or Provisional Institutional Membership in AAMC.

2. Other individuals with public relations responsibilities related to health education may be elected to membership by the section members or their Executive Committee. In this manner, AAMC and DHEW staff, and staff of other appropriate agencies and organizations may contribute to the effectiveness of the section.

3. It is permissible for the organization or institution represented to have more than 1 representative as a member of the section.

IV. Regional Organization

If it becomes advisable to provide a regional forum, such regions shall be consti-

tuted according to the geographic distribution accepted in AAMC at such time.

V. Meetings

1. The Public Relations Section shall hold 1 national meeting annually. Additional meetings may be called by the Executive Committee.

2. Decisions shall be made by a majority vote of those members present.

3. The order of business shall be under the direction of the chairman who shall make all parliamentary decisions. His decisions may be reversed by a two-thirds majority of the members present.

VI. Officers

1. The section officers shall be a chairman, chairman-elect, and secretary-treasurer.

2. Said officers shall be elected annually by a simple majority of the members present at the annual meeting.

3. Nominations shall be made by a nominating committee appointed by the section chairman. Additional nominations may be made by any section member.

4. The term of office shall be for one year extending from the closing session of the annual meeting at which they are elected to the closing session of the next annual meeting.

5. The national chairman may not succeed himself.

VII. Committees

1. The Executive Committee shall be composed of: (a) the officers of the section; (b) the immediate past chairman; and (c) chairmen of standing committees. Appropriate AAMC staff may be ex officio non-voting members.

2. The Executive Committee shall be au-

thorized to act for the membership between meetings as necessary with its actions subject to approval or rejection at the next annual meeting.

3. Other standing or *ad hoc* committees may be authorized by vote of the membership at the annual meeting. When indicated, *ad hoc* committees may be appointed by the section chairman to serve until the next annual meeting. The section chairman shall name the chairmen of standing and *ad hoc* committees.

4. Committee appointments shall run concurrently with the terms of the national officers. The section chairman shall name replacements to fill any vacancies which may occur during this period.

VIII. Amendments

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the members present at any annual meeting of the Public Relations Section membership for which thirty days written notice of the proposed Bylaws change has been given.

Plenary Session and Luncheon

A program on Long-Range Planning was held with Dr. John A. Gronvall, Associate Dean, University of Michigan Medical School, presenting "The Role of the Faculty and Administration"; E. Todd Wheeler, F.A.I.A., Director of Health Facilities Planning, E. Todd Wheeler and the Perkins and Will Partnership, Chicago, Illinois, presenting "The Role of the Architectural Consultant"; and Joseph J. Adams, Assistant Dean, University of Oregon Medical School, presenting "The Role of the Public Relations-Development Staff."

A luncheon was held with Maureen C. Twiss, Director of Public Information and Staff Assistant to the Long-Range Planning and Development Committee, University of Mississippi Medical Center, presiding. Speakers were Dr. Robert J. Glaser, AAMC President-Elect; Acting President, Vice President for Medical Affairs, and Dean of the School of Medicine, Stanford University, and Dr. Robert C. Berson, AAMC Executive Director.

Conference on Research in Medical Education

The Seventh Annual Conference on Research in Medical Education was held on Friday and Saturday afternoons, November 1-2, 1968. The Conference was altered considerably in an effort to develop a format which would allow participants to concentrate on a more systematic consideration of major areas of interests and encourage more discussion regarding the problems of doing research in each area. In line with this concept, each participant was requested to furnish the Program Committee with a copy of his paper prior to the Conference, and these papers were distributed to all preregistrants. This eliminated the traditional paper reading and provided an opportunity for participants to discuss their research projects with an informed audience. Selected abstracts which formed the basis of the program were published in the October, 1968 issue of *The*

Journal of Medical Education.

The program was divided into 5 topic areas: Student Characteristics, Instructional Techniques, Educational Program Planning, Evaluation Problems, and Doctor-Patient Relationship. The first half-day session of the Conference was devoted to discussion of the former 3 topics and the second half-day session to the latter 2 topics. The program each afternoon began with a plenary session during which selected individuals presented their respective research projects based on their submitted papers. Following each plenary session, separate panel discussions were conducted on that assigned day's topics, led by a panel of selected individuals who had submitted abstracts in those research areas. Other individuals were invited to be present for the sessions to join in the discussion from the floor.

Friday Plenary Session

The first afternoon session of the Conference was called to order on November 1 at 2:00 P.M. by the Chairman, Dr. Hilliard Jason, Director, Office of Medical Education Research and Development, Michigan State University College of Human Medicine. The 3 topics and selected projects discussed during this session were as follows:

Student Characteristics.—"Study of Anticipated Anxiety in a Medical School Setting," by Dr. Ezra V. Saul and Joan Schlezinger, Tufts University School of Medicine.

Instructional Techniques.—"The Effectiveness of Motion Pictures at Different Stages of Learning History-Taking," by Dr. Irving R. Merrill, Dr. Ruby Yaffan Buenz, Dr. John V. Carbone, Thomas S. Musser, and Dr. Herbert E. Vandervoort, University of California School of Medicine in San Francisco.

Educational Program Planning.—"Some Theoretical Issues on Professional Socialization," by Dr. Ann G. Olmsted and Tracy A. Paget, Michigan State University College of Human Medicine.

Friday Panel Discussions

At 3:15 P.M. 3 separate Panels were convened on Friday's assigned topics.

Panel 1. Student Characteristics.—This Panel was chaired by Dr. Thomas C. King, Vice-President for Academic Affairs, University of Utah. The research projects reviewed were: "Methodological Study of Rating Applicant Interviews," Dr. Alfred A. Rimm, Patricia Pazdral, and Janet Sine, Marquette School of Medicine; "Dogmatism and Attitude Differences in Medical Students," Dr. Isabel R. Juan, Northwestern University, and Jean F. Gagan and Dr. Harold B. Haley, Jr., Loyola University Stritch School of Medicine; and "Impulsiveness and Anxiety Related to Medical Students' Performance and Attitudes," Dr. Ernest S. Barratt and Dr. Robert White, University of Texas Medical Branch.

Panel 2. Instructional Techniques.—This Panel was chaired by Dr. Peter V. Lee, Associate Professor of Medicine and Pharma-

cology, University of Southern California School of Medicine. Research projects outlined were: "Learning Achievement from 'Programmed Instruction in Medical Interviewing,'" Dr. Leta McKinney Adler and John E. Ware, University of Southern California School of Medicine, and Dr. Allen J. Enelow, Michigan State University College of Human Medicine; "Effectiveness of A Simulator in Training Anesthesiology Residents," Dr. Stephen Abrahamson and Dr. Judson S. Denson, University of Southern California School of Medicine, and Dr. Richard M. Wolf, University of Southern California School of Education; and "Evaluation of a 'De-Blanked' Programmed Text for Teaching a Clinical Discipline," Dr. Preston Lea Wilds and Dr. Virginia Zachert, Medical College of Georgia.

Panel 3. Educational Program Planning.—This Panel was chaired by Dr. Alexander S. Anderson, Assistant Professor of Medicine and Senior Associate, Office of Research in Medical Education, University of Illinois College of Medicine. Research projects discussed were: "The Junior-College-Hospital Combined Approach to Allied Health Training," Dr. Peter J. Farago, Presbyterians-St. Luke's Hospital, and Elizabeth Seigel and John Robinson, Crane Campus, Chicago City College; "Evaluation of the 1967 Student Health Project," Dr. Patricia C. Johnson, Bruce Barnhill, and Dr. Robert Tranquada, University of Southern California School of Medicine; and "Optional Study Plans in a Psychiatry Course," William E. Bakewell, Jr., University of North Carolina School of Medicine.

Saturday Plenary Session

The second afternoon session was called to order at 2:00 P.M. on November 2 by the Chairman, Dr. J. A. L. Gilbert, Director, Research in Medical Education, University of Alberta Faculty of Medicine. The 2 topics and selected projects reported during this session were as follows:

Evaluation Problems.—"Patterns of Learning in Medical School," Dr. John C. Donovan, Dr. Peter Z. Allen, and Dr. Leon-

ard F. Salzman, University of Rochester School of Medicine and Dentistry.

Doctor-Patient Relationship.—"Physicians' Attitudes of Omnipotence in a University Hospital," by Dr. Robert Kane and Rosalie Kane, University of Kentucky Medical Center.

Saturday Panel Discussions

At 3:15 P.M. 2 separate Panels were convened on Saturday's assigned topics.

Panel 1. Evaluation Problems.—This Panel was chaired by Dr. Lee S. Shulman, Professor of Educational Psychology and Medical Education, Michigan State University College of Education. The research projects examined were: "Assaying the Process of Reaching a Clinical Diagnosis," by Dr. Ray E. Helfer and Dr. Carl H. Slater, University of Colorado School of Medicine; "An Analysis of the Oral Examination Used in Specialty Board Certification," Dr. Judithlynn Foster, Dr. Stephen Abrahamson, Sandra Lass, Roger Girard, and Ray Garris, University of Southern California School of Medicine; and "A Comparison of Methods for Evaluating Medical Student Skill in Relating to Patients," Dr. Joseph W. Hess,

Wayne State University School of Medicine.

Panel 2. Doctor-Patient Relationship.—This Panel was chaired by Dr. John W. Williamson, Associate Professor, Johns Hopkins University School of Hygiene and Public Health. Research projects analyzed during this discussion were: "Changes in 'Acceptance of Others' as a Function of a Course in the Doctor-Patient Relationship," Dr. Lewis Bernstein, Dr. Raymond Headlee, and Dr. Basil Jackson, Marquette School of Medicine and Wood Veterans Administration Center; "Measurement of Nonpsychiatrists' Attitudes Toward Patients with Emotional Problems," Dr. Bernard J. Bergen, Dr. Charles Solow, Charlotte Perry, and Dr. Robert J. Weiss, Dartmouth Medical School; "Perceived Medical School Milieu and Student-Patient Relationships," Dr. Edward Gottheil, Dr. Irwin Hassenfeld, and Elizabeth Gronkiewicz, Jefferson Medical College of Philadelphia; and "Student Anxiety During Mirror-Room and Videotaped Interviews," Dr. Margaret H. Peterson and Dr. Fred D. Strider, University of Nebraska College of Medicine and Nebraska Psychiatric Institute.

Annual Reports of the Staff and Committees*

Report of the Executive Director

ROBERT C. BERSON, M.D.

The annual reports of AAMC committees and staff which follow summarize the intense and accelerating activities of the Association and the constructive participation of a large and growing number of people. I commend them to your attention and will indicate here other important developments they do not cover.

Organizational Developments

The development of the Council of Academic Societies, the further development and strengthening of the Council of Teaching Hospitals, and the reorganization of the Association decided upon at the May, 1968 meeting of Institutional Members, were highlights of the year and give the Association a much sounder base for considering and dealing with the pressing problems of the present and planning for the future. Concurrently, the pressure on the member institutions from rising costs, increasing demands, and tightening of the federal budget, increase the importance of cooperative action on many matters and sound planning.

Federation of Associations of Schools of the Health Professions

At the Business Meeting on October 30, 1967 the Executive Council strongly urged the development of a mechanism for bring-

ing together all academic health science organizations, either as an expansion of the existing AAMC structure or through the creation of a new organization, and to explore with the representatives of the University Medical Administrative Group the possibility of bringing this group into the AAMC as a council. These 2 objectives had to be coordinated with the reorganization of the AAMC which was discussed at that Business Meeting and is described in the Report of the *ad hoc* Committee on Ways and Means.

Thorough discussions with academic associations in the other health professions by the Task Force chaired by Dr. George A. Wolf, Jr., and consideration by the Executive Council led to the conclusion that a federation in which the AAMC would be represented along with associations of schools in the other health professions which are university-based would be the optimal approach to this objective at the present time. This decision led to a series of meetings in which the Federation of Associations of Schools of the Health Professions was formed. The Bylaws of the Federation follow the Report of the *ad hoc* Committee on Ways and Means.

Organization of University Health Center Administrators

Exploration with the University Medical Administrative Group revealed that the people active in that informal organization did not wish to form a council within the AAMC, partly because most of the members of that group have administrative responsi-

*The Report of the *ad hoc* Committee on Medical Schools and the AAMC in Relation to Training for Family Practice (Chairman, Edmund D. Pellegrino, M.D.) was published as a Communication under the title, "Planning for Comprehensive and Continuing Care of Patients Through Education," in *The Journal of Medical Education* (43:751-759, 1968).

bility for schools in some of the other health professions. The University Medical Administrative Group decided during 1968 to become a somewhat more formal organization with the title of Organization of University Health Center Administrators, anticipating effective liaison with the AAMC through the Federation as well as in other ways. This development was summarized by Dr. Kenneth E. Penrod. (Organization of University Health Center Administrators. *J. Med. Educ.*, 43:936-937, 1968.)

Meetings with Foundation Officers

On October 31, 1967 the officers of the Association and a number of deans met for several hours with the officers of about 30 foundations. The active discussion which took place indicated a good bit of interest on the part of foundation officers and led the Executive Council to decide to arrange another meeting with foundation officers during the Annual Meeting in 1968. The support of medical education by private funds is so very important that the Executive Council continues to explore ways that it can be helpful in interpreting the needs to those who control the allocation of private funds.

Liaison with Other Organizations

American Medical Association.—During the year the officers of the Association met on 3 occasions with the trustees of the American Medical Association and members of the Council on Medical Education. Broad agreement was developed on the urgent need for increased enrollment in established medical schools, the need for additional medical schools, and the importance of increased financial support. In addition to a joint statement which was widely circulated in the public press, it was agreed that both associations would make strong efforts to encourage increased financial support of medical education from physicians, corporations, foundations, and local, state, and federal governments and to strengthen and support the efforts of the National Fund for Medical Education.

Representatives of the Association are engaged in continuing discussion with representatives of the American Medical Association and other groups on the desirability and feasibility of establishing a Commission on Graduate Medical Education and a Commission on Foreign Medical Graduates. These discussions are not yet definitive enough for the Executive Council to take a position on them.

National Fund for Medical Education.—During the year the National Fund for Medical Education reached the decision to make a substantial investment of the funds it has received through certain bequests to the development of an active program to educate the decision-makers in the private sector of our economy as to ways in which the investment of private funds in medical education can be so effective in helping to meet the needs of society.

It is anticipated that the Fund will develop appropriate staff for this program, which will make use of factual information already available through the AAMC and the AMA Council on Medical Education and translate and condense that information for communication to the officers of corporations and foundations and other policy-makers in our society.

Carnegie Commission on the Future of Higher Education.—Liaison with the Carnegie Commission on the Future of Higher Education continues through joint interest in the Economic Analysis of Medical Education, which is being conducted by the Brookings Institution, relying heavily on data the AAMC has collected, joint interest in the Pilot Study of Cost Allocation in 7 Medical Centers, which the AAMC is conducting, and discussions between the Executive Director and Dr. Clark Kerr, the director of the commission. The commission expects to publish a position paper late in the calendar year.

Regional Meetings

During the year the Great Plains and Midwest regions decided to merge. The conclusions and recommendations of the winter

and spring meetings in each of the 4 regions were reported at meetings of Institutional Members, and the fall meetings were reported on at the Annual Business Meeting.

Service Payments by Membership

At its meeting in February, the Executive Council decided to ask the member medical schools to contribute one half of the total

amount of increased payment for services, which was authorized at the 1967 Annual Business Meeting in the fiscal year 1968-69 and the full amount authorized beginning in 1969-70. This was felt appropriate because of the severe financial pressure on medical schools at this time and to allow more time for planning by medical schools and program development by the AAMC.

Report of the Treasurer

ROBERT B. HOWARD, M.D.

On September 6, 1968 John L. Craner, Director of the Division of Business Affairs, and I met with representatives of the accounting firm, Ernst & Ernst, to review the audit of the financial statement of the Association of American Medical Colleges for the year that ended June 30, 1968. I am pleased to note that the auditors find our statements in order and that they accurately represent the financial position of the Association for the period in question. Mr. Craner and his associates in the Division of Business Affairs are to be congratulated on the effective way in which they oversee our financial affairs.

The auditors have called to our attention once again that the figure carried on our books as representing the value of the Evanston land and building, \$296,856, could be sharply affected by a number of circumstances, but in particular by the still dubious status of the \$125,000 that represents a grant originally made to Northwestern University that was utilized in the construction of the building. Whatever settlement is effected between Northwestern and the AAMC concerning this will obviously affect this figure.

Further definition of our "programs" and "activities" is indicated in order that we might further improve our accounting procedures. A salary administration program, with uniform policies with respect to compensation of clerical and other nonprofessional personnel, should be developed, especially in light of the proposed move to

Washington, at which time a substantial turnover of nonprofessional personnel would be probable.

In conclusion, I recommend that, since the office of Treasurer is about to be discontinued as an elective office of the Association, the Executive Council should establish an Auditing Committee from within its own membership in order to provide the kind of membership reviewal of the financial status of the Association that the current organizational pattern has provided.

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, 1968, 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 \$169,996, 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, subject to the determination of amounts to be realized from the sale of land improvements and building upon the contemplated relocation of the Association's national headquarters as described in Note B to the financial statements, 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, 1968, 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 16, 1968

Balance Sheet
Association of American Medical Colleges

	<u>June 30</u> <u>1968</u>	<u>June 30</u> <u>1967</u>
ASSETS		
Cash	\$ 56,594	\$ 84,167
United States Government short-term securities—at cost and accrued interest	147,097	128,193
Accounts receivable	354,852	305,902
Accounts with employees	10,199	6,031
Supplies, deposits, and prepaid expenses	22,264	26,185
Inventory of publications, at the lower of cost or market— <i>Note A</i>	11,062	9,341
Land and building—at cost— <i>Note B</i> :		
Land improvements	9,002	9,002
Building	<u>287,854</u>	<u>287,854</u>
	<u>296,856</u>	<u>296,856</u>
	<u>\$898,924</u>	<u>\$856,675</u>
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$122,482	\$ 38,075
Salaries, payroll taxes, and taxes withheld from employees	<u>9,985</u>	<u>7,417</u>
	132,467	45,492
Deferred income:		
Institutional dues received in advance	88,905	77,500
Other dues received in advance	33,445	38,283
Subscriptions	<u>20,007</u>	<u>11,947</u>
	142,357	127,730
Equity:		
Restricted for special purposes	248,181	272,798
Invested in land and building	296,856	296,856
Retained for general purposes	<u>79,063</u>	<u>113,799</u>
	<u>624,100</u>	<u>683,453</u>
Lease commitment— <i>Note C</i>	<u>\$898,924</u>	<u>\$856,675</u>

See notes to financial statements.

Statement of Equity
Association of American Medical Colleges
Year Ended June 30, 1968

	Restricted for Special Purposes	Invested in Land and Building	Retained for General Purposes	Total
Balance at July 1, 1967	\$272,798	\$296,856	\$113,799	\$683,453
Deduct:				
Portion of prior year grants returned to grantors	7,990			7,990
Expenses in excess of income	<u>16,627</u>		<u>34,736</u>	<u>51,363</u>
	<u>24,617</u>		<u>34,736</u>	<u>59,353</u>
BALANCE AT JUNE 30, 1968	<u>\$248,181</u>	<u>\$296,856</u>	<u>\$ 79,063</u>	<u>\$624,100</u>

See notes to financial statements.

Statement of Income and Expense
Association of American Medical Colleges

	Year Ended June 30 1968			1967 Total (Note F)
	Special Purposes	General Purposes	Total	
Income:				
Dues		\$ 384,427	\$ 384,427	\$ 368,995
Grants	\$395,759	1,142	396,901	365,932
Cost reimbursement contracts— Note D	346,027		346,027	317,646
Services		358,968	358,968	246,543
Publications		133,258	133,258	125,646
Sundry		33,900	33,900	27,742
Transfers in-out**	<u>60,306**</u>	<u>60,306</u>
TOTAL INCOME	681,480	972,001	1,653,481	1,452,504
Expenses:				
Salaries	263,598	507,320	770,918	681,277
Other expenses	357,861	576,065	933,926	758,063
Transfers in-out**	<u>76,648</u>	<u>76,648**</u>
TOTAL EXPENSES	<u>698,107</u>	<u>1,006,737</u>	<u>1,704,844</u>	<u>1,439,340</u>
 EXPENSES IN EXCESS OF (LESS THAN) INCOME	 <u>\$ 16,627</u>	 <u>\$ 34,736</u>	 <u>\$ 51,363</u>	 <u>(\$ 13,164)</u>

See notes to financial statements.

Notes to Financial Statements
Association of American Medical Colleges

June 30, 1968

Note A.—Inventory of Publications:

The Association follows the practice of including in inventory only those publications which are ten years old or less and provides an allowance equal to the carrying amount of publications older than one year. Following are the details of the inventory at the beginning and end of the year:

	June 30 1968	July 1 1967
Carrying amount of publications	\$52,779	\$47,734
Less allowance for publications over one year old	<u>41,717</u>	<u>38,393</u>
	<u>\$11,062</u>	<u>\$ 9,341</u>

Note B.—Land and Building:

The present national headquarters of the Association is located on land donated by Northwestern University. Agreements relating to the land grant provide that if the land is not used for the Association's national headquarters, title to the land will revert to the University and a trust will be established for the purpose of selling the land and building. The Association is to receive from the trust that amount determined to be the proportionate share of the total selling price allocable to building and land improvements.

On May 21, 1968, the Executive Council of the Association approved relocation of the Association's national headquarters to Washington, D.C. at an unspecified future date. The University has been notified of such intent, and, in connection therewith, has indicated that, in its opinion, it is entitled to a portion of the value of the building to the extent of a \$125,000 cash grant given to the Association at the time of construction. The Association has taken the position that the University's contention is not valid.

The amount which the Association may ultimately realize from sale of the building and land improvements in connection with the relocation of its national headquarters is presently not determinable.

Note C.—Lease Commitments:

The Association occupies premises in Washington, D.C. and Evanston, Illinois under lease agreements, expiring in 1969 and 1970, which provide for annual rentals of approximately \$40,000.

Note D.—Cost Reimbursement Contracts:

Charges for overhead under certain contracts with the Department of Health, Education, and Welfare and the Agency for International Development have been reviewed and accepted for periods through June 30, 1968, and June 30, 1967, respectively. The Agency for International Development previously had proposed to disallow approximately \$28,000; however, this matter was settled during 1968 without such disallowance.

Note E.—Grants to be Received and Costs to be Reimbursed in Future Periods:

At June 30, 1968, the Association had been notified by several grantors that it may expect to receive \$690,250 (including \$465,000 under cost reimbursement contracts with agencies of the United States government to be expended for special purposes within the next five years.) It is the Association's practice to include grants in income when they are received and cost reimbursements in income when the costs are incurred.

Note F.—Prior Years' Income:

The detail of 1967 income has been restated to conform with classifications used in 1968.

Report of the Division of Business Affairs

JOHN L. CRANER, Director

The primary responsibilities of the Division of Business Affairs are for business and fiscal management, plant maintenance, and supporting services, including printing and mailing and arrangement of meetings. Studies are continually being made in an attempt to increase efficiency and lower operating costs.

Staff

It was with regret that the Association accepted the resignation of Anthony J. Serewicz, Chief Accountant, effective June 30, 1968. Mr. Serewicz served in this capacity from October 16, 1967.

Accounting Department

This department continues to explore ways of providing better fiscal data to Division Directors and the Executive Council. The program accounting pilot study is still in progress. Difficulty experienced in trial runs of program accounting indicated that more exploratory work is necessary. The Accountants' letter from the Association's auditors, Ernst & Ernst, presented in the appendix to this report, indicates their opinion of the accounting of the Association.

The Journal of Medical Education

The Director of Business Affairs continues to serve as Business Manager of *The Journal of Medical Education*. Concerted effort has been made by the staff of the Division of Business Affairs to promote advertising in *The Journal* in the limited amount of time available to them. The Division continues to operate its advertising campaign without staff oriented to the advertising field. It is felt it has been well worth the effort as shown by the excess of income over expense in the following summary:

	1966-67	1967-68
Gross income	\$ 30,974	\$32,803
Actual expense	<u>26,475</u>	<u>22,898</u>
Income over expense	\$ 4,499	\$ 9,905

All income in excess of expense is applied to the direct support of *The Journal*. From October 1, 1967 to August 1, 1968, paid subscriptions to *The Journal of Medical Education* increased from 1,577 to 1,632.

Memberships

Procedures instituted in the last several years in handling of membership dues and subscriptions are being maintained. It is felt by the Division Director that manual procedures are as near to peak efficiency as can be achieved without the use of electronic data processing equipment.

The following summary reflects the change in the number of memberships in the Association between October 1, 1967 and August 1, 1968:

Type of Membership	1966-67	1967-68	Increase
Individual	2,734	2,509	(225)
Sustaining	21	22	1
Contributing	18	20	2
Institutional	88	88	..
Provisional	13	13	..
Affiliate	13	13	..
Graduate Affiliate	2	2	..
Council of Teaching Hospitals, Paid	294	332	38
Council of Academic Societies, Paid		24	24

Directory

The AAMC Directory 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.

The Directory is now published by another unit which has full-time editorial staff. With improved format and expanded content, the total cost of the Directory for 1967-68 was \$25,200.

Mailing and Reproduction Department

The categories of plates and numbers of plates in each is shown below:

Individual Membership	2,509
Journal Subscriptions	1,632
Institutional Subscriptions	1,170
Council of Teaching Hospitals (COTH)	355
Free Journal Subscriptions	182
Emeritus Members	52
Contributing and Sustaining Members	43
Foundations	34
Deans and Vice Presidents	194
World Health Organization	592
Group on Student Affairs (GSA)	229
Premedical Advisors	1,500
Library	1,886
Datagrams	1,004
Advertising	2,445
Smith Kline & French Press List	885
Liaison Officers—Division of International Medical Education	99
Bibliography:	
Universities	199
Medical Societies	65
Pharmaceutical Schools	72
Dental Schools	48
Public Relations Press List	988
Liaison Committee on Medical Education	31
COTH Report Subscriptions	21
Total Number of Plates	<u>16,235</u>

has met with even less success than reported in earlier years. The following summary shows the printing activity for the past two years:

	1966-67	1967-68
Number of jobs produced	1,572	961
Amount charged	\$108,189	\$85,474
Expense	<u>105,345</u>	<u>85,611</u>
	\$ 2,844	\$ (137)

Publications

Publications of the Association are physically housed in 1 location. Inventory controls are being maintained to safeguard the Association's equity in its publications as reported last year.

Meetings

Annual Meeting.—This Division continues to be responsible for all Annual Meeting hotel arrangements, exclusive of housing. This includes planning and allocating space for meetings, staffing and operating registration and workroom, providing special equipment, and arranging the Annual Banquet 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. The extent of this activity in 1967-68 is shown by the following list of meetings.

Group	Site	Number of Participants	Date
AUGUST-DECEMBER, 1967			
AAMC Family Practice Committee	O'Hare Airport Chicago	7	August 25
Cost Allocation Study Committee	O'Hare Airport Chicago	20	September 7
Cost Allocation Study Steering Committee	O'Hare Airport Chicago	10	September 15
Executive Council	Sheraton O'Hare Chicago	30	September 19-20
Student Records Committee	O'Hare Airport Chicago	10	September 30
Cost Allocation Study Steering Committee	O'Hare Airport Chicago	10	October 17
COTH Financial Principles for Teaching Hospitals Committee	O'Hare Airport Chicago	14	October 17

Group	Site	Number of Participants	Date
AAMC Midwest Region	O'Hare Airport Chicago	70	October 20
Allied Health Professions	O'Hare Airport Chicago	30	December 7
Executive Council	Sheraton O'Hare Chicago	30	November 30- December 1
Educational Studies and Programs Committee	O'Hare Airport Chicago	10	December 15
JANUARY-JULY, 1968			
AAMC Staff	The Abbey Fontana, Wisconsin	25	January 4-5
Cost Allocation Study Steering Committee	O'Hare Airport Chicago	8	January 24
COTH Financial Principles for Teaching Hospitals Committee	O'Hare Airport Chicago	20	January 25
Faculty Roster, Regions	Holiday Inn San Francisco	20	January 26
	Biltmore Hotel New York City	25	January 29
	Marriott Twin Bridges Washington, D.C.	15	January 30
	Air Host Inn Atlanta, Ga.	22	January 31
	O'Hare Airport Chicago	30	February 1
In conjunction with the AMA Congress on Medical Education:	Palmer House Chicago		February 8-13
Annual Meeting Program Committee		17	February 8
GSA Student Records Committee		12	February 9
GSA Foreign Students Committee		12	February 9
GSA Student Finances Committee		12	February 9
Educational Studies and Programs Committee		12	February 9
AAMC South Region		30	February 9
GSA Relations with Colleges and Secondary Schools Committee		12	February 9
GSA Medical Student Health Committee		12	February 9
Cost Allocation Study Steering Committee		10	February 9
Executive Council		30	February 9-10
COTH Membership Hospitality Hour		30	February 10
Institutional Membership		200	February 10
Council of Academic Societies (CAS)		250	February 10
Division of Operational Studies Steering Committee		12	February 10
Annual Conference for Foreign Medical Scholars Advisory Committee		10	February 10
Journal Editorial Board		14	February 11

Group	Site	Number of Participants	Date
GSA Communications with Student Organizations Committee		12	February 11
GSA Research on Student Affairs Committee		12	February 11
International Relations in Medical Education Committee		12	February 11
Student Affairs Committee		15	February 11
CAS Executive Committee		8	February 11
MCAT Advisory Committee		12	February 12
Smith Kline & French Selection Committee		9	February 13
Allied Health Professions	O'Hare Airport Chicago	4	February 22
COTH Financial Principles for Teaching Hospitals Committee	O'Hare Airport Chicago	8	February 23
Allied Health Professions	O'Hare Airport Chicago	7	March 7
Public Relations Section Planning Committee	O'Hare Airport Chicago	10	March 8
AAMC Midwest and Great Plains Region	O'Hare Airport Chicago	75	March 15
Allied Health Professions	O'Hare Airport Chicago	35	March 18
Executive Council		32	March 28-29
CAS Executive Committee	Washington Hilton Washington, D.C.	14	March 28-29
Ways and Means Committee		7	March 28-29
COTH Midwest and Great Plains Region	O'Hare Airport Chicago	70	April 19
COTH South Region	Hilton Inn Atlanta, Ga.	50	April 30
New Deans Seminar	Savannah Inn & Country Club, Savannah, Ga.	50	April 28- May 1
Centralized Application Service Planning Group	O'Hare Airport Chicago	12	May 10
AAMC South Region		20	May 21
Division of Operational Studies Steering Committee		13	May 21
Executive Council	Shoreham Hotel Washington, D.C.	25	May 21
Institutional Membership		175	May 22
Business Officers Section Steering Committee		10	May 23
COTH Financial Principles for Teaching Hospitals Committee	O'Hare Airport Chicago	15	June 6
Executive Council	Sheraton-O'Hare Chicago	30	June 13
Conference on Research in Medical Education Program Committee	Sheraton-O'Hare Chicago	8	June 20
AAMC-AMA Liaison Committee	Marriott Motor Hotel, Chicago	20	July 9
Federation of Schools of the Health Professions*	O'Hare Airport Chicago	35	July 10
COTH Financial Principles for Teaching Hospitals Committee	LaGuardia Airport New York City	6	July 24

* Formerly Allied Health Professions

Building Services

This Division supervised the repair, maintenance, and cleaning of the headquarters office and the Annex. Maintenance has been decreased due to budgetary limitations.

APPENDIX: Accountants' Comments and Recommendations

Executive Council
Association of American Medical Colleges
Evanston, Illinois

We have examined the financial statements of Association of American Medical Colleges for the year ended June 30, 1968, and have issued our report thereon dated August 16, 1968. As indicated therein, "we were unable to confirm accounts receivable from the United States Government amounting to \$169,996; 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.

With respect to the Association's investment and equity in land and building, the following disclosures were made in Note B to the financial statements:

The present national headquarters of the Association is located on land donated by Northwestern University. Agreements relating to the land grant provide that if the land is not used for the Association's national headquarters, title to the land will revert to the University and a trust will be established for the purpose of selling the land and building. The Association is to receive from the trust that amount determined to be the proportionate share of the total selling price allocable to building and land improvements.

On May 21, 1968, the Executive Council of the Association approved relocation of the Association's national headquarters to Washing-

ton, D.C. at an unspecified future date. The University has been notified of such intent, and, in connection therewith, has indicated that in its opinion, it is entitled to a portion of the value of the building to the extent of a \$125,000 cash grant given to the Association at the time of construction. The Association has taken the position that the University's contention is not valid.

The amount which the Association may ultimately realize from sale of the building and land improvements in connection with the relocation of its national headquarters is presently not determinable.

The land improvements and building are carried on the balance sheet of the Association at cost. As indicated in the aforementioned note, it is not possible to determine the amounts that will be realized upon the disposal of these assets in connection with the contemplated relocation of the Association's national headquarters to Washington, D.C. As a result of the uncertainty as to realizable value, it was necessary for us to comment upon this in the opinion paragraph of our report as follows:

In our opinion, subject to the determination of amounts to be realized from the sale of land improvements and building upon the contemplated relocation of the Association's national headquarters as indicated in Note B to the financial statements, 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, 1968, 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.

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. Except for a proposal to change the Association's method of allocating certain expenses, the matters discussed with Dr. Howard are summarized in this letter.

Program and Activity Accounting

In our letter to you dated September 8, 1967, we made the following comments:

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 principally using manual methods. 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 practicable or economically feasible unless a substantial portion of the procedures are changed and converted so that electronic data processing equipment may be 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 pro-

cessing 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 is certainly an integral part of the overall operation of the Association.

We have observed that no additional work in the area of program and activity accounting has been undertaken since the issuance of our September 8, 1967 letter.

Salary and Personnel Administration

In our letter to you dated September 8, 1967, we suggested that the reports we submitted to the Association during 1965 entitled "Position Description" (an outline of organization structure and responsibilities and reporting relationships of persons in the Association's employ) and "Proposed Salary Administration Program" (a basis for determination and control of payroll costs) be reviewed and revised annually in order that they may be utilized effectively. No action has been taken pursuant to our suggestion. We continue to believe that the Association will benefit from the utilization of these reports and again suggest that they be reviewed and revised on a current basis.

Minutes of the Executive Council

In our letter to you dated September 8, 1967, we also suggested that, in order to provide the Association with a permanent and official record of all grants accepted and contracts entered into, it is advisable to indicate formal recognition and approval in the minutes of the Executive Council. We observed that our suggestion has been acted upon.

Disbursements from Washington, D.C. Office

We noted that the suggestion made to you in our letter dated September 8, 1967 concerning the establishment of an imprest bank account for the Washington office has not been implemented even though you have authorized the establishment of the account. We continue to believe that inter-

nal control over cash disbursements will be enhanced by the utilization of an imprest account for the Washington office.

Reports to Grantors

Most grantors of funds to the Association request annual and/or final reports of expenditures made from their grants. We noted several instances where such reports were not submitted on a timely basis or were not submitted at all. We suggest that every effort be made to submit expenditure reports to grantors in accordance with their requests.

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 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 generally are adequate to provide for the safeguarding of the Association's assets and continue to provide management with meaningful information. However, in view of the contemplated relocation of the Association's national headquarters to Washington, D.C. we believe that immediate consideration of the foregoing suggestions is advisable so that changes which are determined to be feasible may be implemented so as to coincide with the relocation. We will be pleased to be of further assistance to the Association in these matters.

ERNST & ERNST

Chicago, Illinois
September 8, 1968

Report of the Business Officers Section

THOMAS J. CAMPBELL, Assistant Director, Division of Operational Studies

Following a very successful informal meeting of business officers at the 1967 Annual Meeting, the Executive Council approved the formation of a Business Officers Section (BOS) at its meeting in December, 1967.

Steering Committee

Through the efforts of the late Augustus J. Carroll, Assistant Director of the Division of Operational Studies, a Steering Committee of business officers was formed to organize this new Section. Its members are: Joseph A. Diana, Secretary to the Faculty, University of Michigan Medical School, *Chairman*; William C. Hilles, Executive Assistant to the President, New York Medical College; Hugh E. Hilliard, Controller and Associate Treasurer, Emory University School of Medicine; George M. Norwood, Jr., Vice President for Business and Administrative Affairs, Jefferson Medical College of Philadelphia; David A. Sinclair, Vice President of Business Affairs, State University of New York, Upstate Medical Center; C. N. Stover, Jr., Assistant Dean for Finan-

cial Affairs, University of Utah Medical Center; and William A. Zimmerman, Associate Dean for Business Affairs, University of Oregon Medical School.

Report of Specific Activities

Activities planned and implemented by the Steering Committee were:

1. To request that the dean of each U.S. medical school nominate a representative to the BOS. This request was met with a very enthusiastic response from the deans.

2. To hold regional meetings of the southern business officers in Atlanta in May, 1968 and of the northeastern region in New York City in July, 1968. Various items of interest to business officers were discussed including the Joint AAMC-AMA Annual Liaison Committee Medical School Questionnaire, the AAMC Faculty Salary Questionnaire, the AAMC Faculty Roster, and the developing BOS organization. The members of the Steering Committee attended these meetings, as well as a very

high percentage of the business officers in the regions.

3. To meet in Washington in May at the time of the AAMC Institutional Membership meeting. A proposed set of Bylaws, very similar to the Bylaws of the Group on Student Affairs, was tentatively approved at that time. These Bylaws were then circulated to the membership and were subsequently adopted by the BOS at the 1968 AAMC Annual Meeting.

4. To name a Program Committee for the purpose of planning the first formal BOS meeting to be held in conjunction with the AAMC Annual Meeting on October 31 and November 1, 1968. Included in this program was the first A. J. Carroll Memorial Lecture. This lectureship was established by the Steering Committee in honor of their long-time friend and colleague.

Continued Organizational Development

Areas of concern projected by the BOS for next priorities are:

1. To establish a mechanism for funding the operation of the Business Officers Section activities.

2. To organize a program for professional development and information exchange in seminars and institutes, as well as in regional meetings.

3. To find a mechanism by which members of the BOS can become more helpful in providing information to the AAMC through development and control of the various questionnaires required during the year. In addition to helping the AAMC develop and complete questionnaires, the BOS representatives support the suggestion that the AAMC approve all questionnaires which originate from other agencies or individuals.

Report of the Council of Academic Societies

CHEVES McC. SMYTHE, M.D., Associate Director

The Council of Academic Societies (CAS) completed its second year of operation in November, 1968. It met on February 10, 1968. At this meeting, the CAS membership discussed some of the implications of the reorganization of the Association and the place of the CAS in that reorganization. The CAS decided to develop its program initially concentrating on the issues involved in changing patterns of graduate medical education.

New Members

On May 22, 1968 the Institutional Membership ratified CAS membership of 7 distinguished societies recommended by the CAS. These societies were: Association of Chairmen of Departments of Physiology, Society of Academic Radiology Chairmen, Association of University Cardiologists, Society of University Urologists, American Association of Neurological Surgeons, Joint Committee on Orthopaedic Research and Seminars, and Academic Clinical Laboratory Physicians

and Scientists. During the year, the American Gynecological Society resigned.

Special Projects

Workshop on Graduate Medical Education.—In keeping with the wishes of its membership, the Executive Committee of the CAS spent its energies during the year developing a workshop entitled, "The Role of the University in Graduate Medical Education." This workshop was held in Washington, D.C. on October 2-5, 1968. After a keynote address on The Role of the University in Graduate Medical Education, special presentations were made on the following topics: Orthopedics and the Impact of Learning Theory; Pediatrics: The Relation of Training to Multiple Tracks of the Future; Patterns of Training for Internal Medicine; Neurological Surgery and the Assessment of Accomplishment; Physiology; Basic Science Input into Training: Its Nature and Content; Financing Graduate Medical Education; The Evolutionary Functions of American Medical Specialty Boards; What

Can University Graduate Medical Education Do Better To Meet the Demand of the Community for Medical Care?; and The National Library and Medical Education. A report of the workshop will be published.

Major Impressions from the Workshop

1. The role of the university in graduate medical education must grow. The major force behind the need for this development is increasing acceptance of medical education as a continuum from the last years of high school to the beginning of practice, rather than as a fragmentation of at least 5 separately administered educational sequences. The amalgamation of these educational sequences for the optimum use of each student's time will require the influence of some one agency. The only agency in our society equipped for this task is the university.

2. The American Specialty Boards serve an enormously useful purpose in American medicine. Their functions should evolve from those of regulatory agencies determining such aspects of training as duration and specific requirements year by year to those of examining or certifying agencies. The content of the educational cycle should be left to the university or hospital sponsoring the students. The Boards should develop as a primary function examination and certification of individuals whose level of accomplishment has been spoken for by their sponsoring institutions. The model of the relationship of the National Board of Medical Examiners to the curriculum content of medical schools was frequently cited as the type of relationship which should exist between the Boards and graduate medical education centers.

3. The internship as a separate and independent free-standing entity is no longer necessary. There are major reasons for retaining the name and any departure from it should be gradual. However, the work that interns do can be absorbed into the terminal clinical experience in medical school and into the initial experience in that area of medical concentration which each man selects upon his graduation.

4. There was broad support for the concept of a national agency responsible for overseeing the broader policies of graduate medical education. The exact form that such a commission should take will have to be determined by careful examination of specific proposals advanced by those agencies by which it will be supported and through which it will work.

The workshop was supported by Contract R.F.P. No. P.H. 108-69-16 (P) with the Division of Physician Manpower, Bureau of Health Manpower, National Institutes of Health, U.S. Public Health Service, and by the National Fund for Medical Education.

Conference on Optimal Implementation of a Medical Educational Network.—During the year, the CAS was invited by the National Library of Medicine in conjunction with the Association to develop a conference designed to examine optimal methods for the implementation of a medical educational network. The general purposes of the program envisioned are to make available to all medical schools the great resources which exist in the country for enriching the teaching of undergraduate medical students. The CAS accepted this invitation and is scheduled to hold such a meeting under the auspices of the National Library on February 25-26, 1969.

Future Representation

On May 22, 1968 the Institutional Membership approved the reorganization of the Association of American Medical Colleges. In the new structure of the Association, which is expected to be adopted at the time of the 1968 Annual Meeting of the Association, the Council of Academic Societies will be represented by 35 places in the assembly, 4 places on the Executive Council, and 1 place on the Executive Committee.

Report of the Council of Teaching Hospitals

MATTHEW F. McNULTY, JR., Director

This second Annual Report of the Council of Teaching Hospitals (COTH) is identified thematically with the concept of a contin-

ued emphasis on the program development of COTH within the overarching framework of the AAMC. This has been a year of

significant progress for COTH, marked by a number of events that serve to emphasize its vibrant nature. The Institutional Membership of the AAMC has approved a reorganization of the Executive Council to include representation from COTH and from the Council of Academic Societies.

This spirit of encouraging change has permeated throughout the organization and has provided COTH with an excellent opportunity to continue its growth pattern and to participate meaningfully in the dialogue on major issues in the current process of medical education.

Staff

Matthew F. McNulty, Jr., is Director; Dr. Fletcher H. Bingham, Assistant Director; Dr. Richard M. Knapp, Project Director; and Grace W. Beirne, Staff Associate.

Coordination of Activities With Other Divisions

The COTH Executive Committee and staff are pleased to report the continued growth in rapport with all divisions of the AAMC. Especially noteworthy was the joint endeavor of the Director of COTH and the Director of the Division of International Medical Education through which invitations were extended to COTH hospital administrators to attend the Second General Conference of the Pan American Federation of Associations of Medical Schools, scheduled for November 24-29, 1968 in Mexico City. The theme of the Conference was to have stressed the medical schools and the health of the community. Due to political instability in Mexico during the time the Conference was to be held, it was subsequently postponed until September, 1969.

COTH staff is interested in exploring other areas of mutual interest with the various divisions of the AAMC. Discussions are continuing to determine the most appropriate mechanism for such opportunities.

Hospital Administrators' Participation in Medical School Accreditation Visits

As further evidence of the involvement of

hospital administrators in the process of medical education, the AAMC-AMA Liaison Committee on Medical Education has authorized the inclusion of a hospital administrator on survey teams to those medical schools in which their participation would be particularly helpful.

Expanding Membership

As of July 31, 1968 COTH membership totaled 337. Of this number, 221 were nominated by deans. A total of 116 that had fulfilled the internship and residency criteria for membership joined COTH on the basis of self-nomination. Of particular significance was the admission to COTH membership of the first military hospital: Wilford Hall U.S. Air Force Hospital, Lackland Air Force Base, San Antonio, Texas. Although the Veterans Administration hospitals and U.S. Public Health Service (USPHS) hospitals have been represented in COTH activities since its inception, this was the first military hospital to join COTH.

The *Council of Teaching Hospitals Rules and Regulations* are presently being reviewed. One area of concern is the possibility of broadening the COTH membership base to afford increased opportunities for membership.

Membership Services

The single most rewarding opportunity afforded COTH is its responsibility for providing needed services to its membership. This service responsibility is the *raison d'être* for any national association. The COTH Executive Committee and staff have been particularly careful to insure that the direction of policy and its subsequent implementation reflect this awareness.

Additionally, these services have included a volume of mail, telephone conversations, and personal visits to COTH headquarters. Although increasing almost exponentially, these demands have served as an indication of the opportunities available to COTH staff for service to its membership. COTH staff has continued to be extremely mindful of the needs of its membership, for it recog-

nizes fully that its service obligations to the membership are its most meaningful contribution to the community of the nation's teaching hospitals.

Executive Committee Activity

The COTH Executive Committee has met 5 times during the administrative year: October 30, 1967, January 11-12, May 9-10, September 5-6, and October 31, 1968. Serving under the chairmanship of Lad F. Grapski, the Executive Committee, among other accomplishments, was particularly mindful of the need for continued organizational growth. On the recommendation of the Executive Committee, Chairman Grapski appointed a 3-member *ad hoc* Committee on COTH Programs and Development: Dr. Leonard W. Cronkhite, Jr., Children's Hospital Medical Center, Boston, *Chairman*; Stanley A. Ferguson, University Hospitals of Cleveland; and Dan J. Macer, Veterans Administration Hospital, Pittsburgh. The committee has met and carefully examined the current and projected needs for COTH program development. An additional charge to this committee involved the presentation of recommendations on the means of providing additional revenues to support these enlarged program responsibilities. Their recommendations to the Executive Committee were presented to the COTH membership at the November 4, 1968 Business Meeting.

Other Committee Activity

As reported in last year's Annual Report, the Executive Committee approved the establishment of 2 additional committees: the Committee on Financial Principles for Teaching Hospitals and the Committee on Modernization and Construction Funds for Teaching Hospitals.

Committee on Financial Principles for Teaching Hospitals.—This committee has met 3 times during the year—January 25, June 6, and July 24, 1968. A subcommittee has been appointed by Chairman Charles R. Goulet to develop a statement of guidelines for program cost allocation in teaching hospitals. Members of this subcommittee in-

clude: Richard D. Witttrup, Affiliated Hospitals Center (Harvard), Boston, *Chairman*; Bernard J. Lachner, Ohio State University; and Irvin G. Wilmot, University Hospital of New York University Medical Center.

In addition to its responsibility for developing a statement of guidelines for program cost allocation in teaching hospitals, the committee has examined other issues of a financial nature that are unique to teaching hospitals. Items have included the indirect costs of research training growths, the projected funding levels for general clinical research centers, and other items of a similar nature.

Committee on Modernization and Construction Funds for Teaching Hospitals.—This committee was reported last year as the Subcommittee on Modernization and Construction Funds for Teaching Hospitals, operating as a subcommittee of the COTH standing Committee on Government Relations. This latter committee was subsequently abolished when its members joined the AAMC Committee on Federal Health Programs. The former subcommittee is now identified as a full committee of COTH.

This committee has also met 3 times within the administrative year—December 12, 1967, February 19, and June 28, 1968. The primary emphasis of this committee has been directed toward the development of a rational approach to the urgent need for modernization and construction funds for teaching hospitals. The vehicle for the expression of the need has been a position statement, developed by this committee, that identifies the unique responsibilities of teaching hospitals and the immediate funding needs that accompany these responsibilities. Serving as primary source data for this committee's deliberations are the results of 2 questionnaires on funding needs distributed by the COTH office. The COTH staff would like to thank the membership for their excellent response to these questionnaires. In the development of a position statement, there is no substitute for current, documented data on which projected need can be forecasted.

COTH Regional Meetings

The pattern reported on in last year's annual report of regional meetings for the COTH membership was continued this year. For this administrative year, meetings were held for the Western Region, April 4, San Francisco; the Midwest-Great Plains Region, April 19, Chicago; the Northeast Region, April 25, New York; and the Southern Region, April 30, Atlanta. COTH staff has been encouraged by the attendance and the lively participation at these meetings. It is believed that these meetings provide an excellent forum opportunity which serves as the essential purpose of COTH.

Department of Health, Education, and Welfare Contract

On April 26, 1967 COTH entered into a contract with the new National Center for Health Services Research and Development of the DHEW to investigate the feasibility of establishing a Teaching Hospital Information Center. The contract will allow COTH to develop a methodology designed specifically for the accumulation, evaluation, and dissemination of a constantly changing body of information pertinent to those involved in teaching hospital administration.

Effective July 15, 1968 Dr. Richard M. Knapp joined the COTH staff as Project Director for this study. Dr. Knapp received his doctorate degree in hospital and health administration from the University of Iowa in June, 1968. His early activities involved the development of the form and direction which the feasibility study would assume.

COTH staff continues to be alert to other possibilities that would allow the development of a sophisticated research capability to provide better identification of the particular responsibilities of teaching hospitals.

Liaison with Other Hospital and Health Organizations

In addition to organizational opportunities afforded through representation in the AAMC and the attendant opportunity for

frequent dialogue with medical educators, COTH has been meeting with other national organizations in the hospital and health care field. The elected executive officials and chief executive officers of the AHA and COTH met once this year for an exchange of information relating to mutual activities and interests.

COTH has also met formally and informally with several other organizations that have a national interest in health affairs. These meetings have served a 2-fold purpose: (a) they provide COTH with the opportunity to become knowledgeable of the particular interests and activities of other organizations and (b) they allow COTH to have some measurable input into discussions of national policy issues that are of widespread concern to all involved in the health care field.

Future Activities

Although the purpose of the annual report is to identify the accomplishments of the past year, it is appropriate to concentrate a portion of the report to the anticipated activities of 1968-69.

The growing complexities of postgraduate medical education necessitate that COTH expand its current range of service and representation activities immediately. The traditional forces that have been influencing the organizational design and direction of teaching hospitals are presently being joined by new forces. These new forces will make necessary the development of more effective means of defining the role of teaching hospitals in the delivery system of health services. From careful articulation of responsibilities and opportunities, it is anticipated that the many "publics" of the teaching hospital would have a thorough understanding of the capabilities for service, education, and research inherent in the organization.

The COTH staff recognizes the need for special studies and data collection relating specifically to teaching hospitals. With the continued growth of staff, many of these programs are now gaining the necessary form and substance and will be reported to

the membership through the various communication media and at the regional meetings. COTH has gained much visibility during the past year, but it has not been able to capitalize on the many available opportunities for leadership because of limitations of staff imposed by certain financial constraints. A certain element of frustration accompanies any situation in which recognition of the need for leadership is evident, the capability of providing that leadership

is known and identified, but the many other demands for similar leadership opportunities in other areas are considered to have higher priority. Such situations have occurred during this past year. The COTH staff and the Executive Committee are mindful of these opportunities and will continue to evaluate carefully COTH's responsibilities to its membership and how these responsibilities can be translated into action.

Report of the Division of Data Processing

RAYMOND W. RATHBURN, Director

On January 18, 1967 application was made to the John and Mary R. Markle Foundation for a grant to enhance the data processing capabilities of the AAMC. In April, 1967 an award of \$195,000, to be divided into 3 annual installments of \$65,000, was made by the Markle Foundation.

For eight years the data processing activities of the Association were a part of the Division of Business Affairs under the direction of John L. Craner. Raymond W. Rathburn was in direct charge of the day-by-day operation of the unit. The increased demand for data processing and the increased support from the Markle Foundation occasioned a reexamination of the role of data processing. The need for the direction of this unit to be as closely related as possible to the overall direction of the Evanston office became apparent. It was decided that the director of the unit should participate in the planning of the activities of the Association, have free access to all division directors, and at the same time the division directors should have free access to him. It was furthermore decided that the organizational changes called for by these considerations should be implemented at the initiation of the growth of activities expected to occur as a result of the major outside funding of the Markle Foundation.

For these reasons, the Division of Data Processing was activated on July 1, 1967. Daniel J. Walter was recruited from the

Systems Development Corporation to be its director and joined the staff on August 21, 1967. The Division was assigned a budget, and plans were utilized for securing proper space for staff which was needed. First steps were taken to obtain time on a computer of the necessary capabilities. These plans were well underway by September, 1967.

Projects

The proposal for organizing the Division outlined a number of projects in which the Association was actively engaged and a number of areas needing development. The relation of data processing to all of these was discussed. Progress made toward each of these objectives and projected activity are summarized below:

Student Studies and Services.—The Applicant Study for 1967-68 was processed by computer. The data pertinent to a number of reports, the tables of the applicant study, and the competitive school report were also handled by the computer. Appropriate programs have been written and are now available. Programs have been prepared to convert applicant information from prior years from card to tape for subsequent retrieval of this information if called for.

Faculty Roster.—This project has absorbed most of the Division's time and energy. The Association's contract with the National Institutes of Health has been re-

newed for one year, ending February 25, 1969. Programs have been prepared which control inputs into the master file, appropriate updating as newer information on individuals already in the file is received and as new names accrue to the file. Programs controlling the preparation of tables and reports requested by the contracting officer are already prepared or in preparation. A general type program has been prepared to facilitate extraction of special tables by providing easy access to file organization and procedure, divisions of the accumulated data bank.

Neither the accumulation of the data nor preparation of programs for their manipulation have been easy. Problems remain in the system involving everything from the role of the individual member in updating data through the optimal utilization of the material. However, now that the Faculty Roster is computerized, it should become more readily useful. Updating the Faculty Roster and continuing attention to perfecting its administration will absorb a significant portion of the Division's energy during the coming year.

National Intern and Resident Matching Program.—Rapid changes of staff precluded development of programs in time to handle the 1968 matching by computer. Since the program is so well-known to the Division, the systems analysis aspect of the task has been completed. Detailed programming is underway and as a first step, these programs will be tested on a trial basis utilizing the 1968 data. This will allow pretesting so that all steps will have been "debugged" well in advance of the 1969 matching, which is now scheduled to be handled by computer. Conversion of data from previous years from cards to tapes is now feasible.

There was no substantial increase in the volume of resident matching during 1968, and none is expected during 1969. However, in some form or another, resident matching continues as a probability. Computer programs are being developed which will provide the capabilities to process resident matching. This is being done in con-

junction with the work of the national intern matching.

American Medical College Application Service.—This project is developing rapidly. A director joined the staff in August, 1968. Pilot schools have been selected and the whole development of the plan scheduled through 1970. Forms and procedures for the pilot study have been provided to the 7 participating schools. The Division of Data Processing has been an integral part of the planning from the beginning and has been providing the necessary systems work and forms. The finer details of the actual programs will be written subsequent to August 1 in conjunction with the Project Director. Continuing rapid development of this plan is expected during the coming year.

Medical College Admission Test.—During 1968, Medical College Admission Test (MCAT) scores were first distributed to MCAT examinees. The contract with The Psychological Corporation was altered in such fashion that the Association was responsible for the distribution of the scores. Programs to handle this clerical task, as well as to prepare various statistical reports concerning the tests, were prepared on the basis of a contract with an outside programming agency. Individual names and addresses have been recorded and each individual has been provided with a copy of his test scores. Programs have been prepared to convert all previous MCAT master cards to computer tape file, and this card-to-tape conversion is in process at the present time. This is being done in time available on an IBM 360-30, for which the Association has contracted. This editing of previous MCAT masters is being done to select duplicate tests for individuals and for inserting cross reference test numbers. Such procedures are being developed with an eye toward their potential application in the validation of tests.

Medical School Profile.—The original thought that a profile on each medical school might be prepared has been expanded. Appropriate individuals from the Division of Data Processing, the Division of

Operational Studies, and the Office of the Associate Director are now involved in working through the requirements for a medical school profile. The data now being collected from each medical school in routine fashion is being taken as a starting point. Information which is recorded in numerical fashion is to be programmed first. This includes data from the AAMC Applicant Study, the data from the AAMC Faculty Roster, financial data from the joint AAMC-AMA Annual Liaison Committee Medical School Questionnaire, and data gathered in connection with medical school surveys.

The continuing development of the medical school profile is expected to occupy a significant proportion of the division's effort. As data on each school are collected they will be converted from such individual reports and tables to a large data bank-type information retrieval system. This will require a precise definition of both the scope of the data to be stored for retrieval, the most likely uses to which it is to be put, and the methods and techniques necessary for its retrieval and/or manipulation from and within the bank. It has been recognized that all of this can be accomplished in stages by adding on various types of data as they become available from various divisions of the Association.

Information Service.—It is apparent that methodology must be found for the storage and retrieval of present numerical data on either medical schools and/or selected topics in medical education. Such information is either sent to or collected by the Association in considerable volume. The presence of capabilities for the organization of and manipulation of such material and the fact such ability would greatly enhance the potential service of the Association to its constituent members have brought the need for creating such a capability into the forefront. This is under active study by the Association with the assistance of the Division of Data Processing.

Miscellaneous.—The unit will continue to handle such annually recurring items as the

Applicant Study, Medical College Admission Test, National Intern and Resident Matching Program, the faculty salary study, and miscellaneous Association business reports, as it has for many years. As available energy and demand permit, these small projects will be converted from punch card to computer systems.

Staff and Organization

As mentioned above, Daniel J. Walter became Director of the Division in late August, 1967. Don Shigio, a senior programmer, joined the staff in November, 1967. In February, 1968 Mr. Walter left the Association and was replaced by Raymond Rathburn as Director of the Division. Upon the completion of his training as a programmer, William Jamison, who had been assigned the Faculty Roster project, left the Association in January, 1968.

Bernard J. Towns, who has had extensive experience both in systems analysis and programming, joined the staff in May, 1968. His particular strengths lie in organization and programming of data banks and information retrieval systems. The permanent staff of the Division now consists of the Director, a systems analyst-programmer, a programmer, 1 machine operator, a control clerk, and 1 keypunch operator. In addition to the full-time staff, additional keypunch operators and programmers are employed from outside from time-to-time on an *ad hoc* part-time or contractual basis. It is expected that additional strength will have to be added to the programming staff to bring about effective activities of the American Medical College Application Service, the medical school profile, and the information system. The Division Director relates to the other division directors and reports to the Associate Director of the Evanston office.

Equipment

The equipment of the Division now consists of 2 keypunch machines, 1 verifier, a complete IBM 407 unit record system consisting of 1 model 407 printer, 1 sorter, 2

collators, and 1 interpreter. In December, 1967 the Association entered a contract with TRW Electronics, Inc. The terms of this contract allow the Association access to an IBM 360-30 computer for twenty-five hours per month. In addition, the Association is allowed to purchase up to fifty hours per month at agreed upon rates. This arrangement provides a satisfactory solution to the problem of access to a computer of great capability by the staff of the Division for the time being. No decision has been reached and no recommendations have yet been made concerning either equipment

capabilities or the type of access the Association should have to such equipment subsequent to 1970.

Space

In December, 1967 the Division moved from cramped and scattered quarters in the Association's main building to rented space approximately 1 mile west. This building provides adequate office space for its director and programmers, an enclosed area for its clerks and keypunch operators, and adequately air conditioned and soundproof space for its equipment.

Report of the Director of Education

PAUL J. SANAZARO, M.D.

Responsibilities of the Director of Education have included consultations with medical schools, hospitals, and professional organizations on the design and evaluation of educational programs; dissemination of information on innovative educational programs; and provision of staff support for special studies and accreditation visits. Activities of direct benefit to the medical schools have been financed by the AAMC. Research was supported by the Carnegie Corporation of New York.

The projects which have been under the immediate supervision of the Director were described in detail in the Fifth and Final Joint Report of the Committee on Research in Education and the Division of Education (1).

Staff

The Director was assisted in his activities during the past year by Jane McC. Huston, Project Director of the AAMC Study of Physician Performance, and by Janet H. Nelson, Secretary.

Effective April 30, 1968, the Director resigned his position at the AAMC in order to become the Director of the National Center for Health Services Research and Development within the Department of Health, Education, and Welfare.

Core Program

The Core Program, initiated in 1962 as an interdisciplinary effort in research directed to key issues in medical education, has been terminated. The status of the 4 projects is described below:

Project A. Projection of Future Needs for Physicians.—Responsibility for the conduct of a long-range research plan to determine the future national requirements for physicians and for the establishment of guidelines to modify and expand the present medical education system has remained with the University of California at Los Angeles.

Project B. Criteria of Performance of Practicing Physicians.—The purpose of this study was to develop systematic, detailed, and comprehensive criteria of effective performance in the practice of medicine as well as the information needed to improve methods for assessing physician performance. Major expenditures of time and effort by the Director were devoted to the completion of this study. Two papers have been published, and the final report is currently in preparation (2,3). The last year of this three-year grant was financed by the Bureau of Health Manpower of the U.S. Public Health Service (USPHS).

Project C. Joint Study of Teaching Programs in Comprehensive Medicine.—The

final report describing the outcome of the critical incident study based on teaching programs in 8 medical schools has been published (4).

Project D. Research in Patient Care.—Due to the interest generated by the Seminar on Health Services Research held in 1967, a second seminar was conducted by the Department of Medical Care and Hospitals of the Johns Hopkins University on March 25-29, 1968. The seminar was sponsored by the AAMC, the Division of Medical Care Administration, Bureau of Health Services, and the Division of Regional Medical Programs, National Institutes of Health of the USPHS.

Studies of Health Services

Medical Care in Hawaii.—A month-long survey of the status of medical care in Hawaii was undertaken by the Director in cooperation with and financed by the Hawaii Medical Association. A preliminary report has been submitted to the Hawaii Medical Association.

Health Services Research in Great Britain.—A 5-member team, under the chairmanship of the Director, visited Great Britain in order to study firsthand the present status of health services research in the National Health Service. This study was financed by the USPHS. The report summa-

rizing the team's findings has been published (5).

Conference on Research

Annual Conference on Research in Medical Education.—The Sixth Annual Conference on Research in Medical Education was held on October 28-29, 1967. Proceedings of the conference were published as a special issue of *The Journal of Medical Education* (6).

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4. SANAZARO, P. J., and BATES, B. A Joint Study of Teaching Programs in Comprehensive Medicine. *J. Med. Educ.*, 43:777-789, 1968.
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Report of the Education Advisory Committee to the Veterans Administration

S. RICHARDSON HILL, JR., M.D., Chairman

The committee met on October 27, 1967 in New York City in conjunction with the AAMC Annual Meeting, on January 23, 1968 in New Orleans, and on April 22, 1968 in Washington, D.C. This summary of these meetings has been prepared at the request of the committee by Clyde J. Lindley, Executive Secretary, Special Medical Advisory Group (SMAG), Veterans Administration.

Representatives attending these meetings from Veterans Administration were: Dr.

H. M. Engle, Chief Medical Director (CMD); Dr. Lionel M. Bernstein, Director, Research Service; Dr. Thomas C. Chalmers, Professor of Medicine, Tufts University School of Medicine; Dr. Chester W. DeLong, Chief, Training Grants and Career Development in Education, Education Service; Dr. Edward Dunner, Special Assistant to ACMD for Research and Education in Medicine; Dr. Charles A. Rosenberg, Assistant Director, Education Service; Dr. Har-

old M. Schoolman, Director, Education Service; and Clyde J. Lindley, Executive Secretary, SMAG.

Changes in Committee Membership

Membership of the committee constituted for the academic year 1967-68 was revised as follows: Dr. Sherman M. Mellinkoff, Dean of the School of Medicine of the University of California at Los Angeles, and Dr. Vernon E. Wilson, Executive Director for Health Affairs at the University of Missouri, were appointed to the committee effective July 1, 1968 to replace Dr. Hayden C. Nicholson, who resigned March 14, 1968 when he became Director of the Department of Undergraduate Education of the American Medical Association (AMA), and Dr. Roger O. Egeberg, who became Chairman of SMAG in the VA effective July 1, 1968. Selection of committee members is coordinated with the AAMC Executive Director.

Functions of the Committee

The first function of the committee relates to the responsibilities of the committee under P.L. 89-785. The law specifically provides for the establishment of an Advisory Subcommittee for Programs for Exchange of Medical Information (PEMI) of SMAG. This subcommittee advises the Administrator and CMD regarding exchange of medical information as provided under the law.

This subcommittee, under authority of P.L. 89-785, makes recommendations to the Administrator and CMD relative to grants to medical schools, hospitals, and research centers about the exchange of medical information. The law authorizes an appropriation of \$3 million for this purpose for each of four fiscal years effective July 1, 1967. In the apportionment process the President's budget for fiscal years 1968 and 1969 provided approximately one third of this amount.

The second function of the committee relates to its responsibilities as an Education Advisory Committee to the Department of Medicine and Surgery. In this capacity the committee advises the Director, Education

Service, and the CMD about all other aspects of the education and training program not directly related to the responsibilities of the committee as provided by law (pilot programs and grants). In this connection, it was noted that P.L. 89-785 authorized training and education of health service personnel. The law states:

In order to more effectively carry out the functions imposed on the Department of Medicine and Surgery . . . the Administrator shall carry out a program of training and education of health service personnel, acting in cooperation with schools of medicine, dentistry, osteopathy, and nursing; other institutions of higher learning; medical centers, hospital; and such other public or nonprofit agencies, institutions, or organizations as the Administrator deems appropriate.

Although the VA has engaged for a number of years in the teaching of health personnel, this activity had never before received statutory recognition. When functioning as an Education Advisory Committee, the committee advises the Director, Education Service, and the CMD about the total program of training and education of health service personnel.

The third function of the committee relates to its liaison activities with the AAMC. In carrying out this function the committee brings before the VA certain problems or other conditions that might exist between the Deans Committee of the VA hospital and the medical school. Conversely, it serves as a vehicle for the VA to bring information and new developments to the attention of the deans. It is obvious that the preceding 2 functions are interrelated with the third function of the committee. By means of this liaison function with the AAMC, membership of the AAMC would be informed about all significant aspects of the VA health manpower training program.

VA and Health Manpower

The long-range objective of the VA by 1973 is to expand its current training program from 26,000 professionals and allied health personnel to 81,000 annually. The

largest increases will be in the training of allied health groups. The number of medical students assigned to VA hospitals will be increased, however, as existing affiliations with medical schools are expanded, and additional training programs will be initiated as new medical schools are established in affiliation with VA hospitals. Increases in the number of persons trained in the allied health disciplines will be dramatic. Thus, the VA will continue to expand its VA training for medical and dental residents, medical and dental students, medical rehabilitation therapists, nurses, psychologists, social workers, and so forth.

In cooperation with the manpower development and training programs, the VA has made its clinical facilities available to train hospital and clinical personnel in such areas as nursing, housekeeping, clerical, food service, and laundry. The numbers trained in VA facilities through these other federally sponsored programs is currently about 8,000, and VA has indicated that its facilities can accommodate up to 26,000 trainees.

Training of allied health personnel has been considered from 4 points of view. The first is the recognition that there is a growing shortage of personnel in all categories, and even though the need cannot be defined specifically, it is definitely real. Here the question is how to increase the output. The VA approaches this problem by (a) expansion of those VA training programs already in existence and (b) development of similar programs in hospitals that have potentials, but which have no existing program. The emphasis here is on increase of output of existing programs. About \$1 million is available for minor alterations and/or equipment and supplies. The VA is surveying its current potentials for increasing its output of current training programs.

The second approach relates to what new types of personnel should be developed to relieve the critical shortages of health manpower. The VA is proceeding selectively in a number of areas such as pathologist's assistant, dental assistant, and social work assistant. There are many problems related

to new types of personnel: quality control, legality, career development, lateral movement, and so forth. VA has a committee mechanism in education, whereby a number of subcommittees are charged with pursuing each of the problem areas mentioned. These subcommittees are made up of representatives from all the professional services in the VA Central Office.

The third general approach relates to the problems of changes and delivery of health services and the type of personnel that will be needed for the future. Will the medical technologists of tomorrow, for example, in an automated laboratory bear any resemblance to today's training programs in medical technology? This type of information is important for long-range planning efforts.

The fourth approach relates to a reorganization of the delivery systems of health care. There is little likelihood that this can be accomplished in the traditional hospital-based concept of the delivery of health care services and that some form of a progressive type of health screening device will have to be adopted. It is conceivable that the first screening will be made for the care of the healthy rather than for the care of the sick.

There is relative paucity of proposals from medical schools and the VA hospitals concerning the last approach. It is extremely difficult to get deans of medical schools to think of conjoint programs in which both the medical school and the VA participate. It was recognized that there is a real education task needed in this area.

The committee expressed the opinion that the expansion of medical education into these allied fields is most important. It recognizes the need for continuing education and new concepts for the delivery of medical services. The VA is in a unique position to make contributions in all of these areas. Suggestions were made that the methodology of expanding programs should have a high priority.

New VA Official

Dr. Engle announced the appointment of Dr. Thomas C. Chalmers, formerly Profes-

sor of Medicine at Tufts University and Director of Medicine at the Lemuel Shattuck Hospital in Boston, as Assistant CMD for Research and Education in Medicine. He joined the staff on a full-time basis August 5, 1968. Dr. Chalmers was recommended by an *ad hoc* Search Committee which considered candidates on a nation-wide basis. The committee consisted of: *Chairman*, Dr. Stewart G. Wolf, Jr., Chairman, Department of Medicine, University of Oklahoma School of Medicine; *Members*, Drs. Robert J. Glaser, Dean, School of Medicine, Stanford University; Robert H. Williams, Professor, Department of Medicine, University of Washington School of Medicine, Seattle; J. Englebert Dunphy, Chairman, Department of Surgery, University of California School of Medicine, San Francisco; Richard V. Ebert, Chairman, Department of Medicine, University of Minnesota Medical School; and Merlin K. DuVal, Jr., Dean, College of Medicine, University of Arizona.

Participation in Regional Medical Programs

P.L. 89-785 also authorizes the Administrator of Veterans Affairs and the Secretary of Health, Education, and Welfare to coordinate to the maximum extent practicable programs carried out under the Heart Disease, Cancer, and Stroke Amendments of 1965 (Title IX of the Public Health Service Act). Involvement of VA hospitals in the Regional Medical Programs (RMP) can contribute to the missions of both. The described goals of the RMP may be regarded as an expanded version of similar goals toward which the VA hospital system has moved during the last twenty years. By affiliation with medical and dental schools, the VA has sought to extend the highest quality of the interrelated research, education, and patient care activities of academic centers into its hospitals. The recent extension of the VA mission, through the exchange of medical information section of P.L. 89-785, emphasizes the need to extend these medical center qualities into the remote unaffiliated VA hospitals as well. The committee expressed

the opinion that many common goals of the VA and the RMP warrant closely related programs.

Grants Awarded for Exchange of Medical Information

Four grant proposals recommended by the committee have been approved by the Administrator and awarded during fiscal year 1968.

University of Nebraska Medical Center-Nebraska Psychiatric Institute.—This is a 2-way closed circuit audiovisual communication link between 3 VA hospitals in Nebraska: Omaha, Lincoln, and Grand Island. These 3 hospitals in turn would be linked by a 2-way closed circuit television to the Nebraska Psychiatric Institute. The Nebraska Psychiatric Institute currently has such a link between its facilities and the Norfolk State Hospital, 110 miles away. This facility, which is used for both teaching and consultation, as well as hospital management, has been very successful in achieving the objectives for which it was instituted. The 3 VA hospitals indicate a multiplicity of areas in which such a 2-way hookup would be beneficial to them.

Jefferson Medical College and VA Hospital, Coatesville.—This proposal involves the purchase and maintenance of a bus specially equipped for educational purposes to optimize teaching personnel time. The traveling bus will be an educational laboratory specially outfitted for the conduct of educational activities such as lectures and programmed instruction for the benefit of resident students, house staff, and other trainees who would commute on a regular schedule between the medical center and the Coatesville VA Hospital. The time involved is roughly three hours daily for a round trip. The hospital is geographically isolated with totally inadequate transportation connections with its medical school affiliate.

Duke University and VA Hospital, Durham.—Duke University Medical Center proposes a closed circuit television link between its medical school and the Durham VA Hospital. The project is directed toward

enhancing medical education in the medical community within a 25-mile radius of this medical complex and to groups of practicing physicians and other hospitals (VA and community) outside the 25-mile radius, utilizing videotape facilities. This network will be utilized by all areas of medical education. Broadcasts will be initiated at both the VA hospital and the medical center. This broadcast and production facility would eventually become part of a national network for dissemination of medical education by audiovisual means.

University of Oklahoma Medical Center and VA Hospitals, Oklahoma City and Muskogee.—The University of Oklahoma Medical Center and the Oklahoma City VA Hospital with which it is affiliated have proposed an integral affiliation between their institutions and the Muskogee VA Hospital. The latter hospital is presently unaffiliated and geographically remote. It is proposed to bring the Muskogee VA Hospital into the academic fold of the Oklahoma City Medical Center by an intensive educational program which includes rotational educational assignments, in both directions, as well as many other educational aids such as television linkage and computer assisted instruction. This proposal is an initial phase of an effort to evolve, over a period of time, a complete integration of the Muskogee Hospital into the medical center complex.

Liaison with American Medical Association

Dr. Hugh H. Hussey, Director, AMA Division of Scientific Activities, contacted Dr. Engle urging that the VA Education Advisory Committee also effect liaison with the AMA. It was agreed to postpone final action until the next meeting of the committee was held in October, 1968, when 2 new members of the committee would be present.

Deans Committees and Medical Advisory Committees

Since the provisions of P.L. 89-785 as it affects the Deans Committees seem still to be subject to misinterpretation in some quarters, it was again reviewed. The legislative

history of this law indicates no design to alter or dilute the long established role and responsibility of the Deans Committees. Rather, the purpose was to give statutory recognition to the Deans Committees as the effective focal point for cooperation between the VA and schools of medicine. It did not change the method of appointing members. It did not change the role or responsibilities of the committees. The Deans Committees, concerned with the totality of medical care, research, and education in the VA hospitals, remain as the core committees at affiliated hospitals. This applies also to the Medical Advisory Committee where such exists or is established at a nonaffiliated hospital.

These committees will still serve the purpose of assuring the most knowledgeable decisions and actions with respect to education and training in any particular medical discipline. In effecting representation of other health professions, the Deans Committee or Medical Advisory Committee may choose (a) to expand its membership to include representation of all of certain disciplines from institutions which are cooperating with the VA hospital in health professions training; (b) to create subcommittees or *ad hoc* committees representing 1 or more disciplines from 1 or any combination of these institutions; or (c) to employ any combination of the 2 above-cited devices. This interpretation of the statute was approved and accepted by the committee.

VA Salary Scales

The question of VA's relatively low salary scales and the difficulties occasioned by schools trying to recruit and maintain adequate staffs for VA hospitals was reviewed. The VA has been attempting to meet this situation by redistributing funds within its system, giving acknowledgement to the higher costs of research and education, and providing more money for staffing in its teaching hospitals. Personnel policies have been revised to include more liberal promotion policies, advancement for achievement, and adjustments in grades. VA has also

modified its regulations to permit part-time personnel to receive the same employee benefits as full-time personnel (leave, insurance, and so forth). The VA has recently changed its regulations permitting VA physicians to receive payment for teaching and consultation. The committee agreed that this was a tremendous step forward. It was agreed that contractual arrangements can provide desirable flexibility, especially in some service areas, although it was acknowledged that this mechanism cannot be used as a means of circumventing usual appointment authorities simply to give specific individuals higher rates of pay. VA believes the contracting authority cannot legally be extended to cover total responsibility for a hospital or all aspects of medical programs.

The VA and the committee do recognize the disparity between VA and medical school salaries but believe that any resulting difficulties can be resolved without straining VA-medical school relationships through arrangements between VA and individual schools developed on the basis of the situation peculiar to the particular school.

Among others, the University of Alabama and Duke University seem to have worked out arrangements mutually satisfactory to them and to VA. Drs. Hill and Anlyan have expressed a willingness to discuss with any individual dean the type of relationship each has developed with VA and its possible adaptability to the particular dean's circumstances. In VA's Central Office, the Office of the Assistant CMD for Research and Education will also be happy to work with any dean to help resolve this problem as it affects his school.

The hope was expressed that the anticipated raise in VA salaries scheduled for July 1, 1968, together with the fact that VA will soon be in a position to pay residents on a basis comparable to that in effect at the index hospital in any area, may prove of significant help in alleviating these concerns.

Outside Activities of Residents

The committee was advised that VA was developing a proposal to authorize remuner-

ation for residents for those activities which because of their educational nature would contribute to the overall education of the resident. Such activities would have to be approved by the residency review committee sponsored by the American Board for the particular specialty and the Council on Medical Education of the AMA. Such activities would also have to be approved by the department head at the medical school and the Deans Committee. Outside activities not related to the overall education of the resident would be prohibited.

The type of activity contributing to a resident's educational program for which outside remuneration may be received is not necessarily restricted to teaching. As an example, subject to the appropriate approvals, participation in the work of community health centers of planned parenthood clinics might be considered educational activities not available in the hospital for which remuneration might be received from those sources. The committee approved this proposed change and indicated that the VA is merely reflecting changes that are occurring outside the VA.

Distinguished Physician

The committee was pleased to learn that Dr. William B. Castle has been appointed "distinguished physician" of the VA, a new position based on professional excellence. The number of distinguished physicians assigned within the VA probably will never number more than 5 at any 1 time. Nominations for distinguished physicians are not solicited as recommendations for selection but are handled by a selection committee of eminent non-VA medical educators. Dr. Castle will be stationed at VA Hospital, West Roxbury, Massachusetts, and will serve on a VA-wide basis as consultant, lecturer, or in other teaching capacities.

Videotape Guest Lecture Program

An educational program has been developed which will bring a series of 36 selected videotapes and 4 lectures to each of 30 non-affiliated hospitals in the western United

States over a period of fifty-two weeks. Most of these hospitals are located in areas remote from medical teaching centers. This program will enhance the academic environment at these VA hospitals.

The tapes will deal with medical and nursing subjects of current interest to the professional staffs at each installation. The subjects of the lectures will be coordinated with those of the tapes and will provide the basis for extended interchange between staff members, guests, and lecturers. This program also establishes a Veterans Administration-California Medical Television Network (VA-CMTN) library of tapes on medical and nursing subjects which will be available on call from any of the participating stations. To further carry out the concept of exchange of medical information, as stated in P.L. 89-785, members of the local medical communities will be encouraged to attend and participate in these programs.

These educational information activities will be conducted through the facilities of the CMTN of the University of California. The Network will handle all duplicating and distribution of tapes as well as arrangements with the lecturers.

National Distribution System for Dissemination of Medical Information

Through an agreement with the National Medical Audiovisual Center (NMAC) of the National Library of Medicine (NLM), the VA has initiated a pilot program to investigate systems and media for dissemination of medical information on a nationwide basis. One of the major problems in this area relates to uniformity of equipment and compatibility with later developed technologies. The NMAC has reproduced programs covering a broad range of medical subjects which will be distributed to selected VA hospitals in the eastern part of the United States. Four media of dissemination will be employed, namely 8mm cartridge loaded projectors, audiotapes with film strips, 35mm carousels with sound equipment, and closed-circuit television using videotapes. The evaluation of these methods of

delivery will influence the future cost of distribution of educational materials on a regional and national basis. It is planned to invite other organizations to participate in this project such as the AAMC, American Hospital Association, AMA, and other federal agencies.

Extended Educational Leave Program

This is a 2-part program. The first provides the opportunity for a specialist in an unaffiliated VA hospital to update his knowledge and skills in a medical center. VA hopes to have physicians and dentists participating in this program as soon as possible. The second part, which has not been implemented, provides fundamental updating in some general broad field of medicine not now offered. There was general agreement that this would be regionalized in order to utilize the benefits of VA relationships with medical schools, rather than trying to create educational programs independent of medical schools.

It is expected that people involved in the Regional Medical Programs would be very interested in continuing medical education, or joining with the VA in this. VA could support expenses for VA physicians in such educational endeavors. The committee was asked to assist in informing local Regional Medical Program people about this.

Resident and Intern Stipends

The committee reviewed proposed changes in the resident and intern stipend program and considered the following resolution:

The subcommittee is conscious of the fact that the geometric advances of medical science are moving beyond the capacity of the single hospital to provide all that is required to produce the best educated resident. Thus, with increasing frequency, the residency is becoming an educational endeavor shared by a group of hospitals. Each participating hospital must be convinced that the individual resident "belongs" to all and not just to the hospital in which he is physically present at the moment. For this reason, the VA is urged to do all in its power to create mechanisms which will provide the utmost flexibility in the scheduling and movement

of residents between VA hospital and non-VA hospital. There should be no limitations of movement based upon distinctions of being on duty at the VA hospital or away from the VA hospital. Similarly, every effort should be made to minimize differences in pay scales and in fringe benefits among hospitals grouped for residency training, to assure a total income to the resident commensurate with his education and provision of valuable service as a by-product of his training as a resident. It is recommended, therefore, that in each VA hospital-non-VA hospital(s) combination, local VA hospital management be permitted the utmost discretion and capability to establish pay rates and to make scheduling arrangements appropriate for the local situation. This local adaptability will produce many individual variations in patterns of operation throughout the nation, but this diversity will undoubtedly serve to "graduate" the type of residents which the VA and the nation needs critically.

The committee approved the resolution in principle and recognized the need for flexi-

bility in this program. It also stated that the ideal goal was to achieve a truly integrated program. When this is not possible, consideration could be given to increased monetary recognition. The committee recommended that the local conflicts and inconsistencies be reconciled.

The committee was informed in a subsequent meeting that action had been taken by VA to implement this proposal by designating for each VA hospital an "index hospital" in the university medical center complex which would be used in determining the stipends. If no medical center exists in proximity to the VA hospitals, the average of the 5 nearest university-affiliated hospitals will be used as the index. The maximum stipend would be determined by (a) the cash stipend of the index hospital plus (b) up to 20 per cent of this stipend in lieu of fringe benefits. The committee was pleased to learn that this change was implemented July 1, 1968.

Report of the Division of Educational Measurement and Research

DALE E. MATTSON, PH.D., Director

The Division of Educational Measurement and Research was established with the appointment of Dr. Dale E. Mattson as Director in July, 1967. The responsibilities of the Director were outlined as follows:

1. Further development of the Medical College Admission Test (MCAT) and other tests pertinent to the selection of medical students along at least 3 lines: (a) improving or strengthening the capabilities of the test in its current form, (b) research in and development of instruments capable of measuring achievement in fields such as biochemistry, and (c) research in and development of instruments designed to measure nonintellectual characteristics of medical college applicants.

2. Research in aspects of medical education within the capabilities of the Division and the AAMC.

3. Direction of research in the general areas of applicant testing and in other as-

pects of psychological characteristics of those persons involved in programs of the medical center with which the AAMC deals directly.

4. Direct or indirect responsibility for the administration of the MCAT.

5. Development of a division of the Association capable of assisting other units, especially in such areas as research design and data analysis.

Activities of the Director during the year have been directly related to these responsibilities. Two major additional responsibilities assumed during the year have been the staff support for the *ad hoc* Committee on Educational Studies and Programs and the Seventh Annual Conference on Research in Medical Education.

MCAT Program

One of the primary reasons for the establishment of the Division of Educational

Measurement and Research was to allow the Association to devote more attention to the operation and further development of the MCAT program. Accordingly, one of the initial tasks of the Director was to make a thorough review of the history of the MCAT as well as to analyze its current operation. Based upon information obtained from minutes of MCAT committee meetings, publications, a feasibility study conducted under the direction of the MCAT Advisory Committee, and conferences with numerous individuals having a direct interest in the program, a detailed proposal containing a set of recommendations regarding the future operation of the program was developed and reviewed by the MCAT Advisory Committee. As a result the Committee passed the following 2 motions:

1. The MCAT Advisory Committee recommends to the Executive Council that prior to June 30, 1968, the responsible officers of the AAMC notify The Psychological Corporation that the AAMC desires to terminate its present contract with The Psychological Corporation; this action is to become effective June 30, 1969.

2. The MCAT Advisory Committee recommends to the Executive Council that the AAMC negotiate with The Psychological Corporation to effect a contractual agreement which will allow the AAMC to assume reporting and research and development functions of the MCAT program beginning January 1, 1969, with The Psychological Corporation continuing to carry out the functions of administration and scoring. This contractual agreement should be for a two-year period of time, automatically renewable under terms similar to those expressed in the current contract.

These motions were considered and acted upon favorably by the Executive Council at its March 29, 1968 meeting, and the required steps toward implementing this decision are now being carried out.

Reporting of Scores

After having been discussed on numerous

occasions over a period of several years, the issue of reporting MCAT scores directly to examinees was resolved when GSA representatives at the 1967 regional meetings voted 81 to 3 in favor of releasing scores beginning with the May, 1968 testing period. Subsequently an official action permitting the release of scores was taken at the Institutional Meeting held in conjunction with the 1967 Annual Meeting. Following this action an agreement was reached with The Psychological Corporation which amended the contract for administering the program to allow the Association to distribute scores directly to examinees and their premedical advisors. In conjunction with this action The Psychological Corporation also agreed to allow the test fee to be increased to pay the costs of direct reporting of scores and to permit additional research and development regarding the program.

Following the May, 1968 testing period 2 reports of scores and accompanying explanatory materials were sent to each examinee. These reports contained both the scaled scores reported to schools and percentile scores based on the performance of current examinees. All score reports were computer produced from the basic record card supplied by The Psychological Corporation and an address card punched for this purpose. This allowed a prompt mailing of scores once the information was received by the AAMC. Although some modification in the process of reporting scores may be required in the future, based upon present experience it can be reported that the decision to report scores to examinees has been well received by virtually everyone having an interest in the program.

Questionnaire

Another activity of the Division has been the revision of the questionnaire that was originally developed in conjunction with the Spring, 1967 Conference on Preparation for the Study of Medicine to be administered to MCAT examinees. As currently revised, the questionnaire calls for information concerning the educational background and the fu-

ture plans of all MCAT examinees. It also gives each examinee the option of identifying his racial background in order that information regarding the number of racial minority group applicants and their qualifications might be available.

Following the October, 1968 testing period, the information from this questionnaire will be analyzed and summarized in a report which will be submitted for publication in *The Journal of Medical Education*. Much of this information will have major significance for future research on the MCAT program.

Placement Testing Program

For some time various individuals have expressed an interest in the development of a placement testing program for medical students. In a questionnaire survey conducted in 1967, a total of 45 schools expressed an interest in participating in such a project. At the October, 1967 meeting of the GSA, it was unanimously decided to initiate a pilot study in the area of biochemistry. Dr. James W. Bartlett, University of Rochester School of Medicine and Dentistry, and the Director were asked to proceed with this pilot study to determine whether there are now students who enter medical school with a knowledge of biochemistry comparable to that possessed by the average medical student at the completion of the first two years of study.

It was proposed that an examination developed by the National Board of Medical Examiners (NBME) be used for the pilot study and that testing of selected students be carried out for the entering class in the fall of 1968. Subsequent discussions revealed that it would not be possible to use an examination developed by the NBME during the pilot study of this project. The NBME has agreed, however, to assist the Association in constructing an examination for this purpose by making available a pool of test items in biochemistry and by providing information regarding the content outline of current National Board Examinations.

Suggestions for persons who might provide guidance in the development of a test and its validation are being sought. It is hoped that test construction can be completed during the 1968-69 academic year, so that extensive testing may be undertaken during 1969-70.

Student Affairs Activities

In order for the Division of Educational Measurement and Research to serve its purposes, close coordination of its activities with those of the Division of Student Affairs is essential. During the past year the 2 divisions have worked jointly on a number of projects. Two projects which involved considerable staff time from both divisions were the applicant studies for 1966-67 (1) and 1967-68 (2) and the development of a pilot study project for the American Medical College Application Service.

Applicant Studies

One of the initial efforts of the Director of the Division of Educational Measurement and Research was the preparation of a narrative to accompany the tables summarizing applicants to the class of 1966-67. Work on this report with the assistance of Drs. Davis G. Johnson and William E. Sedlacek proved to be a valuable introduction to problems of medical student admissions.

In one way, the 1966-67 applicant study was unique in that this was the first time that the data were handled by computer. This practice was carried over into the preparation of the 1967-68 applicant study in which the Director also participated. It is expected that development of computer procedures will facilitate publication of the annual applicant study.

American Medical College Application Service

During the fall of 1967 the staff of the Division worked closely with the staff of the Division of Student Affairs in the preparation of a proposal for a project to evaluate the feasibility of a centralized application service for medical students. The proposal was approved by the Steering Committee of

the Group on Student Affairs and by the Executive Council. A pilot study is now in progress for the 1969 entering class at 7 representative medical schools located in various regions of the United States.

If the pilot study indicates that a national centralized application service is both possible and desirable and when the system becomes fully operational, an applicant will fill out only 1 basic application form and will provide only 1 set of transcripts to the AAMC. The application will then be duplicated, and the transcripts will be computerized and standardized. These materials for use in preliminary screening will be sent to each medical school designated by the applicant, along with IBM cards, rosters, and statistical summaries of each school's applicant pool. After students are enrolled, the AAMC will send comprehensive reports to the medical schools and to undergraduate colleges concerning their accepted and unaccepted applicants.

During the pilot study phase, the Director of the Division of Educational Measurement and Research will continue to serve in an advisory capacity regarding the project. Once operational, the system will provide important data for use in research relating to the MCAT program.

Ad Hoc Committee on Educational Studies and Programs

Perhaps one of the most important assignments of the Director of the Division during the past year has been the responsibility of providing the required staff support for a special *ad hoc* Committee on Educational Studies and Programs. This committee, appointed in the fall of 1967, was given the responsibility of making a study and then preparing recommendations concerning the Association's role in the area of medical education. The committee held 4 meetings. Prior to each meeting, the Division Director prepared background material relating to the issues which were to be discussed.

In completing its assignment the committee prepared an extensive report containing recommendations regarding the Associa-

tion's future role in the area of educational studies and programs. The major conclusion was that "activities in the area of education constitute an extremely important part of the mission of the Association and as such deserve additional attention in the years ahead." The full report appears elsewhere in these proceedings.

Seventh Annual Conference on Research in Medical Education

Since the establishment of the Division of Education in 1962, Dr. Paul J. Sanazaro served as staff coordinator for the Annual Conference on Research in Medical Education. With his resignation effective April 30, 1968, the staff of the Division of Educational Measurement and Research became responsible for this activity.

The program for the 1968 Annual Conference was planned at a meeting held at the O'Hare Inn, June 20, 1968. The format of the meeting was modified from that of previous meetings with the intention of allowing a more systematic consideration of major areas of interest and more discussion of problems encountered in attempting to do research in each area.

Before adjourning it was decided that at the next meeting of the committee, held in conjunction with the Annual Conference, consideration should be given to the future status of the committee. The proposed reorganization of the Association's efforts in the area of education as recommended in a report of the *ad hoc* Committee on Educational Studies and Programs would need to be included in this discussion.

Consultation and Conferences

During the past year the Director has attended a number of conferences relating to various aspects of medical education. These have included the various national GSA meetings, the Northeast GSA Buck Hill Falls Conference, Josiah Macy, Jr. Conference on the Liberal Arts Education and Admission to Medical School, the annual meeting of the Informal Group of Directors of Offices of Research in Medical Education, a

Seminar on Problems of Evaluation in Medical Education sponsored by the Office of Research in Medical Education of the University of Illinois, and the meeting of the Southern Association of American Medical Colleges. At several of the conferences the Director had a major part on the program, while at others he was not on the program but participated actively in the informal discussion. The Director also was called upon often during the year to provide help regarding data analyses both by staff of the Association and by individuals from medical schools.

Staff

The Division is fortunate to have recruited Dr. Jack G. Hutton as Assistant Director. Dr. Hutton, who earned his doctorate in educational psychology from the University of Connecticut, has previous experience in the assessment of noncognitive aspects of the personalities of professional students. He

joined the staff in September, 1968. Ann Marie Clark, who was awarded a Bachelor of Science in psychology from Iowa State University, joined the staff as Research Assistant in June, 1968. Eilene Charlet who has had several years of prior experience as a secretary and office manager joined the staff as Secretary to the Division Director in August, 1968.

Implementation of the actions recommended in the proposal for the future operation of the MCAT program and the development of several other projects such as the advanced placement testing program will call for significant staff expansion next year.

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Report of the Committee on Federal Health Programs

ROBERT C. BERSON, M.D., Executive Director

Since the last Annual Meeting of the Association, the committee has had 8 all-day meetings and arranged for AAMC spokesmen to present testimony before the committees in the House and the Senate on the Health Manpower Act of 1968 (P.L. 90-490), the Regional Medical Programs (RMP), and the Appropriations Act for the Department of Health, Education, and Welfare (DHEW). The members of the committee and staff have had dozens of conferences with officials of federal agencies whose programs are of great importance to medical schools, academic societies, and teaching hospitals, which resulted in excellent communications with most parts of the executive branch of the federal government. The committee also benefited at times from cooperation with the American Medical Association, the American Association of Dental Schools, the American Dental Association, the American Association of Colleges of Pharmacy, the Association of Schools of

Public Health, and the American Public Health Association. Since the results of much of this activity have been reported in *The Bulletin* of the AAMC and in memoranda from the Executive Director, this report will be limited to some further comments on the Health Manpower Act of 1968, appropriations for fiscal 1969, and some indications of current congressional attitudes toward the support of research and medical education.

Health Manpower Act of 1968 (P.L. 90-490)—This Act seems basically sound to the Federal Health Programs Committee, but careful consideration of its legislative history and the appropriations authorized for each of its parts during its two-year life, leads to concern as to whether it will provide sufficient incentive and support for the magnitude of expansion of enrollment which many people believe is needed. The legislative history includes a good bit about the need for expansion of enrollments and much

emphasis on the need to salvage those medical schools now in serious financial difficulty. For example, the DHEW introduced this statement into the record:

... a principal aim of institutional and project grants is to salvage these important national resources. This is predicated on the fact that it is less costly, particularly with respect to time, to assist a school to continue its operation than to permit it to close and replace it with a new school at a cost of many millions of dollars and a loss of as many as ten years of output of graduates. To say that it is "less costly" should not, however, be interpreted as being "inexpensive."

The amount authorized to be appropriated for construction through fiscal 1971, added to the amount actually appropriated for fiscal 1969, totals \$479 million, and in June, 1968 construction grants approved but not funded, plus those awaiting action of the Congress, totalled \$227 million, and those anticipated during fiscal 1969 totalled \$373 million for an anticipated backlog by the end of fiscal 1969 of \$600 million. Also, the amounts authorized to be appropriated for institutional grants and special project grants—\$117 million in fiscal 1970 and \$168 million in fiscal 1971—may not be sufficient to provide the incentive and resources that eligible professional schools will need in order to make as big a response to the demands of society as seems clearly indicated. Another problem is related to the fact that schools of medicine, dentistry, osteopathy, optometry, pharmacy, podiatry, and veterinary medicine are all eligible for institutional grants and special project grants, and the Act does not provide a very satisfactory way for institutional grants to be any larger to schools of medicine or dentistry than to other eligible schools which are far less costly to operate.

It seems apparent that a good bit of thought must be invested in the question of whether it would be wise to urge the next session of Congress to amend the Act in any way and, particularly, in a way to provide much larger sums of money related to the expansion of enrollment and output.

Appropriations for Fiscal 1969.—The pat-

tern of appropriations of most importance to medical schools is that of a substantial reduction of appropriations for the construction of health educational facilities, health research facilities, and the Hill-Burton program, a decided leveling off of the dollar amounts appropriated for general research support grants, the National Library of Medicine, and each of the National Institutes of Health (NIH), except for the National Institute of Child Health and Human Development (NICHD) and the National Institute of Mental Health (NIMH). In the face of rising costs from research projects and increasing competition for the maturing of additional competent investigators and development of additional institutions, very substantial readjustment in the research programs of every institution will be necessary.

It seems reasonable to assume that the moderate increases in appropriations for health manpower education, regional medical programs, comprehensive health planning, the NICHD, and NIMH in the face of the very great interest in the reduction of federal spending reflects the conviction of Congress that it is important to give those programs high priorities and to maintain the national biomedical research base at about its current level.

After the adjournment of Congress, the administration was required to reduce federal spending below the levels actually appropriated by Congress. Final decisions as to where these further reductions will fall have not yet been publicly announced, but the indications are that only modest reductions will be made in the appropriations of most importance to medical schools.

Reorganization of the Department of Health, Education, and Welfare.—During the year the Federal Health Programs Committee devoted much time and thought to the reorganization of the health activities of the DHEW and had an opportunity to present its views informally and in writing to those responsible for decisions. The reorganization which has been carried out is consistent with the views of the committee and those expressed by the Institutional

Members of the AAMC in the summer of 1966. Progress toward much closer coordination of programs which are now administered within the reorganized NIH seems encouraging.

Limitation of Indirect Cost Payments.—

The issue of an arbitrary ceiling on the indirect cost payments relating to research grants and contracts emerged again late in the 90th Congress when Senator Mansfield, acting in concert with the wishes of an overwhelming majority of the Senate Appropriations Committee, introduced an amendment to the appropriations bill for the Department of Defense and “all other appropriations” to limit indirect cost payments to no more than 25 per cent. As was indicated by the debate on the measure (which is set forth on pages S11962-S11972 of the Congressional Record for October 3, 1968), the Mansfield amendment was predicated on a combination of legitimate concern, misinformation, and misinterpretation of fact. Nonetheless, the amendment was adopted by the Senate on a roll call vote by 47 to 19.

Fortunately, the House-Senate conference deleted the amendment and substituted a directive for “new and comprehensive studies” to be made “of this entire area by the General Accounting Office, appropriate legislative committees, and the appropriations committees.” Both the House and Senate adopted the conference report with the compromise language. However, the conference report made it clear that:

The government should set the basis for indirect costs based upon sound accounting principles and the committee feels that if such allocation is properly made between direct and indirect costs, it appears that the proper proportion of indirect costs to direct cost should not exceed 25 per cent.

Quite obviously, many congressmen simply do not understand the reasons for the variance among institutions of indirect cost rates. Although this is only one of the points on which greater understanding on the part of members of the House and Senate is needed, it is an important one.

This matter is of great importance to many parts of universities, as well as to medical schools and hospitals which are not parts of universities and to other types of institutions. It is obviously desirable for the efforts of people in medical schools and teaching hospitals to be closely correlated with efforts in behalf of universities as a whole. After discussion, it has been decided that the American Council on Education should establish an *ad hoc* committee to work intensively on this matter. The AAMC and the National Association of College and University Business Officers have been asked to suggest 3 or 4 well-informed individuals to become members of the committee. This *ad hoc* committee will probably be appointed sometime in November, 1968.

Congressional Criticism of Medical Schools.—At about the time of the 1967 Annual Meeting of the AAMC, the report of the Fountain Committee (Ninth Report of the House Committee on Government Operations) had just been made public. That report was sharply critical of a number of aspects of the administration of research grants by the U.S. Public Health Service, with implications of great importance to the whole academic community, and made a number of specific recommendations. The response the DHEW later made to that report apparently did little to diminish the criticism of the Fountain Committee.

During the hearings on the Health Manpower Act of 1968, members of the committee and congressmen testifying before the committee expressed sharp criticism of medical schools, because the total output of physicians has gone up very little over a period of years in which the number of full-time faculty and the total operating expenditures have increased markedly. Efforts were made then, and much more can be done in the future, to help congressmen understand the great importance of the expansion of other programs of academic medical centers and the needs and effective demands of society for these programs. Apparently, substantial numbers of congressmen and

senators have lost sight of the fact that for many years Congress turned a deaf ear to pleas for federal support of medical education and to the arguments that larger numbers of physicians were needed. The fact that federal investment in educational facilities and in the support of educational pro-

grams began so recently that there has not been time for any substantial effect on the numbers graduating from medical schools or that the federal investment in the support of health education is still so modest that its effect on the numbers graduating will also be modest, is not well understood.

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, and
HENRY VAN ZILE HYDE, M.D., Director of the Division

During the year under review, the AAMC Division of International Medical Education (DIME) continued to expand the Association's international program, increased its emphasis on the development of active relationships with regional associations of medical schools abroad, and introduced a monthly newsletter, *DIME Dialogue*. In addition, significant new project activities were initiated under contract with the Agency for International Development (AID) and the U.S. Public Health Service.

Administration

The DIME staff during 1967-68 has been comprised of 8 individuals. The Director of DIME has also served as Acting Project Director for the AID contract with a project staff consisting of 1 research assistant, 1 secretary, and 1 administrative assistant. Working under the AAMC/Public Health Service contract have been 2 staff members: a training officer and a secretary. The Smith Kline & French Foreign Fellowships (SK&F) program is administered with the assistance of 1 secretary. From time to time various consultants have been employed to assist with special projects. On October 1, 1968 Dr. Robert W. Babione joined DIME as Associate Director and AID Project Director.

Support of Regional Associations of Medical Schools

Pan American Federation of Associations of Medical Schools.—The Pan American Federation, with 204 affiliated medical

schools, includes 94 U.S. and 12 Canadian schools. AAMC leadership played a major role in the creation of the Federation. The AAMC is the largest contributing component of the Federation, with annual dues being assessed at \$25 for each institutional and provisional member, plus \$100 from the AAMC itself for a total annual cost to the AAMC of \$2,500.

Chief support for the Federation's expanding program comes from the Rockefeller Foundation, the W. K. Kellogg Foundation, the Milbank Memorial Fund, the Josiah Macy, Jr. Foundation, the Commonwealth Fund, the Ford Foundation, and, recently, AID through the Population Council. The Pan American Health Organization (PAHO) has also been generous in its support through services and professional talent. In addition, the governments of Columbia, Chile, Panama, Peru, and Mexico have offered annual contributions in the order of \$10,000 each for a Federation-administered Pan American Fund for Medical Education.

In pursuit of its major objectives to raise the professional level of education in medicine and health sciences and to furnish technical and financial assistance to national associations of medical schools, the Federation has undertaken a variety of projects. Those currently underway include: (a) strengthening national and regional associations of medical schools; (b) collaborating with PAHO on textbook programs; (c) establishing a Documentation Center de-

signed to strengthen medical school library resources in collaboration with the National Library of Medicine; (d) convening seminars in Latin American countries and a hemispheric conference in Bogota, Colombia June 23-26, 1968 on the "Teaching of Demography in Medical Schools"; (e) developing selected medical departments and schools which are outstanding in critical areas of basic and applied research into regional centers of faculty training; (f) conducting studies and providing consultant services to improve the quality of medical teaching and administration of medical schools—a special studies program began in January, 1968 under a grant from the W. K. Kellogg Foundation; (g) organizing a seminar on curriculum to be held in 1969; and (h) supporting the Brazilian and Argentine Associations in plans for human resources studies.

Dr. John A. D. Cooper continues to serve as a member of the Administrative Committee of the Federation, and as its Treasurer. Dr. Robert C. Berson, Dr. Thomas H. Hunter, and Lucille S. Bloch attended the Conference on the Teaching of Demography in Medical Schools in Bogota in June, 1968.

Association of Medical Schools in Africa.—The Director attended the Seventh Annual Conference of the Association of Medical Schools in Africa (AMSA) held April 1-5, 1968 in Lagos, Nigeria. The conference was the second to be financed by the African schools themselves, the first 5 having been convened under a 1961 grant from Rockefeller Foundation to Ibadan University.

Eleven of the 16 medical schools in mid-Africa that have an enrolled student body were represented at the Conference. Major consideration was given to a review of teaching methods, a survey of progress, adoption of resolutions to encourage exchange of faculty, examiners, students, the teaching of family planning, and a call for international support.

In response to a resolution put forth at the Sixth Conference held in Kinshasa, Congo to hold a meeting of medical school deans, the World Health Organization

(WHO) Regional Office for Africa (AFRO) invited the deans to its new headquarters in Brazzaville in September, 1969 to devise new means to strengthen AMSA and its cooperative programs.

In addition, a \$10,000 WHO project (Project AFRO 213) has been established to finance intra-African exchange of faculty, in response to a 1967 AMSA resolution. Hopefully, this will provide the impetus for growing world support in the struggle to supply the indigenous medical leadership needed so urgently in all of Africa.

DIME is assisting the AMSA in its efforts to obtain support for regional programs in Middle Africa under its AID contract and has invited representatives of AMSA to visit the United States for three weeks to discuss potential sources of support.

The Eighth Annual Conference of AMSA will be held in Abidjan, Ivory Coast in April, 1969.

Middle East Association of Medical Schools.—The Director of DIME participated in a WHO special group meeting on Medical Education in Baghdad, November 17-26, 1967, and was appointed as a consultant to the group which is active in establishing a Middle East Association of Medical Schools. An organizational meeting for MEAMS was held in Alexandria, June 24-25, 1968, and the Director of DIME participated as a consultant.

Approximately 35 medical school deans are being invited to Khartoum for a meeting December 9-13, 1968, called by the WHO Eastern Mediterranean Office to sign a constitution of the Middle East Association, elect an interim executive, and establish temporary headquarters.

Projects

DIME Dialogue.—DIME established a clearinghouse operation in the fall of 1967 to facilitate the exchange of information pertaining to international medical education. The vehicle through which this information flows is *DIME Dialogue*, a monthly newsletter (published during the academic year), which began publication in January,

1968. *DIME Dialogue* provides current information on international programs of medical schools, government and intergovernment agencies, private foundations, as well as fellowship and exchange programs; personnel announcements; international and national conferences on medical education; relevant legislation and data on foreign medical graduates; and publication releases of interest to medical educators. *DIME Dialogue* has a circulation of over 1,600. It is distributed to liaison officers for international activities, deans, interested faculty members in the U.S. and abroad, medical school libraries, and national and international organizations and agencies.

Agency for International Development.—Since May 31, 1962 DIME has been working closely with AID. It currently has a three-year contract with AID which was signed in May, 1966. Under the original terms of that contract, DIME was responsible for providing technical advice and assistance primarily in the broad areas of international medical education and health manpower. In February, 1968 after extensive conversations and project discussions with appropriate officials in the Office of the War on Hunger of AID, DIME took on 4 specific projects which it is committed to accomplish within the terms of the existing contract: (a) an Institute on Medical Education and Family Planning, (b) a survey of the international activities of U.S. medical schools, (c) a study of health and health manpower planning as it relates to the overall national economic plans of selected developing countries, and (d) continued support and advice to regional associations of medical schools which are developing throughout the world. In addition to these 4 specific projects, the DIME project staff continues to work with various regional bureaus of AID in matters related to health manpower and medical education. It also provides secretariat services necessary to the work of the AID Advisory Committee on International Health.

Institute on Medical Education and Family Planning.—The AAMC will hold an In-

stitute on Medical Education and Family Planning in Washington, March 23-26, 1969. DIME is responsible for planning the Institute, with additional staff assistance being provided by the George Washington University School of Medicine and the Georgetown University School of Medicine. The Institute will explore the responsibilities and role of the medical education community in the broad field of family planning. The Institute will consider 3 major subject areas: biology and the family, the community aspects of family planning, and the medical school and family planning.

On May 9, 1968 an *ad hoc* committee met with the DIME staff to establish the preliminary plans for the Institute. A Steering Committee was thereafter appointed with the responsibility for devising a format, selecting speakers, and in general overseeing the Institute. Its members include: Drs. Richmond Anderson, Allan C. Barnes, and John Z. Bowers, General William H. Draper, Jr., and Drs. Philip M. Hauser, Oscar Harkavy, Thomas H. Hunter, Colin M. MacLeod, John Maier, Margaret Mead, John Parks, and Chester M. Pierce. Deans George James, Frederick C. Robbins, and Charles C. Sprague are also members of the Steering Committee in their capacity as Subject Committee Chairmen.

The dean, vice president, and liaison officer for international activities from each U.S. medical school will be invited to attend the Institute. Under the contract with AID, the AAMC will invite approximately 20-25 foreign experts in medical education and family planning. Leaders in other disciplines related to the subject will also be invited.

Study of the International Activities of U.S. Medical Schools.—DIME is undertaking a major survey of the international activities of all U.S. medical schools. The basic purposes of the study are to determine the nature, extent, and limits of both the actual involvement and the potential resources for activities in international medical education of each school.

Responses by liaison officers for international activities to an initial DIME inquiry

led to the establishment of a survey group of 8 liaison officers (2 from each AAMC region). The survey group met on June 20, 1968 and recommended that a preliminary study of the facts and attitudes be accomplished through site visits to 4 schools representing each AAMC region. The results of this test led DIME to schedule an additional 20 site visits to schools with active international programs. Specific information being obtained from the survey includes: student and faculty participation, nature and scope of current activities, funding, organization of programs and curricula, identification of resource people within each school, and the impact of existing programs. The goal of the survey is the publication of a report cataloging international activities, by school, with appropriate summaries and analyses.

Health Planning and National Economic Planning in Developing Countries.—In September, DIME began constructing a study design to be used in a future survey of the relation of health planning to the overall economic development plan in 1 or 2 developing nations. The study design will be framed in order to show what effect, if any, health planning has on the economic plans of developing countries, in addition to providing the framework for assessing the relation and importance of health manpower planning to the entire economic program in any developing area. This study will have as its major objectives the collection and analyses of data which will form the basis for understanding health and health manpower requirements of individual countries, their special assistance needs, and AID's role in providing such assistance. The Project Director will be in charge of this study, assisted by a consulting physician who is familiar with the economic planning processes within certain developing nations.

Staff Support for AID Advisory Committee on International Health.—Formerly the AID Advisory Committee on Health Manpower, this committee was given an expanded role and a new name at its meeting in Washington on April 25-26, 1968. The

committee has met 4 times since it was established on March 30, 1966, and each time DIME has been engaged in supplying secretariat services both prior to and during the committee's deliberations. For the April meeting the DIME project research assistant prepared a comprehensive background document which contained a survey of AID's worldwide health manpower activities in fiscal years 1967 and 1968 and projected activities for fiscal year 1969. In addition, the project staff assisted the AID Health Manpower Coordinator during the committee's discussions and with the preparation of the minutes and report from the meeting.

AAMC/Public Health Service International Fellowship Program.—In July, 1967 the AAMC entered into a contract with the Public Health Service to administer a program of international fellowships in medicine, at the student and young faculty level, to be carried out under U.S.-owned excess foreign currencies available in certain countries. The program is now entering its second year, following a year of concentrated planning and intensive negotiations.

In the first year, a pilot project for 20 U.S. students at the Government Hospital, Tel Hashomer, Israel, paved the way for a program in 1969 that will provide 72 student fellowships at 3 Israeli institutions: the Tel Hashomer Government Hospital, the Hadassah Medical Center, and the Rambam Government Hospital. Designed for students who have completed a major clinical clerkship, the projects provide for research training in medical care techniques with emphasis on problems relating to public health, diagnosis and treatment of disease problems unique to Israel, and the structure of medicine in Israel. The projects are of three months' duration, and the fellowship provides all travel expenses and a stipend for each participating U.S. student.

Negotiations have been underway with Indian and Yugoslav representatives, and it is hoped that pilot projects can be initiated in these countries during 1969.

DIME is being assisted in its efforts by a

group of consultants and a 6-member Selection Committee. Dr. Russell C. Mills serves as Project Director.

Studies of Foreign Medical Graduates.—DIME has long been involved in studies and activities related to foreign medical graduates (FMGs). It has helped to sponsor the annual "Foreign Medical Scholars" Conferences for the past thirteen years. The AAMC is also represented on the Board of Trustees of the Educational Council for Foreign Medical Graduates (ECFMG).

The recommendations of the Panel on Foreign Medical Graduates of the National Advisory Commission on Health Manpower (1) were based upon extensive background work by DIME staff members, and a national random survey which measured the professional competence of FMG interns and residents was conducted by DIME in 1967. The results of this study have been published (2).

Dr. Harold Margulies, the former AAMC/AID Project Director, and Lucille S. Bloch, Project Research Assistant, have coauthored a monograph on FMGs which will be published by the Harvard University Press later this year (3). This publication is being financed by a grant from the Commonwealth Fund.

Foreign Fellowships Program

The Selection Committee, under Dr. Thomas H. Hunter as Chairman, awarded Foreign Fellowships to 31 medical students selected from 85 applications received from 60 medical schools under the program financed by Smith Kline & French Laboratories. Funds were also provided for 9 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
Baehler, Richard W.	Marquette	Cameroon
Blume, Howard W.	Wayne State	India
Brand, Douglas L.	Columbia	Liberia
Fitzgerald, Faith T.	California (San Francisco)	Malaysia
Georgeson, Keith E. and wife	Loma Linda	Nepal
Giles, Richard D.	Virginia, Univ. of	Philippines
Glesne, Robert and wife	Iowa	East Pakistan
Harelick, Marjorie A.	Ohio State	Kenya
Hart, Kenneth W.	Loma Linda	New Guinea
Heiser, Sister F. Annette	St. Louis	India
Hirschler, Richard A.	Nebraska	Sierra Leone
Hochstedler, Rowen M.	New York University	Vietnam
Jacobs, William E. and wife	Pennsylvania, Univ. of	Kenya
Johnson, Gordon T. and wife	Albany	Indonesia
Kanakis, Charles D.	Illinois	Ethiopia
Kavalier, Morton A.	Jefferson	India
Koopman, James S.	Michigan	Chile
Lauer, Brian A.	Tulane	Peru
Marcus, Leonard C. and wife	Albert Einstein	Uganda
Maynard, Alice K.	Case Western Reserve	Turkey
Messman, Kenny W.	Vanderbilt	Rhodesia
Miller, Ronald A. and wife	Washington (Seattle)	Madagascar
Mumm, Alan H.	Mississippi	Thailand
Pitman, Roger K. and wife	Vermont	Nepal
Sandilands, John R. and wife	Oregon	Cameroon
Seligson, David	Duke	Madagascar
Shaffer, Lauren C.	California (Los Angeles)	Rhodesia
Simon, Michael R.	New York University	Honduras
Smith, James W.	George Washington	Honduras
Spilseth, Paul M.	Minnesota	Madagascar
Stiller, Ernest W. and wife	Chicago	Philippines

Conferences

Annual Conference on International Medical Education.—The Fourth Annual Conference on International Medical Education was held October 28-29, 1967 in conjunction with the AAMC Annual Meeting in New York. Reports of this Conference have been published elsewhere (4, 5).

Conference on Medical Education for Foreign Scholars.—The Annual Conferences on Medical Education for Foreign Scholars in the Medical Sciences were initiated by Dr. Alan Gregg of the Rockefeller Foundation twelve years ago. They continue to afford selected scholars from abroad an opportunity for gaining an understanding of U.S. medical education and the environment that shapes it.

Fifty-seven scholars, primarily from Asia with a stimulating mix from Latin America and Europe, attended the 1968 Conference. The Conference was held at Airlie House near Warrenton, Virginia and was hosted by George Washington University School of Medicine. Supplementing Dean John Parks, Dr. Clayton B. Ethridge, and other George Washington University staff were Drs. John L. Caughey, Jr., Hans Popper, Clar-

ence E. de la Chapelle, Kenneth R. Crispell, K. Albert Harden, and Kinloch Nelson.

The next Conference, scheduled for June, 1969, will be held at the University of Missouri Medical Center. Drs. Vernon E. Wilson and William B. Mayer will host this Conference, and Dr. John Logue will serve as coordinator.

References

1. *Report of the National Advisory Commission on Health Manpower.* Volume I. Washington, D.C.: U.S. Government Printing Office, 1967.
2. MARGULIES, H., BLOCH, L. S., and CHOLKO, F. K. Random Survey of U.S. Hospitals with Approved Internships and Residencies: A Study of the Professional Qualities of Foreign Medical Graduates. *J. Med. Educ.*, 43: 706-716, 1968.
3. MARGULIES, H., and BLOCH, L. S. Foreign Medical Graduates in the United States. Cambridge, Massachusetts: Harvard University Press (in press).
4. Conference on International Medical Education. *J. Med. Educ.*, 43:605, 1968.
5. AAMC Division of International Medical Education. Annual Conference on International Medical Education. *DIME Dialogue* (AAMC, Washington, D.C.), 0 (Introductory Number):2, 1967.

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 1,704 pages of editorial material (including supplements) for the period from July 1, 1967 to June 30, 1968.

Special Issues

February, 1968.—Medical Education in the Service of Mankind. Proceedings of the Third World Conference on Medical Education.

March, 1968.—Proceedings of the Sixth Annual Conference on Research in Medical Education.

Supplements

July, 1967.—Medical Ventures and the University: New Values and New Validities. Report of the Third Institute on Administra-

tion, 1965 (Thirteenth AAMC Institute), Association of American Medical Colleges.

August, 1967.—The Health Sciences Library: Its Role in Education for the Health Professions. Report of the Library Study Committee of the Association of American Medical Colleges to the National Library of Medicine.

June, 1968.—Bibliography on Medical Education for 1967.

Editorial Board and Staff

Dr. Merlin K. DuVal and Ray E. Brown were appointed to five-year terms on the Editorial Board as of November 1, 1967. Dr. C. Arden Miller resigned his position. Dr. John A. D. Cooper continued as Editor

of *The Journal*, and Rosemarie D. Hensel as Managing Editor. Sandra J. Brantley joined the staff in September, 1968, succeeding

Carol A. Spears, who resigned as Assistant Editor in August, 1968. Leah Simon served as Editorial Assistant until December, 1968.

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 AAMC Executive Council and the AMA Council on Medical Education. This report covers the activities of this committee from September 6, 1967 through August 31, 1968. Membership of the committee is shown in the section on AAMC Standing Committees.

Dr. C. H. William Ruhe served as Secretary of the Liaison Committee from January 1, 1967 through December 31, 1967, and Dr. Cheves McC. Smythe as Secretary from January 1, 1968 throughout the year. Nancy P. DeVries, who had been responsi-

ble for the stenographic and clerical support of the committee, died suddenly and unexpectedly on June 25, 1968. She had occupied this position for seven years. It is with regret that her death is noted.

Surveys During 1967-68

During 1967-68 regular surveys of 9 medical schools were completed; all of the programs were approved. Shorter visits were paid to other medical schools to assess the progress of developing programs, and the course of development was approved in each instance. Schools visited include:

Regular Surveys

Albert Einstein College of Medicine of Yeshiva University
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 (St. Louis)

Other Surveys

University of Arizona College of Medicine
University of California at Davis School of Medicine
University of Hawaii School of Medicine
Michigan State University College of Human Medicine
University of New Mexico School of Medicine
Rutgers—The State University, Rutgers Medical School

In addition, visits were paid to the newly developing medical schools at the Louisiana State University Medical Center, Shreveport School of Medicine and the University of South Florida College of Medicine at Tampa. No visits were paid to groups interested in developing new schools. No detailed staff consultations were held.

During the year an extension grant application was reviewed and approved for Albany Medical College of Union University.

Meetings of the Liaison Committee were held on February 28 and July 9, 1968. Significant actions taken at these meetings were:

1. The Liaison Committee voted to sup-

port the actions of a special committee of the Council on Medical Education and of the Executive Council of the Association of American Medical Colleges in advising the formation of a Citizens' Commission to bring in objective recommendations for more effective integration of the graduates of the schools of osteopathy into the American health care system.

2. The Liaison Committee voted to modify the present procedures concerning pub-

lic and confidential probation. In the future the Liaison Committee will classify medical schools as approved, approved for a limited term, probation for stated reasons, or disapproved. This practice was instituted on July 1, 1968.

Surveys Scheduled, 1968-69

For the academic year 1968-69, the committee scheduled regular surveys to 14 schools, other surveys to 5 schools, and 11 surveys to developing schools.

Regular Surveys

Medical College of Alabama
 University of Alberta Faculty of Medicine
 Baylor University College of Medicine
 University of Cincinnati College of Medicine
 Dartmouth Medical School
 University of Florida College of Medicine
 Georgetown University School of Medicine
 Marquette School of Medicine
 University of Mississippi School of Medicine
 New York University School of Medicine
 University of Rochester School of Medicine and Dentistry
 University of Tennessee College of Medicine
 University of Western Ontario Faculty of Medicine
 Yale University School of Medicine

Other Surveys

Chicago Medical School
 Creighton University School of Medicine
 New York Medical College
 University of Saskatchewan College of Medicine
 University of Vermont College of Medicine

Surveys of Developing Schools

University of Arizona College of Medicine
 Brown University Program in Medical Science
 University of California at San Diego School of Medicine
 University of Connecticut School of Medicine
 University of Hawaii School of Medicine
 Louisiana State University Medical Center, Shreveport School
 of Medicine
 Michigan State University College of Human Medicine
 Pennsylvania State University College of Medicine,
 Milton S. Hershey Medical Center
 University of Sherbrooke Faculty of Medicine
 University of South Florida College of Medicine at Tampa
 University of Texas Medical School at San Antonio

Report of the MCAT Advisory Committee

JOHN L. CAUGHEY, JR., M.D., Chairman, and DALE E. MATTSON, PH.D., Secretary

Members of the Medical College Admission Test (MCAT) Advisory Committee during the past year were: Drs. James W. Barlett, Rochester; Joseph Ceithaml, University of Chicago; Roy K. Jarecky, Kentucky; Schuyler G. Kohl, SUNY-Downstate; Woodrow W. Morris, Iowa; John L. Caughey, Jr., Case Western Reserve, *Chairman*; Dale E. Mattson, AAMC, *Secretary*; and Davis G. Johnson, AAMC, *ex officio*.

Committee meetings were held on October 28, 1967 and on January 20 and February 12, 1968. Major committee actions and activities during the year included:

1. The committee reviewed and revised plans for providing individual score reports to each MCAT examinee. It was decided that percentile scores should be provided along with the usual scaled scores and that these percentile scores should include a constant representing the standard error of the test scores. The system which was developed was successfully initiated following the May, 1968 test period.

2. The committee reviewed a staff proposal for the future operation of the MCAT program and reached the following conclusions: (a) to assure more consistent control, basic standards for testing centers and their operation should be a part of future contracts for operation of the MCAT program; (b) a better system should be developed to preclude the possibility of "substitutes" or "sit-ins" during MCAT examinations; (c) the responsible officers of the AAMC should notify The Psychological Corporation prior to June 30, 1968 of their desire to terminate the present contract effective June 30, 1969; (d) negotiations should be undertaken to effect a contractual agreement which will allow the AAMC to assume responsibility for reporting and research and development functions of the MCAT beginning January 1, 1969 with an outside agency carrying out the administration and scoring of the test; and (e) the proposed research relating to

the MCAT program should be implemented at the earliest opportunity.

3. The committee developed a revised MCAT questionnaire to obtain information on educational background and career plans from MCAT examinees. An optional question calling for racial information was added to the questionnaire along with a question regarding participation in other standardized testing programs. The final version of the questionnaire was administered by The Psychological Corporation at the May, 1968 and October, 1968 testing sessions.

4. The committee reviewed a study by Dr. Perry Culver of Harvard Medical School on the relationship of the College Entrance Examination Board and the MCAT and noted with interest that the suggestions made by Dr. Culver corresponded directly with part of the research plans outlined in the staff proposal for the future operation of the MCAT program.

5. The committee discussed the possibility of changing the present period for summaries of MCAT examinee performance by undergraduate colleges. It was felt that it would be advantageous to report on the basis of a two-year period for the schools that produce the most examinees rather than on the basis of four years as is presently done. Staff were asked to investigate the feasibility of this change.

6. The committee unanimously supported the decision to initiate a pilot study for placement testing in biochemistry. A plan was developed whereby, with the assistance of the National Board of Medical Examiners, an examination will be constructed during the 1968-69 academic year.

7. The committee reviewed reports of The Psychological Corporation concerning the May and October, 1967 administrations. A rise in the science subtest score with the other subtests remaining fairly stable was reported to the committee. It was also reported that for each test period parallel

forms of several of the subtests were administered on an experimental basis.

In addition to considering these several items relating directly to the MCAT program, the committee once more discussed its status within the committee structure of the AAMC. Authorized by the Executive Council on October 26, 1962, the MCAT Advisory Committee has functioned as a subcommittee of the Committee on Research in Education (CRIE) and has been appointed annually by the CRIE. With the termination of the Division of Education, which operated under the aegis of the

CRIE, in 1967, the CRIE was discharged.

For this reason, in 1967 the MCAT Advisory Committee recommended to the Executive Council that it be made a standing committee of the AAMC. During 1968 the *ad hoc* Committee on Educational Studies and Programs recommended that an advisory committee for the Division of Educational Measurement and Research be formed. Action on the recommendation of the MCAT Advisory Committee that it be made a standing AAMC committee will be deferred pending a decision on the recommendation of the *ad hoc* Committee on Educational Studies and Programs.

Report of the Committee on Medical Education for National Defense

WILLIAM S. STONE, M.D., Chairman

The AAMC Committee on Medical Education for National Defense (MEND) in cooperation with the Federal MEND Committee continued to foster within medical education an appropriate attitude or awareness toward the practice of medicine under adverse, emergency conditions or within a hostile environment. Specifically, this has reference to the education and training of physicians in the principles of medicine and surgery as they are applied within a military or civil disaster situation. This includes the provision and delivery of medical services, including preventive medicine. It continues to be the policy for the teaching of MEND subjects that each school, within the framework of overall MEND policies, works out its own program in light of its own educational philosophy. During 1967-68, 90 medical schools and 2 graduate medical schools participated in the MEND program.

Activities for 1967-68

In addition to the local programs of medical schools, the following overall activities were provided by the federal agencies:

Symposia.—The attendance of students and faculty at MEND symposia was as follows: (a) Military Medicine in Vietnam (231 students); (b) Human Response to Disasters (95 faculty); (c) Burns (131 faculty); and

(d) Environmental Stresses (80 faculty).

Conference.—In addition to the symposia, a MEND Coordinators Conference was held at El Paso, Texas on January 9, 1968. Attending were 116 participants from 84 schools. A review of the MEND program from its beginning was developed during the exchange of ideas between federal officials and medical school representatives.

Audit of MEND Activities

During this discussion it became evident that there was some opposition to the program in the Office of the Assistant Secretary of Defense for Manpower. This followed an audit of MEND activities by the Comptroller General of the United States at the request of the Honorable George H. Mahon, Chairman, Committee on Appropriations, House of Representatives. According to the Assistant Secretary of Defense (Health and Medical), the conclusions of this audit were:

In the sixteen years during which the MEND program has been sponsored by the government, there was a *minimum degree of program direction and evaluation*, and there were no *financial audits of activities conducted under the program*.

We believe that the lack of specific performance criteria in MEND contracts and the absence of critical evaluations by government

agencies created a climate in which participating schools were free to exercise individual philosophies and unlimited latitude of operation and effort without any requirements as to (a) the relevancy of activities or expenditures, (b) demonstrating achievements, or (c) making meaningful contributions to MEND objectives. Although many of the matters discussed in this report could have been questioned and resolved at an early date by government officials responsible for management, it was not until the present National Coordinator was assigned that we found efforts being made to strengthen controls by improving the reporting requirements, issuing some guidelines on expenditures, and eliminating the carry-overs of annually appropriated funds.

We interviewed representatives of the Deputy Assistant Secretary of Defense (Health and Medical), the Chairman and available members of the Federal MEND Committee, and the National MEND Coordinator in Washington, D.C. Also, we examined contractual, financial, and other related documents in the office of Naval Research and the Bureau of Medicine and Surgery, Department of the Navy. In addition, we visited 13 medical schools located in 7 states and the District of Columbia. MEND related information was also obtained from the United States Public Health Service, the Atomic Energy Commission, and the Director of Civil Defense.

Proposed Reduction in MEND Budget

As a result of these findings and impressions, as well as the forced economies due to the Vietnam activities, it was proposed that the 1968-69 MEND budget be reduced to an average of \$6,800 per medical school participating in the MEND program.

The AAMC-MEND Committee strongly rebutted the stand of the federal agencies on MEND activities. It pointed out that the MEND program was initiated by the federal agencies to improve professional medical preparedness in subjects found in World War II to be greatly needed. These professional areas were: (a) the medical care of battle casualties due to trauma or the trauma experienced in disasters, including atomic explosions; (b) the medical handling of casualties due to stress as experienced during the war, including the preventive as-

pects; (c) the preventive aspects and care of communicable disease problems that occur in primitive areas where war may be conducted and under conditions where civil health agencies are not effective or non-existent; and (d) the medical and environmental problems that occur in the use of equipment in the Army, Air Force, Naval activities, and those that are encountered in extreme cold, altitude, tropics, and desert environments.

The medical schools agreed to cooperate with the federal agencies in teaching these subjects in an integrated way in their curricula and special subjects, provided support for this educational effort could be given by the federal government. This support was to cover the part-time services of a coordinator in each medical school, faculty travel to federal agencies, short courses for orientation and education of faculty, support for a part-time secretary, and teaching aids and honoraria for visiting lecturers where pertinent.

The AAMC-MEND Committee has pointed out to the Deputy Assistant Secretary of Defense (Health and Medical) that the support provided for the MEND program has been minimal and in many instances inadequate. The medical schools are not in a position to subsidize MEND activities for the federal government. The proposed reduction of the MEND support to \$6,800 for 1968-69 would force the medical schools to consider dropping this program unless funds could be restored to a level essential to carry the program.

The AAMC-MEND Committee and the Federal MEND Committee met in the Office of the Deputy Assistant Secretary of Defense (Health and Medical) on July 17, 1968. At that meeting, he agreed that the MEND program was an essential program in medical preparedness for national defense and that his Office would seek an adequate budget for the MEND program in the next fiscal year.

Elimination of MEND Budget

On August 8, 1968 a telephone call was received from the Office of the Deputy Assistant Secretary of Defense (Health and Medical), and it was reported that the MEND

budget for 1968-69 had been eliminated from the Department of Defense budget by Congressional Committee action. This ended MEND activities in the medical schools.

Joint Report of the Steering Committee and the Division of Operational Studies

WILLIAM F. MALONEY, M.D., Chairman of the Committee, and
WALTER G. RICE, M.D., Director of the Division

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

Staff

Dr. Walter G. Rice is Director of the Division; Thomas J. Campbell, Assistant Director; Rosemary Buckley, Research Associate; Marian Weber and Sylvia Mussche, Secretaries; and Eleanor Dougherty, Statistical Clerk.

Until July 1, 1968 the activities of the Division of Operational Studies were under the direction of Dr. Lee Powers who resigned to become Director of the newly-established Division of Allied Health Sciences at the Bowman Gray School of Medicine. Dr. Walter G. Rice succeeded Dr. Powers as Director of the DOS.

In January, 1968 Thomas J. Campbell joined the staff as an Assistant Director. Mr. Campbell's main area of responsibility is to direct the Medical Center Program Cost Allocation Study which is being sponsored jointly by the Department of Health, Education, and Welfare (DHEW), the W. K. Kellogg Foundation, and the AAMC.

Harry Wiesenfelder resigned his position in January, 1968. Rosemary Buckley replaced him as Research Associate.

We regret to announce the death of Augustus J. Carroll, Assistant Director, on April 10, 1968. Associated with the AAMC since 1958, Mr. Carroll made many valuable contributions to the application of accounting procedures to the fiscal problems of medical centers.

Activities of the Division

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 Medical Schools.—The Criteria and procedures for program cost analysis in teaching hospitals have been developed and extensively tested in the Yale-New Haven Hospital. A report of the effectiveness of this procedure as field tested at the Yale-New Haven Hospital and, as reviewed by a committee composed of representatives of the American Medical Association (AMA), the American Hospital Association (AHA), and the AAMC, has been published (1).

Program Costs in Medical Centers.—The Division represented the AAMC in a study conducted jointly with the W. K. Kellogg Foundation and the Division of Grant Administration Policy of the DHEW. The Cost Allocation Study examined 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 was made in the following 7 medical centers: Bowman Gray School of Medicine of Wake Forest University, University of Iowa, Jefferson Medical College of Philadelphia, University of Michigan, New York University, Ohio State University, and the University of Utah. A report was published

(2). The objectives of this study were described in the 1967 Annual Report of the Division (3).

Medical School Expenditure Data.—The Division for the seventh consecutive year provided an analysis of expenditures for 1965-66 as reported by U.S. medical schools. These data were published (4).

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 1965-66.

Faculty Roster.—In cooperation with the National Institutes of Health the DOS continues to maintain and update its file on U.S. medical school faculty members. Computer technology has been adopted for current and future processing of the Faculty Roster data. The 1965-66 Faculty Roster data has been converted to tape in accordance with plans to establish an historical file. This file will be updated on an annual basis. All operations for the 1966-67 updating were completed.

Prior to the mailing of the 1968 updating forms, 5 regional meetings were held for the medical school personnel responsible for coordinating the Faculty Roster Study. The 1968 Full-Time Medical Faculty forms were completely revised.

Faculty Staffing Characteristics.—A study was made of the faculty staffing characteristics as reported in the 1965-66 Faculty Roster Study. Tabulations were prepared of the number of full-time faculty with the rank of instructor and above who were employed by basic science, clinical, and administrative or other departments of 78 U.S. medical schools. This study was distributed first to the deans of the medical schools and at a later date to department chairmen.

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 informa-

tion were received from interested applicants than in previous years.

Faculty Salary Study.—A study of faculty salary levels was made for the sixth 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 1966-67 academic year detailing both the ratios of medical students to faculty and full-time student equivalents to faculty.

Women in Medicine Study

The final report of the study of women in medicine is in press (5). This study was made possible by a grant from the Josiah Macy, Jr. Foundation.

Business Officers Section

Medical school business and fiscal officers met informally during the AAMC's 1967 Annual Meeting. The interest of this group in meeting within the framework of the Association led to the establishment of a Business Officers Section in 1968. At present, the Section is formulating tentative bylaws and a plan of organization. A report of the current status of the Section is made elsewhere in the Annual Reports.

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. Published monthly since July, 1959, the Datagrams are a useful and popular means of communication from the DOS to over 4,000 readers. A nine-year index was compiled and distributed in the fall of 1968. The DOS continues to maintain the reference reprint file and library as a service function to the AAMC. The 3 microfilm document files maintained by the DOS are Affiliation

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Report of the Public Relations Department, Evanston Office

MICHAEL H. ANDERSON, Director

This Department was established in December, 1967. Its staff consists of the Director and 1 secretary.

News Distribution

To insure the widest possible distribution of news from the AAMC, mailing lists have been set up to include deans, vice-presidents, and public information officers in U.S. and Canadian Medical Schools; representatives of AAMC's Group on Student Affairs, Council of Teaching Hospitals, and Council of Academic Societies; and foundations, Advisory Board for Medical Specialties, medical associations and publications, key medical and education writers, radio and TV news directors, and local and out-of-town news media and press associations.

Liaison with Medical School

Public Information Officers

High priority has been placed on the establishment and maintenance of channels of communication with the public information officers of the member schools. Continuing emphasis is placed upon the development of stories in all appropriate media on national, local, and regional needs for health manpower and on problems universities face in securing the needed legislative support to meet these needs.

Public Information Section

In establishing an AAMC Public Information Section, the following activities are being explored with a view to implementation:

Newsletter.—While editorial content of a

public information newsletter would stay with the Section, printing and distributing might be undertaken by the AAMC. The prototype for this newsletter is already being published informally under the editorial direction of David R. Branch, University of Rochester School of Medicine and Dentistry, and Georgia A. Chotas, University of Florida College of Medicine.

Information Resource.—The AAMC Public Relations Department might serve as a central repository for a publications exchange which could, in time, become the basis of a medical school public information resource library. It would then be possible for the AAMC to assist public information officers in the medical schools by providing information upon request. A current and ongoing file on public activities and new developments as reported in medical school brochures and pamphlets would be maintained. Section members would send appropriate material to the AAMC office.

Specific topics for such an AAMC public information resource library and, possibly, for a set of case histories might include the following items: communications, both internal and external; press relations; hospital relations; alumni relations; special events; career activities; publications, both internal and external; community relations; professional relations, such as how to work with your medical association; development, such as deferred giving or trusts; long-range planning; and instructional aids, such as a

speakers' bureau.

Interpretation of Significant Developments.—In considering such subjects as the health manpower shortage, anti-vivisection, and the delivery of health care in teaching hospitals, the AAMC would be able to give guidance as to the directions long-range public information efforts should take in view of the current health legislation climate in Washington. With such guidelines

in mind, the public information officers could then tie in these broad subjects with the pertinent aspects of their own situations.

Public Information Code.—A medical school public information code could be formulated as a model guide to press relations for faculty and medical center staff members. Such a model has been under study in the Section and preliminary drafts prepared.

Report on Seminars for New Medical School Deans

CHEVES MCC. SMYTHE, M.D., Associate Director

Managerial pain is not foreign to the academic medical centers. They are well aware of the swelling demand for better, more flexible, more imaginative, more creative, or more responsive management of these major institutions. Through the generosity of the John and Mary R. Markle Foundation the AAMC in 1968 was able to initiate a program designed to acquaint newly appointed medical school deans with some aspects of modern management practice and theory.

First Seminar

The first in what is expected to become a series of management seminars was held in Savannah, Georgia, April 28-May 1, 1968. Eighteen new deans, 12 with their wives, came to spend two and one-half days with a team from the Institute for Social Research of the University of Michigan.

Among the goals of the seminar was to exhibit to and to involve the individuals attending it in some aspects of group behavior. An effort was made to draw distinction between the process through which groups communicate and the content around which

they communicate. Management of conflict, roles played around the committee table, sources of power in institutions, the responsiveness of linked management systems, the conscious planning and engineering of change, and frank discussion of the demands and rewards of medical school deaning were all touched upon during the seminar discussions.

An analytic approach to the function of a medical school dean based on a unified concept of an organization as a social system appeared to be a new concept to virtually all the men attending the seminar. A detailed description of the seminar is to be submitted to *The Journal of Medical Education* for publication shortly.

Plans for Next Seminar

Plans for another such training session are being formulated. It is expected that methods of working towards solution of problems common in medical centers or attention to the conscious management of organizational change will be the focus around which the next meeting is planned.

Joint Report of the Committee on Student Affairs and the Division of Student Affairs

JOSEPH CEITHAML, PH.D., Chairman of the Committee, and

DAVIS G. JOHNSON, PH.D., Director of the Division

An AAMC Standing Committee on Student Affairs (COSA) was established in 1961 and an AAMC Office of Student Studies and

Services was activated in August, 1962. In July, 1967 that Office was elevated to the Division of Student Affairs (DOSA) and

continued to provide staff support for, and to receive policy guidance from, this 9-man committee.

Accordingly, it was decided to combine the annual reports of these 2 closely cooperative entities.* This report also summarizes the activities of the AAMC Group on Student Affairs (GSA), which is composed of approximately 250 individuals appointed by the deans of member medical schools as their official representatives in the areas of admissions and student affairs. Bylaws adopted by the GSA and approved by the Executive Council have been published (1).

The COSA, DOSA, and GSA share the common objective of advancing medical education through the avenues of admissions and student affairs. Specific goals include the encouragement of optimum medical student development by improved recruitment, selection, placement, orientation, evaluation, counseling, financial aid, health services, and morale.

The Committee on Student Affairs ordinarily consists of the GSA national officers, the GSA regional chairmen, and 1 or 2 medical school deans. The Director of the DOSA, in his capacity as GSA national secretary, meets with and provides staff services to COSA. In addition to serving as a policy advisory body for the DOSA, the committee also helps plan the activities of the GSA. Furthermore, the committee reports directly to the AAMC Executive Council, and the committee chairman, as the national chairman of the GSA, serves as an ex officio member of that council.

The GSA Steering Committee has a similar but somewhat broader membership consisting of the 3 GSA national officers, the 5 GSA regional chairmen, and the chairmen of the 8 GSA standing committees as ex officio members. The GSA Steering Committee serves as the executive committee for the GSA.

* In the past, separate annual reports have been submitted for the AAMC Committee on Student Affairs and for the predecessor of the AAMC Division of Student Affairs, namely, the Office of Student Studies and Services of the AAMC Division of Education.

The major activities of the Committee on Student Affairs, the Group on Student Affairs, and the Division of Student Affairs are summarized below under the major headings of (a) Committee on Student Affairs, (b) Group on Student Affairs, (c) GSA Standing Committees, (d) Applicant and Student Records, (e) Recurring Projects and Special Studies, (f) Recurring Publications, and (g) Staff.

Committee on Student Affairs†

The Committee on Student Affairs and the GSA Steering Committee held joint meetings on October 26 and 29, 1967 in New York and on February 11, 1968 in Chicago. At the October 29 meeting the following recommendations from the GSA (2) were formally approved and subsequently implemented as indicated:

1. The recommendation of the GSA Committee on Financial Problems of Medical Students that the GSA support a position of a separate health professions financial aid program was transmitted informally to the federal aid administrators and was accepted by them.

2. The recommendation of the GSA Committee on Research on Student Affairs that the AAMC sponsor a national Institute on the Assessment of Student Performance was transmitted to the AAMC Executive Council which recognized the importance of the topic but deferred action because of divided opinion as to the value of such a national institute at this time.

3. The following recommendations of the GSA Committee on Student Aspects of International Medical Education are being carried out by AAMC staff wherever feasible: (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

† This section also includes activities of the GSA Steering Committee, since these 2 committees met jointly throughout the year.

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.

4. The recommendation of the GSA Committee on Communication with Student Organizations for cooperation with the Student American Medical Association (SAMA) in studying student participation in curriculum planning and evaluation has been implemented.

5. The recommendation of the GSA Committee on Medical Student Records that a pilot study be authorized on a centralized application and transcript service, with the study design to be approved by the GSA Steering Committee before implementation, was transmitted to the AAMC Executive Council. This body authorized the GSA to proceed with the development of a definitive proposal for a pilot study and demonstration project and such a proposal was prepared and subsequently approved by the GSA Steering Committee. The pilot study is now being conducted in 7 medical schools.

6. The request of Dr. Perry J. Culver, Harvard, that the question of a possible change of the January 15 deposit deadline be considered was referred to the GSA Committee on Relations with Colleges and Secondary Schools. This committee promptly studied the issue and subsequently recommended a shift to March 1. After discussion at the GSA regional meetings, the question is to be acted upon officially at the national GSA meeting in November, 1968.

7. The recommendation of Dr. James W. Bartlett, Rochester, that a medical student placement testing program for biochemistry be developed under the auspices of the AAMC was reported to the AAMC Executive Council and is now being implemented by the AAMC Division of Educational Measurement and Research.

The joint committees also approved Chairman Joseph Ceitham's recommendation that each of the GSA Standing Committees be enlarged from 5 to 6 members. The purpose of this recommendation was 2-fold: (a) to permit broader representation on these committees from the larger regional groups and (b) to allow the annual rotation of 2 committee members.

In addition, the joint committees suggested agenda items for the GSA regional meetings and helped plan the program for the 1968 GSA National Meeting. In other action, the committees recommended that the GSA cooperate with the American College Health Association in their Fifth National Conference in Boston in 1970, including active participation on appropriate task forces.

The joint committees also recommended that the AAMC cosponsor, through the GSA, 1 or more conferences on preparation and guidance for medical education in the traditionally Negro colleges, with financial support of the conferences to be provided by the Josiah Macy, Jr. Foundation. This recommendation was subsequently approved by the AAMC Executive Council and a number of GSA members participated actively in both the February, 1968 Atlanta Conference (3) and in the June, 1968 Fort Lauderdale Conference.

Among the other broad policy questions considered by the joint committees were: (a) recommendations of the National Advisory Committee on Health Manpower (4), (b) the transfer of osteopathic students to schools of medicine, and (c) the statement on externships issued by the Joint Commission on Accreditation of Hospitals (JCAH).

Relative to the manpower recommendations, the AAMC Executive Council was queried, and it indicated it would welcome reactions from the GSA. These recommendations were, therefore, considered at the GSA regional meetings.

Concerning osteopathic students, widespread transfer was considered to be inappropriate, and recommendations were made to the Executive Council that more oppor-

tunities should be opened up to graduate osteopaths at the internship and residency levels. Finally, with regard to externships, all GSA members were informed of the December 9, 1967 policy statement of the JCAH (5), and this topic was considered at several GSA regional meetings.

Group on Student Affairs

As indicated above, most of the activities of the Group on Student Affairs (GSA) were planned and initiated at the joint meetings of the Committee on Student Affairs and the GSA Steering Committee. Much of the implementation of these plans was handled by the staff of the Division of Student Affairs as described below.

National Activities.—At the national level, major staff efforts focused upon preparing for the GSA Annual Meeting. National GSA representation on the National Intern and Resident Matching Program (NIRMP) Board of Directors was achieved by the appointment of GSA Chairman Joseph Ceithaml as 1 of the 3 official AAMC representatives to this body. This provides direct channels of communication between the GSA representatives and the NIRMP for comments, criticisms, and suggestions.

Regional Activities.—At the regional level, the Division staff prepared and distributed to all GSA members informational materials for consideration at the 5 GSA regional meetings. Staff representation was provided at each of these meetings.

Among the items considered at the 1968 GSA regional meetings were: (a) a possible shift in the deadline for nonrefundable deposits from January 15 to March 1, (b) Negroes in medicine, (c) women in medicine, (d) the possible development of uniform methods of rating senior medical students for internship positions, (e) the centralized application service pilot study and demonstration project, (f) the distribution of Medical College Admission Test (MCAT) scores to applicants, (g) the evaluation of applicants with a substantial portion of their undergraduate work taken on a pass-fail basis,

(h) the cooperative handling of registrations, fees, credits, and so forth, for students who go from 1 school to another for elective work, (i) placement tests for medical students, (j) Selective Service regulations, and (k) the reorganization of the AAMC.

A spontaneous development at the Buck Hill Falls Premedical Conference (6) sponsored by the GSA Northeast Regional Group and subsequently at several of the GSA regional meetings was the proposed establishment of regional, and possibly national, groups of premedical advisors. Serious explorations of such proposals have been initiated in both the Northeast and Midwest regions, and preliminary considerations have begun in the other regions.

Local Activities.—At the local level, the Division staff corresponded and consulted with many individual members of the GSA as well as with appreciable numbers of applicants, premedical advisors, and others with regard to matters of medical school admissions and student affairs. Local presentations were also made by the Division Director at the Chicago Medical School, Wayne State University School of Medicine, SUNY-Buffalo, and SUNY-Syracuse. At SUNY-Syracuse, the Director delivered the 14th Herman G. Weiskotten Lecture (7).

GSA Standing Committees

The 8 GSA Standing Committees were all active during the year. Much of the staff work for these committees was provided by this Division.

1. The Committee on Relations with Colleges and Secondary Schools conducted an extensive study concerning the January 15 deposit deadline reported above. It also helped plan the issues of *The Advisor*, the AAMC newsletter for premedical advisors (8, 9).

2. The Committee on Financial Problems of Medical Students continued to be very active in maintaining close liaison with the federal government in relation to the health professions scholarship and loan programs. In addition to recommending the mainte-

nance of a separate health professions financial aid program, this committee helped develop guidelines for the determination of medical student financial need. It also helped plan the 1967-68 U.S. Public Health Service-AAMC study of medical student financing to update the similar study of 1963-64 (10).

3. The Committee on Research on Student Affairs completed a pilot study of rejected applicants. A summary report has been published (8).

4. The Committee on Student Aspects of International Medical Education sponsored a questionnaire study of U.S. medical students going abroad for short-term study and research, and results were distributed at the 1967 GSA Annual Meeting (11). The committee also cooperated with the SAMA in the development of a booklet, *International Medical Programs Available to American Medical Students* (12). The committee also conferred with representatives of the American Medical Association relative to AMA studies of (a) U.S. graduates of foreign medical schools and (b) U.S. students in foreign medical schools who transfer to U.S. medical schools.

5. The Committee on Communication with Student Organizations cooperated with SAMA in developing a questionnaire on medical student participation in curriculum planning and evaluation. The results of this study were reported at the 1968 GSA Annual Meeting by Carl Slater, who received his medical degree from the University of Colorado School of Medicine in 1968.

6. The Committee on Medical Student Health participated in preparing a combined report of its 1966 questionnaire survey of medical student health policies and practices in U.S. medical schools and its 1967 survey of medical student mortality (13). Preliminary summaries of both surveys were distributed (14, 15).

7. The Committee on Medical Student Records was extremely active in the development of a centralized application service pilot study and demonstration project. The pilot study, initiated early in 1968, is being

carried out primarily with the 7 schools represented on this committee. Nineteen additional schools elected to start using immediately the Uniform Application Blank. By means of the pilot study, procedures are being developed and tested whereby each applicant to a participating medical school will submit only 1 application and 1 set of transcripts to the AAMC. An exact copy of the application plus a standardized computerized transcript will be sent to each participating medical school designated by the applicant. The AAMC will also provide each participating school with IBM cards, rosters, and statistical reports concerning its applicant pool.

8. The Nominating Committee presented the following slate of national officers to the GSA membership for consideration at its annual business meeting of November 2, 1968, who were elected at that time: Joseph Ceithaml, University of Chicago, *Chairman*; Robert L. Tuttle, Bowman Gray, *Vice-Chairman*; and Davis G. Johnson, AAMC, *Secretary*.

Applicant and Student Records

The Student Records Section of the Division of Student Affairs continued to maintain complete and accurate records of all medical school applicants and students as a basic service to medical schools. For the 1967-68 entering class, 18,724 individuals filed 93,332 applications; of these, 9,702, or 52 per cent, were accepted and 9,314 enrolled for the first time. Repeater and other special students brought the total first-year enrollment to 9,473. The total enrollment for all 4 classes during 1967-68 was 34,539.

Based on these central records, a substantial amount of information exchange continued to be provided to all U.S. medical schools and to over 1,000 undergraduate colleges annually. Major effort during the year was also given to planning increased computerization of the basic record system and to coordinating it with related aspects of the AAMC's activities, including the MCAT program and the proposed centralized application service.

Recurring Projects and Special Studies

Recurring projects carried out during the year by Division staff included the annual reports of applicants (16, 17) and the annual *Datagrams* on application activity (18, 19).

Special studies included an analysis of the characteristics of MCAT examinees (20) and one on the medical career plans of National Merit Scholarship semifinalists (21, 22). The latter study and a detailed analysis of the comparative characteristics of pre-medical and other college students (23) are in press.

In preparation for the February, 1968 Conference on Preparation for Medical Education in the Traditionally Negro College (3), special analyses were made of available AAMC data on Negro applicants and students, particularly as related to the MCAT (24). As 1 outcome of that Conference, a survey was conducted of medical school efforts to recruit, admit, and graduate individuals from racial minority groups (25).

The Director of the DOSA continued to serve as an ex officio member of the MCAT Advisory Committee and under their auspices prepared a book review of *How to Pass the MCAT* (26). Throughout the year, close liaison was maintained between the DOSA and the new Division of Educational Measurement and Research, which now has primary responsibility for the MCAT program.

Recurring Publications

GSA Directory.—During 1967-68 the annual GSA Directory (1) appeared for the first time as a special section in the AAMC Directory. The DOSA collected and summarized the GSA information for this book.

The Advisor.—The Division Director continues to serve as Editor of *The Advisor*, which was distributed to approximately 1,500 premedical advisors in some 850 undergraduate colleges. The 2 issues of *The Advisor* published during the year highlighted the release of MCAT scores (8) and the improvement of recommendations by premedical advisors (9).

Other Books.—Additions and corrections

to the *Directory of Premedical Advisors, 1967-68* (27) were distributed during the year, and plans are underway for a complete revision of this Directory for 1969-70. As in the past, the Division Director and the Committee on Student Affairs aided in the annual revision of *Medical School Admission Requirements, U.S.A. and Canada* (28).

Finally, the year saw several favorable reviews of "Doctor or Dropout?: A Study of Medical Student Attrition" (29).

Staff

Dr. Davis G. Johnson, Assistant Director of the AAMC Division of Education from 1962-1967, served as Director of the new Division of Student Affairs. A new Assistant Director of the DOSA, Dr. Frank T. Stritter, joined the Division on August 1, 1968. Although Dr. Stritter's primary responsibility is the American Medical College Application Service, he is participating actively in all aspects of the Division's activities as his time permits.

Dorothy A. Klaub resigned in October after more than a decade of devoted service as Student Records Supervisor. The Association was fortunate in finding an able successor in Wallie F. Dube. Assistants in Student Records were Genevieve Gilbertson, Evelyn George, and Ethel Savage.

Helen Noble joined the DOSA in August 1968, succeeding Dolores Timmer who resigned from her position as Secretary to the Division. Eileen McVey, B.A., also joined DOSA in August as Assistant Secretary.

For approximately a month during the spring of 1968, Dr. Roy K. Jarecky, Associate Dean for Admissions and Student Affairs at the University of Kentucky Medical Center, participated informally as a member of the Division while on special leave from Kentucky. During this time he made major contributions in conducting the survey on racial minority group applicants (25) and in serving as senior author of the 1967-68 Applicant Study (17).

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Report of the Curriculum Study *Ad Hoc* Committee

WILLIAM N. HUBBARD, JR., M.D., Chairman

The committee was formed at the request of the AAMC at its Annual Meeting in October, 1967. The charges to the committee were as follows: (a) to study the curricular developments occurring in the United States and Canada at this time; (b) to study the mechanisms of change, including how changes were brought about and factors that inhibited or stimulated changes; (c) to document and elucidate the goals of change; (d) to determine the direction of evolution of medical curricula; (e) to view these changes in terms of major problems confronting medical education; and (f) if possible, to determine the optimum direction of future evolution.

Frequent meetings of the committee were held in the subsequent months. Application was made to the Commonwealth Fund for financial support of this study; this support was received in April, 1968. In anticipation of adequate support, plans had been made for a 4-step program. The first step was the development of the survey questionnaire, which was sent to the medical schools of Canada and the United States. Ninety per cent of the questionnaires were returned. This extensive questionnaire contained questions concerning the status of the curricular revision, the nature and goals of the change, and the inhibiting and supportive factors in the change. Factual information in the composition of the curricula was requested as well as narrative reports of selected items, such as how the changes were made, the limitations to change, and so forth.

The second step was the site visit to 12 schools in the United States and Canada for studies of their curricular evolution. The schools were chosen for one of the following reasons:

1. They were new, evolving institutions.
2. They were institutions which had marked changes in their curricula.
3. They were established schools which had chosen not to alter their curricula extensively.
4. They were schools which had conducted self-studies under the aegis of the AAMC's Division of Education.

Since the total number of schools in these categories far exceeded the number that could be visited, random selections were made. Specific information was obtained not only about the questions included in the questionnaire, but also about the attitudes of the faculty, the administration, and the students about the curricular changes, the goals that should be met, and the process of change. These reports were then summarized and correlated.

The third step in the fulfillment of this committee's responsibility was a workshop on medical school curriculum held in Atlanta, Georgia, on September 18-22, 1968. Workshop presentations included the factual and perceptual data gathered in the first and second steps; introductory presentations of some of the major problems confronting medical education; and information in perspective of the long-term goals of medical education and the social evolutionary stage of the United States.

Finally, a summary report of this workshop was prepared and distributed during the AAMC's 1968 Annual Meeting. It was also published as a Communication under the title, "A Report from the September,

1968 AAMC Workshop on the Medical Curriculum," in *The Journal of Medical Education* (44:58-61, 1969). Proceedings of the workshop, including data analyses, will be published.

Report of the *Ad Hoc* Committee on Educational Studies and Programs

CHARLES C. SPRAGUE, M.D., Chairman

Appointed in the fall of 1967, this committee was charged to make a thorough study of AAMC activities in the area of education and to recommend to the Executive Council the programs which should exist in the future. Upon completion of the first part of this assignment, the committee submitted the following report and recommendations to the Executive Council. At its meeting held June 13, 1968, the Executive Council accepted the report as submitted.

At its initial meeting, the role of the committee and the reasons for its appointment were explained to committee members. It became apparent that productive deliberations would only be possible when all committee members had a clear idea of the Association's past activities in this area. Also needed would be a description of staffing patterns and budgets of the Division of Education for the recent years.

Staff were asked to prepare and distribute to members a detailed description of all of the Association's recent efforts in the area of education. The resulting statement was then considered in detail at the second meeting of the committee. In discussing each activity in turn, the committee considered whether the activity should be continued in its present form, whether more or less attention should be devoted to the activity, or whether it should be discontinued. After reviewing all of these past activities, the committee then devoted its attention to new activities the Association might initiate.

On the basis of the discussions of activities which in the opinion of the committee the Association should sponsor, staff were then called upon to develop a proposal for staffing, organization, and a budget which

would make possible the implementation of the activities assigned various degrees of priority by the committee. The resulting proposal was then reviewed and amended at the third and fourth meetings of the committee in arriving at the recommendations which were forwarded to the Executive Council.

Recommendations

The following recommendations to the Executive Council represent a general conclusion of the committee that activities in the area of education constitute an extremely important part of the mission of the Association and as such deserve additional attention in the years ahead. The recommendations made include 4 areas: programs, staff positions, staff organizations, and budget.

Programs

After discussing the many past activities of the Division of Education and the current activities of the Division of Student Affairs and the Division of Educational Measurement and Research, the committee identified a number of programs to which the Association should devote major efforts. These programs included the following: (a) continued support and expansion of the current service and research activities of the Division of Student Affairs, (b) development of a centralized application service for applicants to medical schools, (c) closer coordination of the MCAT program including an "in-house" operation for some functions, (d) development of a program of placement tests for medical students, (e) continued responsibility for the review and possible further development of the Longitudinal Study, (f) continued responsibility for the

organization and functioning of the Annual Conference on Research in Medical Education, (g) continued capability to aid individual schools in programs of self-study, (h) resumption of the responsibility for the sponsorship and coordination of short seminars on the process of medical education, (i) development of an informational resource in the area of curriculum development, curriculum changes, and curriculum evaluation, (j) establishment of a Group on Curriculum and Instruction to parallel and supplement the existing Group on Student Affairs, and (k) increased involvement in matters relating to premedical and post-graduate education.

This listing of major program areas is not intended to be an exhaustive listing of all of the educational activities in which the Association might well become involved. Each major program area will include numerous related activities, some of which are currently being carried out and others which are now in the planning stage.

Staff Positions

The Association should immediately establish a budget and begin recruiting for the following staff positions:

1. A medical educator with an interest in studying educational systems and processes. In addition to developing a program aimed at remaining abreast of curriculum development in the medical schools, such an individual should also have primary responsibility for the accreditation program and for the further development of the Council of Academic Societies. As such he should hold an M.D. degree and have major administrative and teaching experience in a medical school. All other things being equal, preference should be given to an individual who is clinically oriented.

2. An educational specialist with a primary interest in innovations in curricula and instruction and in the evaluation of resultant learning. An individual with experience in some phase of medical education should be employed.

3. An individual to help develop and to oversee the day-to-day operation of the centralized application service. Ideally, he should be an individual who is knowledgeable in data processing and has had relevant experience in student admissions.

4. An individual to oversee the day-to-day operation of the MCAT program. The committee is essentially in agreement with a staff proposal relating to the future operation of the MCAT program and believes that staff should be employed as soon as necessary in order to implement the recommendations of the proposal. The individual who is appointed should be sophisticated in measurement statistics and theory.

5. Secretarial and clerical personnel to staff the following operations: an "in-house" operation of the MCAT, the development of an American Medical College Application Service, and an expanded program concerned with examining the medical curricula and teaching programs at medical schools. An additional 6½ secretarial-clerical positions would need to be budgeted for 1968-69.

6. An individual to serve as Assistant Director of the Division of Student Affairs. This person would be employed to provide professional depth in this Division and to enable the Division to expand its consulting and other services to member institutions. Accordingly, this individual should have considerable experience in student personnel. If all positions cannot be established in a single year, this position is the one which should be held over until the following year.

Staff Organization

The Association should establish a new Department of Academic Affairs to succeed the Division of Education which existed for the five-year period, 1962-67. The Department of Academic Affairs would consist of 3 divisions: 2 existing divisions and 1 division to be established. The 2 existing divisions are the Division of Student Affairs and the Division of Educational Measurement and Research. The newly formed division would be a Division of Curriculum and Instruc-

tion. The roles of the 2 existing divisions are rather well defined at present. The Division of Curriculum and Instruction would become responsible for teaching institutes, intramural seminars, curriculum studies, the Longitudinal Study, and to an increasing extent staff support for the medical school accreditation program and for the Council of Academic Societies.

The committee members are convinced that the success of the proposed Department of Academic Affairs will depend on continual communication with appropriate individuals at the medical schools. The establishment and development of the Group on Student Affairs into a successful forum for interchange of ideas is viewed by the committee as an appropriate model for a method of assuring this same kind of communication for each of the other divisions. The members of a new Group on Curriculum and Instruction might be assistant deans for educational affairs, chairmen of curriculum committees, and others. The Division of Educational Measurement and Research might begin with an Advisory Committee, rather than a nationally representative group, since this area does not yet have the natural school-based identity which is available to the other groups. The initial Advisory Committee would include individuals who have an interest in research in medical education and in the problems of measurement related to medical education.

The primary purpose of placing the 3 divisions together in a Department of Academic Affairs is to assure a coordination of efforts. It is recommended that this be accomplished through the establishment of an Advisory Committee for the Department, with representation from each of the areas of interest of the 3 divisions. While there would be close coordination of activities with some overlapping in staff assignments, it is recommended that each division director be given considerable autonomy in the operation of his division, including budgeting and personnel administration. This recommendation is based on the belief that

optimal development of each division can best be achieved through this means. The Department Director might be the medical educator (described in Paragraph 1 under "Staff Positions") who might also serve as Director of the Division of Curriculum and Instruction. An alternate arrangement would be for the current Associate Director for the Evanston office of the AAMC to serve as director of the Department. This latter arrangement appears logical in that most of the duties associated with the proposed position of Department Director are now being carried out by that individual.

Although the committee was not charged with the responsibility of considering areas other than educational studies and programs, consideration was necessarily given to how this recommended Department of Academic Affairs would fit within the Association as a whole. In this regard it seemed reasonable to assume that at some future date the Division of Operational Studies might undergo a similar evolution into a Department of Operational Studies with separate divisions concerned with finances, facilities, faculty, and so forth.

Budget

The foregoing recommendations regarding staff positions and an organization of staff in the area of educational studies and programs would require an increased financial commitment by the Association to this effort. In approximate figures, implementation of the recommendations would require a total annual budget of about \$325,000 for the entire Department of Academic Affairs. This total would be divided approximately as follows: Division of Student Affairs, \$125,000; Division of Educational Measurement and Research, \$110,000; and Division of Curriculum and Instruction, \$90,000.

Since the activities of the Department which are of direct benefit to medical school applicants are supported largely by funds available from the MCAT program, only a portion (\$60,000) of the \$325,000 will have to be made available from general funds of the Association.

Report of the *Ad Hoc* Committee on Ways and Means

WILLIAM G. ANLYAN, M.D., Chairman

At the December 1, 1967 meeting of the Executive Council, President John Parks asked the Ways and Means Committee to review carefully the organization of the Association and its future with reference to the recommendations contained in *Planning for Medical Progress Through Education* and the expanded functions which the Executive Council and the Institutional Membership has prescribed and to develop proposals for the future organization of the AAMC.

Preliminary Recommendations

At a meeting on December 19, 1967 the Ways and Means Committee developed preliminary recommendations for the reorganization of the Association which were discussed in regional meetings and by the Executive Council and presented to the Institutional Members for discussion on February 10, 1968. The modified preliminary recommendations were then discussed in meetings of all 4 regions during the spring.

Recommendations to Institutional Membership

After careful and deliberate evaluation of the feedback on the reorganizational proposal coming from the regional meetings, Individual Members, the Council of Academic Societies (CAS), and the Council of Teaching Hospitals (COTII), a modified plan was adopted unanimously by the Executive Council at its meeting on March 29, 1968. This organizational plan was presented to the Institutional Members on May 22, 1968.

Action by Institutional Membership

At the meeting held on May 22, 1968 it was moved, seconded, and passed, that:

The reorganizational plan that had been presented and approved unanimously by the Executive Council be approved by the Institutional Membership today and that our legal counsel prepare the necessary changes in our Articles of Incorporation and our Bylaws for adoption at

the November, 1968 meeting of the Institutional Membership.

Annual Assembly

Function.—This is the final policy-making body of the Association.

Meetings.—It is expected to meet annually at the time of the Annual Meeting.

Membership.—Members of the Assembly are to be the dean of each medical school which is a member of the Association (currently 101); a representative of each academic society which is a member of the Council of Academic Societies (CAS), up to a total of 35 (currently 30); and representatives of 10 per cent of the teaching hospitals which are members of the Council of Teaching Hospitals (COTII), up to a total of 35 (currently 34).

Officers.—The Chairman of the Assembly will be the senior elected officer of the Association and shall serve as Chairman of the Executive Council and the Executive Committee but not necessarily as the Chairman of the constituent council of which he is a member. The Chairman of the Assembly shall serve for a term of one year and be succeeded by the Chairman-Elect. The Nominating Committee shall make nominations for Chairman-Elect, who shall be elected by the Assembly.

Executive Council

The Executive Council shall be composed of the Chairman and Chairman-Elect of the Assembly; the Chairman plus 8 representatives of the Council of Deans; the Chairman plus 3 representatives of the Council of Academic Societies; the Chairman plus 2 representatives of the Council of Teaching Hospitals; and the President. The 3 Councils are expected to make nominations for membership on the Executive Council and will be elected by the Assembly. It is expected that the Executive Council will meet three or four times a year.

President

The President will be the senior full-time executive officer of the Association. He will be appointed by the Executive Council for an indefinite term, much as the president of a university is appointed by the Board of Trustees.

Executive Committee of the Executive Council*

The Executive Committee of the Executive Council shall be the Chairman and Chairman-Elect of the Assembly, the President, plus 3 other members of the Executive Council, elected annually by the Executive Council. The Chairman of the Assembly shall be the Chairman of the Executive Committee.

Council of Deans

The Council of Deans will be composed of the dean of each medical school that is an Institutional or Provisional Institutional Member of the Association. It will elect its own Chairman and Chairman-Elect and is expected to meet three or four times a year, usually during the AAMC Annual Meeting, at the time of the AMA Congress on Medical Education, and in the late spring.

Council of Academic Societies

The Council of Academic Societies will be composed of those societies applying for and elected to membership in the Council in accordance with the Bylaws of that Council and the Association. It will elect its own Chairman and Chairman-Elect and is expected to meet during the Annual Meeting and at such other times as its activities indicate.

Council of Teaching Hospitals

The Council of Teaching Hospitals will be composed of those teaching hospitals applying for and elected to membership in that Council according to the Bylaws of that Council and of the Association. It will elect its own Chairman and Chairman-Elect. It is

* With a growing organization encompassing broader responsibility, a growing staff and a large Executive Council, an active Executive Committee is essential.

expected to meet during the Annual Meeting and at such times as may be indicated.

Relations with Other Organizations Concerned with Education in the Health Professions

The Ways and Means Committee recommended, and the Executive Council has approved, the Association's actively stimulating and being a member of the Federation for Health Education. After a series of exploratory meetings, it has been decided that the appropriate title will be the "Federation of Associations of Schools in the Health Professions." The Federation has tentatively adopted a set of Bylaws which are appended for information.

The Committee also recommended and the Executive Council approved that representatives and the staff of the Association maintain good communications with the vice presidents' organization which has adopted the name of the Organization of University Health Center Administrators, as well as with other organizations interested in education in the health fields as opportunities are presented.

Bylaws of the Federation of Associations of Schools of the Health Professions†

Objectives

The objectives of this Federation are:

1. Improve communications among health professional educational groups and to arrange effective liaison among member organizations.
2. Effect liaison with the organizations specified below as well as to any and all professional organizations as indicated. Search for a consensus on the needs of society from the standpoint of education in the health professions.
3. Search for a consensus in planning future health professional educational programs.
4. Search for a consensus in planning for education for future organizational patterns of health care.

† As revised September 24, 1968.

5. Encourage the education of health professionals to the end that they will work more effectively as members of a team throughout their careers.

Membership

The original members of the Federation will be the Association of American Medical Colleges, the Association of Schools of Public Health, the American Association of Dental Schools, the Council of Baccalaureate and Higher Degree Programs of the National League for Nursing, the Association of American Veterinary Medical Colleges, the American Association of Colleges of Pharmacy, the Association of University Programs in Hospital Administration, and the Association of Schools of Allied Health Professions.

Additional associations of the university-based schools educating health professionals may be taken into membership by affirmative vote of two thirds of the representatives of member associations present and voting at any meeting.

Liaison with Other Organizations

The American Medical Association, the American Nurses' Association, the American Dental Association, the American Public Health Association, Inc., the American Veterinary Medical Association, the American Pharmaceutical Association, the American College of Hospital Administrators, and the Organization of University Health Center Administrators, as professional organizations with an active interest in the field, will be invited to have representatives present at any meeting for the purposes of liaison and discussion.

Representatives of federal agencies directly concerned with education in the health professions will also be invited to be present at each meeting for purposes of liaison and discussion.

Representatives of other organizations will be invited to participate in the discussions from time to time as the subject matter indicates. Each member of the proposed Federation will maintain liaison with its own student groups.

Representation from Member Associations

Each member association shall name 2 representatives, 1 of whom, where possible, should be its chief full-time staff member. The representatives should be chosen so as to have continuity of at least three years. Each member association shall have 1 vote.

Officers

The Chairman of the Federation will determine the time and place of the annual meeting and will prepare the agenda. He will be elected for a one-year term or until replaced by a successor who shall be elected by a vote of two thirds of the representatives of member associations present and voting.

The Vice Chairman of the Federation will be elected in the same manner as the Chairman and will be expected to succeed the Chairman in the following year.

A Secretary of the Federation will be elected in the same manner as the Chairman and Vice Chairman and will be responsible for preparing and distributing a report of the proceedings, the agenda, and supporting material in advance of each meeting.

Executive Committee

The Executive Committee of the Federation will consist of the Chairman, the Vice Chairman, and the Secretary of the Federation.

Meetings

There will be an annual meeting at such a time and place as the Chairman shall determine. Additional meetings will be held at such times and places as the Executive Committee elects.

It is expected, also, that each member association will be responsible for the expenses its representatives incur in attending the meetings.

Amendments to the Bylaws

These Bylaws of the Federation can be amended at any meeting by a majority of the voting members provided notice of intent to change the Bylaws, together with the proposed amendment, has been sent to each member organization in advance.

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 registered office in the State of Illinois is 2530 Ridge Avenue, Evanston, Illinois 60201. The name of its registered agent at said address is John L. Craner.

4. [Names of initial Board of Directors omitted.]

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 classes known as Institutional Members, Provisional Institutional Members, Academic Society Members, and

Teaching Hospital Members, and such other members as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of members 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.†

†This sentence has been inserted to avoid any question of compliance or noncompliance with certain Illinois legal requirements.

*As amended November 4, 1968.

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 shall from time to time be recommended by the Council of Deans and be elected by the Assembly by a majority vote. The Council of Deans shall consist of the dean of each Institutional Member and of each Provisional Institutional Member which has admitted its first class.

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 thoroughness, (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.

c) A medical school or college desiring Institutional Membership, Provisional 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 recommendations 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 to 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. After an accreditation visit, any Institutional Member, Provisional Institutional Member, or Affiliate Institutional Member which has been found not to conform to the then-existing Articles, Bylaws, or standards may be approved for a term limited to less than five years by action of the Executive Council or may, after an opportunity for a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a limited term for a period to be decided by the Council. Any Institutional, Provisional, or Affiliate Institutional Member that is on open probation may be approved for a term limited to less than five years or reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional, Provisional, 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 Assembly 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 and such Canadian medical schools and colleges as shall be elected from time to time. 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

The Provisional Institutional Members shall be those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States or its possessions operated exclusively for educational, scientific, or charitable purposes, having an acceptable academic sponsor, which have been elected to member-

ship as set forth below. 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 an annual meeting of the Assembly. Provisional Institutional Members will be elected for one-year periods upon the recommendation of the Council of Deans at an annual Assembly by a majority vote. Reelection each year will be based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions 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 privileges of the floor in all discussions but shall not be entitled to vote.

Section 5. Academic Society Members

The Academic Society Members shall be such associations in the fields of medicine and biomedical sciences, operated exclusively for educational, scientific, or charitable purposes, as shall from time to time be elected at an annual Assembly by a majority vote of the members present and voting.

Academic Society Members shall be nominated by action of the Council of Academic

Societies and approved by the Executive Council of the Association of American Medical Colleges for election by the Assembly.

The voting rights of the Council of Academic Societies' members shall be as follows: The Council of Academic Societies shall designate no more than 35 of its members of the Assembly, each one of whom shall have 1 vote in the Assembly.

Section 6. Teaching Hospital Members

Teaching Hospital Members shall consist of (a) those hospitals nominated for election by the Assembly, by an Institutional Member or Provisional Institutional Member from among the major teaching hospitals affiliated with the Member and (b) teaching hospitals which are either nominated by an Institutional Member or Provisional Institutional Member on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in 3 of the following 5 departments: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, Psychiatry, and are nominated by the Council of Teaching Hospitals for election by the Assembly.

Teaching Hospital Members shall be organizations operated exclusively for educational, scientific, or charitable purposes.

The voting rights of the Teaching Hospital Members shall be as follows: The Council of Teaching Hospitals shall designate 10 per cent of its members, up to a maximum of 35, each of which shall have 1 vote in the Assembly.

Section 7. Emeritus, Individual, Sustaining, and Contributing Membership

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members.

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 qualifications 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 8. Meetings

a) Meetings of members shall be known as the Assembly. The annual Assembly 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 Council may be called by

the Chairman, by a majority of the voting members of the Executive Council, or by 20 voting members of the Association.

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 a special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) A representative of each Assembly member shall cast its 1 vote. The Association may accept the written statement of the Dean of an Institutional Member, or Provisional Institutional Member, that he or some other person has been properly designated to vote on behalf of the institution, and may accept the written statement of the respective Chairmen of the Council of Academic Societies and the Council of Teaching Hospitals designating the names of the individuals who will vote on behalf of each society or hospital.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by all voting members of the Association.

f) A majority of the voting members of the Association 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 Assembly shall establish policy for the Association.

Section 9. Officers

The officers of the Association shall be those elected by the Assembly and those appointed by the Executive Council.

The elected officers shall be a Chairman, who shall preside over the Assembly and shall serve as Chairman of the Executive Council, and a Chairman-Elect, who shall serve as Chairman in the absence of the Chairman. The Chairman-Elect shall be elected at the annual meeting of the Assembly, to serve in that office for one year, then be installed as Chairman for a one-year term in the course of the annual meeting the year after he has been elected. During the year 1968-69 the individual who was elected President-Elect (as the office was described in the then-existing Bylaws) at the 1967 Annual Meeting shall serve as Chairman.

The officers appointed by the Executive Council shall be a President, who shall be the Chief Executive Officer, and a Secretary-Treasurer, who shall be appointed from among the Executive Council members. The Executive Council may appoint 1 or more Vice Presidents and an Assistant Secretary-Treasurer on nomination by the President.

The elected officers shall have such duties as are implied by their title or are assigned to them by the Assembly. The appointed officers shall have such duties as are implied by their titles or are assigned to them by the Executive Council. If the Chairman dies, resigns, or for any other reason ceases to act, the Chairman-Elect shall thereby become Chairman and shall serve for the remainder of that term and the next term.

The President shall recommend to the Executive Council the organization of the staff of the Association.

Section 10. 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 Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set high educational standards as prerequisites for the election of members of the Association.

b) The Executive Council shall consist of 16 elected members and, ex officio, the Chairman and Chairman-Elect, all of whom shall be voting members. The President shall be an ex officio member without vote.

c) Of the 16 elected members of the Executive Council, 1 shall be the Chairman of the Council of Academic Societies and 3 others shall be members of that Council; one shall be Chairman of the Council of Teaching Hospitals and 2 others shall be members of that Council; one shall be Chairman of the Council of Deans and 8 shall be other members of that Council. The Chairman of each of the 3 Councils shall be a voting member of the Executive Council, ex officio. Each of the 13 other voting members shall be elected annually by the Assembly 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 1 additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two thirds of the members of the Assembly present and voting.

At least 1 elected member of the Executive Council shall be from each of the regions of the Association.

d) The annual meeting of the Executive Council shall be held within six weeks after the annual meeting of the Assembly at such time and place as the Chairman shall determine.

e) Meetings of the Council may be called by the Chairman 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 Executive Committee to act during intervals between meetings of the Council, consisting of the Chairman, the Chairman-Elect, the President, and 3 or more other 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 members of the Council, of any responsibility imposed upon them by law.

Section 11. Councils of the Association

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the members of the Assembly 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 na-

tional, 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 Assembly and to the Executive Council.

Section 12. 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 members of the Assembly, the committee will report to the Assembly 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 member of the Assembly at the annual meeting. Election shall be by a majority of the Assembly members present and voting.

Section 13. 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 14. 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 15. Fiscal Year

The fiscal year of the Association shall be from July 1 to June 30.

Section 16. Dues

The annual dues of each class of members shall be in such amounts as determined by the Assembly.

Section 17. Amending Bylaws

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the members present at any meeting of the Assembly for which thirty days' written notice has been given.

Section 18. Amending Articles of Incorporation

The Articles of Incorporation may be altered, repealed, or amended by the voting members in the manner provided by statute.

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