

Association of American Medical Colleges

Proceedings for 1970

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MESSAGE FROM THE CHAIRMAN

MESSAGE FROM THE PRESIDENT

ASSEMBLY MEETINGS

February 7, 1970

October 30, November 1, 1970

ANNUAL MEETING

Awards

Program Outlines

ANNUAL REPORTS OF COUNCILS

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Message from the Chairman, *Robert B. Howard, M.D.*

As the decade of the 1970's opens, our academic health centers are in deep trouble. All are confronted with dilemmas that defy an easy resolution—and many are related to the prime dilemma of American medicine: the lack of a defined health care delivery system. The evidence is clear that substantial segments of our population have neither access to health care nor the means to pay for such care; that other segments of the population, able to pay for care, nevertheless do not have access to it; that most Americans, regardless of financial status, receive, at best, episodic attention for specific illnesses and not the kind of continuing comprehensive care that would anticipate and prevent or ameliorate a disease; that our present practices are wasteful of physician time and effort and do not take full advantage of other personnel who could contribute effectively to health care; and that other countries, with far less rich resources and with certainly no greater physician-population ratios than we have, serve the health needs of their people better and have levels of public health superior to ours. It is also clear that the content and role of the academic health center in delivering health care and in alleviating the aforementioned problems is grossly misunderstood.

Legislation (Medicare-Medicaid) has been enacted which makes no provision for the possibility that people might seek health care at an academic health center, with consequent serious problems for many institutions; crash programs have been initiated to produce larger numbers of physicians, based on the erroneous

theory that this will resolve distribution problems; legislative appropriations have been allowed for the past 20 years to lag behind the costs of our educational programs; and research support has been drastically reduced, in the face of expectations that the academic institution will continually update its knowledge and impart this knowledge to its students. Surely there is unawareness on the part of the public and its elected representatives of the service functions of our academic health centers and, indeed, our institutions are in a dilemma!

While the coming years present many obvious difficulties for us in the academic health centers, I believe that the AAMC is well prepared to meet the challenges lying ahead. During the past year, the Association has continued to grow in strength and influence. Our President, Dr. John Cooper, has given superb leadership in the development of the Association. He has assembled a most impressive group of associates in key staff positions, and with increasing frequency he and his colleagues are asked to present AAMC viewpoints and positions with respect to pending legislation and programs affecting health care and health manpower. In countless other ways, too, the AAMC is serving its constituency with increasing effectiveness. I believe that the following Proceedings will help to put into better perspective the progress the Association has already made in addressing some of the more pressing issues, and in charting the course of action for the coming year.

Message from the President, *John A. D. Cooper, M.D.*

Crisis and Commitment

The decade ahead promises to be a critical period for all those concerned with the health of the American people. The Nation is crossing over the threshold of the seventies with few solutions and no clear consensus on approaches to the problems that emerged in the sixties. Inequalities in the availability, accessibility, and quality of medical care persist and indeed

seem to grow worse, despite rising public expectations and the crying of alarms. Even those who have the ability to pay for medical care are confronted with crowded doctors' offices, ever more hurried and less satisfying encounters with the physician, and overburdened hospital services. Innovations that give prospect of major advancement in the effi

ciency and productivity of health services, that will significantly restrain advancing costs and reduce what appears to be an insatiable need for scarce, highly trained professionals and expensive facilities, have yet to appear. Producing fifty or a hundred thousand more physicians, or returning to the nineteenth-century practice of apprenticing students to hurried practicing physicians will not provide the sought-after relief and begs the real question that should be addressed—how can the United States, which ranks high among nations in the number of health professionals and hospital beds, use its resources more effectively? The medical schools have accepted the challenge of educating more physicians in the face of deepening financial problems. If given adequate support for their ongoing programs and the funds necessary to experiment with new models, they could undertake the design and testing of innovations in health care delivery that are so desperately needed and that might satisfy the demands of universal health insurance that looms larger on the horizon.

Our institutions already are involved in a significant segment of the Nation's health services, not only in terms of the care they provide, but also in the exemplary and innovative nature of the services themselves.

Our participation in the confrontation of grievous problems that face society will certainly increase, but we must maintain the critical contributions that we have made to the education of health professionals at all levels and to the advancement of knowledge which has already begun to revolutionize diagnostic, therapeutic, and preventive medicine.

Almost every development in the health field has immediate and critical implications for the academic medical centers and teaching hospitals. For this reason these institutions must become involved in the formulation of policy and reaching decisions on matters that would at one time have been considered remote from their educational, research, and service functions.

The organization of the Association and its staff provides the basis for a broad leadership role which is essential in meeting the expanding responsibilities and growing problems that face its members. Through the three constitu-

ent Councils, the academic disciplines, administration, and teaching hospitals are participating effectively in the development of policy and programs by the Executive Council. In addition, Association committees represent the enlarged constituency of the organization. The Association is increasingly recognized as the voice of all segments of academic medicine.

I hope that the highlights given in these Proceedings provide some indication that we have established a platform from which we can move ahead to meet new responsibilities that are upon us. One of our main thrusts has been to extend substantially our relations and interactions with other organizations, the Federal agencies, and the Congress. From these efforts, comes a widening circle of understanding of the important roles played by the medical centers and teaching hospitals and the problems that face them. With the awareness comes an expanding base of interest in the views of the Association and its members and the support so critical to meeting the needs of the institutions.

The staff has been developed along lines approved by the Executive Council. It is organized along the lines of broad program areas of the medical centers and teaching hospitals rather than on a strict relationship to each Council. Three major departments have been established in the Association: Academic Affairs, Health Services and Teaching Hospitals, and Planning and Policy Development. Each has contributed to the work of all the Councils and Committees. Reports on each of these organizational units are given later in the Proceedings.

Programs Related to Students

Student affairs have attracted increasing emphasis of the Association. Under the stimulus of the AAMC, an Inter-Association Committee on Expanding Educational Opportunities in Medicine for Black and Other Minority Students was formed with the American Hospital Association, the American Medical Association, the National Medical Association, and the AAMC as members. With support from the Sloan Foundation, a Task Force

was organized by the Association to develop a plan for accomplishing the goals of the Inter-Association Committee. The Task Force report, which has been approved by members of the Committee, has attracted wide attention. Its recommendations have served as a basis for new and expanded efforts by both public and private agencies to meet this pressing problem. The Association increased its staffing in the area of minority student affairs, as suggested in the report, to improve its capabilities to serve as a clearinghouse for information about other programs and activities. A renewal of a contract with the Office of Economic Opportunity permits further support of regional or institutional efforts in recruiting minority students into medicine.

The results of emphasis on admitting minority students can be seen in the 1970-71 entering enrollments in U.S. medical schools—a dramatic 50 percent increase in minority representation! Afro-Americans now number 697, an increase of 257 students over 1969-70; they now make up 6.1 percent of the first year class, whereas last year they constituted only 4.3 percent. American Indians increased from 7 to 11; Americans with Spanish surnames from 44 to 73; orientals from 140 to 190. Puerto Ricans increased from 96 to 113 and the number in medical schools other than the University of Puerto Rico showed a jump from 5 to 23. Women make up 11 percent of the entering class, up from 9.1 percent in 1969-70.

The COTRANS program has given American students studying in foreign medical schools an easier method to apply for entrance into institutions in this country.

The Association has launched a centralized application service (AMCAS) which is now being used by 56 medical schools. The service simplifies application procedures for the student and is proving to be of great assistance to the admission process.

Liaison with Other Organizations

The Executive Council has extended its liaison with other health organizations to the American Hospital Association and the Blue Cross Association. The liaison committees, which in-

volve the principal officers of each association, deal with areas of overlapping concern and interest to attempt to arrive at common positions on these matters.

Liaison has also been maintained with federal agencies, particularly DHEW, NIH, and HSMHA, for interaction on programs and policies affecting the academic medical centers.

A number of meetings have been held with the Medical Director of the Veterans Administration, and from these has come a plan to establish a Liaison Committee to consider medical school-VA relationships on a continuing basis and ways in which common objectives can be achieved.

The Association continues to work with the Federation of Associations of the Schools of the Health Professions to develop common approaches to the problems that face the institutions involved with the education of health professionals.

Committee Activities

A committee on the Expansion of Medical Education, chaired by Dr. Robert B. Howard, has prepared a Bicentennial Anniversary Program for an increase in medical school entering class size to 15,000 by 1976. The recommendation was developed after a complete study of the various proposals that have been advanced for expanding medical school enrollment and the basis of projections on increased needs for physicians. The Assembly endorsed the report at their October 30, November 1, 1970 meeting.

The Committee on National Health Insurance, chaired by Dr. Carleton B. Chapman, is engaged in an extensive study of the implications of universal health insurance for academic medical centers and teaching hospitals. While the group has not had the time to assess in depth the many provisions of legislation introduced in the Congress, it has reached conclusions concerning the general principles which the AAMC believes should characterize any national program of financial support for health services to preserve the essential aspects of the teaching setting and the viability

of the institutions responsible for a large share of graduate education.

The Association believes that continued improvement in health care for all citizens is a necessary goal. However, it has been pointed out that such improvements in health care will not automatically follow the introduction of a national health insurance program. There is also grave concern that the mandate for a national health security program has not been matched with a concomitant mandate to provide support for the development of the manpower required to provide the expanded services which are expected to be rendered and for the generation of the new knowledge essential to continued improvement in medical capability.

To insure improvement in health care, the Executive Council has agreed with the Committee that any plan adopted must be structured so as to provide incentives and support for a health care system, which, as a minimum, provides for: (a) access to needed care on a humane and compassionate basis without regard to the economic circumstances of the individual; (b) planned community programs providing a full range of services with appropriate attention to individual and group preventive measures; (c) efficient and effective use of health resources; (d) public accountability combined with appropriate balance between professional and consumer participation in program development; (e) development and implementation of priorities for achievement of specific health goals established at national, state, and local levels; (f) provision for systematic evaluation of performance and health care results with adequate flexibility to respond to changing opportunities and needs; (g) full recognition of the dependence of the system on the education of adequate numbers of health professionals and continuous generation of biomedical knowledge, coupled with parallel provisions for adequate support of educational and research programs; and (h) apitalization on the strength of the current system of financing health care and encouragement of appropriate substitutions for the area of weak financing, recognizing that a single

source of financing is self-limiting and a pluralistic system is preferable.

The Association Committee on Medicare, chaired by Dr. Robert A. Chase, has developed a position on reimbursement for the treatment of Medicare patients in the teaching setting and has testified to this position before the House Ways and Means Committee and the Senate Finance Committee. The Committee observed that the delivery of care in the teaching setting does not always fit Federally established requirements for payment as specified in existing legislation and its supporting regulations. They recommended options that would facilitate proper and justifiable reimbursement of physicians who simultaneously practice and teach and yet insure that double payment for services rendered be avoided.

The Committee on Biomedical Research appointed by the Council of Academic Societies and chaired by Dr. Louis G. Welt has addressed itself to the problem of establishing a rational and understandable basis for the level of biomedical research in the Nation. Although this problem has been dealt with by a number of commissions, committees, and organizations over the years, it continues to be of critical importance to the programs of the academic medical centers. The activities of the Committee have attracted the attention and support of a wide segment of the biomedical research community. Papers prepared by members of the Committee will form the basis for recommending a position and directions for further action by the Association.

The Association's two-year study of the potential educational services to be derived from a national biomedical communications network is nearing completion. A report and recommendations of the committee, chaired by Dr. Eugene A. Stead, Jr., is being completed for submission to the National Library of Medicine.

A committee on Financing Medical Education, chaired by Dr. Russell A. Nelson, has been appointed but has not yet undertaken its task. There was a delay in organizing the committee to explore the possibilities of mounting an independent commission, under joint ef-

fort with DHEW or NIH, on the matters to be considered. It now appears that the most fruitful approach will be for the Association to proceed independently.

The Committee on a National Health Service Plan was also delayed in development because of interests in a similar undertaking by the Assistant Secretary of DHEW. Independent action by the Association was considered necessary to include consideration of Selective Service legislation that will have to be extended or modified soon; a Committee chaired by Dr. John L. Caughey with broad representation from the Association membership has been appointed to study the matter and make recommendations for policy.

The Committee on Continuing Education, chaired by Dr. Frank M. Woolsey, Jr., continues its efforts to direct the interest of the Association and its members in this important task which the academic medical centers and teaching hospitals share with the profession. In this report, the Committee was very critical of the Association and its staff for the failure to mount a substantial program in its area of interest. They do not feel that considerations in progress to extend the responsibilities of the Liaison Committee on Medical Education

with the AMA, which would include the area of continuing education, would meet their expectations.

The major emphasis of activities of the committees and staff of the Association has been in areas identified as deserving priorities by the Executive Council. The Association leadership has recognized that we could not respond to all of the wishes and needs of the constituency during a year which involved an extensive reorganization on top of a move and consolidation in Washington of activities carried on in several locations and a major restaffing program. Fortunately most have understood and been tolerant of the situation. We recognize that there are many additional tasks to be undertaken and will move forward as rapidly as possible to meet the challenges that face our Association in the service of its constituency and the Nation.

We have made some progress over the past year in making our position more evident and explicit on a broader scope of issues related to health. This has been possible only through the untiring help of members from all segments of the Association. However, the nature and magnitude of the challenge require an even greater dedication by all to the tasks that confront us.

Minutes of AAMC Assembly Meeting

February 7, 1970

Palmer House, Chicago, Illinois

Call to Order

The meeting was called to order by Dr. Robert B. Howard at 2:05 p.m.

Roll Call

Dr. T. Stewart Hamilton, secretary-treasurer, declared that a quorum was present.

Revision of Bylaws of the Association

The changes in Bylaws recommended by the AAMC Executive Council and circulated to the members of the Assembly, with a minor modification suggested by Dr. Sherman Mel-linkoff, were considered.

ACTION: On motion, seconded and carried, the Assembly amends the Association Bylaws to read as follows:

Article 3.

The address of its registered office in the State of Illinois is 135 South LaSalle Street, Chicago, Illinois. The name of its registered agent at said address is Paul Heineke. The address of its registered office in the District of Columbia is One Dupont Circle, N.W. Washington, D.C. The name of its registered agent at said address is James W. Quiggle.

Section 2. Affiliate Institutional Membership. There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges (not eligible under the provisions of Section 1 and such Canadian medical schools and colleges as shall be elected from time to time. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way but shall have no right to vote. (Provisional Affiliate Institutional Membership criteria are specified in Section 4. *Provisional Institutional Membership.*)

Section 3. Graduate Affiliate Institutional Membership

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an

organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members, they shall have the privileges of the floor in all discussions but shall not be entitled to vote. (Provisional Graduate Affiliate Institutional Membership criteria are specified in Section 4. *Provisional Institutional Membership.*)

Section 4. Provisional Institutional Membership

The Provisional Institutional Members shall be those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States or its possessions operated exclusively for educational, scientific, or charitable purposes, having an acceptable academic sponsor, which have been elected to membership as set forth below. The sponsor must have made a definite commitment to establish such school, college, or program; must have appointed a full-time dean; and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council sixty days prior to an annual meeting of the Assembly. Provisional Institutional Members will be elected for one-year periods upon the recommendation of the Council of Deans at an annual Assembly by a majority vote. Re-election each year will be based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions and shall be entitled to vote after they have admitted their first class.

The Provisional Affiliate Institutional Members shall be those newly developing medical schools and colleges (not eligible under the provisions of Section 2) and such Canadian medical schools and colleges that shall be elected from time to time. They have the same privileges as Affiliate Institutional Members. The Provisional Graduate Affiliate Institutional Members (not eligible under the provisions of Section 3) shall be those newly developing graduate schools that are an integral

part of or related to an accredited university or universities that have a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care.

Election of Charles R. Drew Post Graduate Medical School

The recommendation of the Executive Council that the Charles R. Drew Graduate Medical School be elected to Provisional Graduate Affiliate Institutional Membership was discussed. Dr. John Deitrick raised questions regarding the organization of the medical school and whether it planned to grant degrees. Members of the site visit team pointed out that there were close relationships of the school with UCLA and USC and that it fulfilled the criteria for Provisional Graduate Affiliate Institutional Membership.

ACTION: On motion, seconded and carried, the Assembly elects the Charles R. Drew Postgraduate Medical School to Provisional Graduate Affiliate Institutional Membership in the Association

Election of Developing Canadian Schools

The four developing Canadian schools which have been carried as Non-Member Institutions in Development wish to assume a more formal role in the Association's affairs. The Executive Council recommended that the four schools be elected to Provisional Affiliate Institutional Membership in the AAMC. This recommendation was discussed at the Executive Committee of the Canadian Association and met with their approval.

ACTION On motion, seconded and carried, the Assembly elects to Provisional Affiliate Institutional Membership in the AAMC the following Canadian Schools: University of Sherbrooke Faculty of Medicine; McMaster University Faculty of Medicine, Memorial University Faculty of Medicine; Calgary University Faculty of Medicine.

Election of CAS Societies

The Executive Committee of the Council of Academic Societies, the membership of the CAS, and the Executive Council of the Association recommend the election of five new

societies to membership in the Council of Academic Societies.

ACTION: On motion, seconded and carried, the Assembly elects to membership in the Council of Academic Societies the following societies: Association of Anatomy Chairmen; Society of Academic Anesthesiology Chairmen; American Association of University Professors of Neurology; Association of Academic Physiatrists; Association for Medical School Pharmacology.

Dr. Robert Q. Marston

Dr. Marston, director of NIH, discussed the FY '70 and '71 federal budgets and the general issue of the appropriate level of biomedical research support with the members. Given the tight fiscal situation, he pointed out that the recommended levels of support in the FY '71 budget for health should assure the members of the interest of the Administration in the financial problems facing medical schools and teaching hospitals.

Report of the Executive Council

Dr. Howard reported on the meeting of the Executive Committee with Dr. Roger O. Egeberg, assistant secretary for health and scientific affairs, and commented on the effects of a six-months vacancy in that office. The chairman reported that Dr. Egeberg discussed the implications of President Nixon's budget, and expressed his concern in the problems facing the medical schools and his willingness to discuss them with the AAMC at any time.

Dr. Marc J. Musser, chief medical director of the VA, met with the Executive Council to cover the future of VA relationships with the medical schools. He and his staff have announced a series of five regional meetings, to be attended by VA hospital directors and deans, to identify and consider problem areas.

Negotiations for the transfer of the Ridge Avenue property in Evanston have been completed and the Association will receive a lump sum payment in the amount of \$100,000 as full settlement of the AAMC's equity in the property.

Following the Assembly's directive at its last meeting that mechanisms be explored for the development of student participation in the

affairs of the AAMC, an ad hoc committee has been appointed; Dr. James V. Warren is chairing this group.

Report of the President

Dr Cooper introduced new staff members: Mr. Joseph S. Murtaugh, who will head the newly created Department of Planning and Policy Development; Mr. Michael Amrine, director of publications; and Mr. Samuel G. Morey, assistant director of business affairs.

In discussing the FY '70 budget, Dr. Cooper commented that the Senate contacts by the individual deans had been very effective in educating the Senate about the real needs of the medical institutions. The Senate recommended an increase in appropriations for DHEW over that recommended by the House, and approximately one-half of the increase was retained in the Conference Committee, which was most unusual. The President's budget and subsequent veto are not consistent with a crisis situation, however. No information is available on the reaction of the Congress to the veto. A Presidential health message is anticipated which may define Administration policy more clearly.

Two major ad hoc committees are being formed: Dr. Russell Nelson is chairing a group to study faculty compensation and other aspects of financing medical education; Dr. Carleton Chapman is chairing a committee to look at the issue of universal health insurance and its implications for patient care in the teaching setting.

The recently released Senate Finance Committee staff report titled, *Medicare and Medicaid Problems: Issues and Alternatives*, is an extension of an earlier, shorter committee staff report. The document makes a distinction between private and "institutional" patients and questions the validity of Part B, fee-for-service charges by full-time supervisory physicians in a teaching setting. The AAMC staff has been working for some time with the social Security Administration to resolve problems and plans to continue its efforts. An AAMC staff position paper will be forthcoming shortly. Testimony before the Committee is being planned with the assistance of

AAMC officers and the AAMC Committee on Medicare.

The Executive Committee met with Dr. Marston to discuss health manpower legislation and other matters of mutual concern. A small group met with Dr. Marston to discuss the problems that have been posed for the new and developing medical schools. Changes in the NIH policy for transfer of grants for faculty members moving from one school to another are under consideration by NIH. Recommendations were also made to Dr. Marston that general research grants and start-up funds be made available to new schools

Report by Dr. Carleton B. Chapman

Dr. Chapman's comments on the health manpower problem point out that the administration has "fingered" the shortage of physicians and other health personnel, but has shown no inclination to look at other main components of the crisis: the inability of many citizens to pay for adequate health services, and the faulty distribution of both personnel and facilities. He urged the AAMC to look critically at the total crisis and the ingredients of a workable solution.

Report of the Council of Academic Societies

Dr. Tosteson reported that the CAS will devote major efforts in 1970 to defining an adequate level of biomedical research support. A full-day conference was held yesterday on the subject. Representatives of most biomedical research societies were present and suggested that the AAMC take the lead in developing a position. A Committee on Biomedical Research Policy, chaired by Dr. Louis Welt, has been appointed and has come up with a specific proposal for action. The Executive Council of the Association has enthusiastically endorsed the CAS plan and will join in its endeavors.

A report is now available from the CAS task force which looked at the question of accreditation procedures and the essentials of an acceptable program for physician assistants. The report is being circulated to the Executive Committees of the Councils, and is

also planned as an agenda item for the March 18, 1970, meeting of the Liaison Committee on Medical Education. After consideration by these groups the matter will be considered by the Executive Council.

Report of the Council of Deans

Dr. Sprague announced the election of Dr. Robert S. Stone, Vice President for Health Sciences at the University of New Mexico, to the COD Administrative Board.

Dr. Marston met with the Council of Deans and gave a detailed review of the federal budget, with additional comments by Drs. Cooper and Chapman. The Council of Deans endorsed the efforts of the President toward developing a policy statement concerning reimbursement for professional fees which does not prohibit the use of the fees for educational purposes, and recommended that he obtain legal advice if it seemed warranted.

Concern has been voiced that the Veteran's Administration policy with regard to fringe benefits is making it difficult to retain VA personnel. The problem is being referred to the AAMC's Education Advisory Committee to the VA.

October 30, November 1, 1970

Biltmore Hotel, Los Angeles, California

(This meeting was begun on October 30, recessed until November 1, and resumed on that date.)

Call to Order

The meeting was called to order by Dr. Robert B. Howard at 5:10 p.m. on October 30, 1970.

Roll Call

Dr. Howard observed the presence of a quorum.

Minutes of February 7, 1970 Meeting

The minutes of the meeting of February 7, 1970 were accepted without change.

Presentation of Special Award to Dr. Lester J. Evans

In tribute to Dr. Evans' many and varied important contributions to medical education and the improvement of health of the American

Dr. Sprague commented that Mr. Joseph Murtaugh had made important comments before the COD on attempts to separate biomedical research from education.

Report of the Council of Teaching Hospitals

Dr. Hamilton reported that the main activities of COTH have been in the area of Medicare and efforts to obtain resumption of payments to those institutions in which Part B payment had been suspended following the issuance of Intermediary Letter 372. The COTH Executive Committee feels that it is critical that the Association maintain a firm, united, and cohesive stance with regard to the Medicare issue.

The two ongoing research programs, the COTH Information Center and the Study of the Effects of Medicare and Medicaid on Teaching Hospitals, are proceeding well and expectations for the programs are being met.

A very productive first meeting of the AAMC/American Hospital Association Liaison Committee was held.

ACTION: On motion, seconded and carried, the Assembly accepted the above reports.

Adjournment

The meeting was adjourned at 3:45 p.m.

people, Dr. Howard on behalf of the Association presented a special award.

From the time of Dr. Evans' graduation from Washington University in 1917 to the present, he has been actively involved in helping the medical centers in this country to understand and adapt their roles in society. His activities have covered the spectrum from world public health to new concepts in education for the health professions.

A standing ovation followed Dr. Evans acceptance speech.

Report of the Executive Council

Dr. Robert B. Howard presented the following information:

National Health Service—Following a direc

tive from the November 1969 Assembly meeting to "study mechanisms for establishing a broadly oriented voluntary national health service," members of the Executive Council met with DHEW assistant secretary of health affairs, Dr. Roger O. Egeberg, who was looking into the same issue. It was decided to postpone the appointment of an AAMC committee until progress on the national level could be judged. It is now felt that the AAMC should proceed independently and a committee chaired by Dr. Jack Caughey, associate dean at Case Western Reserve College of Medicine, will consider a national service plan and will develop a position on the Selective Service act which will be coming up for renewal during the next session of Congress.

VA Relationships—In a continuing effort to up-date and maintain effective communication between the Association and the Veterans' Administration, a newly constituted liaison committee will be activated early in 1971. Both organizations will appoint members to the committee, and the chairmanship will rotate.

Bylaws and Student Participation—The bylaws have never been fully updated to take account of the rapid and extensive changes in organization that have taken place within the AAMC. Additionally, in November of 1969, the Assembly directed that a mechanism be developed for broader student participation in the affairs of the Association. Accordingly, committees were appointed to study the issues and make recommendations, and legal counsel was sought.

The report dealing with student participation met with difficulties in that the mode of designating voting student representatives to the Assembly has to avoid endangering the Association's tax exempt status. This procedural problem has now been resolved. However, at a student meeting October 27th, the students indicated their desire to discuss further the report's recommendations that they have only four voting members in the Assembly.

A resolution, introduced by the Resolutions Committee, reaffirming the Assembly's intent of student participation but which also included the phrase "such as a Council of

Students" provoked much discussion, including the comment from Dr. William Mayer that he would be opposed to considering a Council of Students before the issue of a Council of Faculties was clearly dealt with. The resolution as amended and adopted follows:

ACTION The Assembly reaffirms its recommendation that there be within the framework of the AAMC an organized body of students, and directs the President and Chairman of the AAMC to meet with appropriate student representatives to work out a suggested format to be presented at the December 1970 meeting of the Executive Council and to be incorporated in the bylaw revisions hopefully at the February 1971 meeting of the Assembly.

Expansion of Medical Education—The report of the ad hoc committee chaired by Dr. Robert B. Howard was presented for discussion. The report contains some of the more important considerations bearing upon the results obtained from two fundamental approaches for establishing the number of M.D.s to be educated in American medical schools: (a) education opportunity basis—providing an entering place for all qualified students who wish to study medicine; (b) health service needs basis—educating the number of M.D.s considered necessary to meet the needs of the nation for physician services

This committee was one of three interdependent committees to be activated: Biomedical Research Policy Committee—chaired by Dr. Louis Welt and charged with examining the question of appropriate levels of support for biomedical research; Committee on Financing Medical Education—chaired by Dr. Russell Nelson and addressing itself to an in-depth study of the costs of medical education; Committee on Expansion of Medical Education—a 'short-term' committee appointed to develop a policy statement that would set forth what the AAMC feels is responsible from the standpoint of meeting public need as well as being feasible and realistic.

The report on expansion restricts itself to the area of institutional support for undergraduate medical education, and does not cover the very important issue of student support though this is pointed out as a necessary element.

ACTION: On motion, seconded and carried, the Assembly adopted the report of the Committee on the Expansion of Medical Education, "a Bicentennial Anniversary Program for the Expansion of Medical Education" (copy attached to archive minutes)

Carnegie Commission Report—Prior to the formal release of the Carnegie Commission Report, *Higher Education and the Nation's Health: Policies for Medical and Dental Education*, the President and Executive Council of the AAMC were allowed to review the document and prepare a preliminary position statement.

The Council of Academic Societies discussed the report and statement at their meeting, and felt that the Commission's recommendations relating to the Educational Opportunity Bank and federal support of biomedical research were too restrictive and incompatible with the broadening health objectives of the nation.

The Council of Deans was concerned that the report implied that U. S. health statistics would improve with significantly increased health manpower and more equitable distribution and availability of health services alone, without taking into consideration the need to ameliorate the major cause of the poor health statistics—poverty itself.

ACTION: On motion, seconded and carried, the Assembly voted to adopt the statement, as amended by the CAS and COD above, concerning the Carnegie Commission report.

Report of the President

Dr. John A. D. Cooper commented on the 60 years of work that have gone into setting forth the tasks outlined in the Flexner Report, work which has brought about a new stage in the evolution of medical education: assumption of responsibility for education and research in the organization and delivery of health services. He cautioned, however, that the academic medical center must not be led beyond appropriate limits. Additionally, expanded involvement of the academic medical center outside its own walls moves the institution into an arena of functions and activities less subject to their own determinations and control.

One of the most significant contributions to national needs has been the impressive response of U. S. medical schools in increasing 1970-71 entering classes. There has also been a 50 percent increase in minority group representation, while concomitantly the student attrition rate has continued to decline.

The Association, through committee and staff efforts, has focused on the need to formulate a proposal for the amendment and extension of the Health Professions Educational Assistance Act which expires June 30, 1971. It is a key conclusion of both the Howard Committee and Carnegie Commission that a major change in the basic federal policy for support of medical education is necessary—a stable financial base of substantial magnitude is called for.

Liaison continues with the Office of the Secretary of the Department of HEW, the Veterans Administration, NIH, and the Department of Defense. Currently, AAMC staff is working to provide a current body of data relating to graduate training programs.

Members of the Assembly were presented copies of the Association's Annual Report which summarizes the major events of the past year, notes progress being made in program and administrative matters, and which highlights some of the more important tasks the Association has undertaken.

Report on the Finances of the Association

Dr. T. Stewart Hamilton, AAMC secretary-treasurer, presented the Association's annual financial report, details of which are included in the Annual Report provided to the members

Report of the Council of Academic Societies

Dr. D. C. Tosteson, CAS chairman, reported on the council's continued efforts in the areas of health education, health service, and health research. Committees are in various stages of progress, coping with such problems as graduate medical education, national communication network for medical education physicians' assistants, manpower for primary health care, and biomedical research.

The Council recommended that the Association: (a) appoint a committee to define th-

standards of various physicians' assistants, and develop an accrediting mechanism for programs producing such individuals; (b) appoint a committee to deal with criteria for education for primary health care; and (c) establish an office of biomedical research within the Department of Academic Affairs.

New officers of the CAS are: Dr. James V. Warren, chairman; Dr. Sam Clark, chairman-elect, Dr. William Weil, secretary-treasurer. New members of the CAS Executive Committee are: Dr. Ronald Estabrook, Dr. Louis Welt, and Dr. William Longmeyer.

Report of the Council of Deans

The deans spent an active year with respect to federal liaison, both in trying to provide a better understanding and appreciation of the problems of the academic medical centers and their teaching hospitals, and in an attempt to gain insight regarding the federal legislative and budgetary process.

The Administrative Board of the COD dealt with a variety of issues, ranging from the compensation of house staffs to the influence of specialty boards on medical school organization and policy.

Based on a recommendation from the Southern Regional Deans, the following action was taken by the Assembly:

ACTION: On motion, seconded and carried, the Assembly adopted the following statement: Whereas, the provision of medical care in teaching hospitals represents a major national resource, since approximately 30 percent of the population seeks all or part of its health care in these institutions; and whereas the payment for this medical care deserves special consideration from third party sources, including federal programs; and whereas the house staff assigned to these hospitals represent a major element of the activities of the medical school and health education centers in the nation; therefore, be it resolved that the Assembly of the Association of American Medical Colleges requests that the Association seek a positive national approach to the equitable financial and programmatic support of these vital programs of education and service in the nation's health education centers.

New COD officers are: Merlin K. DuVal, chairman; Carleton B. Chapman, chairman-elect, Harold C. Wiggers was elected as mem-

ber-at-large to the Administrative Board of the COD.

Report of the Council of Teaching Hospitals

Council members and staff devoted considerable time and effort in the areas of third party financing and prepaid health programs. Liaison has continued with the Social Security Administration, Blue Cross Association, and the American Hospital Association. Also being considered is the appropriate role of the teaching hospital in the delivery of health service beyond the walls of the hospital.

COTH's new officers are: Irvin G. Wilmot, chairman; George E. Cartmill, chairman-elect.

Annual Report

The 1969-1970 Annual Report, which includes the audit of the Association's finances, was presented to the Assembly.

ACTION: On motion, seconded and carried, the Assembly approved the Annual Report as submitted, including the financial report of the Association.

National Health Insurance

In the absence of Dr. Carleton Chapman (chairman, AAMC Committee on National Health Health Insurance), Dr. Cooper presented as information an interim statement by the committee. The statement has been approved in principle by the Executive Council:

The Association believes that continued improvement in health care for all citizens is a necessary goal. We caution, however, and think it necessary to recognize, that such improvements in health care will not automatically follow the introduction of a national health insurance program. We wish also to express our grave concern that the mandate for a national health security program has not been matched with a concomitant mandate to provide support for the development of the manpower required to provide the expanded services which are expected to be rendered and for the generation of the new knowledge essential to continued improvement in medical capability.

Therefore, to insure improvement in health care, the plan adopted must be structured so as to provide incentives and support for a health care system which, as a minimum, provides for (a) access to needed care on a

humane and compassionate basis without regard to the economic circumstances of the individual; (b) planned community programs providing a full range of services with appropriate attention to individual and group preventive measures; (c) efficient and effective use of health resources; (d) public accountability combined with appropriate balance between professional and consumer participation in program development; (e) development and implementation of priorities for achievement of specific health goals established at national, state and local levels, (f) provision for systematic evaluation of performance and health care results with adequate flexibility to respond to changing opportunities and needs; (g) full recognition of the dependence of the system on the education of adequate numbers of health professionals and the continuous generation of biomedical knowledge, coupled with parallel provisions for adequate support of educational and research programs; and (h) capitalizing on the strength of the current system of financing health care and encourage appropriate substitution for the areas of weak financing, recognizing that a single source of financing is self-limiting and a pluralistic financing system is preferable.

Election of Institutional Members

ACTION: On motion, seconded and carried, the Assembly elected to Institutional Membership in the Association the following schools: Mount Sinai School of Medicine of the City University of New York and University of Texas-San Antonio

Re-election of Provisional Institutional Members

ACTION On motion, seconded and carried, the Assembly reelected to Provisional Institutional Membership in the Association the following schools: 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; Louisiana State University Medical Center at Shreveport; University of Massachusetts Medical School; Medical College of Ohio at Toledo; and Pennsylvania State University College of Medicine (The Milton S Hershey Medical Center).

Election of Emeritus Members

ACTION: On motion, seconded and carried, the Assembly elected to Emeritus Membership in the Association the following individuals. Dr. Granville Bennett, Dr. Clayton B.

Ethridge, Dr. John Field, Dr. Tinsley R. Harrison, Dr. Robert S. Jason, Dr. Matthew Kinde, Dr. J. Wendell Macleod, Dr. Hymen Samuel Mayerson, Dr. H. Houston Merritt, Dr. Emory Morris, Dr. Paul Reznikoff, Dr. Andrew H. Ryan, Dr. Richard H. Young, and Dr. Edward L. Compere.

Election of Individual Members

ACTION: On motion, seconded and carried, the Assembly elected to Individual Membership in the Association 160 individuals (List of names attached to archive minutes).

Resolutions Committee

The Resolutions Committee met several times at publicly announced locations to receive resolutions for consideration by the Assembly. The committee was chaired by Dr. Emanuel Suter and included Dr. William Anlyan, Dr. Joseph Ceithaml, Dr. Sherman Mellinkoff, Dr. James Warren, Dr. William Weil, and Mr. Charles Womer.

Equal Opportunity

Although the original resolution submitted emphasized women as a 'minority,' it was felt that the resolution should be amended to avoid the possible necessity of dealing with a separate resolution for each group which felt itself underrepresented.

ACTION: On motion, seconded and carried, the Assembly adopted the following statement:

The AAMC strongly reaffirms the principle and policy of equal opportunity for education and training in, and the practice of, the health professions without regard to sex, race, creed, color, or national origin. In pursuit of this principle and policy the AAMC:

1. Requests member institutions to continue to monitor their admission policies and practices to insure equal opportunity of admission to their educational and training programs.

2. Requests member institutions to continue to undertake and to reinforce programs of affirmative action to increase the numbers and proportions of students in the health professions from groups which are presently underrepresented in those professions

Further, recognizing that the underrepresentation of some groups in health professions educational and training programs is but a symptom of broad social and economic problems, the AAMC:

1. Actively supports the organized study of the basic causes of underrepresentation and possible cures.

2. Actively supports the initiation of new programs, and the broadening of existing programs which are designed to overcome these problems. These programs include, but are not limited to those designed to permit women to fulfill their educational-professional goals and their cultural roles without sacrifice to either, programs designed to eliminate economic barriers to education in the health professions, and programs designed to develop increased interest in careers in the health professions on the part of members of underrepresented groups at the secondary school and college levels.

National Health Service Corps Act

In the discussion centering around this resolution, concern was expressed for the discriminatory nature of the physician's draft concept in itself.

ACTION: On motion, seconded and carried, the Assembly adopted the following statement:

Whereas, there is growing interest among medical students, physicians in training and other health professional in public service, particularly to the poor and disadvantaged;

Whereas, there are serious problems in the provision of health services to the poor and those living in rural areas and in urban poverty areas;

Whereas, young physicians are now generally required to serve two years of obligated military service or in the Public Health Service;

Whereas, the proposed National Health Corps will help to meet the problems of maldistribution of health professionals in two ways: first, by providing an infusion of health personnel into Federal health care programs in physician-deficient areas, and, second, by providing a program whereby health professionals can serve in poverty areas and determine if continuous service in such areas would be feasible as a career;

Be it resolved, that the Association of American Medical Colleges strongly reaffirms its concern for the provision of health care wherever it is most needed in the United States and its trust territories, and supports the National Health Service Corps Act (HR 19246) as a method to help achieve this and urges its speedy enactment.

Construction Grants

On behalf of the deans of new and developing schools, Dr. Lamar Soutter presented to

the Assembly information concerning construction funds for medical schools and teaching hospitals. Dr. John Cooper spoke of staff efforts to apprise Congress of the seriousness of the situation, and the need to increase funds for support of the medical schools and teaching hospitals in the area of construction as well as for general operating expenses; the special plight of the new and developing schools was brought to their attention.

NIRMP

Concern was expressed about the effects of changing educational patterns on the integrity of the intern matching program. Problems are occurring relevant to house officers' programs which accept both interns and graduating medical students for specialty training. Dr. Cooper outlined the Association's response to this matter and commented that it is still the policy of the National Intern and Residents Matching Plan that all appointments made to students immediately upon receipt of the M.D. degree be matched through the program. The AAMC is a member of the NIRMP Corporation.

Report of the Nominating Committee and Election of Officers and Executive Council Members

Dr. Clifford G. Grulee, Nominating Committee chairman, presented the committee's report. There were no nominations from the floor.

ACTION On motion, seconded and carried, the Assembly elected new officers and Executive Council Members. The 1970-71 Executive Council thus consists of

Chairman: William G. Anlyan, M.D.

Chairman-Elect: Russell A. Nelson, M.D.

President: John A. D. Cooper, M.D.

Council Representatives

CAS.

James V. Warren, M.D., chairman

Sam L. Clark, Jr., M.D.

Thomas Kinney, M.D.

Jonathan E. Rhoads, M.D.

COD:

Merlin K. DuVal, M.D., chairman

Ralph J. Cazort, M.D.

Carleton B. Chapman, M.D.

Kenneth R. Crispell, M.D.

Clifford G. Grulee, M.D.
William F. Maloney, M.D.
David E. Rogers, M.D.
Charles C. Sprague, M.D.

COTH

Irvin G. Wilmot, chairman
George E. Cartmill
Roy S. Rambeck

Installation of Chairman

Dr. Howard turned the gavel of office over to the new chairman, Dr. William G. Anlyan.

Dr. Anlyan expressed his and the Association's deep appreciation to Dr. Howard for the fine work and dedication he has exhibited, not only as chairman but for the many years he has served on the Executive Council.

Adjournment

The Assembly was adjourned by Chairman Anlyan at 5 p.m. on November 1, 1970.

The Eighty-First Annual Meeting

Biltmore Hotel, Los Angeles, California

October 29-November 2, 1970

Awards

Special Award

A special award was presented at the October 30, 1970 Assembly meeting to Dr. Lester J. Evans for his many and varied outstanding contributions to medical education and the improvement of health of the American people. From the time of Dr. Evans' graduation from Washington University in 1917 to the present,

he has been actively involved in helping the medical centers in this country to understand and adapt their roles in society. His activities have covered the spectrum from world public health to new concepts in education for the health professions. The award was presented by Dr. Robert B. Howard, AAMC chairman.

Abraham Flexner Award

Dr. Eugene A. Stead, Jr. received the Abraham Flexner Award for Distinguished Service to Medical Education. This award is presented annually to "recognize extraordinary individual contribution to medical schools and to the medical educational community as a whole." There are many facets to Dr. Stead's career, both as an educator and in clinical research. His work with both private and university organizations has had notable impact on those people who support and guide medical educa-

tion, and his investigative role has produced contributions important not only in their own right but as a training vehicle. His recent contribution in conceiving and developing the Duke program for physicians' assistants promises to have a great impact on planning for health services and manpower. Dr. Arthur P. Richardson chaired the Flexner Award Committee and made the presentation to Dr. Stead at the Annual Banquet.

Borden Award

The Borden Award for "outstanding research in medicine conducted by a member of the faculty of an affiliated college" was presented this year to Dr. Robert A. Good for his research and direction of research in developmental and phylogenetic immunology. In an almost incredible series of publications, Dr.

Good and his numerous colleagues have continued to dissect and illuminate the basic biological characteristics of the immune process in animals and man. The award was presented at the Annual Banquet by Dr. Clifford Grobstein, Chairman of the Borden Award Committee.

Program Outlines

PLENARY SESSIONS

October 30

Chairman's Address:

The Academic Health Center, on the Rocks, with a Twist of Dilemma

Robert B. Howard, M.D.

The Academic Health Center and Health Care Delivery: The Changing Scene

Carleton B. Chapman, M.D.; Joseph T. English, M.D.; Dennis B. Dove

Panel discussions

October 31

The Academic Health Center and Health Care Delivery: Preparing Personnel to Meet the Demand

George E. Burket, Jr., M.D.; Robert J. Haggerty, M.D.; Paul J. Sanazaro, M.D.

Panel discussions

November 1

Alan Gregg Memorial Lecture:

A Healthy University in a Sick Society?

Lincoln Gordon, D Phil.

The Academic Health Center and Health Care Delivery: Organizational Patterns for New Responsibilities

John R. Evans, M.D.; Irving London, M.D.

General Remarks

Ivan L. Bennett, M.D.

William A. Robinson

BUSINESS OFFICERS SECTION

October 29

Business Meeting

The A. J. Carroll Memorial Lecture:

Costs in Planning and Starting Twenty-three Medical Schools

Cheves McC. Smythe, M.D.

Introduction to Afternoon Seminar

Robert L. Thompson, Ed.D.

The Information System and Management

John C. Bartlett, Ph.D.

The Information System and Planning

Jane Elchlepp, M.D.

The Information System and Reporting

David A. Sinclair

Guest Speaker: Robert M. Bucher, M.D.

Management Information Systems Seminar

The Design of the Information System

Barry Beckerman

Functions and Processes of the Information System

Robert F. Sharp

Panelists: Robert L. Thompson, Ed.D.; Jane Elchlepp, M.D.; John C. Bartlett, Ph.D.; David A. Sinclair

Program Planning and Budgeting Seminar

The Development of a Program Planning and Budgeting System for a Medical Center

Ronald E. Beller

Panelists: James P. McLean; Stuart A. Westbury, Jr.; Wayne H. Herbold; Howard King

COUNCIL OF ACADEMIC SOCIETIES

October 30

Education of Manpower for Primary Health Care

The Hospital's Needs for Primary Health Care Personnel

H. Robert Cathcart

Needs of the General Practitioner in an Urban Setting

Joseph T. Ainsworth, M.D.

Needs from the Viewpoint of an Internist in an Urban, Non-Medical School Setting

Donald E. Saunders, Jr., M.D.

Needs of a Large Pre-Paid Health Plan

Eugene Vayda, M.D.

Needs of Federally Sponsored Community Health Centers

Joyce Lashof, M.D.

Position of the Medical Schools

James V. Warren, M.D.

Panel Discussion

October 31

General Session and Business Meeting

CONTINUING MEDICAL EDUCATION

October 29

The Challenge of Continuing Education

The Role of National Organizations

John A. D. Cooper, M.D.; C. H. William Ruhe, M.D.; Martin M. Cummings, M.D.; Harold Margulies, M.D.; Jack H. Hall, M.D.

Facing the Issues

Panel Discussion

Demonstrations and Small Seminars

COUNCIL OF DEANS

October 30

Business Meeting

Veterans Administration—Medical School Relationships

Marc J. Musser, M.D.

Innovative Programs in Medical Education

William J. Grove, M.D.; Glenn W. Irwin, Jr., M.D.; Thomas D. Kinney, M.D.; Robert B. Lawson, M.D.; Bernard W. Nelson, M.D.

Medicare

John M. Danielson, AAMC

Information from Deans of New and Developing Schools

October 31

Meeting of Deans, New and Developing Schools

COUNCIL OF TEACHING HOSPITALS

October 29

Institutional Membership Meeting

October 31

Organization for Change in the Medical School-Teaching Hospital Relationship: Problems and Conflicts

University-Owned Medical School-Teaching Hospital Relationship

Ivan L. Bennett, Jr., M.D.

Affiliated Medical School-Teaching Hospital Relationship

Leonard W. Cronkhite, Jr., M.D.

Panelists: George E. Cartmill; David H. Hitt; William D. Mayer, M.D.; Thomas Bell, Ph.D.; Ray E. Trussell, M.D.

EDUCATIONAL MEASUREMENT AND RESEARCH

October 30

Plenary Session

Research in Medical Education: Views of a Friendly Philistine

Edmund D. Pellegrino, M.D.

Discussion Groups

APPROACHES TO CURRICULUM DEVELOPMENT

Instructional Implications of New Health Delivery Systems

John W. Armstrong, M.A.; Antol H. Herzkovits, M.M.S.; Paul Jolly, Jr., Ph.D.; Malcolm H. Skolnick, Ph.D.

Computer-Assisted Independent Study: A Pilot Program

John A. Prior, M.D.; James V. Greisen, M.A.; Robert L. Folk, M.D.

An Experimental Curriculum for Basic Medical Sciences

William H. Chew, Jr., M.D.; Robert G. Crouse, M.D.; Virendra Mahesh, Ph.D., and Christopher C. Fordham, III, M.D.

Application of a Systems Approach to the Navy Medical Department Education and Training Programs

Captain Ouida C. Upchurch, NC, USN

Q-Sort Methodology Applied to Educational Goals

Robert E. Froelich, M.D.

STUDENT CONTRIBUTIONS IN MEDICAL EDUCATION

A Model for Counseling Program Derived from a Study of Student Opinion about Counseling in the Medical School

Terry Sheldon Stein, B.A.

SAMA Project for Medical Education and Community Orientation (MECO)

Bruce G. Fagel, B.S.

A New Clerkship for Senior Medical Students: Medical Education

Thomas P. Anderson, M.D., Theodore M. Cole, M.D.; James K. Struve, senior student; and Paul S. Sanders, senior student

Students as Programmers

D. G. Massey, M.D.

SELF-INSTRUCTION IN MEDICAL EDUCATION

Development and Evaluation of Self-Instructional Units

Nicholas J. Fiel, M.S., and Peter P. Ways, M.D.

Self-Instruction Within the Medical School Curriculum

Irving R. Merrill, Ph.D.

Self-Paced Learning Without Programming

Peter S. Houts, Ph.D.

A Two-Year Study of Self-Instructional Slide-Tape Program

James L. Conklin, Ph.D.

INSTRUCTIONAL METHODS

An Audiovisual Carrel-Tutorial Course in Clinical Medical Education

Ronald A. Chez, M.D., and David O'Gorman

An Experimental Study of Instructional Modes Under Controlled Conditions

Kathyrn Schoen, Ph.D. and Ayres G. D'Costa, Ph.D.

Teaching Anatomy Through Radiology: A New Challenge Requiring New Techniques

Deborah Forrester, M.D.

Design of an Instructional Skills Workshop for Medical Teachers

Gary Martin Arsham, M.D.

Living In: An Untapped Educational Experience

Don A. Rockwell, M.D.

EVALUATION IN GRADUATE MEDICAL EDUCATION

Specialty Board Certification: A Methodology for Defining and Describing Professional Roles

Stephen Abrahamson, Ph.D. and Judilynn T. Foster, Ph.D.

Outcome of Surgical Training Related to Length of Time and Learning Environment

John A. Dixon, M.D., John Gary Maxwell, M.D., and Mitchell Schorow, M.A.

The Learning of Psychomotor Skills in Orthopaedic Surgery: A Survey Report

Joseph A. Kopta, M.D.

The Evaluation of Operative Skills

Joseph A. Kopta, M.D.

Postgraduate Education, Board Certification, and Clinical Competence

Donald H. Naftulin, M.D., and John E. Ware, Jr., M.A.

CONTINUING EDUCATION

Evaluating the Effectiveness of a National Medical Conference

C. Hilman Castle, M.D., and Mitchell Schorow, M.A.

A Model for Improving Health Care Through Continuing Education: The Oregon Experiment

S. Spence Meighan, M.B.; Richard A. Burg, and Morris Weitman, Ph.D.

The Evaluation of Medical Education

John E. Ware, Jr., M.A.; Frank A. Donnelly, M.A.; and Donald H. Naftulin, M.D.

The Determination of Individual Physician Educational Needs by Study of the Profile of His Practice

Thomas C. Meyer, M.D.

The Use of Self-Instructional Material in Continuing Medical Education

Stephen Abrahamson, Ph.D.; Diana Caput, M.S.; and William Wolfers, M.S.

THE ASSESSMENT OF CLINICAL SKILLS

Experiences with a Course on Preparation for Patient Interviewing Behavior

Norval C. Scott, Jr., Ed.D.; Richard E. Gallagher, M.A.; and Joseph W. Hess, M.D.

The Identification of Interaction Patterns in Student-Patient Communications

Judilynn T. Foster, Ph.D., and Sandra L. Lass, M.S.

The Effect of Training and Belief in Personal Control on Behavioral Observations by Medical Students

Gordon H. Deckert, M.D., and John M. Schneider, Ph.D.

Clinical Competence in Medical Residents: Its Evaluation by Role Definition and Patient Record Modification

A. D. Sniderman, M.D., and H. M. Scott, M.D.

PROBLEM SOLVING IN MEDICINE

Methods for the Study of Medical Inquiry
Arthur S. Elstein, Ph.D.; Norman Kagan,
Ph.D.; and Hilliard Jason, M.D.

A Theory of Medical Inquiry
Norman Kagan, Ph.D.; Arthur S. Elstein,
Ph.D.; Hilliard Jason, M.D.; and Lee S.
Shulman, Ph.D.

*An Experimental Study of Diagnostic Think-
ing: Content of Associations to Medical
Data*

Michael J. Loupe, Ph.D.; Arthur S. Elstein,
Ph.D.; and Randall M. Isaacson, M.A.

*A Study of Verbal and Visual Cues in Testing
Achievement in Neurology*

Donald A. Dennis, M.A., and Theodore L.
Munsat, M.D.

*A Detection Theory Analysis of Diagnostic
Radiography*

Bernard L. O'Loughlin, M.D., John W. Richey,
M.D.; and Danile R. Lilie, M.D.

STUDENT CHARACTERISTICS IN THE
ENVIRONMENT FOR LEARNING

*Adaptation to an Accelerated Medical School
Program*

Edward Gottheil, M.D., Samuel S. Conly,
M.D.; and Hyman Menduke, Ph.D.

*A Comparison of Student and Faculty Percep-
tions of the Medical School Environment*

Ronald L. Hamberg, M.Ed., and Charles W.
Dohner, Ph.D.

The Rochester Study: Non-Cognitive Data

John C. Donovan, M.D.; Leonard F. Salz-
man, Ph.D.; and Peter Z. Allen, Ph.D.

*A Study of Undergraduates Planning a Career
in Medicine*

David Eli Drew, Ph.D.

*Use of the Twenty Statements Test (TST) in
Assessing Changes in Medical Students'
Self-Concept*

Anthony J. Diekema, Ph.D.

CONTEMPORARY ISSUES IN MEDICAL
EDUCATION

*Teaching Interpersonal Effectiveness to Medical
Personnel*

L. Derbyshire, Ph.D., and G. J. Hunt,
Ph.D.

*Marijuana and Medical Students: A Study of
Four U.S. Medical Colleges*

Martin R. Lipp, M.D.; Jared Tinklenberg,
M.D.; Zebulon Taintor, M.D.; Margaret
Peterson, M.D.; Samuel Benson, M.D.;
and Frederick Melges, M.D.

*Alternatives to Pass/Fail Grading of Medical
Students*

Carter Zeleznik, M.A.; Joseph S. Gonnella,
M.D.; and Irving J. Olshin, M.D.

*The Use of the Minimum Pass Level Technique
on Departmental Examinations in Pathology*

Dax Taylor, M.D.; Donald A. Senhauser,
M.D.; John A. Shively, M.D., and J. C.
Reid, Ph.D.

*A Pediatrics Clerkship: Its Effect on Student
Attitudes Related to Pediatrics*

A. I. Rothman, Ed.D.

November 2

**Workshop on Longitudinal Research
in Medical Education**

PROGRESS REPORTS ON AAMC LONGITUDINAL
STUDY

STUDY GROUPS

**INTERNATIONAL MEDICAL
EDUCATION**

October 30

Conference on International Medical Educa-
tion

The Future and the Present

Introduction, Director's Report, and Open
Discussion

*Physician Assistant Programs in Developing
Countries*

E. Croft Long, Ph.D.

Discussion

October 31

*The Foreign Medical Graduate: Problem and
Opportunity*

John S. Millis, Ph.D.

Discussion Period with Members of the Com-
mission on Foreign Medical Graduates

MEDICAL CENTER PLANNING OFFICERS**October 31****Planning for Construction***A New Approach to Space for a Medical School*

Gerlandino Agro

Sir Charles Tupper Medical Building

C. B. Stewart, M.D.

University of Iowa Medical Center

Robert Hardin, M.D.

Planning for Strategy*Planning in Industry as an Investment for Policy Development*

Monte C. Throdahl

Institutional Planning as Related to National Needs

Joseph S. Murtaugh

Planning as a Basis for Projection of Future Needs

Philip C. Anderson, M.D.

PUBLIC RELATIONS SECTION**October 30****The Academic Health Center and Health Care Delivery: Educating the Public***National Goals for Medicine in the Seventies*

Russell A. Nelson, M.D.

October 31*The Changing Scene: Who Educates Whom?*
Alfred Haynes, M.D.*Organizational Patterns and New Responsibilities: Winning Public Acceptance*

David E. Rogers, M.D.

Financing Health Care Delivery: Preparing the Public for New Approaches

Jerome Pollack, M.D.

The Consumer: What Turns Me On?

Juanita Dudley

The Basic Scientist: What Turned Me Off?

Parker A. Small, Jr., M.D.

STUDENT AFFAIRS**October 29****GSA Open Session***Minority Student Affairs: Were We've Been and Where We're Going*

Dennis B. Dove

The National Chicano Health Association

Richard Sanchez

Transfers from Two-Year and Foreign Medical Schools

Walter D. Davis; Kenneth D. Gardner, Jr., M.D.; Henry R. Mason, M.P.H.; Daniel Moline, M.D.

Curricular Innovations in Medical Education*An Audiovisual Carrel-Tutorial Course in Clinical Medical Education*

Ronald A. Chez, M.D.

Non-Discipline Oriented Teaching in Pathology

D. F. Cowan, M.D.; A. E. Lewis, M.D.; C. H. Sander, M.D.

Designing an Evaluation and Feedback System for Medical Students, Faculty, and Administration

Thomas H. Caine, M.D.

The Effect of Major Changes in Medical Curriculum on Student Performance and Career Choice

August G. Swanson, M.D.

Integration of the Behavioral Sciences in the Medical Curriculum

Evan G. Pattishall, Jr., M.D.

Discussion from Floor

October 30**GSA Executive Session**

Council Reports

Executive Council

Throughout the year, members of the Executive Council, Executive Committee, and staff have maintained active liaison with prominent officials in the federal government. Among the major issues considered were the implications of President Nixon's budget and appropriations for DHEW, Medicare, operational programs and construction problems, difficulties confronting the VA hospitals and their affiliated schools, comprehensive health planning, health manpower legislation, special problems of new and developing schools, a national service plan and military service for physicians, appointments to DHEW councils and study sections, and expansion of medical education.

Actions or authorizations by the Executive Council since the last Annual Meeting have included the following areas:

Expansion of Medical Education

A task force was authorized to develop a position statement regarding the expansion of medical education and the necessity of preserving quality. A full report on these activities will be presented at the 1970 Annual Meeting.

Financing Medical Education

A critical look is being taken at the credibility that might be assigned by the public and the Federal government to an AAMC study on this issue. The possibility of a national commission to gain consensus on the essential ingredients and attributes of medical education, and to examine the structure, process, and financing of present-day medical education in the U.S. is being investigated. Meanwhile, this committee is coordinating its efforts with other AAMC committees on Expansion of Medical Education and Biomedical Research Policy.

Minority Representation in Medicine

A task force composed of AAMC staff and representatives from the AHA, AMA, and National Medical Association (NMA) ad-

ressed itself to the problems of recruitment, retention, and financing of minorities in medical school, and to the identification of the major efforts necessary to overcome the complexities of the problem. A report was developed and approved by the Inter-Association Committee and the AAMC Executive Council. The Executive Council authorized the AAMC to work with other interested groups and organizations in obtaining support for student financial aid required to establish regional opportunity centers and to expand the AAMC office for minority student affairs.

Flexibility in Educational Programs for the M.D. Degree

The following policy statement was adopted: "There are currently various programs aimed at better relating premedical, medical, and graduate medical education. The Association of American Medical Colleges firmly believes that such curriculum flexibility should be encouraged, and that the licensing boards be urged to accept graduation from accredited schools as the criteria for admissions to licensure examination boards, rather than defining specific course content."

Student Participation in AAMC

In accordance with the Assembly's November, 1969 directive, an ad hoc committee was appointed to explore and develop a mechanism for student participation in the AAMC. The committee's report has been referred to the Association's legal counsel for possible incorporation into AAMC Bylaws; limitations of state incorporation laws and federal regulations governing nonprofit institutions have to be considered, however. A full report is expected to be made at the February, 1971 Assembly.

Physicians' Assistants Training Programs

A report dealing with the responsibility of AAMC institutions for the training of phy-

sicians' assistants was reviewed by the Executive Council and referred to the Association's three Councils for discussion. Meanwhile, AAMC and AMA representatives have formed a task force charged with taking the recommendations of this report the next step: sufficient clarification for their presentation to the AMA House of Delegates and to the AAMC Assembly.

New and Developing Medical Schools

In recognition of the special problems germane to new and developing medical schools, policy was adopted dealing with Federal support to meet the needs of these institutions.

Osteopathy

Guidelines were developed for relationships with osteopathic schools that wish to become more closely associated with eclectic medicine. Accreditation and site visits will be handled cooperatively with the AMA, in a fashion analogous to that of a developing medical school.

Liaison with Other Health Organizations

The Executive Committee met with representatives of the Association for Hospital Medical Education and the Organization of University Health Center Administrators to develop appropriate means for interaction with these organizations.

Executive Committee 1969-70

Robert B. Howard, AAMC chairman
William G. Anlyan, AAMC chairman-elect
D. C. Tosteson, chairman, Council of Academic Societies

Council of Academic Societies

The programs of the Council of Academic Societies can be grouped in three closely related categories: biomedical research, education leading to the production of physicians

Charles C. Sprague, chairman, Council of Deans

T. Stewart Hamilton, chairman, Council of Teaching Hospitals

John A. D. Cooper, AAMC president

T. Stewart Hamilton, AAMC secretary-treasurer

Carleton B. Chapman

Executive Council 1969-70

Robert B. Howard, chairman

William G. Anlyan, chairman-elect

John A. D. Cooper, president

Council Representatives

COUNCIL OF ACADEMIC SOCIETIES

D. C. Tosteson

James V. Warren

Jonathan E. Rhoads

Thomas D. Kinney

COUNCIL OF DEANS

Charles C. Sprague

Ralph J. Cazort

Carleton B. Chapman

Kenneth R. Crispell

Merlin K. DuVal

Robert H. Felix

William F. Maloney

Sherman M. Mellinkoff

David E. Rogers

COUNCIL OF TEACHING HOSPITALS

T. Stewart Hamilton

Russell A. Nelson

Roy S. Rambeck

and other medical manpower, and the delivery of health services. These programs involve action both of groups within the CAS and also of committees of the Executive Council

of the AAMC on which representatives from the CAS serve.

Biomedical Research

During the past year, the CAS has increased the intensity of effort in the direction of formulation and implementation of biomedical research policy. Highlights include the following events:

The program of the annual meeting in 1969 was devoted to the role of basic science in medical education.

A special meeting on biomedical research policy was held in Chicago in February, 1970. The group heard talks by Dr. Cooper, President of the AAMC, Drs. Berliner and Endicott from NIH, and Mr. William Carey, formerly of the Bureau of the Budget.

At the February meeting, the Biomedical Research Policy Committee (BRPC) of CAS was formed and charged with the responsibility to recommend a policy for support of biomedical research in the U.S. and procedures to implement such a policy. This Committee consists of representatives of most of the biomedical disciplines, and is chaired by Dr. Louis Welt.

The BRPC has met four times since February. It has consulted with such leaders as Dr. L. Du Bridge, at that time Science Advisor to President Nixon, Dr. R. Egeberg, Assistant Secretary for Health, and Dr. J. Shannon, former Director of NIH.

On behalf of the BRPC, the AAMC staff conducted a survey of all U.S. medical schools on the consequences of the proposed cessation of research training grants. The results of this survey together with a first draft of the BRPC report will be presented at the 1970 annual meeting in Los Angeles.

The Chairman of the CAS for 1970, Dr. Tosteson, participated with other members of the Executive Committee of the Executive Council of the AAMC in the preparation of testimony for the Congressional hearings on the 1971 NIH budget. Dr. Cooper stated forcefully before both House and Senate Committees the AAMC position in favor of increased support of biomedical research.

Medical Education

The Committee on a National Communication Network for medical education continued its work supported by a contract with the National Library of Medicine (NLM). The purpose of this project is to inform NLM planners about needs of medical education which could be met by such a network.

The Committee on Graduate Medical Education continued to work toward a re-evaluation of the role of the university in graduate medical education. The proceedings of the CAS-sponsored Conference on Graduate Medical Education edited by Drs. Smythe and Kinney were published.

The Committee on Physicians Assistants has worked toward the development of adequate curriculum and accreditation standards for such training programs.

Dr. D. Sabiston represented the CAS on an ad hoc Committee on Increased Medical Manpower of the Executive Council of the AAMC. After careful study and deliberation, this Committee has framed recommendations about future levels of production of physicians in the U.S. The report was made public at the annual meeting in Los Angeles.

The 1970 annual meeting of the CAS included a program on the education of the "primary" physician.

Health Services

In the area of health services, CAS representative R. Chase chaired an AAMC Executive Council ad hoc Committee on Medicare. This Committee, with the able assistance of Mr. John Danielson, Head of the Department of Health Services of the AAMC staff, spent many hours working with representatives of the Social Security Administration on developing more equitable policies for administration of Part B Medicare payments to physicians working in academic medical centers.

CAS Executive Committee, 1969-70

D. C. Tosteson, *chairman*
James V. Warren, *chairman-elect*
Harry A. Feldman, *secretary*

Sam L. Clark, Jr.
Patrick J. Fitzgerald
Charles Gregory

Thomas D. Kinney
Jonathan E. Rhoads
William B. Wiel, Jr.

Council of Deans

The Council of Deans (COD) consists of the dean of each AAMC Institutional Member and of each Provisional Institutional Member. Its membership totals 107 deans. During the year under review the COD addressed itself to a number of important issues. Foremost among these were the following:

Appropriations for DHEW

The COD was kept informed of attempts made to increase appropriations. Many deans contacted their Senators in an effort to promote a deeper understanding of the problems facing academic medical centers and teaching hospitals.

Medicare

Testimony for presentation before the Senate Finance Committee was developed by the AAMC Medicare Committee and staff. The thrust of AAMC efforts has been in accord with the COD's action directing that a policy statement be developed "concerning reimbursement for professional fees which does not prohibit the use of the fees for educational purposes."

Physician Draft

Materials from Dr. Louis M. Rousselot, Assistant Secretary of Defense for Health and Environment, concerning the physician draft and the significance of participation in the Berry Plan were circulated to the COD.

Human Experimentation

A draft of a document on human experimentation from Dr. Ernest M. Allen, Deputy Assistant Secretary for Grant Administration Policies, DHEW, was circulated to the deans for their consideration and comments.

Federal Health Agencies

Pertinent issues were discussed with prominent government officials: Dr. Roger O. Egeberg, Assistant Secretary for Health and Scientific Affairs, DHEW; Mr. Donald Johnson, Administrator, Veterans Administration (VA); Dr. Marc J. Musser, Chief Medical Director, VA; and Dr. Robert Q. Marston, Director, NIH.

Review of Legislative and Federal Budget Processes

To facilitate a better understanding of the factors involved, Mr. John Forsyth (General Counsel, Committee on Labor and Public Welfare) and Mr. Charles Schultze (Former Director of the Bureau of the Budget) joined the deans for a very informative question and answer session.

Bylaws

The Council of Deans unanimously adopted Bylaws on October 31, 1969.

COD Administrative Board, 1969-70

Charles C. Sprague, chairman
Merlin K. DuVal, chairman-elect
William G. Anlyan
Ralph J. Cazort
Carleton B. Chapman
Kenneth R. Crispell
Robert H. Felix
Robert B. Howard
William F. Maloney
Sherman M. Mellinkoff
David E. Rogers
Robert S. Stone

Council of Teaching Hospitals

Organization and Purpose

The Council of Teaching Hospitals (COTH) provides special activities relating to teaching hospitals. It holds educational meetings, conducts and publishes studies, takes group action on various issues concerning the teaching hospital, and participates in policy-making of the Association through its elected officers and representatives. COTH membership is now 396 hospitals. At the last Annual Meeting criteria for COTH membership were slightly altered to admit those hospitals which have five residency programs, two of which must be either Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, or Psychiatry. This provision has expanded the opportunities for membership to be substantially broadened, and the Council admitted 43 hospitals during the year.

Major Activities

Among specific COTH activities during the year were the following:

GENERAL CLINICAL RESEARCH CENTERS

Meetings with representatives of the General Clinical Research Centers Branch of NIH were held to assist them in devising a new hospitalization reimbursement formula.

MEDICARE

COTH representatives participated in the Association Committee on Medicare with members from the other Councils in meetings with the Social Security Administration, the Senate Finance Committee, and the House Ways and Means Committee.

NATIONAL HEALTH INSURANCE

The COTH is represented on the Association's committee which is examining current legislative proposals and developing the Association's position on the issue of national health insurance.

ciation's position on the issue of national health insurance.

LIAISON WITH AMERICAN HOSPITAL ASSOCIATION

The initial meeting of the AAMC-AHA Liaison Committee was held, and such items as universal health insurance, financing of medical education, and comprehensive health planning were discussed at length. There was agreement by both Associations that the meeting had been useful and should be continued.

LIAISON WITH BLUE CROSS ASSOCIATION

Because of the many problems relating to the third-party financing of health services provided by academic medical centers, as well as affiliated and nonaffiliated teaching hospitals, a liaison committee with the Blue Cross Association has been formed and met once during the year.

REGIONAL MEETINGS

The COTH convened in the following regional meetings: Northeastern group in New York on June 5; Midwest/Great Plains in Chicago on May 25; Southern in Atlanta on April 13; and Western in San Francisco on June 22.

COTH Executive Committee, 1969-70

T. Stewart Hamilton, chairman
 Irvin G. Wilmot, chairman-elect
 Roy S. Rambeck, immediate past chairman
 Ernest N. Boettcher
 Charles E. Burbridge
 George E. Cartmill
 Edward J. Connors
 Leonard W. Cronkrite, Jr.
 Joe S. Greathouse, Jr.
 L. H. Gunter
 Sidney Lewine
 Russell A. Nelson
 David Odell

Staff Reports

Department of Academic Affairs

The Department of Academic Affairs was established on July 1, 1969, in response to the recommendation of the AAMC ad hoc Committee on Educational Studies and Programs. Three major divisions were to be under the aegis of the Department of Academic Affairs. Two of these, the Division of Educational Measurement and Research and the Division of Student Studies and Services, were administered as programs of the Division of Education from 1962-1967, when each achieved divisional status. A Division of Curriculum and Instruction was recommended as the third major unit in the Department of Academic Affairs.

Named to head this new Department was Cheves McC. Smythe, who joined the Association in 1966 as associate director. Also responsible for staffing activities of the Council of Academic Societies and for medical school accreditation, Dr. Smythe ably led this unit until April 1, 1970, when he resigned this post to develop a new medical school as a part of the University of Texas system, in Houston. Creation of the Division of Curriculum and Instruction has been deferred pending the appointment of Dr. Smythe's successor.

Educational Measurement and Research

Continuing activities of the Division of Educational Measurement and Research relate primarily to the Medical College Admission Test (MCAT) program, the AAMC Biochemistry Placement Test, and the Annual Conference on Research in Medical Education (RIME).

MCAT PROGRAM

Two projects begun last year, a study of the educational background and career plans of all MCAT examinees and a study of possible minority-group bias in the MCAT, have been continued. A preliminary report on the first study, including MCAT examinees for the years 1968 and 1969, will be available this

fall. A similar report on the latter study is expected for the Annual Meeting.

During this year the operational aspects of this program have undergone significant change. Beginning with the May, 1970, test, the AAMC assumed the exclusive responsibility for all score reporting functions as well as the important area of program research and development. Test administration and scoring continue to be performed by the Psychological Corporation.

Data generating mechanisms, necessary to discussion of future modification of the MCAT program, have been initiated.

BIOCHEMISTRY PLACEMENT TEST

An announcement of the availability of the Biochemistry Placement Test fall administration was distributed in early summer. Although the development of local norms has been strongly encouraged, national norms will be provided upon the accumulation of adequate data. Participation in the program warrants consideration of expanding the program to other areas of placement testing.

CONFERENCE ON RIME

The Ninth Annual Conference received 115 abstracts for consideration (an increase of 64 percent). To accommodate this number, the program was expanded to include 10 discussion groups, five each day. The format of the last two years was continued, with abstracts and papers distributed to preregistrants prior to the Conference.

NEW STUDY

A new area of study is the measurement of noncognitive variables in the selection and evaluation of medical students. An extensive literature search and evaluation of the current status of personality measurement in medical education are being done as first steps in this effort. Involved in this activity is a review of

the recently completed status report of the AAMC Longitudinal Study and consideration of extramural proposals for participation in related research.

Student Affairs

This program is under the aegis of the Committee on Student Affairs and the Group on Student Affairs (GSA). During 1969-70 the GSA consisted of almost 300 medical school admissions and student affairs officers in the United States and Canada.

APPLICANT AND STUDENT RECORDS

AAMC maintains comprehensive records of all medical school applicants and undergraduate medical students. Based on these central records, AAMC continues to provide annually a substantial information exchange to all U.S. medical schools and to over 1,000 undergraduate colleges. For the 1969-70 entering class a total of 24,465 individuals filed 133,832 applications. Of these, 10,253 persons were enrolled for the first time. Repeating and other special students brought the total first-year enrollment to 10,401. Total undergraduate medical student enrollment during 1969-70 was 37,669.

MINORITY AFFAIRS

Two supplementary grants to last year's initial grant from the Office of Economic Opportunity brought the total amount of funding to the AAMC for minority affairs activities to \$977,350. In addition to funding projects at the national level, this grant to date has been used to finance 21 subcontracts aimed at providing demonstration projects relative to the expansion of educational opportunities in the health professions for minority group students.

At the national level, major activities have included the development of a minority student information clearinghouse and the continuation and expansion of the medical minority applicant registry (MED-MAR).

Other significant minority activities during the year have included the activation of an AAMC task force which developed a report

to the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks and Other Minority Students. The report has been approved by the governing bodies of the AAMC, AHA, AMA, and NMA and has been widely distributed.

AMERICAN MEDICAL COLLEGE APPLICATION SERVICE (AMCAS)

AMCAS enables applicants to participating medical schools to submit only one application and one set of transcripts to the AAMC, which sends a copy of the application and a standardized, computerized transcript to schools designated by the applicant. For 1970-71, a total of 56 medical schools will select their fall, 1971, entering classes through AMCAS. It is anticipated that approximately 20,000 applicants will file more than 100,000 applications through AMCAS for the 1971 entering class.

COORDINATED TRANSFER SYSTEM (COTRANS)

A Coordinated Transfer System (COTRANS) was implemented in January, 1970, to facilitate the transfer to U.S. medical schools of U.S. citizens studying medicine abroad. Under COTRANS sponsorship, 247 individuals took the June Part I of the National Board Medical Examinations. AAMC distributed their results to the 35 participating medical schools and to several additional schools requesting their scores. An evaluation of COTRANS is being conducted.

LIAISON WITH STUDENT ORGANIZATIONS

Largely through Mr. Dennis B. Dove, a medical student who spent the year with the AAMC Division of Student Affairs, the AAMC maintained liaison with SAMA and with the Student National Medical Association (SNMA). The Association also focused on future formal student participation in the AAMC and developed specific proposals for consideration by the Assembly.

LIAISON WITH THE FEDERAL GOVERNMENT

Liaison with the Federal government in relation to the health professions scholarship

and loan programs was continued. Financial aid officers and deans were encouraged to contact their legislators concerning reductions in the loan program. Financial need analysis forms and procedures were developed by both the American College Testing Service and the College Scholarship Service in cooperation with the GSA Committee on Medical Student Finances. Liaison was also maintained with the Department of Defense and with Selective Service relative to the drafting of physicians and the deferment of medical students.

LIAISON WITH COLLEGES AND SECONDARY SCHOOLS

Regional associations of premedical advisors have now been formed in the Western Region as well as in the Northeast and Midwest. Advisors are now active in determining the content of the *Advisor*, the AAMC Newsletter for Premedical Advisors.

OTHER ACTIVITIES

A program concerning curricular innovation was held during the Annual Meeting. Surveys concerning the exchange of students between medical schools for extramural academic experiences have also been sponsored during the year.

Results of a 1969 GSA survey on medical school-student legal relationships (including due process considerations) were reviewed. Further analysis of the data and possible development of a legal code for use by medical schools has been proposed.

ANNUAL MEETING EXECUTIVE SESSION

The 1970 GSA Executive Session was held in Los Angeles on October 30. Following the report of National Chairman W. W. Morris, reports were also received from GSA committees, GSA regional chairmen, preprofessional advisor regional chairmen, and AAMC staff. In addition, Dr. Robert M. Bucher spoke on "Medical Student Financial Aid;" Dr. John L. Caughey, Jr., reported on "Physicians and National Service;" and Dr. W. W. Morris commented on "Student Participation in AAMC and GSA." The group adopted eight recommendations, including several changes in GSA committees and the adoption of proposed AAMC guidelines for Minority Student Affairs. GSA national officers re-elected for 1970-71 were: chairman, W. W. Morris; vice-chairman, Robert L. Tuttle; and secretary, Davis G. Johnson.

Department of Health Services and Teaching Hospitals

Primary activities of the Department of Health Services and Teaching Hospitals have been formulation of the official Association position on the issue of Medicare payments to attending physicians in teaching settings. The Association has testified before the House Ways and Means Committee, before the Senate Finance Committee's Subcommittee on Medicare and Medicaid, and before the full Senate Finance Committee.

Development of a formal position on the issue of national health insurance is a new effort for which this Department has responsibility.

The Department is working with the Veterans' Administration to determine the method

by which more effective liaison between the Veterans Administration and the AAMC can be accomplished. Continued meetings with representatives of Dr. Musser's office are being held to develop a mutually suitable mechanism.

The Department is continuing to explore the proper dimensions which the Association should take in terms of developing a program in health services. The major issues which have been identified, and which will serve as the nucleus of the future program for the segment of the Department's activities, relate to the implementation, organization, administration, and financing of the medical center's involvement in the delivery of direct health services.

Contracts with the Department of Health, Education, and Welfare

TEACHING HOSPITAL INFORMATION CENTER

On April 26, 1968, the AAMC entered into a fourteen-month contract with the National Center for Health Services Research and Development to establish a Teaching Hospital Information Center (COTHIC). The contract was extended for a third year on July 1, 1970, to continue both development of the COTHIC and survey research efforts. The COTHIC has initiated survey efforts in four 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 Teaching Hospital Information Center has also accumulated information and data on other subject matter of particular pertinence to teaching hospitals

EFFECTS OF P.L. 89-97 ON TEACHING HOSPITALS

On January 2, AAMC was awarded a \$210,327 two-year contract from the Bureau of Health Professions Education and Manpower training, Division of Health Manpower, to study the influences of P.L. 89-97 on teaching hospitals. The specific focus of this study is the effect which the implementation of Titles XVIII and XIX have had upon training programs for medical students and house staff, medical research, and the delivery of services within the teaching hospital. In order to determine the cost and feasibility of obtaining extensive and precise data on the impact of Medicare and Medicaid on teaching hospitals, data have been obtained from nine hospitals on a pre-survey basis. Additionally, site visits, are being made to 69 hospitals that are included within the survey design.

Department of Planning and Policy Development

The Department of Planning and Policy Development was established in March, 1970. Major responsibilities include the examination of national trends bearing upon medical education and physician production, administering the Division of Operational Studies, and maintaining liaison with the Federal agencies and Congress concerning activities relating to medical education and research.

Committee on Expansion of Medical Education

This committee, staffed by the Department, was formed as a consequence of the Executive Council's decision that the AAMC should turn its immediate attention to examining the problems, opportunities, and needs in expanding the number of medical graduates, and the implication of such needs for further expansion of medical education. The committee is examining the question of whether national policy in support of medical education should derive from needs generated by the problems of health services, or to continue the existing position of the Association, which has related

the expansion of medical education to the number of qualified applicants for entrance into medical school and the implications of these activities in approaches for the case for and support of medical schools. The final report will be presented to the Assembly during the Annual Meeting

Federal Liaison

Federal liaison activities were increased to keep the Association abreast of current legislation and administrative policies and to keep the Congress and Executive agencies informed of the unique situation and requirements of medical education. These increased activities have resulted in the formation of the Division of Federal Liaison, which will be activated in mid-October, 1970.

A proposed set of legislative specifications for the extension of the Health Professions Education Assistance Act (HPEA), which will be considered by the 92nd Congress, was developed and presented at the May Council of Deans meeting. The proposals resulted from an effort to develop legislation which would be

fully supported by all the health professional schools encompassed in the HPEA programs. Final details were negotiated with the Federation of Associations of Schools of the Health Professions.

Testimony was prepared for presentation by AAMC members on major legislative proposals. Included in these efforts were testimony on legislation extending Regional Medical Programs and Comprehensive Health Planning; legislation for providing support for family practice programs in medical schools; legislation to provide special federal support for medical and dental schools in the District of Columbia; and testimony for presentation before the House and Senate Appropriations committees.

Operational Studies

An expanded role for the Division of Operational Studies in the analysis of data bearing upon medical education and academic medical centers was designed. Primary activities of AAMC that have to do with operational aspects of the medical school/center are the medical center cost allocation project, the medical school faculty roster project, the medical school faculty salary study, the annual study of medical school financing and staffing, the Business Officers Section, and the Planning Officers Section.

COST ALLOCATION PROJECT

The medical center cost allocation project was initiated in 1967. Its purpose is to identify a methodology for allocating costs in the various units of the medical center programs of education, research, patient care, and community service. As a result of the very successful pilot study by seven medical centers, 14 medical centers joined the project in 1969-70. A total of 38 medical centers will participate in the project in 1970-71. Support for this project is under contract with the Department of Health, Education, and Welfare.

OTHER STUDIES

In September, 1970, a revised questionnaire was distributed to 103 medical schools

participating in the faculty roster project. The questionnaire has been expanded to elicit identical data for part-time, salaried faculty as for full-time faculty. A major objective of this inventory is an analysis of the sources, movement, and gain or loss of faculty. This effort is funded by a contract with the National Institutes of Health.

During 1969-70, a study of salaries of just under 16,000 faculty from 90 medical schools was completed. Summary data were published (Datagram, *J. Med. Educ.*, **44**: 1180-1181, 1969).

Medical school financial data are obtained annually from the medical schools. AAMC summarizes and publishes these data in the Education Number of *J.A.M.A.*

BUSINESS OFFICERS SECTION

The Business Officers Section (BOS) was organized in 1968. It has provided a forum for discussion of mutual problems related to business, administration, and fiscal management of medical schools.

Stated goals of the BOS are (a) improvements in financial reporting, cost allocations, and program budgeting, (b) improvements in relationships with other agencies, (c) professional development of medical school business and administrative officers, and (d) development of strong regional organization.

In 1969 a two-year grant of \$121,600 was made by the W. K. Kellogg Foundation to aid AAMC in developing an educational program for medical school business and administrative officers. The initial workshops under this program were held during the AAMC Annual Meeting in 1969.

Subsequent workshops, presented at BOS regional meetings, have addressed the following topics: Medical Service Plans (Midwest Region on January 12-13, Northeast Region on April 1-3, and Midwest Region on May 1-2); and The BOS and Sponsored Programs (Southern Region on January 16 and Western Region on May 22-23).

Additional subjects to be developed during 1970-71 are development of an information system in medical schools and financial reporting systems of medical schools. An

overview of the first topic will be presented during the 1970 AAMC Annual Meeting.

PLANNING OFFICERS SECTION

During the past year a group of medical center planning officers has been developing. This new group organized a section meeting at the AAMC Annual Meeting in Los Angeles.

A recommendation for the formal establishment of a Planning Officers Section was presented to the Executive Council in December, 1970. The Council recommended that this proposal be presented during the February 1971 meeting of the Council of Deans for further action.

Division of International Medical Education

In 1970, Dr. Frederick C. Robbins, Jr. succeeded Dr. Thomas H. Hunter as chairman of the Committee on International Relations in Medical Education. Dr. L. Thompson Bowles was appointed assistant director of the Division of International Medical Education (DIME) and AID project officer. Dr. E. Croft Long, on two-year leave from Duke University, was appointed field director of DIME, to be stationed in Guatemala.

DIME continued its general informational functions including the publication of its newsletter, *DIME Dialogue*. Projects supported primarily under contracts with AID and HSMHA are discussed below.

Africa

Cooperative work continued with the officials of the Association of Medical Schools in Africa in organizing the Conference on the Teaching and Practice of Family Health Care to be held in Kampala, Uganda February 8-12, 1971 under funds provided through DIME, by AID, and by the Rockefeller Foundation.

Foreign Fellowships

DIME has administered the international medical student fellowship program financed by excess U.S.-owned foreign currency available to HSMHA. During 1970, 30 students were sent to Yugoslavia, and applications were processed for 56 students to study in Israel and 46 in Yugoslavia in 1971. Negotiations were initiated to extend the Yugoslav program, and plans made for Israel projects in

1972. The possibility of extending this program into other countries was kept under review; site visits were made to Poland and India and arrangements were made for a visit to Tunisia.

Studies

DIME is conducting or planning studies that include an assessment of the impact of the Smith, Kline & French fellowship program on the careers and attitudes of fellows; roles being played in home countries by participants in the Annual Conferences of Foreign Medical Scholars and their long-view attitude toward the value of the conference; compilation of a list of graduate study programs for clinical specialties in AID assisted countries; study of teaching programs in family planning and community health in AID assisted countries; follow-up study of foreign medical graduates who have returned home to certain developing countries. Dr. Long, as field director, will work with the Ministry of Health in Guatemala in the development and testing of a training program for assistant medical officers as a possible model for other developing countries in Latin America and elsewhere. He will serve also as consultant on population programs sponsored by the USAID Mission in Guatemala.

Foreign Medical Scholars

DIME continues to coordinate the Annual Conference on Foreign Medical Scholars. The 14th Annual Conference was held at Case Western Reserve University School of Medi-

cine in Cleveland in June, 1970. The 15th Conference will be held in Cincinnati in June, 1971.

Foreign Medical Graduates

The director of DIME was appointed to the Board of Trustees of the ECFMG and as a Member of the Commission on FMGs.

Division of Publications

Journal of Medical Education

Appearing monthly, the *Journal of Medical Education* is the official publication of the Association of American Medical Colleges. The *Journal* published 1,528 pages of editorial material during the period from July 1, 1969, to June 30, 1970.

Of 339 manuscripts received for consideration during the fiscal year, 123 were accepted for publication, 127 were rejected, and 3 were withdrawn. As the year ended, 63 were out to reviewers and 23 had been returned to the authors for revision.

Accreditation

In 1942 the Liaison Committee on Medical Education, representing the AMA Council on Medical Education and the AAMC Executive Council, was organized as the national accrediting agency for programs of undergraduate medical education. During the past year the committee was enlarged to include representation from the public and from the Federal government. Two ex officio representatives from the Association of Canadian Medical Colleges sit with the committee.

Although accreditation of undergraduate programs has been its major function, during the year the Liaison Committee on Medical Education appointed a task force on physicians' assistants programs and a task force on graduate medical education. An ad hoc committee activated to conduct a brief study on externships in the United States presented its report on July 15. The Liaison Committee

India

AAMC was represented at the Annual Meeting of the Indian Association for the Advancement of Medical Education by Drs. Cheves Smythe, William Willard, and the director of DIME.

Books

Books published by the Association during 1970 were the *AAMC Directory 1969-70* Paper. 403 pp. \$5.00; *Medical School Admission Requirements, U.S.A. and Canada, 1970-71* (21st ed.). Paper. 320 pp. \$4.00; and *COTH Survey of House Staff Policy, 1970*. Paper. 64 pp.

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*.

has also established two ad hoc committees to study the use of forms and the procedure of the accreditation system.

Surveys Conducted

During the 1969-70 academic year either regularly scheduled or revisit surveys of 21 medical schools were completed. The programs in undergraduate medical education of the following schools were approved and accredited: Boston, British Columbia, Howard, Illinois, Loma Linda, Louisiana State-New Orleans, Meharry, Michigan State, Montreal, New Jersey, North Dakota, Northwestern, Oklahoma, Oregon, Medical College of Pennsylvania, St. Louis, Texas-Galveston, Utah, Medical College of Virginia, West Virginia, and Wisconsin. Extended institutional accreditation visits were conducted on an experi-

mental basis to Oklahoma, Texas-Galveston, Utah, and West Virginia.

Four developing medical schools were visited. Recommendations were made for full institutional membership in the AAMC for Hawaii, Mount Sinai, and Texas-San Antonio. Pennsylvania State was recommended for continued provisional approval.

Six nonmember schools in development were also surveyed: Calgary, McMaster, Missouri-Kansas City, Nevada-Reno, Sherbrooke, SUNY-Stony Brook, and Texas-Houston. Calgary and McMaster were granted provisional affiliate institutional membership in the AAMC.

Letters of reasonable assurance in connection with major expansion of undergraduate medical education or with construction grants

were provided to Baylor, Chicago Medical, Cincinnati, Creighton, Iowa, Johns Hopkins, Louisiana State-Shreveport, Miami, Michigan State, Missouri-Kansas City, Nebraska, Nevada-Reno, New York Medical, New York University, Ohio State, Oklahoma, St. Louis, South Florida, SUNY-Stony Brook, Texas-Houston, Texas-Southwestern, and Medical College of Virginia.

Surveys Scheduled

During the 1970-71 academic year, 22 survey visits are scheduled to fully developed medical schools, 16 to developing medical schools, and 3 to Canadian medical schools. Continuing the pilot program, the Liaison Committee plans that eight of the 25 regular surveys will be on an institution-wide basis.

Financial Report

Division of Business Affairs

Transfer of the Association's Evanston properties to Northwestern University was made on February 1, 1970, and activities of the Evanston office were terminated as of that date. On January 31, the Association's Washington offices were moved from the Dupont Circle Building to the National Center for Higher Education at One Dupont Circle, N.W.

The Association now leases a total of approximately 24,000 square feet of space at the One Dupont Circle address.

Financial Operation

Details of the financial operation of the Association are contained in the Treasurer's report. During the Fiscal Year ended June 30, 1970, all financial and payroll activities of the Association were converted to computerized programs under a service agreement with The National Educational Computer Center, sponsored by the American Council on Education, and located in the One Dupont Circle Building. While the conversion is now complete, the process has not been spared the problems usually associated with such conversions. Further efforts will be necessary during the next year to improve the system to make it more responsive to the Association's

needs, particularly in the area of the timely production of management reports.

Staffing

Of the 104 persons in the employ of the Association on June 30, 1970, only seven had previously been in the Evanston office and 13 in the Washington offices of the Association.

Despite the necessity to recruit relatively large numbers in a short time, the Association has been successful in building a competent, dedicated staff. Employment at June 30 was as follows: professional, 28; semi-professional, 12; secretarial, technical, and clerical (full-time), 44; and clerical (part-time), 20; total, 104.

Membership and Subscriptions

In April of 1970 action was initiated on the conversion of membership and subscription activities from a manual to a computerized system. This conversion is now 95 percent completed and provides for automatic processing of file maintenance and updating.

The following is a comparative listing of memberships and subscriptions for the last two fiscal years:

| Membership | | | | |
|---------------------------------------|----------------|----------------|--------------------------------|--|
| <i>Type</i> | <i>1968-69</i> | <i>1969-70</i> | <i>Increase (Decrease)</i> | |
| Affiliate | 13 | 13 | — | |
| Contributing | 21 | 21 | — | |
| Council of Academic Societies | 29 | 34 | 5 | |
| Council of Teaching Hospitals | 357 | 387 | 30 | |
| Graduate Affiliate | 2 | 2 | — | |
| Individual | 2,397 | 2,584 | 187 | |
| Institutional | 90 | 93 | 3 | |
| Provisional Institutional | 11 | 10 | (1) | |
| Provisional Affiliate | — | 4 | 4 | |
| Provisional Graduate Affiliate | — | 1 | 1 | |
| Sustaining | 21 | 21 | — | |
| Nonmember Institutions in Development | 10 | 6 | (4) | |

Paid Subscriptions

| | | | |
|-------------------------------------|-------|-------|----|
| <i>Journal of Medical Education</i> | 6,009 | 6,085 | 76 |
|-------------------------------------|-------|-------|----|

Printing and Reproduction

For a long number of years the Evanston office operated an extensive printing plant for the production of printed materials and publications other than the *Journal of Medical*

Education. With the move to Washington, this activity was discontinued and the equipment sold. Such activities are available as a Center activity in the One Dupont Circle Building.

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

The audited statements and the auditor's report for the fiscal year ended June 30, 1970, have been reviewed with the Association's auditors, Ernst & Ernst. The report was

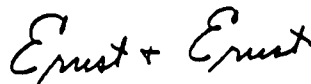
presented to and accepted by the Executive Council at its September 16, 1970, meeting in Washington. The auditor's comments follow:

ERNST & ERNST
1225 CONNECTICUT AVE, N W
WASHINGTON, D C 20036

Executive Council
Association of American Medical Colleges
Washington, D. C.

We have examined the balance sheet of Association of American Medical Colleges as of June 30, 1970, 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 \$373,628 but we satisfied ourselves as to such accounts by means of other auditing procedures. We previously made a similar examination of the financial statements for the preceding year.

In our opinion, the accompanying balance sheet and statements of equity and income and expense present fairly the financial position of Association of American Medical Colleges at June 30, 1970, 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.



Washington, D. C.
September 11, 1970

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BALANCE SHEET

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

| | June 30 1970 | June 30 1969 |
|---|--------------------|--------------------|
| ASSETS | | |
| Cash | \$ 227,418 | \$ 173,742 |
| Investments in United States Government short-term securities - at cost and accrued interest (approximate market) | 589,121 | 397,831 |
| Accounts receivable | 551,648 | 421,788 |
| Accounts with employees | 9,284 | 9,444 |
| Supplies, deposits, and prepaid expenses | 4,290 | 19,901 |
| Land improvements and building - at cost - Note A | <u>-0-</u> | <u>296,856</u> |
| | <u>\$1,381,761</u> | <u>\$1,319,562</u> |
| LIABILITIES AND EQUITY | | |
| LIABILITIES | | |
| Accounts payable | \$ 56,894 | \$ 103,719 |
| Salaries, payroll taxes, and taxes withheld from employees | <u>30,856</u> | <u>13,559</u> |
| | 87,750 | 117,278 |
| DEFERRED INCOME | | |
| Institutional dues and service fees received in advance | 215,395 | 206,251 |
| Other dues received in advance | 128,780 | 138,307 |
| Subscriptions and other publications | <u>21,460</u> | <u>16,531</u> |
| | 365,635 | 361,089 |
| EQUITY | | |
| Restricted for special purposes - Note D | 419,980 | 314,884 |
| Restricted for investment in plant - Note A | 296,856 | 296,856 |
| Retained for general purposes | <u>211,540</u> | <u>229,455</u> |
| | 928,376 | 841,195 |
| LEASE COMMITMENT - Note C | <u> </u> | <u> </u> |
| | <u>\$1,381,761</u> | <u>\$1,319,562</u> |

See notes to financial statements.

STATEMENT OF INCOME AND EXPENSE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

| | Year ended June 30 | | | |
|---|---------------------|---------------------|------------------|-------------------|
| | 1 9 7 0 | | | 1969 |
| | General Purposes | Special Purposes | Total | Total |
| Income: | | | | |
| Dues and service fees from members | \$1,063,403 | | \$1,063,403 | \$ 709,840 |
| Grants | | \$ 479,925 | 479,925 | 356,921 |
| Cost reimbursement contracts | | 568,272 | 568,272 | 542,678 |
| Services | 496,627 | | 496,627 | 456,221 |
| Journal of Medical Education | 64,727 | | 64,727 | 67,405 |
| Other publications | 87,835 | | 87,835 | 77,266 |
| Sundry | 81,927 | 26,065 | 107,992 | 44,963 |
| Sales of furniture and equipment - Note B | 15,285 | | 15,285 | -0- |
| TOTAL INCOME | <u>1,809,804</u> | <u>1,074,262</u> | <u>2,884,066</u> | <u>2,255,294</u> |
| Expenses: | | | | |
| Salaries and wages | 802,356 | 325,307 | 1,127,663 | 919,095 |
| Staff benefits | 104,812 | 39,011 | 143,823 | 83,186 |
| Supplies and services | 647,173 | 393,348 | 1,040,521 | 769,873 |
| Equipment - Note B | 52,994 | 2,354 | 55,348 | 12,906 |
| Travel | 139,958 | 92,716 | 232,674 | 250,651 |
| Loss on sale of building - Note A | 196,856 | | 196,856 | -0- |
| Allocation of expenses | (116,430) | 116,430 | -0- | -0- |
| TOTAL EXPENSES | <u>1,827,719</u> | <u>969,166</u> | <u>2,796,885</u> | <u>2,035,711</u> |
| EXCESS OF INCOME OVER EXPENSES (EXPENSES OVER INCOME) | <u>\$ (17,915)</u> | <u>\$ 105,096</u> | <u>\$ 87,181</u> | <u>\$ 219,583</u> |

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1970

Note A - Land and Building

During the year ended June 30, 1970, the Association relocated its national headquarters to Washington, D. C. Its former headquarters in Evanston, Illinois was disposed of, with the Association and Northwestern University, who had donated the land, sharing the proceeds. The Association's share of the proceeds amounted to \$100,000, and the resulting loss of \$196,856 has been recognized in the accounts restricted for general purposes. Pending action by the executive council concerning disposition of the equity formerly invested in the plant, such equity is being restricted for investment in plant.

Note B - Costs of Relocating National Headquarters

Costs of relocating the national headquarters have been included in the various expense categories in the accompanying statement of income and expenses, in accordance with the Association's budget for the year ended June 30, 1970. Such amounts include purchases of equipment for new headquarters with proceeds from the sale of old equipment being recognized in income, both in accordance with the Association's policy of expensing the cost of equipment in the year acquired.

Note C - Lease Commitments

The Association occupies premises in Washington, D. C. at an annual rental of \$113,244 under a lease expiring January 31, 1973.

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

At June 30, 1970, the Association had been notified by several grantors that it may expect to receive \$1,000,000 (including \$545,000 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.

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