

Association of American Medical Colleges Proceedings for 1969

ASSEMBLY MEETINGS

February 8, 1969

November 3, 1969

ANNUAL MEETING

Plenary Sessions

Business Officers Section

Computer Usage in Medical School

Council of Academic Societies

Council of Teaching Hospitals

Continuing Medical Education

Developing Medical Schools

Group on Student Affairs

International Medical Education

Research in Medical Education

Society of Teachers of Family Medicine

ANNUAL REPORTS OF STAFF AND COMMITTEES

OFFICERS, EXECUTIVE COUNCIL, AND EXECUTIVE COMMITTEE

STAFF, 1969-70

Table of Contents

Officers, Executive Council, and Executive Committee, 1968-69	307
Council of Academic Societies (CAS) Officers and Executive Committee, 1968-69 ..	307
Council of Deans (COD) Officers and Administrative Committee, 1968-69	308
Council of Teaching Hospitals (COTH) Officers and Executive Committee, 1968-69	308
Committees, 1968-69	308
Meetings of AAMC Assembly	
February 8, 1969	315
November 3, 1969	316
Annual Meeting	
Plenary Sessions	318
Business Officers Section	320
Computer Usage in Medical Schools	321
Council of Academic Societies	321
Council of Teaching Hospitals	324
Continuing Medical Education	326
Developing Medical Schools	327
Group on Student Affairs	328
International Medical Education	332
Research in Medical Education	333
Society of Teachers of Family Medicine	335
Annual Reports of Staff and Committees	
Report of the President	336
Report of the Treasurer	338
Report of the Director of Business Affairs	343
Council of Academic Societies	345
Council of Deans	348
Council of Teaching Hospitals	351
Accreditation	353
Continuing Education	354

Education Advisory Committee to the Veterans Administration.....	357
Educational Measurement and Research.....	359
Federal Health Programs.....	360
International Medical Education..	362
Operational Studies and Management.....	365
Student Affairs.....	366
Publications.....	368
Officers, Executive Council, and Executive Committee, 1969-70.....	370
Staff, 1969-70.....	370

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Meetings of the AAMC Assembly

February 8, 1969

Palmer House, Chicago, Illinois

The Assembly was called to order by Chairman Robert J. Glaser at 2:10 P.M. Dr. T. Stewart Hamilton, Secretary-Treasurer, called the roll and declared a quorum present.

Report of the Chairman of the Executive Council

Dr. Glaser reported on the following recent activities of the Executive Council:

1. An ad hoc committee, appointed by President John Parks to recommend a candidate for the first full-time President of the Association, unanimously chose Dr. John A. D. Cooper for this important post. Dr. Cooper's appointment was effective immediately on a half-time basis and full-time beginning July 1, 1969.

2. An Executive Committee of the Executive Council was created to include the Chairman and Chairman-Elect of the Executive Council, and the Chairmen of the Councils of Academic Societies, Deans, and Teaching Hospitals.

3. Special action was taken to commend Dr. Robert C. Berson, Executive Director, and the staff for carrying the programs of the AAMC through a difficult period. Dr. Glaser particularly thanked the staff for its efforts in the move of AAMC headquarters from Evanston, Illinois, to Washington, D.C.

4. Following the recommendation of the Sprague Committee, a Department of Academic Affairs was authorized.

5. Membership in the Liaison Committee on Medical Education was expanded to include representation from the Councils of Teaching Hospitals and Academic Societies.

6. The appointment of Dr. John S. Millis as Vice President to the National Fund for Medical Education was noted.

7. The section on medical education in the Carnegie Commission report was endorsed. The Carnegie Foundation, the Department of Health, Education, and Welfare (DHEW), and Dr. Lee DuBridge, Science Adviser to the President, were so informed.

8. The AAMC cost allocation pilot study was discussed. Additional academic medical centers were urged to explore this administrative device as methodology and procedures become defined.

9. The report on the establishment of a Commission on Medical Education and Graduate Medical Education, prepared by Drs. Cheves McC. Smythe and C. H. William Ruhe, was referred to the three AAMC Councils for consideration.

10. Recommendations concerning the establishment of a Commission on Foreign Medical Graduates were received.

Other Reports

Interim reports were presented by the three AAMC Councils. Final reports of these activities for the year of this report appear elsewhere in the Proceedings.

In addition, the following special reports were presented: (a) Dr. Ralph Hewitt of the Brookings Institution and formerly Assistant Secretary for Legislation, DHEW, on problems inherent in obtaining federal funding; (b) Dr. Richard Stevenson of the National Institutes of Health on supplementation of research career development awards; and (c) Robert Graham, Chairman of the Student American Medical Association (SAMA) Commission on Medical Education, on its composition and goals.

Medical Research and Research Training

A resolution that would call for AAMC support of medical research and research training was discussed at length. The importance of such support was clearly acknowledged, but the consensus favored development of a broader statement which would be circulated prior to official action.

ACTION: On motion, seconded and carried, the resolution was tabled. The Assembly was adjourned at 3:55 P.M.

November 3, 1969

Convention Center, Cincinnati, Ohio

The Assembly was called to order by Chairman Robert J. Glaser at 9:23 A.M. By consent of the Assembly, a quorum was declared present. The Agenda as presented was accepted.

Annual Report

The Annual Report of the Association, which included reports of the three AAMC Councils, officers, staff, and committees and the report of the Federal Health Programs Committee were presented.

ACTION: On motion, seconded and carried, these reports, which appear elsewhere in these proceedings, were accepted.

A detailed account of the Association's financial status appeared in the reports of the Treasurer and that of the Director of Business Affairs.

ACTION: On motion, seconded and carried, the Assembly approved the following resolution: That the report of Ernst & Ernst, Association auditors, for the fiscal year ended June 30, 1969 be accepted and that expenditures reflected therein which are in excess of previously authorized budgets be approved.

Revision of Bylaws

The Council of Teaching Hospitals and the AAMC Executive Council recommended

amendment of Section 6, Teaching Hospital Members, of the Association Bylaws.

ACTION: On motion, seconded and carried, the Assembly amends Section 6, Teaching Hospital Members, of the Association Bylaws to read as follows:

Teaching Hospital Members shall consist of (a) teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, Psychiatry, and are elected by the Council of Teaching Hospitals and (b) those hospitals nominated by an Institutional Member or Provisional Institutional Member, from among the major Teaching Hospitals affiliated with the Members and elected by the Council of Teaching Hospitals.

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 percent of its members, up to a maximum of 35, each of which shall have 1 vote in the Assembly.

Policy on National Health Insurance

The Executive Council unanimously recommended that the Assembly approve in principle the concept of a universal health insurance. If adopted, an ad hoc committee would be appointed to develop a more detailed position statement.

ACTION: On motion, seconded and carried, the Assembly approved in principle a universal health insurance for all citizens as a proper and necessary step in having the best possible health care for the people, which is the principal objective of this Association.

Election of Members

The Assembly considered first the election of Provisional Institutional and Institutional Members.

ACTION: On motion, seconded and carried, the Assembly approved: (a) reelection to Provisional Membership of the University of Arizona College of Medicine; University of California, Davis School of Medicine; University of California, San Diego School of Medicine; University of Connecticut School of Medicine; University of Massachusetts Medical School; Mount Sinai School of Medicine of

the City University of New York; Pennsylvania State University College of Medicine—The Milton S. Hershey Medical Center; and University of Texas Medical School at San Antonio; (b) election to Provisional Institutional Membership of the Louisiana State University School of Medicine in Shreveport and the Medical College of Ohio at Toledo; and (c) election to full Institutional Membership of Brown University Division of Biological and Medical Sciences; University of Hawaii School of Medicine; and Michigan State University College of Human Medicine. ACTION: On motion, seconded and carried, the Assembly elected the following to Emeritus Membership: Dr. Jean Alonzo Curran, Emeritus Director of the Bingham Associates Fund and ex-dean of the State University of New York-Downstate Medical Center; Dr. John E. Deitrick, Emeritus Dean of the Cornell University Medical College; Dr. E. Harold Hinmann, Emeritus Professor of Preventive Medicine and Public Health of Thomas Jefferson University; and Dr. John G. Hood, Emeritus Director of the Veterans Administration Hospital, Atlanta, Georgia.

ACTION: On motion, seconded and carried, the Assembly approved for Individual Membership a total of 310 applicants as listed on pages 26–35 in the Agenda.

Resolutions

Resolutions submitted in writing (instructions and deadlines had been announced) for consideration by the Assembly were turned over to an ad hoc committee appointed by Dr. Glaser for study and recommendations. The committee, chaired by Dr. Emanuel Suter, included Charles B. Womer, Dr. William B. Weil, and Dr. Sherman M. Mellinkoff.

The first resolution considered was that on a voluntary national health service.

ACTION: On motion, seconded and carried (not unanimously), the membership of the Assembly requests that the AAMC study mechanisms for establishing a broadly oriented voluntary national health service, perhaps through the Public Health Service, for the provision of health care wherever it is most needed in the United States and its trust territories. This service should be available to graduates of health professional schools in lieu of military service.

The next resolution to come before the Assembly concerned the AAMC and the war in Vietnam. Dr. Isaac Taylor raised the ques-

tion of the appropriateness of the Assembly's taking action on an issue outside their area of expertise. A motion was made to table the resolution, but it was not carried.

ACTION: On motion, seconded and carried (not unanimously), the Assembly expresses that a sense of urgency to end the war in Vietnam is felt by members attending the 80th Annual Meeting of the AAMC. The indiscriminate destruction, suffering, and loss of life caused by war are contrary to the stated ideals of the medical profession. Therefore, the AAMC, concerned with the health of our society and the preservation of our system of government, conveys this sense of increasing urgency to the President of the United States in the hopes that the pace of his actions to withdraw our troops from Vietnam will mirror this urgency, and that priorities can be reordered to deal more efficiently with the pressing social and health needs of our society.

Finally, a resolution dealing with the AAMC and student participation was presented.

ACTION: On motion, seconded and carried, the Assembly expresses that whereas health professions students participate most effectively in the affairs of their own institutions, and whereas there are issues of health care and medical education confronting health students on a national level, and whereas the AAMC encourages and solicits student contributions towards the resolution of these issues, the Assembly requests the AAMC to explore and develop mechanisms for such student participation in the affairs of the AAMC.

Report of the Nominating Committee

The Nominating Committee presented its report. There were no nominations from the floor, and the slate presented was unanimously accepted. The Officers and Executive Council Members for 1969–70 appear at the conclusion of the Proceedings.

Installation of Chairman

Dr. Glaser turned the gavel of office over to the new Chairman, Dr. Robert B. Howard. Dr. Howard thanked the Assembly for the honor conferred upon him and expressed the Assembly's thanks to Dr. Glaser for his fine work.

The Assembly was adjourned at 12:07 P M

The Eightieth Annual Meeting

Netherland Hilton Hotel and Cincinnati Convention Center, Cincinnati, Ohio,
October 31–November 2, 1969

Plenary Sessions*

The first session was called to order on October 31, 1969 at 9:00 A.M. by Dr. Robert J. Glaser, Chairman of the Executive Council and Assembly of the AAMC and Vice President for Medical Affairs and Dean of the School of Medicine at Stanford University. The theme for this Annual Meeting was "The Health Care Dilemma—New Directions for Medical Education." This session addressed "Dimensions of the Problem."

Speakers

The first speaker, Alan Pifer, President of the Carnegie Corporation of New York, described "A New Climate." Next, Edgar F. Kaiser, Chairman of the Board of Kaiser Industries, related "One Industry's Involvement in Health Care." Walter P. Reuther, President of the United Auto Workers, presented "The Health Care Dilemma—New Directions." Dr. John T. Dunlop, Professor of Economics at Harvard University, spoke on "Some Facets of the Economics of Health Care Delivery." The Honorable Joseph L. Alioto, Mayor of the City of San Francisco, explored the question, "How High a Priority is Health Care?"

Chairman's Address

As first Chairman of the Association, Dr. Glaser chose the topic, "The Medical Deanship: Its Half-Life and Hard Times."

Open Forum Discussions

On the evening of October 31, two concurrent open forum discussions were held. Chairing these discussions were Dr. John R. Hogness,

Executive Vice-President, University of Washington, and Dr. Alfred Gellhorn, Dean and Director of the Medical Center, University of Pennsylvania School of Medicine.

The second plenary session was called to order at 9:10 A.M., November 1, 1969, by Dr. Robert B. Howard, Chairman-Elect of the Executive Council and Assembly of the AAMC and Dean of the University of Minnesota Medical School. "Selected Viewpoints" were presented in this session.

Speakers

The first speaker, Dr. Hubert L. Hemsley, Founder-Director of the Bethune Medical Group of Compton, California, reported on "Changing Public Expectations and Attitudes." Mr. Bailey Turner, Director of the United Black Community Organizations of Cincinnati, expressed "An Opinion from a Neighborhood." Next, Dr. Count D. Gibson, Jr., Professor and Chairman, Department of Community and Preventive Medicine, and Associate Dean for Community Health Programs, Stanford University Medical Center, outlined "What the Established Urban Medical Center Can and Should Do."

"Other Viewpoints of the Medical Centers' Potentialities" were expounded by the following medical students representing four student organizations: Steve McCoy, Fourth-Year Student, Baylor University College of Medicine and National Vice President of the Student American Medical Association; David Wren, Third-Year Student, University of California Medical Center, San Francisco, and member, Student National Medical Association; Phyllis Cullen, Second-Year Stu-

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

dent, University of Colorado Medical School, and National Chairman, Student Health Organizations; and Barry Rand, Third-Year Student, Yale University School of Medicine, Yale University Community Crisis Committee.

Following the students' presentations, Dr. Paul J. Sanazaro, Director of the National Center for Health Services Research and Development of the Department of Health, Education, and Welfare, described "Health Services Research in the Medical School, Health Science Center, and University."

Alan Gregg Lecture

Concluding the morning session, Dr. Kingman Brewster, Jr., President, Yale University, gave the Twelfth Alan Gregg Lecture. His topic was "The University and the Community."

Annual Banquet

The Annual Banquet was held on November 1 at 7:30 P.M., after which the evening session was called to order by Dr. Robert J. Glaser, Chairman of the Executive Council and Assembly of the AAMC. After the introduction of the guests seated at the head table, the annual awards were presented.

Flexner Award

Mr. John M. Russell, immediate Past President of the John and Mary R. Markle Foundation, was chosen to be the recipient of the Twelfth Annual Abraham Flexner Award for Distinguished Service to Medical Education. The presentation was made by the Chairman of the Flexner Award Committee, Dr. Robert H. Ebert, Dean of the Harvard Medical School. The award was accepted by Dr. William G. Anlyan, Chairman of the Council of Deans of the AAMC and Vice President for Health Affairs of Duke University, on behalf of Mr. Russell, who was unable to attend the ceremony. As a foundation administrator, Mr. Russell early recognized the needs of American medical education and selected it as a major area of support by the Markle Foundation. He was especially cited

for his establishment of the well-known Markle Scholar Program.

Borden Award

Presentation of the Twenty-Third Annual Borden Award in the Medical Sciences was made by the Chairman of the Borden Award Committee, Dr. Alfred Gellhorn, Dean of the University of Pennsylvania School of Medicine. The recipient was Dr. Abraham White, Associate Dean and Professor and Chairman of the Department of Biochemistry of the Albert Einstein College of Medicine. Dr. White, a creative and productive scientific investigator, medical educator, and textbook author, was given the award in recognition of his scientific contributions in the field of biochemistry, and particularly for his recent studies on the thymus gland.

The third plenary session was called to order at 9:05 A.M., November 2, 1969, by Dr. William G. Anlyan, Chairman of the AAMC Council of Deans and Vice President for Health Affairs of Duke University. The theme of this session was entitled "Some Educational Solutions."

Speakers

The Honorable Roger O. Egeberg, Assistant Secretary for Health and Scientific Affairs, Department of Health, Education, and Welfare, the first speaker, related "The Federal Government's View of the Issues." Next, Dr. Robert H. Ebert, Dean of the Harvard Medical School, reported on "The Impact on Medical Schools of New Methods for Financing Medical Care." Dr. Andreas Querido, Academisch Ziekenhuis Dijkzigt, Rotterdam, the Netherlands, shared "Experiences with New Directions in Medical Education in Holland." Dr. Philip C. Anderson, Assistant Dean and Associate Professor of Dermatology, University of Missouri School of Medicine, outlined "Limits on Innovation in Medical Curriculum." Dr. E. Harvey Estes, Jr., Professor and Chairman, Department of Community Health Sciences of Duke University School of Medicine, explored "Potentials for Newer Classes

of Personnel." Dr. James A. Hecker, Instructor, Department of Pediatrics, University of Colorado School of Medicine, described "The Pediatric Nurse Practitioner and the Child Health Associate."

Presidential Address

Concluding the morning session, Dr. John

A. D. Cooper, AAMC President, delineated "New Directions for the AAMC."

Open Forum Discussion

A final open forum discussion was convened on the evening of November 2. Serving as Chairman was Dr. William F. Maloney, Dean, Tufts University School of Medicine.

Meeting of the Business Officers Section

The Second Annual Meeting of the Business Officers Section (BOS), held October 29 and 30, 1969, was attended by approximately 150 representatives of American and Canadian medical schools. In addition to the annual business meeting of the BOS, a variety of interesting and informative activities were scheduled during the two-day session. Among the highlights of the BOS program was the panel discussion, "A Progress Report on the Cost Allocation Project." This panel discussion, which included Ernest M. Allen, Office of the Secretary, Department of Health, Education, and Welfare; Donald C. Lelong, Director, Office of Institutional Research, University of Michigan; John C. Bartlett, Assistant to the Vice President for Medical Affairs, University of Iowa; and Thomas J. Campbell, Assistant Director, AAMC Division of Operational Studies, reported on the progress of the Cost Allocation Project, some of the in-depth studies that are underway of contemplated, and the plans for future cost studies.

Second A. J. Carroll Memorial Lecture

Dr. John A. D. Cooper, President of the AAMC, introduced Dr. Ward Darley, the guest lecturer for the Second A. J. Carroll Memorial Lecture, at the October 30 morning session. This lecture was established by the business officers of the nation's medical schools as a memorial to their late friend and colleague. Dr. Darley's topic for the lecture was "Comparison of Principal Sources of Medical School Expenditures: 1959-1960 and 1965-1966." The overflow attendance at the

Carroll Memorial Lecture was attributed to the popularity and reputation of Dr. Darley.

Panel Discussions on Workshop Subjects

The afternoon sessions on October 30 were devoted to panel discussions on the four subjects selected for future workshops: Workshop 1—Relations Within the Medical Center and the Role of the Business Officer; Workshop 2—Relations With the Federal Government; Workshop 3—Fiscal and Administrative Relations With the Parent University; and Workshop 4—Medical Service Plans. Each participant had the opportunity of selecting and participating in two of the four panel discussions.

Regional Meetings

The four BOS regions met on October 30. Regional coordinators elected for the coming year are: Dr. Clifton K. Himmelsbach, Georgetown University, *Northeast*; James P. McLean, University of Florida, *South*; J. Howard Feldmann, University of Kansas, *Midwest*; and Glen Snodgrass, University of California, Davis, *Western*.

Officers

BOS officers elected for the coming year are: Hugh H. Hilliard, Emory University, *Chairman*; George M. Norwood, Jr., Thomas Jefferson University, *Chairman-Elect*; Daniel P. Benford, Indiana University, *Secretary*; and C. N. Stover, Jr., University of Utah, *Treasurer*.

Meeting on Computer Usage in Medical School

One hundred and thirty-five persons attended the panel discussion on "Computer Usage in Medical School," held on the afternoon of October 31, 1969. Joseph A. Diana, Jr., Chairman, AAMC Business Officers' Section, and Secretary to the Faculty, University of Michigan Medical School, was moderator.

Barry Beckerman, Staff Officer, Dean's Office, University of California, Los Angeles School of Medicine, presented an overview of the system now in use in that medical school. Computer assistance in management concerns admissions, student records and curriculum management, personnel and payroll records, faculty, space utilization system, grants management, house staff management, and budget and accounting.

Discussion was led by David A. Sinclair, Vice-President for Administration, State University of New York-Upstate Medical Center, College of Medicine; Dr. Robert D. Coyle,

Dean for Student Affairs, University of Wisconsin Medical School; Robert F. Sharp, Chief, Management Systems, University of California, San Francisco Medical Center, School of Medicine; and Dr. Richard Wilson, Director, Health Planning Unit, University of Toronto. Various aspects of computer usage from analysis and reporting of examination grades to the development of long-range plans were opened for discussion.

There was general consensus of the need for more information exchange between institutions, particularly in the interface between user and the developer of software programs.

The meeting was coordinated by Dr. Robert L. Thompson, Associate in Community Health Sciences, Duke University School of Medicine, and Dr. Walter G. Rice, Director, AAMC Division of Operational Studies.

Meeting of the Council of Academic Societies

Plenary Sessions

The theme of the November 1, 1969 meeting of the Council of Academic Societies was "Which Basic Science Departments in the Medical School?"

Dr. Jonathan E. Rhoads, Professor and Chairman, Department of Surgery, University of Pennsylvania School of Medicine, presided over a meeting marked by an attendance of approximately 300. Dr. Archie S. Duncan, Executive Dean and Professor of Medical Education, University of Edinburgh Medical School, spoke on "Varying Patterns in the United Kingdom." He emphasized that, with the exception of the situation in London, basic science departments are a vital link between university and medical school. In his opinion, it would be to the disadvantage of both to change the usual pattern. In the twelve hospital schools associated with the University of London, the basic science units are identified only with the medical school.

Dr. John W. Corcoran, Professor and

Chairman, Department of Biochemistry, Northwestern University Medical School, discussed "Basic Science: The Skeleton of Medical Education." His presentation emphasized that not only the knowledge but the attitudes of basic science were vitally necessary to sound medical education. He concluded that it would be most unfortunate for biochemistry to weaken its identification with the medical school.

Dr. William B. Weil, Jr., Professor and Chairman, Department of Human Development, Michigan State University College of Human Medicine, addressed "The Dilemma of Medical Curriculum Innovation for the University Science Departments." He compared the relative advantages and disadvantages of universitywide departments with those that are medical school based. He said that the advantages of one system are the disadvantages of the other. Both have real strengths and are readily assimilable in the current patterns of medical education.

Dr. Eugene Braunwald, Professor and Chairman, Department of Medicine, University of California, San Diego School of Medicine, spoke on "The Clinical Department as a Scientific Critical Mass." In his paper, the curriculum at San Diego with the absorption of pharmacology and physiology by medicine and of anatomy and microbiology by surgery and pathology, as well as the addition of the strengths of many other university departments to the medical school, were set forth.

Dr. Hans Popper, Dean for Academic Affairs and Professor and Chairman, Department of Pathology, Mount Sinai School of Medicine, supported "The Hospital as a Desirable Base for Medical Education." Dr. Popper's paper concluded that the university is the proper base for medical education. The experience at Mount Sinai has been satisfactory only because of particular conditions there. Only an unusual hospital can serve as the primary base for medical education.

Dr. Stuart Bondurant, Professor and Chairman, Department of Medicine, Albany Medical College, discussed "The University Medical School—Fact or Illusion?" His paper concluded strongly that the university was the only satisfactory base for medical education.

Robert Cerza, fourth-year student, Northwestern University School of Medicine, reported on "The Student's Demand for Relevance."

Dr. Daniel C. Tosteson, Professor and Chairman, Department of Physiology and Pharmacology, Duke University School of Medicine, reemphasized "The Relevance of Basic Science to Medicine."

On Sunday afternoon, the theme of the program was centered around a discussion of "The Full-Time System Revisited."

Dr. Harry A. Feldman, Professor and Chairman, Department of Preventive Medicine, SUNY-Upstate Medical Center, chaired a meeting attended by approximately 250.

Dr. Richard H. Egdahl, Associate Dean for Hospital Relations and Professor and Chairman, Department of Surgery, Boston University School of Medicine, discussed the

"Advantages of a Geographic Full-Time System" without rigid controls.

Dr. Richard V. Ebert, Professor and Chairman, Department of Medicine, University of Minnesota Medical School, described the "Advantages and Disadvantages of a Mixed System." He stated that the advantages inherent in the flexibility of a mixed system, such as that at Minnesota, are offset by its inherent instability and some of the tensions involved.

Dr. Gene H. Stollerman, Professor and Chairman, Department of Medicine, University of Tennessee College of Medicine, spoke on "A Changing Role for the City Hospital." He emphasized the provision of emergency and special care in a group practice type arrangement.

Dr. Walter F. Ballinger, Professor and Chairman, Department of Surgery, Washington University School of Medicine, St. Louis, discussed his school's experience with multiple reviews of its strict full-time system in a presentation entitled "Reasons for Changing a System." In effect for almost fifty years, the system was reviewed two years ago. The conclusion of the faculty was overwhelmingly that there should be a nucleus of full-time, full-salaried physicians in all departments. The successful administration of this system demands flexibility in its application.

The meeting ended with a panel discussion and questions from the floor.

Annual Business Meeting

The meeting was called to order by Dr. Jonathan E. Rhoads at 3:30 P.M. on November 2, 1969.

Dr. Rhoads read the report of the Executive Committee, and Dr. Harry A. Feldman presented the report of the Secretary-Treasurer.

TRAINING OF PHYSICIANS' ASSISTANTS

Dr. Eugene A. Stead spoke on the desirability of setting standards for schools producing physicians' assistants and requested that the CAS take an active role in these educational programs. He pointed out the need for some standard curriculum and accreditation or review procedures. It was recom-

mended that a task force be appointed to study these programs and bring recommendations on what should be done to the next CAS meeting in February, 1970. A motion embodying this recommendation was made, seconded, and passed.

FEDERAL SUPPORT FOR BIOMEDICAL RESEARCH

Dr. Daniel C. Tosteson described the role of the Council of Academic Societies in seeking federal support for biomedical research. He gave an account of the testimony delivered before appropriate committees of the Congress and described correspondence suggesting the appearance of many interested biomedical research workers in Washington seeking continued support of this important national activity. This matter had been resolved with the suggestion that such efforts might be better focused through the professional organizations of men involved in biomedical research as well as through the Association of American Medical Colleges.

A recommendation was made requesting that the AAMC staff elaborate information on the effects of decreased federal support for biomedical research and education on full-time faculty staffing. This request received the support of the members present.

FACULTY SALARY STUDY

The rapid increase in salaries in the medical schools and the relation of this inflationary trend to federal funding was also discussed. The recommendation of the Council of Deans that the federally derived portion of the salary of faculty members be based on a percentage of effort and a nationally determined median salary level for strict full-time faculty in medical schools was reviewed. The Council of Teaching Hospitals had suggested that this matter be reviewed by representatives of the three Councils. The Council of Deans has already agreed to such a course. It was the recommendation of the Executive Committee of the CAS that "policy concerning the federal portion of faculty salaries be reviewed by a Conference Committee made up of two or three representatives of each of the Councils. The final recommendations of this Committee

are to be sent back to the Councils before they are passed upon by the Assembly." A motion embodying this recommendation was made, seconded, and passed.

GRADUATE MEDICAL EDUCATION

Dr. Thomas D. Kinney reported that the Standing Committee on Graduate Medical Education had met three times and had drafted a paper describing the corporate structure of graduate medical education and some of the implications of it for the university. The committee recommended that this paper be reviewed before being circulated in light of the experience with institutionwide surveys now scheduled for four academic medical centers. This review will be embodied in a subsequent report of the committee to be made to the CAS in February, 1970. This recommendation was accepted.

MEMBERSHIP

The Executive Committee reported that it had reviewed applications from ten societies and recommended the following seven for membership: American Gastroenterological Association; American Association for Thoracic Surgery; Association of University Professors of Neurology; Association of Academic Physiologists; Association of Anatomy Chairmen; Association for Medical School Pharmacology; and Society of Academic Anesthesia Chairmen, Inc. A written ballot was distributed, and five of the above societies were elected by large majorities and two by only small majorities.

ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

The report of the Nominating Committee was submitted to the membership in the form of a written ballot to fill the expired terms.

Officers.—Elected as officers for the coming year were: Dr. Daniel C. Tosteson, Duke, *Chairman*; Dr. James V. Warren, Ohio State, *Chairman-Elect*; Dr. Harry A. Feldman, SUNY-Syracuse, *Secretary*; and Dr. Jonathan E. Rhoads, Pennsylvania, *AAMC Executive Council Representative* (1972). Dr. Thomas D. Kinney, Duke, is presently serving an

unexpired term as *AAMC Executive Council Representative*.

Executive Committee Members.—In addition to the officers listed above, members elected to the Executive Committee were: Dr. Sam L. Clark, Jr., Massachusetts; Dr. Patrick J. Fitzgerald, SUNY-Brooklyn; and Dr. William B. Weil, Michigan State.

OTHER BUSINESS

A request was made that the Council of Academic Societies go on record as showing a grave concern with the current status of student financing and that the CAS take every step to ensure an adequate supply of loan and scholarship funds. A motion was made, seconded, and passed.

The meeting was then adjourned.

Meeting of the Council of Teaching Hospitals

The Council of Teaching Hospitals (COTH) program activity at the 80th Annual Meeting of the Association marked the twelfth annual meeting at which teaching hospitals had met with the AAMC. It was the fourth meeting of COTH with the Association.

Meeting of the Executive Committee

The COTH activities began with a meeting of the Executive Committee at 2:00 P.M. on October 30. This session, the last of the administrative year, was chaired by Roy S. Rambeck. Items of business covered included discussion of the current problems that are ongoing with regard to Medicare payments to attending physicians in a teaching setting.

Reception and Luncheon

COTH officially welcomed all AAMC members at a reception held on Thursday evening, October 30. A COTH luncheon was held on Friday, October 31, for informal discussion prior to the commencement of the educational portion of the COTH program. Chairman Rambeck welcomed those present.

COTH Plenary Session

Papers were delivered by Edward J. Connors, Director, University Hospital, University of Michigan; Dr. Kenneth E. Penrod, Vice Chancellor for Medical and Health Sciences, State University of Florida; and Matthew F. McNulty, Jr., Vice President for Medical Affairs, Georgetown University, written in joint authorship with Dr. Cecil G. Sheps, Director, Health Service Research Center, University of North Carolina. Mr. Connors,

who served as a consultant to DHEW Health Services and Mental Health Administration for the past year, discussed the development of federal health policy, particularly that involving the delivery of health care. Dr. Penrod spoke on the issue of the teaching hospital in the academic medical center, referring to some centers and "mediversities" which rank among the more complex structures of our society. The McNulty-Sheps paper described the role of the teaching hospital in community service. It referred to some of the findings of the Teaching Hospital Information Center Community Survey which had revealed that seventy-eight out of a total of eighty-five teaching hospitals which had responded to date have implemented such programs in their institutions during the past three years. The ensuing simultaneous discussion groups on Saturday afternoon provided a forum for resolving thoughtful responses to the questions the papers had raised.

Concurrent Discussion Sessions

COTH discussion sessions were held on Saturday afternoon, November 1. These discussion sessions consisted of 3 groups, each of which examined a particular theme relating to subject matter presented at the previous COTH plenary session. The three sessions met concurrently from 2:00 P.M. to 4:00 P.M. Attendance at the three groups totaled 300 persons.

Each discussion session was chaired by a hospital administrator. The topics considered and the panel members follow: Group 1—The Role of the Teaching Hospital in Community Service, Dr. Cecil G. Sheps, Chair-

man; Matthew F. McNulty, Jr., Speaker; and Dr. Frederick C. Robbins and Henry Dunlap, Resource Panel. Group 2—The Teaching Hospital in the Academic Medical Center, Ray E. Brown, Chairman; Dr. Kenneth E. Penrod, Speaker; and Dr. E. Hugh Luckey and David L. Odell, Resource Panel. Group 3—The Development of Federal Health Policy: An Outsider's View, Dr. Leonard W. Cronkhite, Jr., Chairman; and Dr. Stuart M. Sessoms, Howard N. Newman, and Dr. Clifton K. Himmelsbach, Resource Panel.

COTH Annual Institutional Membership Meeting

The fourth COTH Annual Institutional Membership Meeting was called to order by Chairman Rambeck on Sunday, November 2 at 2:00 P.M. As first order of business, the Chairman asked for approval of the report of the third annual meeting as published in the Proceedings of the Association of American Medical Colleges for 1968. The motion was made, duly seconded, and passed.

Report of the Nominating Committee

Mr. Lad F. Grapski, Chairman, presented the report of the Nominating Committee: *Chairman-Elect*, Irvin G. Wilmot, *Secretary*, John M. Danielson, *COTH Representatives to the AAMC Executive Council* (with Dr. Hamilton continuing as a *Representative*), three-year term, Dr. Russell A. Nelson, and one-year term, Roy S. Rambeck.

Nominees to the *COTH Executive Committee* for three-year terms were George E. Cartmill, Edward J. Connors, and Joe S. Greathouse; for two-year term, Dr. Charles E. Burbridge; and for one-year term, Sidney Lewine.

COTH Representatives to the AAMC Assembly for three-year terms were Dr. Charles E. Burbridge, Dr. Martin Cherkasky, Edward J. Connors, Reid T. Holmes, Lloyd L. Hughes, Dr. Arthur J. Klippen, Dr. Baldwin G. Lamson, Charles W. Nordwall, John M. Stagl, William J. Silverman, Richard D. Vanderwarker, and John H. Westerman; for

one-year term (to fill vacancy of Charles R. Goulet), Dr. David B. Wilson, for one-year term (to elect the 35th COTH Representative to the Assembly), Edward H. Noroian; and for one-year term (to fill vacancy of Dr. Jack Masur elected with term to expire in 1970), John J. Lavery.

Chairman Rambeck asked for nominations from the floor. There was none, and 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 and Staff

COTH Chairman Roy S. Rambeck reported on COTH activities for the past year and predicted the role of the Council of Teaching Hospitals in national health affairs will be enlarged greatly during the next few years. Dr. Fletcher H. Bingham, COTH Associate Director, summarized COTH staff activities for the year and expressed gratitude to the Officers, Executive Committee, and membership, for the immense source of strength they have provided. Dr. Richard M. Knapp, COTH Assistant Director-Health Services, reported on the progress of the two DHEW contracts, COTHIC and COTHMED. Dr. T. Stewart Hamilton, COTH Chairman-Elect and Chairman of the Ad Hoc Committee on membership, described the proposed revision in the AAMC Bylaws regarding teaching hospital members which could increase COTH membership and was adopted by the Assembly on November 3, 1969. This revised AAMC Bylaw appears elsewhere in these Proceedings:

Section 6—Teaching Hospital Members

Teaching Hospital Members shall consist of (a) teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, Psychiatry, and are elected by the Council of Teaching Hospitals and (b) those hospitals nominated by an Institutional Member or Provisional Institutional Member, from among the major teaching hospitals affiliated with the Members and elected by the Council of Teaching Hospitals.

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 percent of its members, up to a maximum of 35, each of which shall have 1 vote in the Assembly.

COTH Director John M. Danielson presented a summary of the activity with the Social Security Administration in resolving problems that have arisen regarding Part B payments to Attending Physicians in a Teaching Setting. Mr. Danielson also reviewed the continued reorganization of the AAMC in the establishment of various committees, such as the liaison Committees with the American Hospital Association and with the Blue Cross Association.

Chairman of the Nominating Committee, Lad F. Grapski, presented the report on behalf of the members of the committee, and the membership approved the slate. The election

of fifteen representatives to the AAMC Assembly brings the total representation this year to the maximum allowed of thirty-five members.

COTH Chairman Roy S. Rambeck then introduced the new COTH Officers, Executive Committee, and Assembly representatives and turned the gavel over to the incoming Chairman, Dr. T. Stewart Hamilton. Dr. Hamilton presented the COTH award in the form of a three-legged milking stool which has been symbolic of the tripartite functions of patient care, medical education, and research, to Roy S. Rambeck in recognition of his distinguished leadership as COTH Chairman for the administrative year 1968-1969. A silver bowl, inscribed with an expression of appreciation for dedication and service as the first Director of the Council of Teaching Hospitals and Associate Director of the Association of American Medical Colleges, was presented to Matthew F. McNulty, Jr.

Conference on Continuing Medical Education

The Eighth Annual Conference on Continuing Medical Education was convened on October 30, 1969 at 2:00 P.M. The theme of the conference was "Determination of Educational Needs."

Opening the session was Dr. Frank M. Woolsey, Jr., Chairman, Committee on Continuing Education, who presented the AAMC response to the Resolution and Recommendations of the Committee. This response, and the Resolution and Recommendations of the Committee, appear elsewhere in these Proceedings.

Dr. Jesse D. Rising, Assistant Dean, Professor and Chairman, Department of Postgraduate Medical Education, University of Kansas School of Medicine, chaired the first program topic, "Basic Considerations." Appearing first was Dr. William D. Mayer, Dean, University of Missouri School of Medicine, whose topic was "The Health Professions—Crisis of the 70's." Next, Dr. Charles W. Dohner, Director, Office of Research in Medical Education, University of Washington

School of Medicine, Discussed "The Necessity of Determining Needs." Dr. Patrick B. Storey, Professor and Chairman, Department of Community Medicine, Hahnemann Medical College, reported on the "Problems in the Identification of Needs."

Dr. Donald H. Williams, Director, Division of Continuing Education in Health Sciences, University of British Columbia, served as moderator of the session on "Testing Procedures." Dr. Charles F. Schumacher, Associate Director, National Board of Medical Examiners, reviewed "Examinations for Postgraduate Physicians—What Can They Measure?" Dr. Stuart W. Cooper, Assistant Professor of Postgraduate Medicine, Albany Medical College, described "Testing a Consulting Panel of General Practitioners and Internists."

Moderator of the session entitled "Opinion Surveys" was Dr. W. Albert Sullivan, Jr., Assistant Dean, University of Minnesota Medical School. Dr. Floyd C. Mann, Director, Center for Research on Utilization of Scien-

tific Knowledge, University of Michigan, analyzed "Survey Research as a Method for Assessing Physicians' Continuing Education Needs." Dr. Alfred M. Popma, Regional Director, Mountain States Regional Medical Program, summarized a "Survey of Health Care Personnel."

The session, entitled "Health Care Analysis," was moderated by Dr. C. Wesley Eisele, Associate Dean for Postgraduate Medical Education, University of Colorado School of Medicine. Dr. John W. Williamson, Associate Professor, Department of Medical Care and Hospitals, Johns Hopkins University School of Hygiene and Public Health, spoke on "Determining Continuing Medical Education Need by Patient Care Research." Dr. Harold D. Cross, General Practitioner, Hampden, Maine, outlined "A Method to Determine Needs Through the Use of the Problem-Oriented Record." Dr. Clement R. Brown, Jr., Director of Medical Education, Chestnut Hill Hospital, Philadelphia, Pennsylvania, examined the "Relationship of Patient Care to

Continuing Education." Dr. Richard P. Laney, Internist, Skowhegan, Maine, gave "A Retrospective Review of Health Care in Four Community Hospitals." Dr. Fred MacD. Richardson, Director, Bureau of Medical Review, New York State Department of Health, addressed the subject, "Peer Review of Medical Care."

Consultation Conferences

Following the formal presentations, the conference adjourned for three informal consultation panels. Group discussion on "Testing Procedures" was guided by Drs. Donald H. Williams, Stuart W. Cooper, and Charles F. Schumacher. Group discussion on "Opinion Surveys" was guided by Drs. W. Albert Sullivan, Jr., Floyd C. Mann, and Alfred M. Popma. Group discussion on "Health Care Analysis" was guided by Drs. C. Wesley Eisele, Clement R. Brown, Jr., Harold D. Cross, Richard P. Laney, John W. Williamson, and Fred MacD. Richardson.

Meeting on Developing Medical Schools

The session on developing medical schools occurred on the afternoon of November 2, 1969 under the chairmanship of Dr. Andrew D. Hunt, Dean of the College of Human Medicine at Michigan State University. The general theme of the meeting was the "Degrees of Freedom Open to New and Developing Medical Schools." Dr. Clifford Grobstein, Dean of the School of Medicine of the University of California at San Diego, spoke of administrative options open to new medical schools on university campuses, with Dr. Glidden L. Brooks, President of the Medical College of Ohio at Toledo, reacting. The second paper, by Dr. Donald Weston, Associate Professor of Psychiatry at Michigan State University College of Human Medicine, described, on the basis of recent past experience, some of the interpersonal and political issues which are an integral part of effective and intensive medical school involvement in a community. The reactor was Dr. Carter L. Marshall, Associate

Professor of Community Medicine at the Mount Sinai School of Medicine. Dr. Edwin F. Rosinski, Executive Vice-Chancellor of the San Francisco Medical Center of the University of California, next spoke on the experiences and difficulties often encountered by new medical schools in effecting curricular innovation, with Dr. Maurice LeClair, Dean of the Faculty of Medicine of the University of Sherbrooke, providing a strong and vigorous reaction. Finally, Dr. S. Richardson Hill, Vice President for Health Affairs and Director of the Medical Center of the University of Alabama, discussed possibilities for increased collaboration between Veterans Administration (VA) hospitals and medical schools with special implications for new and developing institutions. Dr. Harold M. Engle, Chief Medical Director of the Veterans Administration, responded with specific statements concerning VA policy. There was a considerable amount of discussion by the audience.

Meeting of the Group on Student Affairs

Open Session

The meeting was called to order at 2:00 P.M. on October 31, 1969 by Dr. Robert L. Tuttle, Academic Dean, Bowman-Gray School of Medicine, and National Vice Chairman of the Group on Student Affairs (GSA). Approximately 600 individuals were in attendance.

RATIONALE OF MINORITY MEDICAL STUDENT SELECTION

Presenting the background paper on this topic was Dr. John S. Wellington, Associate Dean for Student Affairs, University of California, San Francisco School of Medicine. Dr. Wellington indicated that the goal of all medical schools should be to correct the imbalance within the medical profession by admitting greater numbers of students from all minority groups. By proceeding toward that goal, schools would assist in achieving social justice in health care and improve the cultural environment of medical center campuses by involving students from varied backgrounds. Dr. Wellington described the history of the program at San Francisco to increase the representation of minority students and outlined a selection process to admit applicants from minority schools.

The first respondent was Dennis B. Dove, a student at the University of Cincinnati College of Medicine and Chairman of the SAMA Committee on Minority Admissions. Mr. Dove indicated that immediate action must be taken to solve the current problem of minority representation and pointed out that medical schools had demonstrated that they could work toward solving this problem. He encouraged schools to continue to increase the current effort, which he described as being due in large part to efforts by medical students. He also emphasized that medical schools must continue to expand their commitment to an equitable system of health care, not just to the admission of greater numbers of minority students.

The second respondent was Dr. Dale E. Mattson, Director of the AAMC Division of Educational Measurement and Research. He

indicated that the real goal of all medical schools should be to make health care equally accessible to all people, not simply to make the enrollment of all medical schools a microcosm of society by admitting additional minority group students.

The last respondent was Dr. William R. Sandusky, Chairman of the Committee on Admissions, University of Virginia School of Medicine. Dr. Sandusky described a new program at his institution to identify minority students who have the ability to perform in medical school even though they may not have met the objective criteria commonly used to select medical students. Virginia will enroll in an eight-week summer session approximately thirty students who have not been admitted to medical school. Virginia will help those who successfully complete the session to gain admission to medical school.

LEGAL ASPECTS OF MEDICAL SCHOOL-STUDENT RELATIONSHIPS

After a brief intermission, Charles E. Westcott, Associate Dean for Administration, Tufts University School of Medicine, presented the findings of a recent "GSA Survey on Student-School Legal Relationships." He reported that two-thirds of all U.S. medical schools have no handbook or legal code, and seventy percent have no published guidelines on student discipline. He indicated that little seems to be written on types of student activity that might interfere with admissions, education, or graduation and suggested that corrective action be taken.

Next on the program was Dr. Morton Levitt, Associate Dean for Academic Affairs, Wayne State University School of Medicine, who spoke on "Medical Education—An Adversary Process?" Dr. Levitt cited recent judicial decisions which emphasized student rights within schools and pointed out that external judicial courts are beginning to have greater responsibility for both academic and nonacademic disciplines. He spoke against that trend, suggesting that the relationship between teacher and pupil should not be impaired by

undue concern over due process. He said that educators should not allow themselves to be deprived of their legitimate educational responsibilities due to fear of legal consequences. He cautioned against letting such fears interfere with "good education."

AMERICAN MEDICAL COLLEGE APPLICATION SERVICE

Presenters of this topic were Dr. W. W. Morris, Associate Dean for Student Affairs, University of Iowa College of Medicine; Dr. Jack M. Colwill, Associate Dean, University of Missouri School of Medicine; Dr. Merrel D. Flair, Assistant Dean for Student Affairs, Northwestern University Medical School; and John F. Walters, AMCAS Program Director. They discussed the current status of the AMCAS Pilot Study and Demonstration Project and its potential for medical schools, students, admission committees, and research endeavors.

Following each of the previous three sections of the program, indicated by the subheadings above, there was considerable discussion from the audience.

OUTGOING GSA CHAIRMAN'S ADDRESS

The final paper of the day was given by Dr. Joseph Ceithaml, Dean of Students, University of Chicago Pritzker School of Medicine, and outgoing GSA National Chairman, who had served three years in that office. He pointed out the regional emphasis within the GSA, discussed the GSA committee structure, and described the relationship between the GSA and the AAMC as a whole. He suggested that the GSA establish the following goals for the immediate future: (a) more involvement in community health projects; (b) adoption of AMCAS; (c) continued activity in expanding minority group admissions; (d) continued liaison with college premedical advisors and advisory groups; and (e) increased involvement of students in the AAMC, both at the regional and national levels.

The Open Session was adjourned by Dr. Tuttle at 5:30 P.M.

Executive Session

The Executive Session was called to order at 1:50 P.M. on November 1, 1969 by Dr. Joseph Ceithaml, GSA National Chairman. Dr. Ceithaml opened the session by calling for a moment of silence in memory of the late Dr. L. W. Earley, who had died during the past year. A former GSA member from the University of Pittsburgh School of Medicine, Dr. Earley had served as Chairman of the GSA Committee on Medical Student Health.

COMMITTEE REPORTS AND RECOMMENDATIONS

Communication with student organizations.—Dr. John H. Githens, Associate Dean for Student Affairs, University of Colorado School of Medicine, reported on the year's activities of this committee. The Student American Medical Association (SAMA) will again be sponsoring their Conference on Medical Education in February, 1970 and will be asking the AAMC for both moral and financial support. Dr. Githens encouraged the development of a fund by the AAMC to permit such joint projects with students. He also reported that some Student Health Organizations (SHO) spokesmen are now calling for a "socialist health system in a socialist society."

Financial problems of medical students.—Dr. Frank T. Stritter, Assistant Director, AAMC Division of Student Affairs, reported for Committee Chairman, Dr. Donald A. Boulton, Dean of Student Affairs, University of Illinois Medical Center, who could not be present. Dr. Stritter related recent efforts by member schools of the AAMC to effect an increase in the 1969-70 Health Professions Student Loan allocation. He cautioned all medical schools against awarding Health Profession Scholarships to students whose annual family incomes are more than \$15,000, because of the increasing concern of the Public Health Service about such students receiving these grants. Dr. Stritter also pointed out that the committee has been working on financial needs analysis systems for all medical schools awarding financial aid. The College Scholarship Service and American College Testing Program both have systems available and are working on specialty forms for graduate and

professional students. The committee expects to be able to have both systems ready for use by medical schools as early as February, 1970.

Medical education of minority group students.—Dr. Roy K. Jarecky, Associate Dean for Admissions and Student Affairs, University of Kentucky College of Medicine, reported on the progress of the \$324,000 Office of Economic Opportunity (OEO) grant which the AAMC has been administering. He also discussed *Minority Student Opportunities in United States Medical Schools, 1969–70*, recently published by the AAMC. In addition, he described the AAMC-sponsored Medical Minority Applicant Registry (MED-MAR) program which facilitates the application procedure for students from all minority groups.

Medical student health.—Dr. John C. Herweg, Associate Dean, Washington University School of Medicine, reported that this committee is currently cooperating with task forces planning the American College Health Association Conference in 1970. He also indicated that this committee has proposed nine guidelines relative to the health screening of applicants and the health maintenance of students and recommended that these not only be officially endorsed by the GSA but also that they be involved in the future review of medical schools as part of the accreditation process.

Subsequent to this report, the above recommendations were adopted unanimously by the GSA.

Medical student records.—Dr. Schuyler G. Kohl, Associate Dean, State University of New York Downstate Medical Center, reported that the AMCAS Pilot Study was proceeding on schedule. The study is presently in phase three, with phase four expected to begin in July, 1970. Dr. Kohl pointed out that the Records Committee will reserve its final decision on the timetable for phase four until its February, 1970 meeting but suggested that preliminary planning should be done on the assumption that it will proceed on schedule. At that time, it is expected that all U.S. medical schools will be invited to participate in phase four. Dr. Kohl also suggested that the schedule for the "Accepted Applicants Lists," prepared by the AAMC, be revised so that they will be

distributed on or about March 20, May 1, June 19, and August 1, 1970.

This suggestion was subsequently approved unanimously by the GSA.

Relations with colleges and secondary schools.—Dr. Nat E. Smith, Associate Dean, University of Illinois College of Medicine, reported that this committee has continued to provide editorial advice regarding *The Advisor*, *Medical School Admission Requirements*, and the *Directory of Premedical Advisors*. He called attention to the admissions traffic rules and asked that medical schools offering admission to any applicant after August 1 who had been previously accepted by another school notify the other school of its intention. Dr. Smith also encouraged further development of the regional Associations of Advisors for the Health Professions.

Subsequent to this report, Dr. Smith proposed the following resolution which passed unanimously:

That the GSA encourage further regional development of the Association of Advisors for the Health Professions and that representatives of these associations be encouraged to further work with the GSA and its staff toward establishing an ongoing relationship with the AAMC (GSA).

Research on student affairs.—Reporting for this committee, Dr. Gerald A. Green, Associate Dean, University of Southern California School of Medicine, indicated that there appeared to be a great deal of interest in studying the pool of rejected applicants and what might be done to help them make alternate plans. He invited other GSA members to make suggestions on the methodology of conducting a study on this subject and on possibilities for financing it.

Student aspects of international medical education.—Dr. Richard J. Cross, Associate Dean, Rutgers Medical School, reported for the Committee Chairman, Dr. E. Croft Long, Associate Director, Duke University School of Medicine. Dr. Cross reported on the student exchange clerkships conducted by SAMA and also indicated that approximately 200 North Americans had begun medical school in September, 1969 at the Autonomous University of Guadalajara in Mexico. In addition, he moved

that the GSA adopt a proposed procedure for facilitating the transfer of qualified American citizens attending foreign medical schools to U.S. medical schools.

Subsequent to this report, Dr. Cross's motion was passed unanimously and referred to the GSA Steering Committee and to AAMC staff for implementation.

Following Dr. Cross's presentation, there was a general discussion of all of the GSA Committee reports and a unanimously passed motion to accept these reports.

REGIONAL REPORTS

Central.—Dr. Edward S. Petersen, Assistant Dean, Northwestern University Medical School, reported that the Midwestern and Great Plains Regions met in Cincinnati in May, 1969 and decided to merge those two regions into the GSA Central Regional Group. Several premedical advisors met in conjunction with the GSA at that time and formed a Midwest Association for the Health Professions which will continue to meet jointly with the Central GSA. Dr. Charles E. Kiely, Associate Dean, University of Cincinnati School of Medicine, is the new Regional Chairman. Dr. Jack M. Colwill, Associate Dean, University of Missouri School of Medicine, is Vice-Chairman, and Dr. John C. Herweg, Associate Dean, Washington University School of Medicine, is Secretary-Treasurer. The next meeting will be in Columbus, Ohio in May, 1970.

Northeast.—Dr. Schuyler G. Kohl reported that the Northeastern GSA met in June, 1969 on Martha's Vineyard, Massachusetts in conjunction with the Northeastern Association of Advisors for the Health Professions. The new officers are: Dr. Schuyler G. Kohl, Chairman; Dr. Frederick H. Barnes, Jr., Professor of Medical Science at the Brown University Division of Biological and Medical Sciences, Vice-Chairman; and Dr. Karl H. Weaver, Assistant Dean at the University of Maryland School of Medicine, Secretary. The next meeting will be in Providence, Rhode Island in June, 1970.

South.—Dr. Evangeline T. Papageorge, Executive Associate Dean, Emory University School of Medicine, reported that the GSA

Southern Regional Group held its first spring meeting in March, 1969 at Atlanta, Georgia. Dr. John E. Chapman, Associate Dean at the Vanderbilt University School of Medicine, is the Chairman-Elect. The next meeting will be held in Oklahoma City, Oklahoma in March, 1970.

West.—Dr. Gerald A. Green reported that the Western GSA met at Asilomar, California in March, 1969. The premedical advisors met in conjunction with the GSA and are contemplating organizing a western regional association. The next meeting is scheduled for March, 1970.

AAMC STAFF

Dr. Ceithaml introduced various members of the AAMC staff, who reported on projects of pertinence to the GSA. Dr. Davis G. Johnson, Director of the Division of Student Affairs, reported on a militant student activism study currently in progress. Dr. Frank T. Stritter, Assistant Director of the Division, reported on a transfer student survey presently being completed and a study of the characteristics of Student Affairs Officers completed in the spring of 1969. Mr. Dennis B. Dove, Administrative Assistant for Minority Student Affairs, reported on the OEO project and the MED-MAR project and presented registration figures for the current academic year. Dr. Edwin B. Hutchins, Associate Professor at Iowa State University and former AAMC staff member, reported on the current status of the Longitudinal Study. He indicated that much of the data are available and can be obtained in useable form. He is planning publication of a monograph which will describe the entire study and its results. Since subjects of the study have now been graduates for nearly ten years, Dr. Hutchins feels it is appropriate to survey them again regarding their attitudes and current disciplines. Dr. Jack G. Hutton, Jr., Assistant Director of the Division of Educational Measurement and Research, reported on the current status of the MCAT bias study which is nearing completion.

ROLL CALL AND ELECTIONS

The roll was called, and representatives were present from ninety-two schools: eighty-nine

in the United States and three from Canada. The schools with voting rights which were not represented were: California-Davis, California-Irvine, Florida, Georgia, Puerto Rico, South Carolina, South Dakota, SUNY-Buffalo, Texas-Galveston, Texas-San Antonio, Vermont, and Yale.

Election of national GSA officers for the coming year was then held, following a report from Dr. Bernard W. Nelson, Associate Dean for Student Affairs, Stanford University School of Medicine, and Chairman of the GSA Nominating Committee. Unanimously elected were Dr. W. W. Morris, *Chairman*, and Dr. Robert L. Tuttle, *Vice-Chairman*. Subsequently, Dr. Davis G. Johnson, Director of the AAMC Division of Student Affairs, was reappointed as *Secretary*.

OTHER BUSINESS

Dr. Thomas E. Morgan, Jr., Assistant Dean, University of Washington School of Medicine, suggested a need for a proposal to initiate information exchange and/or procedures on all items which concern electives. Dr. Ceithaml pointed out that this should be discussed at the spring meetings of the GSA.

Dr. Robert L. Tuttle then moved the adoption of the following resolution:

WHEREAS Joseph Ceithaml of the University of Chicago Pritzker School of Medicine has contributed greatly to the education of the membership of the Association of American Medical Colleges Group on Student Affairs, particularly through his leadership at the 1956 and 1957 Institutes on Admissions and Stu-

dent Affairs and through his extensive studies of the financial state of the American medical students; and,

WHEREAS he has served diligently and effectively as a dynamic and forceful National Chairman of the Group on Student Affairs since October, 1966; and,

WHEREAS he simultaneously served as Chairman of the AAMC Committee on Student Affairs; and,

WHEREAS, in so serving, he has been instrumental in improving the functioning of the National Internship and Residency Matching Program, in increasing the participation of the membership in the committee work of the Group on Student Affairs, and finally, in laying to rest the perennial ghost of the release of Medical College Admission Test scores; and,

WHEREAS he consistently demonstrates those qualities of the student affairs officer that we universally respect and admire,

THEREFORE be it resolved that the Group on Student Affairs unanimously expresses its deepest gratitude and appreciation to our friend, Joe Ceithaml, on this first day of November, 1969 at the Thirteenth Annual Meeting of the Association of American Medical Colleges Group on Student Affairs held in Cincinnati, Ohio.

Following the unanimous adoption of the resolution by the GSA, Dr. Ceithaml was awarded a plaque commemorating his three years as GSA National Chairman and received a standing round of enthusiastic applause for his devotion and hard work.

Dr. Ceithaml then turned the podium over to the new National Chairman, Dr. W. W. Morris, who spoke briefly and then adjourned the meeting at 5:30 P.M.

Conference on International Medical Education

The Annual Conference on International Medical Education was convened on Saturday, November 1, 1969, with Dr. Thomas H. Hunter, Chairman of the Committee on International Relations in Medical Education, presiding. The conference opened with a luncheon address by Dr. Gabriel Velazquez Palau, Dean of the Universidad del Valle, Cali, Colombia, who spoke on "Manpower and the WHO." He reviewed the growing emphasis WHO is placing on the organization and staffing of health services and summarized the support it

is giving in providing faculty, fellowships, and assistance in planning.

The afternoon session of the conference was devoted to a presentation and general discussion of the survey of international activities of U.S. medical schools recently completed by the Division of International Medical Education (DIME). This report, presented in draft form, dealt with the organization for international activities within schools, special courses offered on international health, as well as faculty and student activities abroad. In-

cluded in the report were school-by-school summaries of the international programs of fifty-one schools to which site visits had been made. The findings revealed that thirty-eight schools have cooperative arrangements of varying degrees of formality with fifty-nine institutions in 119 countries. After a poll of the Liaison Officers for International Activities present, it was recommended that they be sent an annual questionnaire for the purpose of keeping the survey updated.

It was also recommended that DIME pub-

lish a list of faculty members who have served for two months or more in a single country abroad who might be available as reference points for information on those countries and their medical schools.

Particular interest was expressed during the conference in the ever-present problem of the foreign medical graduate. It was recommended that DIME participate actively in national efforts to increase the training relevance given to these graduates in the U.S. to the needs of their home countries.

Conference on Research in Medical Education

The Eighth Annual Conference on Research in Medical Education was held on Saturday and Sunday afternoons, November 1-2, 1969. In a continued 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, again this year, each participant was requested to furnish the Program Committee with a copy of his paper prior to the Conference. These papers were mailed to all pre-registrants. 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, 1969 issue of the *Journal of Medical Education*.

The Program

The program was divided into eight topic areas: Curriculum Evaluation, Physician Characteristics, Clinical Criteria of Instructional Effectiveness, Attitudes and Values of Students and Physicians, Instructional Methods, Evaluation of Learning, Today's Medical Student, and Interviewing Skills. The program began with a plenary session the first afternoon, followed by a discussion of the first four topics. The second afternoon was devoted to the latter four topics. Separate panel discussions were conducted each afternoon on that 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 and to join in the discussion from the floor.

SATURDAY PLENARY SESSION

The Conference began at 2:00 P.M., November 1, with a plenary session chaired by Dr. Hilliard Jason, Michigan State University College of Human Medicine. A keynote address, "Perspectives of Research in Medical Education," was presented by Dr. George E. Miller, University of Illinois College of Medicine.

SATURDAY PANEL DISCUSSIONS

At 3:00 P.M. separate Panels were convened to discuss the following topics:

Panel 1. Curriculum Evaluation.—This Panel was chaired by Dr. Peter V. Lee, University of Southern California School of Medicine. The research projects discussed were: "An Investigation of the Attitudes, Study Habits, and Academic Achievement of First Year Medical Students in a New Curriculum," Josephine M. Cassie, Dr. Stuart C. Robinson, and Dr. D. Paul Cudmore, Dalhousie University Faculty of Medicine; "Five Years' Experience with a Completely Elective Fourth Year," Dr. James Q. Miller and Dr. Peyton E. Weary, University of Virginia School of Medicine; "A Study of Curricular Change," Dr. John C. Donovan, Dr. Leonard F. Salzman, and Dr. Peter Z. Allen, University of Rochester School of Medicine and Dentistry, and "Curriculum Content for Medical Students: Technique and Results," Dr. Bruce E. Spivey, University of Iowa Hospitals.

Panel 2. Physician Characteristics.—This

Panel was chaired by Dr. Nicholas J. Cotsonas, Jr., University of Illinois College of Medicine. The research projects discussed were: "Intellectual, Personality, and Environmental Factors in Career Specialty Preferences of Entering Medical Students," Dr. Harold B. Haley and Dr. Rosalia E. Paiva, Medical College of Ohio at Toledo; "The Qualities of a Superior Physician: A Survey of Several Medical and Non-Medical Groups," Dr. Philip B. Price, Dr. Calvin W. Taylor, and Dr. Evan G. Lewis, University of Utah; and "The Concept of Responsibility," Gregory T. Loftus, Michigan State University College of Human Medicine.

Panel 3. Clinical Criteria of Instructional Effectiveness.—This Panel was chaired by Dr. John W. Williamson, the Johns Hopkins University School of Hygiene and Public Health. The research projects discussed were: "Evaluation of a Post-Graduate Education Program," Dr. R. Quin Bailey and Dr. Robert Kane, University of Kentucky College of Medicine; "A Feasibility Study Using Patient Records to Evaluate Videotape Post-Graduate Medical Education," Dr. Judylynn T. Foster and Sandra J. Lass, University of Southern California School of Medicine; "Diagnosis Before Therapy: A Model in Physicians' Continuing Education," Dr. Paul C. Brucker and Dr. Clement R. Brown, Chestnut Hill Hospital, Philadelphia, and Dr. Joseph S. Gonnella, Jefferson Medical College.

Panel 4. Attitudes and Values of Students and Physicians.—This Panel was chaired by Dr. Harold I. Lief, University of Pennsylvania School of Medicine. The research projects discussed were: "Sexual Knowledge and Attitudes, and Open-Closed Mind Systems," Dr. Harvey D. Strassman, University of California-Irvine, California College of Medicine; "Attitudes of the Closed- Versus the Open-Minded Medical Student Toward Medical School and the Practice of Medicine," Dr. Patricia C. Johnson, York Hospital, York, Pennsylvania; "Values of Medical Students and Practicing Physicians," Dr. Betty H. Mawardi, Case Western Reserve University School of Medicine.

SUNDAY PANEL DISCUSSIONS

At 2:00 P.M. separate Panels were convened to discuss the following topics:

Panel 5. Instructional Methods.—This Panel was chaired by Dr. Lawrence A. Fisher, University of Illinois College of Medicine. The research projects discussed were: "Composition of Small Learning Groups in Medical Education, II," Dr. Daniel S. Fleisher and Joel L. Levin, Temple University Health Sciences Center; "Learning on a Surgical Clerkship: An Approach to Student Responsibility," Dr. Edward D. Coppola and Dr. Louis Rogow, Hahnemann Medical College, and Dr. Joseph S. Gonnella, Jefferson Medical College; "Computerized Histology," Dr. Beth L. Wismar and Dr. Ronald Christopher, Ohio State University.

Panel 6. Evaluation of Learning.—This Panel was chaired by Dr. W. Loren Williams, Medical College of Georgia. The research projects discussed were: "The Use of Rating Forms of Habitual Performance for Assessment Purposes in Graduate Medical Education," Harold G. Levine, American Society of Medical Technologists, and Christine H. McGuire, University of Illinois College of Medicine; "The Problem of Validity of External Tests for Evaluation of Medical School Curricula," Dr. Hannes C. Kapuste, Institut für Ausbildungsforschung, Munich, Germany; "Factors in Early Development and Evaluation of Clinical Competence in Medical Students," Dr. Hugh M. Scott, Dr. Martin Wong, and Dr. Peter O. Ways, Michigan State University College of Human Medicine.

Panel 7. Today's Medical Student.—This Panel was chaired by Dr. Renée C. Fox, University of Pennsylvania School of Medicine. The research projects discussed were: "The Freshman Medical Student 'Circa 68-69': A Dynamic Analysis," Dr. Pearl P. Rosenberg, University of Minnesota Medical School; "Patient Perceptions of Medical Students and the Teaching Hospital," Dr. Dale N. Schumacher and Barbara J. Schumacher, Baltimore City Hospitals; "A Preliminary Study of Medical Student Activism," Richard

S. Lieberman and Dr. Melvin Sabshin, University of Illinois College of Medicine.

Panel 8. Interviewing Skills.—This Panel was chaired by Dr. Allen J. Enelow, Michigan State University College of Human Medicine. The research projects discussed were: "An Objective Comparison of Pediatric Interviewing Skills of Freshmen and Senior Medical Students," Dr. Ray E. Helfer, The Catholic Medical Center of Brooklyn and Queens, Inc.; "A Negative Relationship Between the Understanding of Medical Interviewing Principles

and Performance in Actual Interviews," John E. Ware, Jr., and Dr. Donald H. Naftulin, University of Southern California School of Medicine, and Dr. Harvey D. Strassman, University of California—Irvine, California College of Medicine; "A Three Year Longitudinal Study of the Medical Interview and Its Relationship to Student Performance in Clinical Medicine," Dr. Robert A. Barbee, University of Wisconsin Medical School, and Dr. Sol Feldman, Northern Illinois University.

Meeting of the Society of Teachers of Family Medicine

The annual educational meeting of the Society of Teachers of Family Medicine was held on October 30, 1969. This particular meeting was in honor of Dr. Ward Darley as the "Father" of comprehensive family health care. The session was called to order at 2:00 P.M. by Dr. Lynn P. Carmichael, President of the Society.

Dr. John A. D. Cooper, President of the Association of American Medical Colleges, made the opening remarks and commented on the contributions of Dr. Darley to medical education and care.

Comprehensive health care was examined from several viewpoints. Anne R. Somers, Research Associate at Princeton University, spoke for "The Consumer." Dr. C. H. William Ruhe, Director of the Division of Medical Education of the American Medical Association, presented the feelings of "The Educator."

"The Student" viewpoint was expressed by Christian Ramsey, Jr., Fourth-Year Student at Emory University School of Medicine. The Director of the National Center for Health Services Research and Development of the Department of Health, Education, and Welfare, Dr. Paul J. Sanazaro, spoke of the need for "Research" in the delivery of care and in medical education if comprehensive health care is to become a reality. Dr. John S. Millis, Vice President of the National Fund for Medical Education, stressed the institutionalization of comprehensive care in "The Future." Dr. Ward Darley responded to these viewpoints, listing the positive aspects of the current situation and the dangers that might lie ahead.

The meeting adjourned at 5:00 P.M. and was followed by a social hour, affording an opportunity to congratulate Dr. Darley.

Annual Reports of Staff and Committees

Report of the President, *John A. D. Cooper, M.D., Ph.D.*

Several major recommendations from the Coggeshall report were implemented as the result of the adoption on November 4, 1968 of revised Articles of Incorporation and Bylaws by the Institutional Membership:

A general assembly should be established as the constitutional governing body of the Association and to represent all members

The senior officer of the Association elected annually should be designated the "chairman."

The full-time chief executive officer of the Association should be given the title of "president."

The executive council should serve as "board of directors" of the Association.

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

The Presidency and the Washington Headquarters

On February 10, 1969 before the Second Assembly of the Association, I was named its first permanent President and assumed this position full-time on July 1, 1969 with my office based in Washington.

Already located in Washington at that time were offices of the Executive Director, the Council of Teaching Hospitals, and the Division of International Medical Education. First to join my staff was J. Trevor Thomas, Director of Business Affairs. In his report, Mr. Thomas describes the phasing out of the Evanston business operation.

Because of the delay in our occupancy of space in the new American Council on Education building at One Dupont Circle, the hoped-for consolidation of the operations of the Association in Washington has been delayed. Still remaining in Evanston are: Dr. Cheves

McC. Smythe and his immediate staff; Dr. Dale E. Mattson and the Division of Educational Measurement and Research; Thomas J. Campbell, Assistant Director of the Division of Operational Studies; and John L. Craner and some other members of the Division of Business Affairs.

The following operations were moved during the summer from Evanston to the present facilities in the Dupont Circle Building: Dr. Walter G. Rice and part of the staff of the Division of Operational Studies; Dr. Davis G. Johnson and the staff of the Division of Student Affairs; and the editorial offices of the *Journal of Medical Education*.

We anticipate completion of the staff move to Washington shortly after the beginning of 1970.

New Departments

A number of organizational and staff changes have occurred during the year. Foremost among these was the creation of two new departments:

DEPARTMENT OF ACADEMIC AFFAIRS

Following the recommendation of the Sprague Committee, a Department of Academic Affairs was formally established on July 1, 1969. Dr. Cheves McC. Smythe, Associate Director, was appointed Director of the new department.

As currently constituted, this department is composed of the Division of Student Affairs and the Division of Educational Measurement and Research. An additional staff member has been provided to the department to permit increased activity in the areas of curriculum and instruction and more support for the programs related to the interests of the Council of Academic Societies. Other major areas of responsibility of the Department of Academic

Affairs are the Council of Academic Societies, the role of the Association in graduate medical education, the medical school accreditation program, and the special project on potential educational services from the National Library of Medicine.

DEPARTMENT OF HEALTH SERVICES AND TEACHING HOSPITALS

Mr. John M. Danielson joined the Association full-time in September, 1969 to head the newly created Department of Health Services and Teaching Hospitals. He will also serve as Director of the Council of Teaching Hospitals, succeeding Mr. Matthew F. McNulty, Jr., who resigned effective July, 1969 to become Vice President of the Medical Center, Georgetown University.

Mr. Danielson will have major responsibilities for the activities of the Association concerned with the broad area of health services and the teaching hospitals that are members of the Association. He will work closely with the medical schools and teaching hospitals, the federal government, and the health insurance carriers. His work will involve cooperation with other health-related groups and professional organizations in promoting more effective health care for all segments of society.

New Directions

Programs of the Association for 1968-69 are described in these Proceedings. Officers, councils, and committees in office in 1968-69, the period of the report, are shown, whereas staff are listed for the current year, 1969-70.

These programs should speak for themselves, but a one-year report cannot reflect the expanded focus that characterizes the new Association. The Association's broadened constituent base now has official representation to ensure that the many voices of those involved in medical education contribute to the policies and programs of the organization.

Over the past two years the Association has sponsored national conferences and meetings that have had significant impact in critical areas: premedical education, the medical school curriculum, medical education and phy-

sician manpower, the role of the university in graduate medical education, minority group representation in medical schools, potential educational services from a national biomedical communications network, and medical education and family planning. The Association held its second management seminar for new medical school deans in September, 1969. Forty-two representatives from 23 medical schools participated. The third seminar in this series is scheduled for March, 1970. The charge to the Association from its standing Committee on Continuing Education appears in these Proceedings. In these many areas, the Association has been challenged to assume new responsibilities and to fulfill new roles.

I am moving forward as rapidly as possible to organize the staff to stimulate and facilitate better interaction among the Association. The overlap in responsibilities and interests of the deans, faculty, and teaching hospitals in the modern complex operations of our academic medical centers and major teaching institutions makes it imperative that we move in these directions. Each member of the professional staff will be given the task of serving as the major focus for specific activities of the Association. However, he will be expected to contribute broadly in all of the programs that are undertaken by the organization.

It is very clear that we must increase our interaction with the federal agencies and the Congress. The growing importance of federal support to medical education and the health services, and the precarious financial situation in which our institutions find themselves, makes this interaction of prime importance. We can and must assume a greater leadership role to interpret to the Executive branch, the Congress, and the American public the objectives, programs, and needs of our complex medical center. I have already devoted a great deal of my time since I moved to Washington to these matters. I have found a warm reception in the agencies and on the Hill. The Association is held in high regard by all of the individuals with whom I have established contact. They welcome our ideas and are appreciative of the material we have provided them to assist in discharging their responsibilities.

The next year will be a challenging one for the Association. I hope we can consolidate the

gains we have made and move forward to be of greater service to our members.

Report of the Treasurer, *T. Stewart Hamilton, M.D.*

The Audited Financial Statement and Auditor's Report have been reviewed with representatives of Ernst & Ernst. The Report highlights the one uncertain element—the amount to be realized from the conclusion of negotiations with Northwestern University for the

soon-to-be-vacated headquarters in Evanston, Illinois. The Statement notes, as well, that funds are being reserved toward 1970 expenses for moving the headquarters to Washington and for rentals thereat. The Auditor's comments follow:

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, 1969, 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. It was impracticable to obtain confirmation of accounts receivable from agencies of the United States Government amounting to \$292,954 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 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, 1969, 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 4, 1969

BALANCE SHEET
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1969	June 30 1968
=====		
ASSETS		
Cash	\$ 173,742	\$ 56,594
United States Government short-term securities - at cost and accrued interest	397,831	147,097
Accounts receivable	421,788	354,852
Accounts with employees	9,444	10,199
Supplies, deposits, and prepaid expenses	19,901	22,264
Inventory of publications - Note A	-	11,062
Land improvements and building - at cost - Note B	<u>296,856</u>	<u>296,856</u>
	<u>\$1,319,562</u>	<u>\$898,924</u>
	=====	=====
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$ 103,719	\$122,482
Salaries, payroll taxes, and taxes withheld from employees	<u>13,559</u>	<u>9,985</u>
	117,278	132,467
Deferred income:		
Institutional dues and service fees received in advance	206,251	88,905
Other dues received in advance	138,307	33,445
Subscriptions	<u>16,531</u>	<u>20,007</u>
	361,089	142,357
Equity:		
Restricted for special purposes	314,884	248,181
Invested in land and building - Note B	296,856	296,856
Retained for general purposes - Note C	<u>229,455</u>	<u>79,063</u>
	841,195	624,100
Lease commitment - Note D	<u></u>	<u></u>
	<u>\$1,319,562</u>	<u>\$898,924</u>
	=====	=====

See notes to financial statements.

STATEMENT OF EQUITY
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Year ended June 30, 1969

	Restricted for Special Purposes	Invested in Land and Building	Retained for General Purposes	Total
Balance at July 1, 1968	\$248,181	\$296,856	\$ 79,063	\$624,100
Add income in excess of expenses	<u>69,191</u>	<u> </u>	<u>150,392</u>	<u>219,583</u>
	317,372	296,856	229,455	843,683
Deduct portion of prior year grant returned to grantor	<u>2,488</u>	<u> </u>	<u> </u>	<u>2,488</u>
BALANCE AT JUNE 30, 1969	<u>\$314,884</u>	<u>\$296,856</u>	<u>\$229,455</u>	<u>\$841,195</u>

See notes to financial statements.

STATEMENT OF INCOME AND EXPENSE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Year Ended June 30			
	1	9	6	9
Special	General			1968
Purposes	Purposes	Total	Total	
=====				
Income:				
Dues and service fees				
from members	\$	709,840	\$	709,840
Grants	\$356,921		356,921	396,901
Cost reimbursement contracts	542,678		542,678	346,027
Services		456,221	456,221	358,968
Publications		144,671	144,671	133,258
Sundry		44,963	44,963	33,900
Transfers in-out**	97,557**	97,557	-	-
TOTAL INCOME	802,042	1,453,252	2,255,294	1,653,481
Expenses:				
Salaries	258,466	600,131	858,597	770,918
Other expenses	401,472	775,642	1,177,114	933,926
Transfers in-out**	72,913	72,913**	-	-
TOTAL EXPENSES	732,851	1,302,860	2,035,711	1,704,844
INCOME IN EXCESS OF				
(LESS THAN) EXPENSES	\$ 69,191	\$ 150,392	\$ 219,583	(\$ 51,363)
	=====	=====	=====	=====

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1969

Note A - Inventory of Publications:

In prior years, the Association followed the practice of including in inventory the cost of those publications which were ten years old or less and provided an allowance equal to the carrying amount of publications older than one year. The Association intends to dispose of substantially all of its inventory of publications upon relocation of its national headquarters (see Note B). Therefore, the cost of publications less than one year old, amounting to \$4,622, that would have been deferred at June 30, 1969, has been charged to expenses applicable to income available for general purposes for the year then ended.

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. The Executive Council of the Association has approved relocation of the Association's national headquarters to Washington, D.C. It is anticipated that the move will be completed prior to December 31, 1969.

Independent appraisals received recently indicate that the Association's proportionate share of the estimated proceeds to be realized from the sale of the land and building will range from \$130,000 to \$170,000. In the opinion of officials of the Association these appraisals are not necessarily indicative of the amount which the Association may ultimately realize from the sale of the building and land improvements. Accordingly, the carrying amount (\$296,856) of land improvements and building as of June 30, 1969, has not been reduced by any allowance for estimated loss on disposal.

Northwestern University has been notified of the Association's intent to relocate its national headquarters to Washington, D.C. and, in connection therewith, has indicated that, in its opinion, in addition to the aforementioned proceeds attributable to land, 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. No provision has been made in the financial statements for this possible additional loss.

NOTES TO FINANCIAL STATEMENTS (CONT'D)

Note C - Costs of Relocating National Headquarters:

As a result of the relocation of its national headquarters, the Association expects to incur certain extraordinary costs including moving expenses, employee separation pay and termination of lease agreements amounting to approximately \$105,000. No appropriation for these costs has been made out of equity retained for general purposes since the Association's budget for the year ending June 30, 1970 includes such an appropriation out of income available for general purposes.

Note D - Lease Commitments:

The Association is presently negotiating a lease agreement for space for its national headquarters in Washington, D.C. The agreement, to expire in five years, is expected to provide for annual rentals of approximately \$115,000.

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

At June 30, 1969, the Association had been notified by several grantors that it may expect to receive \$1,056,700 (including \$641,000 under cost reimbursement contracts with agencies of the United States Government) to be expended for special purposes within the next two 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.

Report of the Director of Business Affairs, J. Trevor Thomas

Much effort has been expended in planning for the orderly transfer of business functions from Evanston to the Washington office. This transfer has been made more complex by the delay in the completion of the new ACE building in which the Association has leased space. Because of this delay and the severe limitations on the present Washington office space, it has been necessary to postpone the complete transfer of business functions. As long as this situation continues, a degree of duplication will exist in the Washington and Evanston offices with inefficiencies resulting from the split operation.

The lease on the Central Street Annex was terminated in September and all Evanston-based operations consolidated in the Ridge Avenue headquarters.

The lease of space in the Dupont Circle

Building in Washington expired on June 30, 1969. Occupancy, however, will continue on a month-to-month basis until the new building is completed around February 1, 1970.

Accounting

The Association has contracted with the computer center to be located in the new ACE building for the processing of financial, budget, and payroll data. A system of accounting compatible with electronic data processing techniques has been developed and successfully tested during July and August. Transfer of all accounting and payroll processing to the Washington office began on October 31, 1969, with a complete phase-out of the Evanston accounting operation on December 1. The new accounting system is designed to control expenditures through program budgets and to

provide improved and timely reporting for the benefit of management.

Membership and Subscriptions

Procedures instituted in the last several years for the handling of membership dues and subscriptions have been maintained without modification. Procedures now being used are as near peak efficiency as can be achieved with the current equipment. In November, a contract was negotiated with the National Educational Computer Center for the conversion of the system to electronic data processing equipment. The system is currently estimated to be operational by February 1, 1970.

The following summary reflects the change in the number of memberships in the Association between August 1, 1968 and July 31, 1969:

Type of Membership	1967-68	1968-69	Increase
Affiliate	13	13	—
Contributing	20	21	1
Council of Academic Societies	29	29	—
Council of Teaching Hospitals	332	357	25
Graduate Affiliate	2	2	—
Individual	2,509	2,397	(122)
Institutional	88	90	2
Provisional	13	11	(2)
Sustaining	22	21	(1)

Mailing, Reproduction, and Publications

MAILING

Categories and numbers of addressograph plates the Association maintains are shown below:

Advertising	2,445
Bibliography:	
Dental Schools	48
Medical Societies	65
Pharmaceutical Schools	72
Universities	199
<i>Bulletin</i> Subscriptions	38
Contributing and Sustaining Members	42
Council of Academic Societies (CAS)	58
Council of Teaching Hospitals (COTH)	377
COTH Report Subscriptions	54

Datagrams	933
Deans and Vice Presidents	194
Emeritus Members	52
Foundations	37
Free <i>Journal</i> Subscriptions	186
Group on Student Affairs (GSA)	252
Individual Members	2,397
Institutional Subscriptions	1,211
<i>Journal</i> Subscriptions	2,157
Liaison Committee on Medical Education	31
Liaison Officers—Division of International Medical Education	100
Library	1,886
Premedical Advisers	1,776
Public Relations Press List	585
Smith Kline & French Press List	883
World Health Organization	592

Total Number of Plates	16,670
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REPRODUCTION

A high-speed duplicating machine was leased to supplement equipment in the Mailing and Reproduction Department. This equipment proved most efficient in reproducing a wide variety of materials. Although its full potential was not realized until the last half of the year, this machine considerably increased duplicating speed and capacity.

The following summary shows the printing activity for the past two years:

	1967-68	1968-69
Number of jobs produced	961	1,187
Amount charged	\$85,474	\$60,682
Expense	<u>85,611</u>	<u>63,411</u>
	(\$137)	(\$2,729)

PUBLICATIONS

Publications of the Association will be housed in the Washington office. The inventory of publications is no longer carried as a balance sheet item.

During 1968-69 total paid subscriptions to the *Journal* were 6,009. Advertising sales for 1968-69 totaled \$26,822 as compared with \$32,803 during 1967-68. The advertising sales campaign has been carried out without staff oriented to the advertising field.

Arrangements have been made with the Williams & Wilkins Co. to manage advertis-

ing promotion and sales. The initial contract will be on a trial basis for one year commencing January 1, 1970. Williams & Wilkins publishes many professional journals and maintains a nationwide sales staff of ten persons. With an upward adjustment of advertising rates and an organized sales campaign, an increase in net advertising revenue, as well as further increase in *Journal* distribution, is anticipated.

Meetings

ANNUAL MEETING

The 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 work-room, providing special equipment, and Annual Banquet arrangements and special meal functions. This Division has printed and disseminated Annual Meeting preregistration information and invitations and maintained data processed preregistration counts according to individual sessions.

OTHER MEETINGS

At the request of committees and staff, this Division makes arrangements for meetings throughout the year. Over the past year the Division arranged seventy-three such meetings for over 2,000 participants.

Council of Academic Societies

The Council of Academic Societies (CAS) completed its third year of operation in November, 1969. Its membership now totals twenty-nine distinguished societies.

Executive Committee

During the year the Executive Committee met on November 2-3, 1968, and on February 24, March 23, June 24, and October 31-November 1, 1969. The Committee felt that a more elaborate committee structure was indicated and activated a standing committee on graduate medical education and a steering committee for the project on biomedical communications. A political action committee and a committee on curriculum, curriculum evaluation, and student evaluation have been suggested but have not been activated. A statement by the Federation of American Societies for Experimental Biology deploring the indiscriminate drafting of graduate students was endorsed and forwarded to the AAMC Executive Council for its support. The Executive Committee also served as program committee for planning the CAS 1968-69 Annual Meeting. Fashioning a proper role for a Commission on Medical Education and the relationship of AAMC to such a commission remains a primary concern of the Executive Committee.

A staff paper defining corporate respon-

sibility for graduate medical education has been prepared. Active interrelationships with the other portions of the Association in working toward equitable administration of medicare/medicaid regulations in teaching hospitals occupied much of the committee's attention during the fall.

Conference on Graduate Medical Education

The report of the conference held October 2-5, 1968 on "The Role of the University in Graduate Medical Education" appeared as a special issue of the *Journal of Medical Education* for September, 1969. This report marks the official termination of Contract RFP No. PH 108-69-16 (P) with the Division of Physician Manpower, Bureau of Health Manpower. However, the Council's support of the concepts advanced at the time of the conference continues to be evidenced by its continuing role in the organization of a Commission on Medical Education and the support of institutionwide accreditation of graduate medical education.

Conference on Biomedical Communications Network

On February 25-26, 1969, a conference was held at the National Library of Medicine. A report entitled *Potential Educational Services from a National Biomedical Communications*

ERNST & ERNST

231 SOUTH LA SALLE STREET

CHICAGO, ILL. 60604

September 11, 1969

Executive Council
Association of American Medical Colleges
Evanston, Illinois

Gentlemen:

We have examined the financial statements of Association of American Medical Colleges for the year ended June 30, 1969, and have issued our report thereon dated August 4, 1969. As indicated therein, "it was impracticable to obtain confirmation of accounts receivable from agencies of the United States Government amounting to \$292,954; but we satisfied ourselves as to such 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 did not 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. The Executive Council of the Association has approved relocation of the Association's national headquarters to Washington, D.C. It is anticipated that the move will be completed prior to December 31, 1969.

"Independent appraisals received recently indicate that the Association's proportionate share of the estimated proceeds to be realized from the sale of the land and building will range from \$130,000 to \$170,000. In the opinion of officials of the Association these appraisals are not necessarily indicative of the amount which the Association may ultimately realize from the sale of the building and land improvements. Accordingly, the carrying amount (\$296,856) of land improvements and building as of June 30, 1969, has not been reduced by any allowance for estimated loss on disposal.

ERNST & ERNST

"Northwestern University has been notified of the Association's intent to relocate its national headquarters to Washington, D.C. and, in connection therewith, has indicated that, in its opinion, in addition to the aforementioned proceeds attributable to land, 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. No provision has been made in the financial statements for this possible additional loss."

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 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 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, 1969, 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. T. Stewart Hamilton, Treasurer. In that connection, we commented to him that the Association's present accounting procedures and system of internal control are generally adequate to provide for the reporting of meaningful financial information and for the safeguarding of the Association's assets. We understand, however, that new accounting procedures and internal controls are being developed for the national headquarters in Washington, D.C., and therefore we have not commented on possible revisions to the present procedures. We would be pleased to be of assistance to the Association in the development and implementation of the new system.

Very truly yours,

Ernst & Ernst

Network describing this conference was issued in July, 1969. The utility of further developing the contribution of potential consumers of services to be offered by the proposed biomedical communications network and the planning for it was reaffirmed as a result of this conference. Consequently, the contract with the Library is being extended.

The Association is to work in conjunction with the staff of the Library in preparation of

a definitive report to be used by the Library in their subsequent planning for a biomedical education network. A steering committee for this project has been appointed, and it is expected that the report will be ready for submission by September, 1970. It is proposed that the report be based on experiences in a selected sample of the nation's medical schools. From these, what is needed, wanted, and most likely to be consumed, will be decided.

Council of Deans

The Council of Deans (COD) was created on November 4, 1968 when the AAMC Bylaws were amended to include three primary constituent bodies: the Council of Deans, the Council of Academic Societies, and the Council of Teaching Hospitals.

As defined in the Bylaws, the membership of the Council of Deans consists of the Dean of each Institutional Member and of each Provisional Institutional Member which has admitted its first class. Of the sixteen elected members who serve on the AAMC Executive Council, one is the Chairman of the Council of Deans, and eight are other members from the COD.

Meetings

The Council of Deans has met three times since its establishment: February 8, May 9, and October 31, 1969. In addition, the Administrative Committee of the COD met three times coincident with meetings of the AAMC Executive Council.

The COD also convened in the following regional meetings: Northeastern Group on January 14; Western Group on January 27; Midwestern Group on January 29; and Southern Group on April 29-30, 1969. Chairmen of these groups reported on these meetings in the plenary meetings of the COD.

Bylaws

Bylaws of the COD were drafted by Drs. Robert H. Felix and Warren L. Bostick, reviewed by the COD Administrative Committee, and circulated to the COD for discussion in regional meetings. Bylaws adopted by

the COD on October 31, 1969 appear at the end of this report.

Health Manpower

MEDICAL SCHOOL ENROLLMENT

In November, 1968 Drs. William G. Anlyan and William N. Hubbard sent a questionnaire on health manpower to all established and developing U.S. medical schools. The questionnaire was designed to determine the interest of medical schools in increasing their medical school classes and the extent to which this planning had progressed.

Responses were received from eighty-two of the eighty-nine established medical schools and from all developing schools. Almost without exception the schools acknowledged the importance of expanding enrollments and of providing an opportunity for an increase in the number of students from disadvantaged backgrounds. The schools projected about a one-third increase in the size of their class by the mid-1970s, which would bring the entering class to approximately 12,000 students.

MEDICAL SCHOOL FACULTY

The following resolution was unanimously passed by the Southern Group in its April 29-30 meeting: "In view of the problem of health manpower in the nation and the great demands placed on medical schools and in view of the marked reduction of research and training grants, support and faculty recruitment, and training and in view of the shortage of teachers for new and expanding medical schools, some ultimate mechanism should be

developed promptly to support the training of medical educators in medical schools."

ACTION: In response to this resolution, on May 9 the COD moved to undertake consideration of some ultimate mechanisms for supporting the training of medical educators in medical schools.

National Service Plans for Medical Graduates

In its May 9 meeting, the COD discussed a recommendation by the COD Administrative Committee for a national service plan for medical graduates in lieu of military service. This national service could include work in such areas as urban ghettos or rural health vacuums. Mechanisms for implementation of such a system and difficulties that might arise were considered.

ACTION: The COD expressed a majority interest in further exploring this matter; the Administrative Committee is to report back to the Council at each step.

Student Affairs

Student organizations represented in the May COD meeting were the Student American Medical Association, the Student National Medical Association, and the Student Health Organization. Spokesmen from each organization addressed the COD.

ACTION: Subsequent to these presentations, the COD went on record as: (a) indicating that the Council does give high priority to the need for federal student-assistance programs, both loans and scholarships, (b) urging members of the Council and their faculties to support this need by writing to members of Congress stating clearly the problem presented by, or which would be presented by, a cutback in these programs, (c) supporting the efforts of student organizations to obtain information and to develop position papers on this issue, (d) attempting to enlist the support of other interested organizations and groups in a campaign to avoid a reduction in student aid funds, and (e) making the Council's position on this matter public record.

Medical Center Cost Study

Dr. Walter G. Rice reported that the seven medical centers initially involved in the AAMC program cost analysis are continuing these studies. Also, negotiations are in the final stages to involve perhaps another twelve schools.

ACTION: The COD resolved on May 9 to encourage the AAMC to continue their efforts in the program cost analysis study.

Academic Inflation

At the October 31 meeting, the COD expressed grave concern over the problem of academic inflation, in particular, over the use of federal funds that contribute to such an inflationary process.

ACTION: As an expression of its concern, after extensive debate and discussion, the COD approved the following:

Funds from federal institutional grants and contracts for education and research may be used to support the salary of any faculty member on the basis of percentage of effort in the approved program up to nationally accepted levels for each academic rank and discipline. Such levels will represent the median salary level for strict full-time faculty in medical schools of this country as determined by the AAMC Faculty Salary Survey for the year in which this policy is adopted. These levels will be adjusted annually thereafter in accord with changes in the cost-of-living index. Faculty salaries established on this basis may be supplemented by an institution if so desired. Federal funds may continue to be used to pay the pro rata share of the cost of fringe benefits of each respective institution. This shall be reviewed by the AAMC and possibly revised after a period of time of two years.

As a result of discussion subsequent to the October 31 COD meeting, it became apparent that the broader issue of academic inflation goes far beyond the federal role and requires more deliberate attention by an ad hoc committee that is representative of the broader constituency of the AAMC.

ACTION: Therefore, COD Chairman, Dr. William G. Anlyan, recommended to the Assembly on November 3, 1969 that

an ad hoc committee of the Association be appointed by the Executive Council to look into the total problem of academic inflation.

Election of Officers

At its October meeting COD recognized that Dr. John R. Hogness, with his new responsibilities as Executive Vice President at the University of Washington at Seattle, could not become the Chairman of the Council of Deans and, therefore, reluctantly accepted his resignation.

The COD also accepted the recommendation of the Nominating Committee, and the following officers were elected: Dr. Charles C. Sprague, Texas-Southwestern, *Chairman*; Dr. Merlin K. DuVal, Arizona, *Chairman-Elect*; and Dr. Ralph J. Cazort, Meharry, Dr. William F. Maloney, Tufts, Dr. Sherman M. Mellinkoff, California-Los Angeles, and Dr. David E. Rogers, Johns Hopkins, *AAMC Executive Council Representatives*.

Bylaws of the Council of Deans of the Association of American Medical Colleges*

The Council of Deans was established with the adoption of amended Articles of Incorporation and Bylaws of the Association of American Medical Colleges by the Institutional Membership on November 4, 1968.

Section 1. Name

The name of the organization shall be the Council of Deans of the Association of American Medical Colleges

Section 2. Purpose

As stated in the Bylaws of the Association of American Medical Colleges (Section 11), the purpose of this Council shall be (a) to provide for special activities in important areas of medical education; (b) with the approval of the Executive Council to appoint standing committees and staff to develop, implement, and sustain program activity; (c) for the purposes of particular emphasis, need, or timeliness, to appoint ad hoc committees and study groups; (d) to develop facts and information; (e) to call national, regional, and local meetings for the presentation of papers and

studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity; (f) 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; and (g) to report at least annually to the Assembly and to the Executive Council.

Section 3. Membership

(a) Members of the Council of Deans shall be the deans of those medical schools and colleges which are members of the Association of American Medical Colleges as defined in the AAMC Bylaws: Institutional Members and Provisional Institutional Members. For the purposes of these Bylaws the dean shall be that individual who is charged by the institution with the direct responsibility for the operation of the school of medicine.

(b) Voting rights in the Council of Deans shall be as defined in the AAMC Bylaws: each dean of a medical school or college which is an Institutional Member or a Provisional Institutional Member which has admitted its first class shall be entitled to each 1 vote in the Council of Deans.

(c) If a dean who is entitled to vote in the Council of Deans is unable to be present at a meeting, that individual whom he shall designate in writing to the Chairman shall exercise the privilege of voting for that dean at that specific meeting. A designation of a substitute shall require separate and written notification for each such meeting.

Section 4. Officers and Administrative Board

(a) The officers of the Council of Deans shall be a Chairman and a Chairman-Elect. The Chairman shall be, ex-officio, a member of all committees of the Council of Deans.

(b) The term of office of all officers shall be for one year. All officers shall serve until their successors are elected; provided, however, that the Chairman may not succeed himself until after at least one year has elapsed from the end of his term of office.

(c) Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.

(d) There shall be an Administrative Board composed of the Chairman, the Chairman-Elect, and 1 other member elected from the Council of Deans at the time of the Annual Meeting. It shall also include those deans who are elected as members of the Executive Council of the Association of American Medical Colleges.

(e) If the Chairman is absent or unable to

* As adopted October 31, 1969.

serve, the Chairman-Elect of the Council of Deans shall serve in his place and assume his functions. If the Chairman-Elect succeeds the Chairman before the expiration of his term of office, such service shall not disqualify the Chairman-Elect from serving a full term as Chairman.

(f) The Chairman of the Council of Deans shall appoint a Nominating Committee of not less than 5 voting members of the Council who shall be chosen with due regard for regional representation. This Committee will solicit nominations from the voting members for elective positions vacant on the Executive Council and Administrative Board. From these nominations a slate will be drawn, with due regard for regional representation, and will be presented to the voting members of the Council of Deans at least two weeks before the Annual Meeting at which the elections will be held. Additional nominations may be made at the time of the meeting.

(g) The Administrative Board shall be the executive committee to manage the affairs of the Council of Deans, to perform duties prescribed in the Bylaws, to carry out the policies established by the Council of Deans at its meetings, and to take any necessary interim action on behalf of the Council that is required. The actions of the Administrative Board shall be subject to ratification by the Council at its next regular meeting.

The Administrative Board shall also serve the Council of Deans as a Committee on Committees, with the Chairman-Elect serving as its Chairman when it so functions.

Section 5. Meetings, Quorums, and Parliamentary Procedure

(a) Regular meetings of the Council of Deans shall be held in conjunction with the

Council of Teaching Hospitals

The Council of Teaching Hospitals (COTH) completed its third year of operation October, 1969. Its membership now totals 363 hospitals.

Meetings

EXECUTIVE COMMITTEE

The COTH Executive Committee met four times during the year: January 9 and 10, February 8, May 8 and 9, and September 11 and 12. The committee continued to review COTH programs and committee activity.

AAMC Annual Meeting and with the AMA Congress on Medical Education.

(b) Special meetings may be called as set forth in the AAMC Bylaws.

(c) Regional meetings will be held at least twice annually as set forth in the Bylaws of the AAMC.

(d) A simple majority of the voting members shall constitute a quorum.

(e) Formal actions may be taken only at meetings at which a quorum is present. At such meetings decisions will be made by a majority of those present and voting.

(f) Where parliamentary procedure is at issue Robert's Rules of Order shall prevail.

Section 6. Operation and Relationships

(a) The Council of Deans shall report to the Executive Council of the AAMC and shall be represented on the Executive Council of the AAMC by members nominated by voting members of the Council of Deans.

(b) Creation of standing committees and any major actions shall be taken only after recommendation to and approval from the Executive Council of the AAMC.

Section 7. Amendments

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Council of Deans for which thirty days' prior written notice of the Bylaws' change has been given, provided that the total number of the votes cast for the changes constitute a majority of the Council's membership.

REGIONAL GROUPS

The COTH convened in the following regional meetings: Northeastern Group on April 16 in New York; Midwest/Great Plains Group on May 1 in Chicago; Western Group on April 18 in San Francisco; and Southern Group on April 29-30 in Atlanta.

Committee on Financial Principles for Teaching Hospitals

On March 11, 1969 the AAMC Committee on Federal Health Programs reviewed the issues

of medicare and medicaid. It was the consensus of the Federal Health Programs Committee that responsibility for these issues should most effectively be handled by an enlarged AAMC Committee on Financial Principles to include representation from the Council of Academic Societies, Council of Deans, and Council of Teaching Hospitals. This committee was duly constituted.

At its first meeting on June 27, 1969 the Committee recommended that Dr. John A. D. Cooper establish a Presidential Ad Hoc Committee on Medicare Reimbursement of Physicians in a Teaching Setting composed of representatives of the 3 councils to develop a position on this issue. The committee met on July 24 and began drafting the statement.

Committee on Modernization and Construction Funds for Teaching Hospitals

This committee met on June 6, 1969. Included on the agenda was discussion of the AAMC testimony presented before the Subcommittee on Public Health and Welfare of the House of Representatives Committee on Interstate and Foreign Commerce in support of legislation to extend and expand the Hill-Burton Act and plans for the presentation of somewhat similar testimony before the Health Subcommittee of the Senate Committee on Labor and Public Welfare. Testimony before the House Subcommittee was presented by Dr. David E. Rogers, Dean, Johns Hopkins, and Richard T. Viguers, Administrator, New England Medical Center Hospital. Testimony before the Senate Committee was presented on June 19, 1969 by Fred J. Hughes, Member, Board of Regents, University of Minnesota; Dr. Robert B. Howard, Chairman-Elect, AAMC; and Ted Bowen, Administrator, Methodist Hospital, Houston, Texas.

AAMC testimony presented before the House of Representatives Subcommittee on Appropriations for Department of Health, Education, and Welfare was reviewed. Among supportive statements for authorizations contained in the Health Manpower Act and NIH programs was urgent recommendation

for approval of \$258 million budgeted for the Hill-Burton program.

The position paper entitled, "Meeting Society's Expectations for Excellence in Service and Education," approved at the Institutional Membership meeting in November, 1968, was published and distributed to the membership and to members of Congress. This statement was also included in the testimony in support of Hill-Burton legislation presented before the House and Senate Committees.

This committee will continue with its efforts to identify and make more visible to the executive and legislative branches of the federal government, as well as to the public, the unique capital financing needs for modernization and construction of teaching hospitals.

Department of Health, Education, and Welfare Contracts

TEACHING HOSPITAL INFORMATION CENTER

On April 26, 1968 AAMC entered into a fourteen-month contract with the National Center for Health Services Research and Development to establish a Teaching Hospital Information Center. Effective June 27, 1969 the contract was renewed for an additional twelve months to continue both development of the center and survey research efforts. An Advisory Committee for this project was appointed in December, 1968. The committee met in January and April, 1969. The information center has initiated survey efforts in 4 major areas: house staff economics, role of the teaching hospital in community services, teaching hospital executive salaries, and sources of capital financing for teaching hospitals. The center also has investigated and accumulated information and data on other subject matter of particular pertinence to teaching hospitals. Both information and research results will be intended to serve as a documentary resource for teaching hospital directors and medical school deans.

STUDY TO DETERMINE THE EFFECTS OF P.L. 89-97 ON TEACHING HOSPITALS

On January 2, 1969 AAMC was awarded a \$210,327 two-year contract from the Bureau

of Health Professions Education and Manpower Training, Division of Physician Manpower, to study the influences of P.L. 89-97 upon teaching hospitals. The specific focus of this study, referred to as COTHMED, will be the effect the implementation of Title XVIII and Title XIX has had upon training programs for medical students and house staff, medical research, and the delivery of health services within teaching hospitals. An Advisory

Committee has been appointed to assist in developing and carrying out the study. To determine the cost and feasibility of obtaining extensive and precise data on the impact of medicare and medicaid upon teaching hospitals, data will be obtained from all COTH members by a survey questionnaire and by a detailed study of 9 representative teaching hospitals. Work on these phases of the study is now in progress.

Accreditation

Accreditation of undergraduate medical education is the responsibility of the Liaison Committee on Medical Education which is a joint committee of the AAMC Executive Council and the AMA Council on Medical Education. This national accrediting agency was organized in 1942. Although accreditation remains its major function, the last year has seen it and subgroups derived from it broaden their areas of concern.

Dr. John Parks occupied the Chair of the committee until December 31, 1968, when it passed to Dr. William R. Willard. Dr. Cheves McC. Smythe served as Secretary until June 30, 1969, when this position rotated to Dr. Hayden C. Nicholson.

Surveys During 1968-69

During the 1968-69 academic year either regularly scheduled or revisit surveys of twenty-one medical schools were completed. The programs in undergraduate medical education of the following schools were approved and accredited: Alabama, Alberta, Baylor, California-Irvine, Chicago Medical, Cincinnati, Creighton, Dartmouth, Florida, Georgetown, Marquette, Minnesota, Mississippi, New York Medical, New York University, Pittsburgh, Rochester, Saskatchewan, Tennessee, Vermont, Western Ontario, and Yale.

Shorter visits were paid to nine developing schools. The provisional accreditation previously accorded Arizona, California-San Diego, Connecticut, Sherbrooke, and Texas-San Antonio were continued until each graduates its first class of students. Brown University had taken a first class through the

equivalent of a two-year curriculum. This was approved, and its full accreditation was recommended as well as its membership in the AAMC.

Initial or intermediate visits were paid to Louisiana State University-Shreveport, Memorial University, Ohio-Toledo, and South Florida. Provisional accreditation of the first 3 was recommended and approved, but it was recommended that the program at South Florida be reevaluated subsequent to further planning.

Letters of reasonable assurance in connection with major expansion of undergraduate medical school enrollments were provided to Albany, Cincinnati, Emory, Florida, Minnesota, and Washington-Seattle.

Meetings

During meetings held on July 9, 1968 and on January 7 and May 21, 1969, several significant actions were taken:

1. Guidelines will be formulated with the Bureau of Health Professions Education and Manpower Training to assist developing schools and expanding schools in establishing their accreditation status as well as securing fiscal support for their programs.

2. The Liaison Committee was enlarged to fourteen members, six each from the AMA and AAMC, and one from the staff of each organization.

3. The annual financial questionnaire will be sent directly to medical school business officers. The questionnaire has also been enlarged, and data for more than one year's operation are being sought.

4. A new set of presurvey forms was drafted

and is to be used on a pilot basis during six surveys in the 1969-70 academic year. These forms are designed to produce somewhat more detailed data which are more readily processed electronically.

5. A subcommittee was appointed to examine Liaison Committee accreditation procedures with the goal of making them more objective and more thorough.

Surveys Scheduled, 1969-70

During the 1969-70 academic year, regular visits are scheduled to the following medical schools: Boston University, British Columbia, Case Western Reserve, Illinois, Louisiana

State University, North Dakota, Northwestern, Oklahoma, Oregon, Pennsylvania, Texas-Galveston, Utah, Medical College of Virginia, Washington-Seattle, West Virginia, Wisconsin, and Woman's Medical.

Other scheduled visits include Howard, Loma Linda, Manitoba, Meharry, New Jersey, Ottawa, Saint Louis, and Stritch.

Visits to developing medical schools include California-Davis, California-San Diego, Hawaii, McMaster, Michigan State, Mount Sinai, Pennsylvania State, and Texas-San Antonio. Visits are also scheduled to the developing programs at Nevada and SUNY-Stony Brook.

Continuing Education

Since the 1968 Annual Meeting the Committee on Continuing Education met on four occasions. In addition to planning the program for the Eighth Annual Conference on Continuing Medical Education which was presented on October 30, 1969, the committee formulated the following Resolution and Recommendations which were forwarded to the Association for consideration by the Executive Council. The Executive Council considered this Resolution and the Recommendations, and its initial deliberations were reported on October 30.

Resolution and Recommendations

It is with a sense of urgency that the Committee on Continuing Education submits the following resolution and recommendations. The members of the committee, long experienced in continuing medical education, find that there is much evidence, nationwide, of new and increased interest in continuing education, not only for physicians, but for all members of the health care team.

The time has come for the Association to urge its member institutions to assume responsibility for continuing education as one of their primary educational activities. We believe the administration of the Association should take the initiative in developing mechanisms which will assist its member institutions with their programs of continuing education.

Following are the committee's recommendations. These are submitted for approval and adoption by the Association. They are presented as: (a) a resolution, (b) functions of the Committee on Continuing Education, (c) functions of the proposed Division of Continuing Education, (d) activities of the Committee on Continuing Education, (e) activities of the proposed Division of Continuing Education, (f) job description of the Director of the proposed Division of Continuing Education, and (g) Division of Continuing Education personnel structure and budget.

A Resolution

WHEREAS the primary duty of the physician is to provide the highest quality of medical care, and

WHEREAS medical knowledge is expanding constantly and it follows that the inescapable duty of every physician in practice is to keep his professional knowledge and skills up-to-date, and

WHEREAS the universities, being the primary medical education sources, have (a) the teachers, (b) the body of knowledge, (c) the understanding of the teaching-learning process, and (d) the experience in organizing these resources into effective educational programs, and

WHEREAS medical education is an endless continuum from undergraduate basic science and clinical education, through graduate and continuing education, the divisions between the various stages being artificial and often vague, and

WHEREAS the Association of American Medical Colleges is the national organization representing medical colleges and teaching hospitals, and
 WHEREAS high quality health care often requires the participation of informed health professionals functioning together,
 THEREFORE be it resolved that (a) the Association of American Medical Colleges assume a leadership role and place among its primary concerns the development of continuing medical education, (b) the Association of American Medical Colleges recommend to its member institutions that they recognize continuing education as one of their primary functions, and (c) the Association of American Medical Colleges establish a Division of Continuing Education, or other appropriate administrative unit, to assist in these roles of development and leadership.

Functions of the Committee on Continuing Education

Functions of the Committee on Continuing Education will be: (a) to recommend to the Executive Council continuing education policy; (b) to provide direction to the efforts of the Division of Continuing Education (To accomplish this, it is suggested that all major activities of the Division be presented to the Committee for its recommendations.); (c) to stimulate interest in continuing education by the Association and its membership (See suggested Activities of the Committee on Continuing Education.); (d) to serve as an information resource to the Association in its functions and interrelationships concerned with continuing education; (e) to foster the concept of self-motivated learning for the entire span of education and training for the medical profession and health sciences; and (f) to assist the Association in its search for financial support of the Division of Continuing Education.

Functions of the Proposed Division of Continuing Education

Functions of the proposed Division of Continuing Education will be: (a) to foster and carry out studies and research in continuing education (See items [a] and [b] under Activities of the Proposed Division of Continuing Education.); (b) to be prepared to receive

advice and counsel from institutions, organizations, and governmental agencies involved in continuing education and to be prepared to provide advice and counsel to these groups; (c) to provide forums and other means of communication concerning education to the membership of the Association (See item [c] under Activities of the Proposed Division of Continuing Education.); (d) to provide consultation and advice in continuing education to the membership of the Association (See item [d] under Activities of the Proposed Division of Continuing Education.); (e) to serve as an information resource on continuing education for the staff of the Association; and (f) to carry out such staff functions as may be appropriate to support the activities of the Committee on Continuing Education.

Activities of the Committee on Continuing Education

Proposed activities of the Committee on Continuing Education include: (a) development of staff paper to define mutual benefits of continuing education programs to medical educational institutions and their service regions and (b) improvement of the Annual Meeting on Continuing Education of the Association of American Medical Colleges.

Activities of the Proposed Division of Continuing Education

Activities of the proposed Division of Continuing Education include: (a) establishment of an annual data base on continuing education functions and activities in medical colleges; (b) review of accreditation program activities as they relate to evaluation of medical school activities in continuing education, such as the Liaison Committee on Medical Education and the AMA Continuing Education Accreditation; (c) establishment of annual regional AAMC meetings for medical school directors of continuing education; and (d) consultation service for schools wishing to initiate, augment, or improve their efforts in continuing medical education.

Job Description of the Director of the Proposed Division of Continuing Education

The Director will be responsible to: (a) organize the "Office of the Division of Continuing Education"; (b) prepare detailed plans for accomplishing the mission of the Division; (c) delineate the duties of personnel of the Division and define the responsibilities and authority of each; (d) recruit and recommend to the AAMC, with the advice of the Committee on Continuing Education, candidates for the position of Assistant Director and Assistant Director for Research; (e) act as chief executive officer to the professional staff of the Division and cause to be kept appropriate minutes and transactions to be submitted to the Committee on Continuing Education and to his appropriate AAMC superior; (f) prepare an Annual Report of activities of the Division; (g) act as secretary to the Committee on Continuing Education; (h) assist the chairman of the Committee on Continuing Education in preparing its Committee agenda; (i) transmit to the Committee on Continuing Education all major matters affecting the Division including those originating in the Division office, at other levels of AAMC, and from other sources; (j) implement decisions and facilitate activities of the Committee that have been approved by the Executive Council or that are otherwise in accord with established policies of the AAMC; and (k) develop and maintain liaison with the appropriate staff of institutions, organizations, and governmental agencies involved in continuing education.

Division of Continuing Education Personnel Structure and Budget

The proposed first-year budget is as follows: Director, \$35,000; one secretary, \$6,000; equipment, \$5,000; consumable supplies, \$4,000; travel, \$8,000; miscellaneous (telephone, mailings, etc.), \$8,000; and consultants, \$8,000. For the second year the budget provides: \$37,000 for a Director, \$26,000 for an Assistant Director, \$20,000 for an Assistant Director for Research, \$18,000 for 3 secretaries, \$12,000 for equipment, \$8,000 for con-

sumable supplies, \$15,000 for travel, \$15,000 for miscellaneous, and \$15,000 for consultants. The total first-year budget has been set at \$74,000, and the second year at \$166,000.

AAMC Response

On August 27, 1969 Dr. John A. D. Cooper, President of the AAMC, wrote to Dr. Frank M. Woolsey, Jr., Chairman of the committee, to report the deliberations and actions of the Executive Council on the "Resolution and Recommendations." That letter follows:

At the April 9, 1969 Executive Council meeting, the "Resolution and Recommendations" formulated by the Committee on Continuing Education were considered. The Council agreed that there was a need for a more vigorous program in this area, and took the following ACTION:

"...the Executive Council voted to authorize and support the President in moving forward to develop a formal program as recommended, and exploring the possibilities of external funding to that end."

The Executive Committee of the Executive Council, at its June 23, 1969 meeting, discussed the subject again when two specialty societies applied for AAMC membership. It was pointed out that the educational aspects of these organizations related to continuing education. The suggestion at that time that another Council be formed did not receive support. Rather, the Executive Committee took the following ACTION:

"It was recommended that the matter be referred to the Council of Academic Societies for their recommendation."

As you may know the Council is also considering participating in the formation of a Commission on Medical Education with the AMA, AHA, and other associations which would have as one of its areas of concern continuing education.

Though there is strong support in principle for the development of a program to deal with continuing medical education we have neither the staff or financing to undertake this immediately. Furthermore the Council feels we should resolve the matters discussed above before taking any definitive steps within the Association.

Your Committee has done a great deal of work and we are grateful for the time and effort they put into the study and report. Continuing education is an important area for the Association and we have to determine the most appropriate way for us to proceed

in relation to the activities of other organizations.

Conclusion

The Committee on Continuing Medical Education met again on October 29, 1969. It

decided to continue, even more forcefully, to urge action by the Association and to reiterate its position to the Executive Council. Plans are to press forward with the "Resolution and Recommendations."

Education Advisory Committee to the Veterans Administration

The committee met on October 18, 1968 in Washington, D.C., on February 3, 1969 in New Orleans, and on May 17, 1969 in Washington, D.C. Since then, significant changes were made in the VA: on June 19, Mr. Donald E. Johnson took the oath of office as the Administrator of Veterans Affairs, and on May 29, Mr. Fred B. Rhodes became the new Deputy Administrator.

Functions

EXCHANGE OF MEDICAL INFORMATION

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 the Special Medical Advisory Group (SMAG). This subcommittee advises the Administrator and Chief Medical Director (CMD) regarding exchange of medical information. The purpose is 2-fold: (a) to encourage exchange of medical information and techniques between medical schools, hospitals, research centers, and individual members of the medical profession and VA hospitals and (b) to create, to the maximum extent possible, an environment of academic medicine at each VA hospital. This subcommittee 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 authorized appropriations not to exceed \$3 million for each of four fiscal years beginning in FY-68. Actual appropriations have amounted to \$900,000 in FY-68; \$974,000 in FY-69; and \$2,000,000 in FY-70. Under this program every nonaffiliated and remote VA hospital will be involved. The VA expertise in

medical care, education, and research will reach into many communities through arrangements for local practitioners to share in this dissemination of knowledge.

EDUCATION ADVISORY COMMITTEE TO VA

As an Education Advisory Committee to the Department of Medicine and Surgery, the committee advises the Director, Education Service, and the CMD about all other aspects of VA's education and training program not directly related to the responsibilities of the committee under PEMI. This function of the committee is extremely important since the Congress gave the VA a powerful mandate for large-scale health manpower training. P.L. 89-785 specifies education as a function of the Department of Medicine and Surgery of the VA. "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, hospitals; and such other public or non-profit 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.

LIAISON WITH AAMC

The third function of the committee relates to its liaison activities between the AAMC, the VA, the Deans Committees of the VA hospitals, and the medical schools.

VA Education and Training Long-Range Projection

Fortified by recent legislation encouraging the agency to conduct education and training of health manpower, the VA has planned a marked expansion of existent training and the development of new programs adapted to the rapidly changing demands of American medicine.

The long-range objective of the VA by FY-75 is to expand its current training program of approximately 38,000 (June 30, 1969) professionals and allied health personnel to 87,000 persons annually. The largest increases will be in the training of allied health groups with more modest expansion of physicians, dentists, and nurses. The number of medical students assigned to VA hospitals will be increased as existing affiliations with medical schools are expanded. Additional training programs will be initiated as new medical schools are established in affiliation with VA hospitals.

Career Development Program

The purpose of this program is to train increased numbers of physicians and dentists to assume patient care, teaching, and research responsibilities in VA hospitals in the future. The program is designed to increase the interchange and intermingling of professional personnel between VA and affiliated medical centers, achieve optimal utilization of facilities and resources, and further academic excellence and maturity. All of these programs are administered through peer review. Outstanding consultants and VA personnel comprise the selection committees for these positions. The number of persons trained in the various career programs in FY-70 is: 6 senior medical investigators, 5 medical investigators, 60 clinical investigators, 134 research and education associates, and 160 research and education trainees.

Distinguished Physician Program

The Distinguished Physician Program has been established to bring physicians into the VA system who have made very significant

contributions to medical science and have attained exceptional professional stature over long and distinguished careers.

Dr. William A. Castle, the first Distinguished Physician, appeared before the committee to discuss his experience and to share his concepts about the objectives of the program and ideas about selection procedures. Dr. Castle is stationed at VA Hospital, West Roxbury, Massachusetts, and serves on a VA-wide basis as consultant, lecturer, and in other teaching capacities.

The committee has assumed the responsibility for nominating and recommending physicians for the Distinguished Physician Program. It is anticipated that VA will be able to increase the number of physicians in this program from the current one physician to ten or twenty by FY-75.

Educational Program

A number of programs that were approved by the committee and described in detail in last year's report, have now been implemented. Among these are (a) closed circuit two-way TV communication linking the Nebraska Psychiatric Institute and three VA hospitals in Nebraska and teleconsultation between the Massachusetts General Hospital and VA Hospital in Bedford; (b) coordinated use of lectures and videotapes or 8mm cartridge-loaded films by sixty VA hospitals through arrangements with the University of California Medical Television Network; (c) development in cooperation with the National Medical Audiovisual Center in Atlanta of a distribution system for audiovisuals through the use of fifty-three VA hospitals in the Eastern U.S.; (d) continuation of an extended educational leave system using the VA Hospital, Washington, D.C., as a base; and (e) affiliation of the VA Hospital in Muskogee with the University of Oklahoma Medical Center.

The utilization of computerized information has been incorporated into the following exchange of medical information pilot programs:

1. At the 1969 Annual Meeting of the American Gastroenterological Association, a series of four self-administered examinations were presented by means of computer-linked

teaching machines. Development of this project was funded by the VA through the exchange of medical information program. Its principal objective was to demonstrate the capability of a self-administered examination to attract, challenge, and satisfy participants and accurately measure their knowledge of a restricted area in twenty minutes.

2. The University of Alabama, under a grant from the Veterans Administration, is in the process of establishing a complete and fully operational tumor registry encompassing the patient populations of the University of Alabama Hospital and the four VA hospitals in the state. The project will include automating and computerizing the registry mechanisms to achieve integration of all records and to carry out additional follow-up of patients. This project will be made available as a teaching demonstration and for structured training programs to practicing physicians as well as interns, residents, and undergraduate medical students.

Residents and Interns

The committee would like to emphasize to the members the status of several major concerns.

Educational Measurement and Research

Continuing activities in educational measurement and research are the Medical College Admission Test (MCAT) program, the biochemistry placement examination project, and the Annual Conference on Research in Medical Education (RIME). Two special studies that were initiated during the year in connection with the MCAT program were on the educational background and career plans of all MCAT examinees and on the possibility of minority-group bias in the MCAT. Also, the use of personality measurement in the selection and evaluation of medical students was explored.

MCAT Program

The MCAT program is conducted under the aegis of the MCAT Advisory Committee. This committee deals primarily with operational aspects of the program.

Because of the relocation of the AAMC

More than a year ago, the committee indicated its great concern about the free movement of residents and interns in integrated programs. This had led to a series of steps beginning with the index hospital concept of establishing rates of pay for VA interns and residents. Three additional related matters are now in development: (a) establishment of a position of Chief Resident within the VA; (b) publication of guidelines for residents' involvement in such areas as teaching and community health services as part of their training and for which additional compensation might be allowable; (c) simplification of scheduling, bookkeeping, leave practices, and other administrative procedures. H.R. 11427 and S. 2363 have been introduced to provide legislative authority for the Administrator of Veterans Affairs to enter into agreements with hospitals, medical schools, and medical installations for the central administration of training programs for interns and residents. Such central administration would eliminate the problems mentioned.

The committee believes these are meaningful, constructive steps toward implementing their resolutions reported last year.

offices from Evanston, Illinois to Washington, D.C., the existing contract with The Psychological Corporation was extended through December 31, 1969, instead of being terminated on June 30, 1969. Beginning with the May, 1970 MCAT administration, AAMC will be responsible for reporting MCAT scores to medical schools and to MCAT examinees, while test administration and scoring will continue to be performed by extramural contract. At the same time, the American Medical College Application Service (AMCAS) will become fully operational with applications for the 1971 entering classes and will begin to furnish the data required for a major evaluation of the MCAT program.

A questionnaire to provide data concerning the educational background and career plans of all MCAT examinees was first administered in May, 1968. The same questionnaire was administered with the MCAT again in Oc-

tober, 1968, and a revised version was administered at the May, 1969 testing. This revised version added three questions regarding socioeconomic status to an existing question concerning racial background to elicit data on the qualifications of minority-group applicants. These questions were included as optional items.

Biochemistry Placement Examination Project

During the last year steady progress has been made in the development of a biochemistry

placement examination. In March a preliminary test outline was circulated to biochemistry department chairmen at medical schools across the country for differential weighting and suggested revisions. Limited testing of incoming medical students was done in the fall of 1969 in a number of schools. In mid-1970, students who are completing their first and second years at selected schools will be tested in order to obtain some normative data. The project will be fully operational in the summer and fall of 1970.

Federal Health Programs*

It must by now be apparent to everyone that the traditional charge to the Federal Health Programs Committee—which is to assure favorable consideration of the needs of medical education and research by the Congress—has this year been grievously difficult to carry out. Nor do we yet know what the results of our activities will prove to be. In this extraordinary fiscal year, now nearly half gone, there is still no appropriation, no definite knowledge as to when Congress will finally take action, no knowledge whatever as to what the action will be when it is taken. I should like nevertheless to report on the activities of the Federal Health Programs Committee, past and continuing, and to show you that the Association's case, whatever the budget turns out to be, has been clearly stated to both Congress and the Administration and is in process of being placed before the public, something which, at this particular time, is all-important.

Policy on Appropriations

Our first task was to evolve a stand to be taken on our needs in this particular fiscal year, and we began, in a series of meetings, to work on this, well before we knew what the new Administration would recommend. You will recall that the Johnson Administration

submitted a budget just before it went out of office and that the incoming Administration then modified the Johnson budget. The net effect was a dangerous reduction in many categories.

Working with all the information and counsel we could assemble, we finally came up with recommendations that some of the cuts in appropriations for *Health Manpower* not only be restored but that funds be voted to the limits authorized in the original legislation. This included the basic and special improvement grant categories, teaching construction, and the much-discussed student aid provision. I winced a bit when I listened two days ago to a student speaker who said that, to his knowledge, student groups were the only ones that had pressed for restoration of funds for student aid. His knowledge was, to say the least, incomplete. Actually, the incoming Administration, by what seemed to us to be a disturbingly arbitrary process, cut the sum to the levels mentioned earlier today. Our own recommendation was for the full amount for which the medical schools had earlier shown justification. We placed this recommendation, by a number of methods, before key Congressmen, members of the Administration, and various educational groups and are still hard at it. It was and is not merely a matter of putting such a recommendation in formal testimony; and the whole process of seeing that the real need is fully understood is taking an appalling amount of time especially on the part of our President.

* Presented by the Chairman, Dr. Carleton B. Chapman, before the Second Annual Assembly of the Association of American Medical Colleges, November 3, 1969, Cincinnati, Ohio.

Student efforts to remedy the matter have been most impressive. But they have not labored alone, and the battle is not yet over.

As for the NIH appropriation, we focused, for good reason, on bringing the appropriation for training grants, which had been the subject of recommendations for very significant reductions, up to a workable level. We also urged the restoration of funds for research construction at least to the degree that the program is kept alive.

And there were other recommendations. The total stand was painfully and carefully worked out in consultation with our own Councils of Academic Societies and Teaching Hospitals, as well as with other groups.

We delivered these recommendations as testimony before the House Subcommittee which gave every evidence of having already made up its mind to support the present Administration's budgetary cuts. In fact, only the Chairman, Mr. Flood of Pennsylvania, was present; and he gave us a hearing that can best be described as disinterested.

The House action was, as you know, to support all the cuts recommended by the present Administration.

At present, the Senate Subcommittee hearings are in progress and, in due course, we will state our case before them. But meantime, we have spent a great deal of time working with key Committee members and have some assurance that they understand the prodigious difficulties that will face the medical schools if the House action is not modified. We have also obtained full support for our stand from the Association of American Universities and other groups. Most of our package is also supported fully by the AMA and the Federation of Associated Schools of the Health Professions. We have, in addition, worked very closely with the Ad Hoc Committee on Full Funding, which accepts fully our point of view.

There are many other items which would be too tedious to list in detail. But as to the all-important approach to the public, a great deal is in process mostly as a result of John Cooper's labors. In my opinion, the Association's greatest weakness in the past has been in failing to

develop a vigorous and active mechanism for stating its case to the public. This is rapidly being remedied but cannot be set right overnight. Already, however, certain of the nation's most prominent newspapers are conveying our message in news stories and editorials, and prominent weeklies and monthlies are doing the same.

What Now?

But what happens next? First, the Senate must act and, unless it agrees with the House action, differences must be settled in conference. We cannot yet know what the Senate action will be, but we have some reason for a hopeful outlook. The conference process, if it occurs, will be difficult; yet at each of these stages it is possible for us to work toward a reasonable outcome. The final problem will, of course, be to induce the Bureau of the Budget to spend the money once it is appropriated. This is also a point at which we hope some leverage can be exerted, and we will miss no opportunity to do so.

But what, in addition to all this, should now be done? The Federal Health Programs Committee can claim no exclusive knowledge in this general area and welcomes any suggestions any of our constituents may have. The proposed march on Washington might be one way, still open to us, to influence events. I am bound to say, however, that there are more effective ways. We are not, numerically or qualitatively, a major political force and, while I am sure some members of Congress would receive our members cordially, I do not believe a march would help much.

The grass roots technique, however, still needs to be applied and this can be done in two ways. First, each of us should reread the testimony that represents the Association's stand. Then each of us should, if we have not already done so, demonstrate by specific example what the cuts will do to our own medical schools and centers. This information should then be conveyed to the local press and to our own Congressional delegations. It is particularly important for deans who have, or can develop, access to key Congressmen—members of the Senate Appropriations Committee

and of the Conference Committee when its membership becomes known—to do so quickly. And the problems should be stated very strongly in terms of the effects the proposed cuts will have on institutions within the areas from which these men are elected. What it amounts to is that our Committee and the national office can state the case in terms of the general effect the cuts will have in the nation; individual deans and faculties must do so in terms of the expected effects on their own institutions, and no national committee can do this as effectively as the man on the spot. We may be able, of course, to help individual institutions develop their own stories, but, in any case, this needs to be done quickly.

As to the future, we will obviously be involved in budget battles for a long time to come. There will also, at some point, be new legislation to cope with. There are many overlap areas in which the committee is involved, such as the problems with payments to teaching hospitals under Title XIX, questions concerning the Doctor's Draft, and the work of various task forces in and out of the government.

And now, there is the matter of universal health insurance. Despite Roger Egeberg's "go slow" attitude toward compulsory health insurance, legislation of this sort is certain to surface in the near future. What would its effect be on medical schools and teaching hospitals? The question is sufficiently serious that our Association now needs to begin to put itself in a position to react when a compulsory health insurance proposal comes under debate. I do not mean to convey the impression that the Association should oppose such legislation. On the contrary, we may well, if we keep our-

selves informed and prepared, be able to work for *better* legislation. With this in mind, our Committee has asked that a task force be set up to study the matter and to keep the Association fully informed as the situation develops. Such a task force will require special expertise and will have to put in a lot of time to cope with this complex problem. But our Committee feels very strongly that such a task force should be set up without delay.

Finally, I should like to point out that under John Cooper's leadership, the national office is developing a staff that is already making our Committee's work much simpler and more effective. In fact, with a more effective national office, it may well be appropriate to streamline the Federal Health Programs Committee and to turn over the whole process of writing and delivering testimony to Dr. Cooper and his staff. The Committee would then devote all its attention to developing policy and to giving Dr. Cooper the backing he needs in placing the Association's views before the various segments of the federal government.

All this is currently under consideration. We hope, of course, that there will be some relief from the budgetary strictures of the present, and we wish that there were some way to reassure you today about the outcome of Congressional action on the current budget. I would be irresponsible if I offered such reassurance. All I can say is that we are ready to do anything we can, over and above what has already been done, to produce a favorable outcome. And I remind you again that individual institutions are, at the moment, in a powerful position with regard to influencing their own communities and their own Congressmen in our favor.

International Medical Education

During the year, activities in international medical education have been expanded. This program is under the aegis of the Committee on International Relations in Medical Education.

Programs and Projects Under AID/AAMC Contract

Under the AID/AAMC contract of 1966, which was renewed for a nine-month extension

beginning in June, 1969, AAMC is undertaking the following specific projects.

THE INSTITUTE ON MEDICAL EDUCATION AND FAMILY PLANNING

This project was planned in order to bring outstanding U.S. and Canadian medical educators together with leaders in family planning movements abroad in order to deepen their understanding of world population problems

and increase the sense of urgency of medical schools' commitments to educating medical students in all the aspects of the world's population problem and the role of physicians and medical schools in solving it. A total of 272 persons participated in the Institute. The proceedings of the Institute were published as Part 2 of the November, 1969 issue of the *Journal of Medical Education* and will be published in the February, 1970 issue of the *Indian Journal of Medical Education*.

STUDY OF INTERNATIONAL ACTIVITIES OF U.S. MEDICAL SCHOOLS

AAMC continued its project begun in June of 1968 and designed to determine the attitudes and interests of U.S. medical schools in international medical education, the commitment of each school, and the nature of its involvement with the intention of ascertaining the availability and types of U.S. resources potentially available to support international medical education. To this end, twenty site visitors surveyed seven medical schools in the West, ten in the Midwest, sixteen in the South, and eighteen in the Northeast. The summary findings were discussed at the Annual Conference on International Medical Education on November 1 and will be published in early 1970.

Support to Regional Associations of Medical Schools

PAN AMERICAN FEDERATION OF ASSOCIATIONS OF MEDICAL SCHOOLS (PAFAMS)

The Second Annual Conference on Medical Education in the Americas was held September 22-24, 1969, convened by PAFAMS in conjunction with the Mexican Association of Medical Schools, the School of Medicine of the National University, and the Institute of Social Security. The theme for the conference was "The Integration of Education in the Health Professions."

ASSOCIATION OF MEDICAL SCHOOLS IN AFRICA (AMSA)

The Eighth Annual Conference of the AMSA was held in Abidjan, Ivory Coast, April 15-19, 1969. The Director of DIME

attended this conference in which fourteen African medical schools represented eleven countries.

It is contemplated that the African Bureau of AID and AAMC will also cooperate in a project involving an AMSA sponsored Conference on Family Health and Medical Education. This meeting is tentatively scheduled to be held in April, 1970 in Kampala, Uganda.

MIDDLE EAST ASSOCIATION OF MEDICAL SCHOOLS (MEAMS)

The Director of DIME participated in preparatory meetings and in meetings of the deans of 31 medical schools from ten countries in the Middle East which culminated in their signing the constitution of the Association of Medical Schools in the Middle East. The ceremony was held on December 12, 1968 in the Presidential Palace in Khartoum in the presence of the President of Sudan.

Missions

An AAMC consultant group visited Liberia from September 30 through November 14, 1969, at the request of AID, to advise AID and Liberia regarding problems of staffing and management of the John F. Kennedy Memorial Hospital. Specifically, the group was asked to: (a) analyze factors recognized in current historical review, (b) make a field evaluation of the Medical Center status with particular reference to government's commitments, (c) discuss proposed recommendations with the ambassador and mission director, and (d) present to the government recommendations following discussions with the ambassador and the mission director.

In August, Dr. Thomas H. Hunter, Chancellor for Medical Affairs of the University of Virginia, made a fact-finding mission for AID to Yaounde, the Cameroons. His purpose was to obtain on-site information concerning the plans and development of the University Center for Health Sciences and to report his findings to AID.

AAMC/Public Health Service Fellowship Program

In July, 1967 the AAMC entered into a contract with the Public Health Service to ad-

minister 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 third year, following two years of concentrated planning and intensive negotiations.

In the first year, a pilot project for twenty U.S. students at the Government Hospital, Tel Hashomer, Israel, paved the way for a program in 1969 that provided for 70 student fellowships at three Israeli institutions: the Tel Hashomer Government Hospital, the Hadassah Medical Center, and the Rambam Government Hospital. In 1969 there were eighty-nine applicants for the seventy fellowships available at the three Israeli institutions. Altogether since its inception the AAMC/PHS Fellowship Program has sent eighty-nine Fellows from forty-eight U.S. schools to Israel.

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.

The three proposals submitted to the Project Officer for programs in Yugoslavia were negotiated in May, each for a period of three years. The programs are to be under the direction of the Andrija Stampar School of Public Health, University of Zagreb, the Faculty of Medicine, University of Belgrade, and the Institute of Public Health, Republic of Serbia in Belgrade.

The 1969 programs will be carried out September 15–November 22. The availability of the Yugoslav Fellowships was announced to the U.S. schools of medicine on April 29. Thirty Fellows were selected: sixteen to participate in the program at the Andrija Stampar School of Public Health in Zagreb; ten for the program under the direction of the Faculty of Medicine, University of Belgrade; and four for

study at the Institute of Public Health, Republic of Serbia.

Negotiations continue at various levels with regard to future fellowship programs in India and Pakistan.

Smith Kline & French Fellowship Program

For ten years the AAMC has administered a fellowship program for the Smith Kline & French Laboratories (SK & F). The primary objectives of these fellowships are to provide students with the opportunity to benefit from unusual clinical experiences and to allow them to familiarize themselves with medical, cultural, and social problems that often differ radically from those prevailing in the U.S. These Fellows are usually assigned to mission hospitals or outpost medical facilities.

On March 20, 1969 the Selection Committee for the SK & F Fellowship Program met and reviewed eighty-seven applications of third- and fourth-year U.S. medical students. It awarded thirty-one fellowships, twenty-seven of which went to men and four to women. Eleven of the men received awards that permitted their wives, who were nurses, medical students, or laboratory technicians, to accompany them. The Fellows will spend at least ten weeks with their sponsors in developing areas of the world.

Miscellaneous

In September of 1968 a study to be used in future surveys that would assess the relation of health planning to the overall economic development plans in selected developing countries was initiated. Studies of Ghana and Kenya were completed during 1968–69, and an analysis of Brazil is currently being made.

The 13th Annual Conference for Foreign Medical Scholars met from June 10–12, 1969, in Tan-Tar-A, Lake of the Ozarks, Missouri. The 14th Annual Conference will be held in Cleveland under the auspices of the Case Western Reserve School of Medicine.

The Director of DIME was an adviser to the U.S. Delegation to the World Health Assembly which met in Boston, July 8–25, 1969.

There were 122 countries represented at this Assembly which was meeting for the second

time with the United States as the host government

Operational Studies and Management

AAMC analyzes and disseminates data collected from the medical schools with reference to financial management, faculty characterization, and facilities planning and design. This program is conducted under the aegis of the Advisory Committee for Operational Studies and Management whose membership includes representation from the three AAMC Councils and from the Business Officers Section.

Financial Information

MEDICAL SCHOOL

Financial data are obtained annually from the medical schools through the AMA-AAMC joint liaison questionnaire. This questionnaire was revised to make the data more current and more relevant and to refine the questions in response to changing patterns of financial support, management, and accounting systems. The AAMC annually summarizes and publishes these data in the Education Number of the *JAMA*.

FACULTY SALARY STUDY

A total of ninety-five medical schools were included in AAMC's 1968 Faculty Salary Study. Median salary ranges for selected clinical disciplines and for the basic sciences were published in a "Datagram." The study was broadened to include administrative as well as academic appointments. Requests indicate the need for more accurate data with reference to supplementary or additional incomes and fringe benefits that are derived from private practice. Also, a preliminary survey of private practice plans was made.

PROGRAM COST ALLOCATION

This year has seen the publication of two program cost allocation studies. The first of these, published posthumously, was the well-known "Carroll Study of Yale-New Haven." The second study, *Program Cost Allocation in Seven Medical Centers: A Pilot Study* by

Thomas J. Campbell, was jointly sponsored by the AAMC and the Department of Health, Education, and Welfare. Plans were laid for continued refinement of this program in the original 7 medical centers and for extension of the program to additional schools. A new contract was negotiated with the federal government during the latter part of the year, and the program will continue.

Faculty Roster

During the past year the development, refinement, and input of data for the Faculty Roster were revised. A subcontract filed with the Technetics Corporation supplanted the previous arrangements in the handling of the information retrieval and analysis system. A series of approximately 200 tabulations was transmitted to the federal government at the end of the year.

An advisory committee for the roster, consisting of an equal number of medical school representatives and NIH representatives, was initiated. Two meetings of this committee were held to formulate objectives and design future tactics. Initial steps were taken to evaluate objectives of this inventory of faculty. A major objective is a clear understanding of the sources, movement, and gain or loss of faculty. Future objectives will consist of an analysis of part time participants in the functions of the medical school.

Business Officers Section

The Business Officers Section (BOS), formally organized on November 1, 1968, has successfully completed its first year of operations. To facilitate planning of the BOS activities, the following committees were named: Program, Bylaws, Nominating, and Relationships with the National Association of College and University Business Officers (NACUBO).

REGIONAL MEETINGS

During the year, the four regional organizations each held two meetings which were de-

voted to workshops on problems of mutual interest and concern. Each region elected a coordinator to be responsible in liaison between the region and the national BOS organization. Elected as regional coordinators were: Northeastern Region, David A. Sinclair, SUNY-Syracuse; Southern Region, Hugh E. Hilliard, Emory; Midwestern Region, Gerald H. Gillman, Minnesota; and Western Region, William A. Zimmerman, Oregon.

WORKSHOPS

A two-year commitment of \$121,600 from the W. K. Kellogg Foundation to assist the AAMC in the development of an educational program for medical school business officers will provide the support necessary to develop regional workshops for the BOS membership over the next few years. These workshops will provide a forum in which medical school business and fiscal officers can meet to discuss in depth subjects of greatest concern to them. The subjects for these workshops were selected through survey questionnaires.

Four topics were selected to be developed in 1969 under this program. Workshop topics and those who served as chairmen of the committees to develop them were: Relations Within the Medical Center and the Role of the Business Officer, Warren H. Kennedy, Vanderbilt; Relations with the Federal Government,

Gerald H. Gillman, Minnesota; Fiscal and Administrative Relationships with the Parent University, Erick K. Erickson, California-San Francisco; and Medical Service Plans, Bernard Siegel, Albany.

FUTURE ACTIVITIES

During the next two years, an attempt will be made to develop a more extensive file of information for medical center administrators on such topics as departmental programs and budgets, clerical staffing needs, including new and developing programs, computer services, and animal quarters.

Facilities

The proposal to study the planning, design, and construction of health education facilities which was approved by the Executive Council in the previous year was initiated. Permission was received to use unexpended funds provided by the Commonwealth Fund, and a workshop conference was held in Chicago in January. Attending the conference were representatives of governmental agencies, the American Institute of Architects, and faculty and administrators concerned with planning in representative medical centers. The conference concluded that such studies were indeed overdue and that the AAMC was the logical agency to carry out and lead such a program.

Student Affairs

The AAMC student affairs program is conducted under the aegis of the Committee on Student Affairs and the Group on Student Affairs (GSA). During 1968-69 the GSA consisted of over 250 medical school admissions and student affairs officers in the United States and Canada.

Applicant and Student Records

As a basic service to medical schools, AAMC maintains complete and accurate records of all medical school applicants and students. For the 1968-69 entering class, a total of 21,118 individuals filed 112,195 applications. Of these, 9,740 persons were enrolled for the first time. Repeaters and other special students

brought the total first-year enrollment up to 9,863. The total enrollment during 1968-69 was 35,828.

Based on these central records, AAMC continues to provide a substantial information exchange with all U.S. medical schools and over 1,000 undergraduate colleges annually. Major effort during the year was also given to increasing computerization of the basic record system.

Centralized Application Service

During 1968-69 approximately twenty percent of the applicants to Duke, SUNY-Brooklyn, Tennessee, Missouri, Iowa, Northwestern, and California-San Diego partici-

pated in the American Medical College Application Service (AMCAS) pilot study and developmental portion of the AMCAS program. Twenty other schools adopted the uniform application blank. During 1969-70 Stanford replaced Duke in the pilot study, and all seven schools carried out their entire admissions programs through AMCAS. In addition, thirty-nine other institutions adopted the uniform application blank. It is hoped that all medical schools will elect to participate in AMCAS for their classes entering in September, 1971.

Conferences

AAMC either sponsored or played a significant role in a number of conferences during the year.

In February, 1969 the Student American Medical Association (SAMA) conducted a Student Conference on Medical Education in Chicago. AAMC supported this SAMA effort by allocating \$2,500 from MCAT fees for this purpose and also by participation in the planning and program activities.

In March, 1969 AAMC cosponsored with the Josiah Macy, Jr. Foundation a Border States Conference on "Liberal Arts Education and Admission to Medical School." Participants were primarily premedical advisors from traditionally Negro colleges and admissions officers from the medical schools of the region.

Also in March, 1969, in conjunction with the GSA Western Region meeting, AAMC sponsored a regional conference on "Increasing Representation in Medical Schools of Afro-Americans, Mexican Americans, and American Indians."

In June, 1969 a related regional meeting on "Articulation Between Medical and Pre-medical Education" was held under the auspices of the Western Region medical schools with financing from the USPHS Division of Physician Manpower.

The Northeast Association of Advisors for the Health Professions, which grew out of the 1968 Buck Hill Falls Conference, held its first meeting in June, 1969 on Martha's Vineyard, Massachusetts in conjunction with the Northeast GSA.

Also activated at Cincinnati in May, 1969 was a Midwest Advisors Association developed by a number of premedical advisors who met jointly with the Midwest and Great Plains GSA regional groups. Advisors in the Western Region have also indicated an interest in forming an association affiliated with the AAMC.

Other Projects and Activities

A number of special projects or continuing activities worthy of note are summarized as follows:

COMMUNICATION WITH STUDENT ORGANIZATIONS

AAMC worked closely with SAMA, the Student Health Organizations (SHO), and the Student National Medical Association (SNMA) throughout the year. In addition to participation in the Student Conference on Medical Education, the Association focused on student participation in the AAMC and establishment of a student membership category in the AAMC.

FINANCIAL PROBLEMS OF MEDICAL STUDENTS.

Liaison with the federal government in relation to the health professions scholarship and loan programs was maintained. All schools were encouraged to contact their legislators concerning reduction in the health professions student loan program. Potential uses of the College Scholarship Service in developing a financial need analysis for medical students was explored, and the advisability of using private loan collection agencies was reviewed.

MEDICAL EDUCATION OF MINORITY GROUP STUDENTS

A \$324,213 grant was obtained from the U.S. Office of Economic Opportunity. In addition to funding projects at the national level, the grant will provide \$103,000 for sub-contracted programs at local and regional levels to encourage the preparation, selection, education, and graduation of minority group medical and osteopathic students. The grant also stipulates that the AAMC serve as a conduit for providing \$100,000 for similar

purposes to dentistry and \$60,000 to specified allied health professions. Over seventy applications for approximately \$1.4 million were received from almost 100 organizations, since cooperative projects were encouraged. In conjunction with the SAMA Committee on Minority Group Students, a Medical Minority Applicant Registry (MED-MAR) has been initiated. Also, a publication describing minority student opportunities in U.S. medical schools was compiled.

MEDICAL STUDENT HEALTH

The survey of medical student health policies and practices in U.S. medical schools was published during the year. Uniform procedures both for health screening of applicants and establishment of acceptable medical school student health practices have been recommended.

RELATIONS WITH COLLEGES AND SECONDARY SCHOOLS

The January 15 deadline for nonrefundable admissions deposits was moved to March 1 in

order to allow both the medical schools and their applicants more time to reach final admissions decisions.

RESEARCH ON STUDENT AFFAIRS

The following studies were sponsored during the year: (a) a characteristics study of admissions and student affairs officers, (b) an MCAT minority-group bias study, (c) a medical student-medical school legal relationship survey, and (d) a SAMA survey on medical school use of National Board examinations.

STUDENT ASPECTS OF INTERNATIONAL MEDICAL EDUCATION

The AAMC consulted with representatives from the AMA Council on Medical Education and with the National Board of Medical Examiners in planning methods which might facilitate the application procedure for American students applying for transfer from foreign medical schools.

Publications

Journal of Medical Education

During 1969 the *Journal* published 1,191 pages of editorial material. This included a special issue for September. In addition, a supplement to the November issue, containing 246 pages, was published.

Of the 365 manuscripts received by the *Journal* for consideration during 1969, 91 were accepted, 154 were rejected, 116 are still outstanding, and four were withdrawn. The total number of manuscripts published during 1969 was 137, of which forty-six had been accepted prior to January 1, 1969.

An eight-year contract with Service Printers, Inc. of Chicago, Illinois was terminated with the December, 1968 issue. Publication with The Johnson Press, Inc. of Pontiac, Illinois, began with the January, 1969 issue and ended with the August publication. The Waverly Press, Inc. of Baltimore, Maryland began publication of the *Journal* with the September, 1969 issue.

Present monthly circulation of the *Journal* is 6,900, of which 6,224 are paid subscriptions and 786 are for free distribution.

Books

Books published by the Association and its staff during 1969 were:

AAMC Directory, 1968-69

Compiled by Suellen Muldoon. Published by AAMC. 394 pp. Paper. \$5.00

Directory of Premedical Advisors, 1969-70 (5th ed.)

Compiled by Group on Student Affairs Committee on Liaison with Colleges and Secondary Schools. Published by AAMC. 83 pp. Paper. \$1.50.

Extramural Summer and Elective Opportunities (1969 ed.)

Compiled by Suellen Muldoon. Published by AAMC. 48 pp. Paper, \$1.00

Family Planning and Medical Education

Edited by Henry van Zile Hyde and Lucille S.

Bloch. Published as Part 2 of the *Journal of Medical Education* for November, 1969. 246 pp. Paper. \$2.50. Cloth. \$4.50

Foreign Medical Graduates in the United States
By Harold Margulies and Lucille S. Bloch. Published by Harvard University Press. 169 pp. Cloth. \$5.75

Medical School Admission Requirements, U.S.A. and Canada, 1969-70 (20th ed.)

Compiled by Suellen Muldoon. Published by AAMC. 319 pp. Paper. \$4.00

Minority Student Opportunities in United States Medical Schools, 1969-1970

Edited by Davis G. Johnson. Published by AAMC. 98 pp. Paper. \$2.00

The Population Problem

From the Orientation Book for the Institute on Medical Education and Family Planning. By the Division of International Medical Education. Published by AAMC. 33 pp. Paper. \$.50

Potential Educational Services from a National Biomedical Communications Network

Edited by Cheves McC. Smythe. Published by AAMC. 108 pp. Paper. Free

Preparation for the Study of Medicine

Edited by Robert G. Page and Mary H. Littlemeyer. Published by the University of Chicago Press. 287 pp. Cloth. \$4.95

Program Cost Allocation in Seven Medical Centers: A Pilot Study

By Thomas J. Campbell. Published by AAMC. 99 pp. Paper. \$1.50

Program Cost Estimating in a Teaching Hospital: A Pilot Study

By Augustus J. Carroll. Edited by Thomas J. Campbell and Mary H. Littlemeyer. Published by AAMC. 149 pp. Paper. \$4.00

The Role of the University in Graduate Medical Education

Edited by Cheves McC. Smythe, Thomas D. Kinney, and Mary H. Littlemeyer. Published as a special issue of the *Journal of Medical Education* for September. 174 pp. Paper. \$2.00. 179 pp. (with Index). Cloth. \$4.00

Selected Papers in American Medical Education for Foreign Scholars, 1957-1968

Edited by John T. Logue. Published by the University of Missouri for the AAMC. 121 pp. Paper. \$3.00

Newsletters and Special Publications

The Association continues to publish several newsletters and special communications. Foremost among these are the AAMC Bulletin, The Advisor, COTH Report and memoranda series, Datagrams, and DIME Dialogue.

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EDITORIAL

On Changing Style

Beginning with the January, 1970 issue, the *Journal of Medical Education* adopted a new style. Its format has been altered, its type faces changed, and its cover redesigned. A great deal of thought and not a little hard work on the part of the Editorial Board went in to these modifications. Evolution and change, however, are not unknown in the annals of the history of the *Journal*.

On July 1, 1926, Volume 1, No. 1 of the *Bulletin of the Association of American Medical Colleges* began publication. At that time the editor stated that there had never been a publication "of any sort that was devoted wholly to furthering medical education or to serve as a medium for disseminating views on medical pedagogy." Thus, the *Bulletin* was established to serve these twin goals, and literary contributions—not necessarily limited to medical educators—were invited. It was published quarterly by the AAMC, and the yearly subscription price was a mere two dollars. Between 1926 and 1929, the *Bulletin* contained articles such as: "Women Graduates in Medicine," "Cost of Medical Education," "Combined Baccalaureate Courses," "The Student vs. the Faculty," and "Disposition of Applicants for Admission to Schools of Medicine."

In 1929, the *Bulletin* became the *Journal of the Association of American Medical Colleges*. During the ensuing twenty-one years, the *Journal* appeared as a quarterly publication, its colors changing from grey to yellow to green to blue to orange and back again several times. Subscription rates rose steadily, and it was not uncommon to find advertisements on the cover page.

Contributors to the *Journal* in the 1930's discussed such leading issues as "Application for Matriculation in Schools of Medicine," "Science and Service in a Teaching Hospital," and "The Over-Crowding of the Medical Profession." In the depression years of 1932-33

a considerable amount of attention was also focused on the plight of the many U.S. students who obtained their medical degrees abroad and subsequently failed to pass their licensure examinations for practice in the U. S.

In the decade of the 1940's the *Journal* became a bimonthly publication. Williard C. Rappleye, the President of the AAMC in 1940 and then Dean of the Columbia College of Physicians and Surgeons, stated in his Presidential address: "In these days of rapid change in economic, social, professional, and educational fields we must be particularly alert to recognize the widening obligation of medicine in the society of which we are an integral part, without impairing those elements which the experience of the past and sound principles of education have proven to be fundamental." The war effort and its effects upon U.S. medical education were, of course, prime subjects during this period; but other relevant matters such as "The Teaching of Contraceptive Measures," "The Accelerated Program in Medical Education," and "What Medical Students Think about the Medical School" received the *Journal's* attention.

In 1950, the official publication of the AAMC was once more re-named, becoming *The Journal of Medical Education*. It was also commonly referred to as the "blue book," since its color had remained a constant baby blue during the previous decade. In the 1950's contributors to the *Journal* wrote on "The Costs of Attending Medical School," "What Have Radio and Television to Contribute to Medical Education," "Total Health—A Conceptual Visual Aid," and "Prepaid Medical Care Plans in Relation to Medical Education." The national emergency precipitated by the Korean War also aroused considerable attention and some reassessment of the international role of U. S. medical educators. In 1955 the *Journal* assumed the style and format that was to remain more or less uniform until 1970.