

Association of American Medical Colleges  
Proceedings for 1971

MESSAGE FROM THE CHAIRMAN

MESSAGE FROM THE PRESIDENT

ASSEMBLY MINUTES

ANNUAL MEETING PROGRAM OUTLINES

ANNUAL REPORTS OF COUNCILS

ANNUAL REPORTS OF STAFF

FINANCIAL REPORT

COMMITTEES

STAFF



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## Message from the Chairman, *William G. Anlyan, M.D.*

This has been a landmark year for the medical schools of our country. The Congress has passed the Comprehensive Health Manpower Training Act of 1971. This legislation clearly establishes a substantial and continuing role of the federal government in the support of medical education. For the first time, there has been a direct confrontation with the financial problems which are so important in providing an adequate supply of physicians and other health professionals to meet the growing health needs of the nation.

We must now establish a national program for the reimbursement of health services which are provided by the medical schools and their teaching hospitals and also maintain adequate support for biomedical research. If this can be done, then the institutions will have a greater ability to balance their educational, research, and service responsibilities to society.

With the legislation that has been passed by the 92nd Congress, and with continued federal support on a much broader base, will come greater demands by the government for assurances of performance by our centers. We are proud of our record, and we know we can meet and surpass any challenge that this new support might present. We are proud of the quality of medical education. We are proud of the high competence of health care that is de-

livered by these centers, through their teaching hospitals and in their outreach to the community.

The 1971 Annual Meeting, which was the largest in the history of the AAMC and was attended by more than 2,700 people, contributed much to our understanding of how this new partnership between the government and the academic medical centers will work to bring better health and happiness to the American people.

With the dedicated support of its members, the Association will continue to gain strength to meet its ever heavier responsibilities to society and the institutions and organizations it represents. The AAMC has achieved much stature on the national scene. However, with its growth has come the problem of size, communication, and more concern of the involvement of its constituents. It is now faced with the critical task of establishing priorities which are needed to avoid the consequences of growing at a rate that will make it more difficult to respond quickly to the demands of our times. It must not be allowed to suffer the fate which has befallen other organizations. It must not become so complex that it cannot move swiftly and effectively. Complexity in itself accomplishes nothing.

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

Much has been written and discussed about what the decade of the 1970s holds for mankind. One trend seems to be coming into focus: a realignment of national priorities. With the winding down of the Southeast Asia involvement, and with the greater desire of the American people to turn to constructive rather than destructive action, the issues and problems of health now occupy an increasingly prominent

position in public policy discussions. The AAMC is ready to face the many challenges this prospect presents. It seems clear that the 1970s will be the decade in which far-reaching national decisions on health will be made.

Although the Association is old, more than 80 years old, it is now entering its most productive and influential period. The determination to represent medical education and bio-

medical research in a thoughtful, constructive, and positive manner, reflected by the move to Washington and the reorganization slightly over two years ago, is now bearing fruit.

The Councils and Assembly of the Association have given serious consideration to the representation of the various segments of the medical centers in the AAMC. The development of the Organization of Student Representatives provides a mechanism for undergraduate medical students to become formally involved in the determination of policy and in the governance of the Association. Exploration of ways in which the faculty of an institution as a group can participate more effectively has been undertaken. The matter has been the subject of extensive discussion in the regional and national meetings of the Councils. A recommendation will be made to the Assembly for positive action at the 1972 Annual Meeting. Another Association Task Force with major representation from CAS and COTH has just completed a report on how the AAMC can relate to the house officers.

The Council of Academic Societies has substantially increased its membership and incorporated an important segment of the profession by admitting four major colleges.

The Council of Teaching Hospitals has appointed a Task Force to review the criteria for membership to assure the most effective input of these important institutions to the Association.

Since last fall, the Association has been requested to testify 12 times before committees and subcommittees of the Congress. Each time the Association has taken advantage of the opportunity to set forth its views on pending legislation that had critical import for medical education, biomedical research, and the delivery of medical care. In the discussions with legislative committees, the Congress has been made more aware of the important contributions and the complex nature of academic medical centers.

A new concern with health has emerged in the Congress. Senator Edward Kennedy of Massachusetts and Representative Paul Rogers of Florida became chairmen this year of the major subcommittees dealing with health leg-

islation. Under the enlightened leadership of these legislators, Congress is beginning to reflect a greater understanding of medical education and the issues involved. There is broader comprehension of the fact that medical education is no longer of principal concern only to the states and the private sector. That there is a major federal role and responsibility for medical education is broadly accepted. The work of the Association has contributed substantially to this progress in public understanding.

This year we initiated regular meetings with the officers and the Executive Committee of the American Medical Association. The meetings have been very useful, not only in keeping the two associations informed of each other's activities and interests but also in providing an opportunity to exchange ideas in a face-to-face situation. We also have related closely with the American Hospital Association, Blue Cross/Blue Shield, the Federation of Associations of Schools of the Health Professions, and the newly created Association of Academic Health Centers. It is fortunate that the AAHC is housed in the building we occupy, the National Center for Higher Education. This proximity facilitates closer contact and interaction. Working and communicating with organizations which share a common interest is essential and will be continued.

An AAMC-Veterans Administration Liaison Committee, whose members are drawn from the senior officers and staff of the two organizations, has carefully considered the present medical center-VA hospital relationships. The problems which have arisen because of the changing nature of the academic medical center, its educational programs, and the increasing sophistication of the medical care delivered in the centers have been identified in a paper prepared during a two-day retreat of the Liaison Committee. Positive and constructive steps to strengthen relations between the VA and our medical schools were proposed and are being implemented.

The Association played a key role in the Coalition for Health Funding. This group of 22 health-related organizations aimed at increasing federal funding for health programs

was formed last year, too late to be very effective. This year, with an earlier start, it was better organized and had a larger membership. The Coalition's purpose was to relate realistically the funding of federal programs to the health needs of America and make known to the Congress and the people the measure of national effort needed. *The Washington Post* said the Coalition had scored a major victory when the Congress added one-half billion dollars to the budget request of the Administration for the Department of Health, Education and Welfare. Most of the meetings were held at the AAMC headquarters, and we contributed much of the staff work and leadership that were essential to the operation of the Coalition. We were successful in keeping the membership from becoming fragmented. Without solidarity of purpose and strong support from each organization in the Coalition, its existence would have been meaningless. We will continue to encourage the participants to function as a whole so that even more can be accomplished next year. The Coalition must continue to be a major voice for health.

The financial requirements of medical education are a major concern. With more than one-half of the nation's medical schools experiencing some type of financial distress, we continue to seek means to provide financial stability. In the Congressional action on the extension of the Health Professions Educational Assistance Act, a new era of federal concern for our nation's medical schools and for top quality medical education has been launched. We have worked closely with the Congress to achieve this progressive piece of legislation. There is a basis for real hope that the legislation, coupled with support by DHEW, will substantially ameliorate the conditions of financial distress that have harassed medical schools for so long and will permit them to make major contributions to the solution of the country's health care problems.

The increasing and broadening federal support for medical education brings new challenges and demands to the medical schools. In the past, federal support was provided largely through project grants for a definite project, limited to a specific activity in the medical

center. Now that funds are being provided for general support, we will be required to propose means of distributing program costs for medical education among the student, the community, the state, and the federal government.

Our cost allocation study is now in its fourth year, but it is only recently that the real issues underlying the effort toward a better measure of medical center costs have emerged. These issues relate more to the question of what constitutes the structure, process, and content of medical education than accounting methodology. Other work is being done in this area by the Sprague Committee on the Financing of Medical Education. Plans for detailed studies by task forces in three areas—one on the cost of medical education, another on construction financing, and the third on research—are being developed. Results of these studies should lead to a fuller understanding of the financial problems confronting medical centers as they strive to discharge their widening responsibilities to the student and society. The work of the Committee on the Financing of Medical Education will build upon and extend the AAMC's efforts in cost allocation.

The findings of the Council of Academic Societies' Biomedical Research Policy Committee, chaired by Louis Welt, and the Task Force on the Cost of Teaching Hospitals provide additional input to the considerations of the Sprague Committee.

The management of the academic medical center is rapidly becoming a more complex and difficult task. Profound alterations are occurring in educational programs, research efforts, and the delivery of health services. The changes require a new order of managerial effort. The broadening and diffusion of power through the medical center and the need to involve more diverse abilities and skills working together to confront more complex tasks add to the difficulties. The making of decisions and their implementation require a wider consensus and more intense collaborative efforts.

The traditional pyramidal structure of authority with the power concentrated in the hands of a few who ruled in an autocratic way is not the social arrangement most eminently suited to the current and future needs of the

institutions. Administrative structures must be much more adaptable, ready at all times to confront specific tasks. Management must now be concerned with coordinating task-oriented groups which, as Bennis has said, "will be differentiated not vertically, according to rank and role, but flexibly and functionally according to skill and professional training." Deans and their staffs must have much greater understanding and capability in how to coalesce the interests of their faculty, students, university colleagues, and community—thus creating a climate for progressive change. These skills provide for optimal decision-making and program implementation.

More comprehensive and reliable data, coupled with more effective ways of bringing the data to bear on decision making, are needed to design alternatives and options for meeting goals and assessing the resources which are required. Planning must be more sophisticated and exact because decisions involve a much greater commitment of resources—resources usually from multiple sources which are less stable and predictable than the traditional income of the university, less controlled by the institution and more dependent on the attitudes and actions of those outside the academic medical center. Inadequate planning and unwise decisions have more serious consequences for the viability of institutions than in the simpler times of a decade ago.

The broadening role of the federal government in providing general financial support for academic medical centers will require greater information reporting capability to satisfy public requirements for accountability and to provide the information requisite to determining levels of future support required. Unless our institutions develop valid data concerning costs of their programs, continued willing participation in their support by the federal government will be endangered.

The AAMC has always exercised a major role in advancing the managerial capability of its member institutions. The Institutes on Medical School Administration conducted by the Association during 1963 and 1964 were very influential. These institutes provided a

valuable base of information and views on the general administrative, organizational, and functional aspects of medical schools in the context of the issues and problems of that period.

The Association has expanded its effort in management development for academic medical centers to encompass these broad components: (a) the procedural, organizational, and behavioral aspects of decision making and execution; (b) quantitative management technology and its data base; and (c) the substantive issues and problems of program development and direction.

Task forces on medical center management, headed by William Mayer, and a Committee on Medical Center Information Systems, chaired by Robert L. Thompson, have already provided advice and guidance in these areas. The latter committee has developed a preliminary base inventory of data on all aspects of medical center operations and a proposal to implement the system in three to five pilot centers.

The Association and its member societies and institutions have increasingly become involved in modernizing medical education. Our faculties have shown a great willingness to adapt their curricula and instructional programs to the talents of a new generation of students and the needs of an evolving system of health care. The Association has played a major role in facilitating this process of change.

With students coming to medical school from more diverse backgrounds and wider ranges of preparation in the sciences, the Division of Educational Measurement and Research has assisted the schools by developing an advanced placement examination in biochemistry. Similar examinations in other disciplines are under development. The division is now studying intensively the development of noncognitive, predictive instruments to improve the selection system of students for medicine.

Premedical advisers are being apprised of the rapidly changing pattern of medical education through the establishment of conjoint regional meetings with deans for student affairs. This improved liaison has also permitted

improved recruitment of minority students and students with nontraditional premedical educational backgrounds. Minority student recruitment has been further facilitated through a contract with the Office of Economic Opportunity, permitting the AAMC to encourage innovative educational opportunities for minority students aspiring toward medicine. It is heartening that many of the proposals made by the AAMC Task Force on Minority Students are being implemented. The report of the task force has furnished the basis for legislation introduced in the Congress. It has been of importance to foundations and other private agencies in developing their programs to assist medical schools in implementing their plans to increase the number of minority students in medicine.

As curricula have been directed toward emphasizing interdisciplinary teaching, individualized student programs, and earlier differentiation of students toward specialties, the Association has become involved in a reassessment of our measures of student achievement. The Division of Educational Measurement and Research is assisting schools and disciplines in the establishment of educational goals and objectives and the measurement of achievement. In this endeavor, the Association is cooperating with the National Board of Medical Examiners as that organization attempts to establish its long-range interdisciplinary plans and policies.

The trend toward interdisciplinary instruction, particularly in the first two years of medical school, has modified the traditional role of the basic science department. At its meeting in February 1971, the Council of Academic Societies began its exploration of the implications of this change.

Flexible curricula have opened opportunities for instructional innovations. Information about innovative developments is disseminated to our faculties through reports and exhibits at national meetings. The need to improve the effective use of modern communication techniques prompted the Association to undertake a study for the National Library of Medicine. This report, "Educational Technology for Medicine: Roles for the Lister Hill Center,"

was published as a supplement to the July 1971 issue of the *Journal of Medical Education*. Currently, planning is under way to explore how the Association can facilitate the development and production of high-quality multimedia instructional programs which will have wide acceptability.

Although the major changes in medical education have involved the traditional undergraduate programs of our institutions, the Association has taken cognizance of the need for developing a more rational continuum of education which extends from the student's first decision to study medicine through the completion of specialty training. The report of an *ad hoc* committee on the "Implications of Academic Medical Centers Taking Responsibility for Graduate Medical Education" has resulted in the preparation of a formal statement which was approved by the Assembly. This statement clearly specifies that graduate medical education is as much an institutional responsibility as is undergraduate medical education.

The public outcry for improved accessibility to medical care has generated great interest in what has come to be known as "primary care." Coincidentally, increasing stress is being placed on educating health care teams. The Council of Academic Societies has been particularly concerned with the concepts of primary care. As a result of the Council's meeting in the fall of 1970, an *ad hoc* committee to study the implications of improved primary care is being established. Through the Liaison Committee on Medical Education and the Council of Academic Societies, studies have been made of the developing role of physician's assistants, and the relationship of their educational programs to those of the physician. Logically, physicians and physician's assistants should be educated together in the same environment by institutions accredited for both types of programs.

The intensity of interest in changing medical education has been balanced by a deep concern that the contributions of research by academic medical centers not be neglected. In the report of the Council of Academic Societies' *ad hoc* Committee on Biomedical Research

Policy, the need for the continued development of faculty with strong research ability was heavily stressed. The Association is deeply concerned with the maintenance of an optimum balance among the research, education, and service missions of its constituent institutions.

Developments relating to the expanding involvement of academic medical centers in health care have been reflected in the AAMC's activity. The newly created Division of Health Services, which is part of the Department of Health Services and Teaching Hospitals, will provide a focus for a broader commitment with the delivery system. The division received a \$127,000 Department of Health, Education, and Welfare grant for health maintenance organization program development in the academic medical center. The major thrust of this effort will be to facilitate the development of HMOs in the academic medical centers by developing policies and guidelines for experimental prototype HMO projects.

Along with the Commonwealth Fund and the Kaiser-Permanente Medical Care Program, the Association sponsored a symposium on the Kaiser pre-paid health care plan. This was motivated by the Association's commitment to promote exploration into a better system for the delivery of health care—one which guarantees access, insures quality, and contains rising costs. The academic medical centers will play an important role in determining the structure and organization of this system. They must assure that the physicians they educate will be able to work effectively and efficiently within an evolving new system.

A task force on house staff relationships to the hospital and the AAMC is developing policy in this area of rapidly emerging concern.

During the past year, the Association has been the recipient of five major grants, including one from the Andrew K. Mellon Foundation for general support. We also received six contracts which will enable us to continue our work on the faculty roster, to develop research and training programs for the U.S. Public Health Service, and to carry out other projects.

Utilizing a grant from the Markle Foundation, we have developed data system and com-

puter capability that previously was unavailable. We now are able to use this for storing and analyzing information relating to the cost allocation study, LCME activities, and COTH research, as well as the activities of MCAT and AMCAS.

We have received a W. K. Kellogg Foundation grant totaling \$220,000 for a five-year project to provide support for the advancement of medical education in Latin America. Particular attention will be paid to studying and developing the administrative and management aspects of medical education; the technical and teaching strength of multi-national centers for training; training of auxiliary personnel to meet community needs; and the expansion of effective use by medical schools of modern teaching methods, especially in the field of audiovisual education. This project will be carried out in close relationship with the Panamerican Federation of Associations of Medical Schools and other agencies active in medical education in Latin America.

We are planning studies of countries that have some type of national health insurance or health care system to assess their import for medical education. In Sweden and other Scandinavian countries, as well as in Western Europe and Great Britain, a national health service has been in operation long enough to provide information that is of interest and could affect our academic medical centers. We hope to develop knowledge from these countries that can be useful as well as knowledge that will enable us to avoid some of the pitfalls these countries have experienced.

A significant change occurred during the year at the Association's headquarters. A Division of Public Relations was created and in the future will function autonomously from the Division of Publications. The Public Relations Division has been very active in stimulating press coverage of the Association. It has established valuable contact with the trade media, as well as with the general press, radio, and TV. We are attempting to achieve better general recognition of the Association by the public.

In conjunction with the President's office, the PR Division has taken on the responsibil-

ity of keeping our constituency better informed through the President's Weekly Activities Report. This now goes to almost 1,275 persons. It is intended to reflect not only the workings of the Association but also the reasoning and thinking on various issues which face the AAMC.

The Division of Publications has revised the *Journal of Medical Education* and the *AAMC Bulletin*. The *Bulletin* now carries news from the medical schools, which used to be printed in the *Journal*, and has started printing a Congressional box score on health legislation. This division will continue to be responsible for special publications of the Association, as well as the *AAMC Directory of American Medical Education* and *Medical School Admission Requirements*.

This fall a major drive was made to encour-

age both faculty and student membership in the Association. A brochure on the AAMC was distributed to all faculty members and students. We hope to have greater involvement of the faculty and of students in the Association.

We are in a critical period in the formulation of a national health program that can meet rising expectations and new demands of society. As an association representing the institutions and organizations that have a major responsibility in the education of health professionals, the advancement of biomedical knowledge, and the delivery of health care, the AAMC has an important role to play in the formulation of such a program. It is our job to see that the words of Horace come true: "Lightened grief with hopes of a brighter morrow."

# Minutes of AAMC Assembly Meetings

**February 13, 1971**

Palmer House, Chicago, Illinois

## Call to Order

The meeting was called to order by Dr. Anlyan at 2:10 p.m.

## Roll Call

Dr. Anlyan observed the presence of a quorum.

## Minutes of October 31, November 1, 1970 Meeting

The minutes of the meeting of October 31 and November 1, 1970 were accepted without change.

## Dr. Edward E. David, Jr.

Dr. David, science adviser to the President, appeared before the Assembly to discuss President Nixon's intent in an intensive campaign to find a cure for cancer. He expressed the opinion that since the problem of cancer straddles virtually all the life sciences, it would be prejudicial to the outcome to isolate the cancer effort and, thus, felt that the proper administrative instrument for the cancer campaign would be within the NIH. A decision has not yet been made as to who will head this project.

This new concentrated cancer effort will not be undertaken at the expense of the broad base of scientific research. Rather, according to Dr. David, the President seeks "a balance between a well-designed effort against cancer, and the self-starting research which has been so productive in producing new possibilities for medical science." Toward this end, in the President's budget request for 1972, he has asked for a \$95 million increase to expand the nation's pool of biomedical personnel and to "invigorate the teaching institutions upon

which we depend for the development of this pool."

With regard to fellowships and training grants in the field of biomedical research, the President's 1972 budget requests that these remain constant until the NIH can complete a study that is designed to "give us insights as to how best to support students and trainees in the life sciences."

In this regard, Dr. David urged medical school leaders to provide the administration with "assessments which can lead to change where it suits national objectives," and to take action "to provide the nation with the medical manpower we need to achieve a higher level of national health." (*Copy of complete speech attached to archive minutes.*)

## Faculty Participation

The Executive Council unanimously agreed to recommend to the Assembly the adoption of a resolution to study and propose a mechanism for faculty participation in the affairs of the AAMC.

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

*BE IT RESOLVED by the Assembly of the AAMC that there be an organization of the faculties of the member institutions represented in the governance of the Association THEREFORE, the Assembly directs the Chairman and the President of the AAMC together with such other officers of the Association as the Chairman may designate, to meet with appropriate faculty representatives as well as the Executive Committees of the COD, CAS, and the COTH to work out a proposed organizational arrangement for this purpose to be presented to the Executive Council at its*

*next meeting and to be incorporated in Bylaw revisions for presentation to the AAMC Assembly at the Annual Meeting in November, 1971.*

### **Proposed Revision of AAMC Bylaws**

The proposed Bylaws were circulated to the constituent Councils and their regional groups for consideration prior to this meeting. As previously instructed by the Assembly, the Bylaws include a mechanism for student participation. Dr. Emanuel Suter moved that the Bylaws be adopted; the motion was duly seconded.

In the discussion Dr. Frank McKee expressed his opinion that in view of the resolution just passed relating to faculty representation, the revision of the Bylaws should be tabled until the question of student and faculty representation could be considered together, and made a motion to that effect; Dr. McKee's tabling motion was seconded. A hand vote was taken, and the motion was defeated.

Continuing the discussion of Dr. Suter's motion to adopt the Bylaws, Dr. William Mayer then stated the Midwest deans' objection to student participation in the AAMC being considered before a mechanism for faculty representation was developed. Dr. Sam Clark made the point that though he felt that there was need to bring into the Association the younger faculty members, he did not feel that student representation should be delayed as a means to enforce such representation.

**ACTION:** On motion, seconded and carried, the Assembly adopted the Bylaws as appended to these minutes

### **Dr. Robert Q. Marston**

Dr. Marston, director of NIH, presented background information (copy attached to archive minutes) on the outlook for NIH support of medical education and research. In a discussion with the Assembly, he attempted to explain some of the confusion existing between various budget analyses that are presently circulating—the greatest difficulty being the comparative transfer of \$23 million for the salary components of research training grants in health professions schools from the research institutes to the Bureau of Health Manpower Education Budget. Dr. Marston was joined by

Dr. Robert Bucher, deputy director of the Bureau of Health Manpower Education, in this discussion.

For the first seven months of this fiscal year, NIH has been operating under the provisions of a continuing resolution which restricted operations to last year's level. The 1971 appropriations bill, which provides substantial increases for NIH, has now been passed by Congress and approved by the President, and these funds will be available for use in the remainder of the current fiscal year.

Highlights of the President's 1971 budget included: a 6 percent increase for research over the FY '70 budget, the largest increases going to cancer and family planning and population research, but with a 20 percent decrease in general research support grants; a net increase of \$12.6 million for health manpower education, but a \$4.1 million decrease in student assistance, and a \$23 million reduction in total obligational authority for construction grants—the assumption for the latter being that support of construction of teaching hospitals would be shifted to a loan guarantee through the Hill-Burton program.

Congressional action on the appropriation bill, as compared to the President's budget, provided for a further increase of \$97 million for research, a total of \$49.7 million going for cancer, heart, and lung, and \$38.5 million for an across-the-board cost of living increase; and a \$48.7 million increase for health manpower education.

The President's 1972 budget calls for a net increase for research of 10 percent over FY '71, \$100 million going for a targeted attack on cancer—there is a total decrease of \$41.7 million in lesser priority research areas—and an \$85 million increase over FY '71 for health manpower education.

### **Dr. Vernon E. Wilson**

Dr. Wilson, administrator of HSMHA, described the organizational components of HSMHA and discussed his agency's plans, particularly with regard to the Public Health Service hospitals. He stated that there was no plan to close these hospitals but rather to study

how to better run them and to look into the question of more active community participation.

A report on the Public Health Service Corps is expected by mid-April. Also imminent is a committee of consultants' report proposing definitions and role descriptions for Regional Medical Programs, Comprehensive Health Planning, and the National Center for Health Services Research and Development, and what planning endeavors should be going on with respect to these three programs and the delivery of health services. Dr. Wilson pointed out that the RMP budget for 1971 was cut by \$8 million from the 1970 level—a reduction which will have impact on all receiving these funds.

HSMHA is taking a leading role in the planning for and development of Health Maintenance Organizations, expecting to spend \$7 million to \$10 million for this purpose. Dr. Wilson commented that it was not his intention to push the country into receiving its care through HMOs, but to give at least 90 percent of the population the choice of medical care through such organizations if they so desired.

Dr. Wilson commented on the continued effort to develop regional offices and to become more intimately involved in the academic medical centers' role in health services delivery. Presently one-third of HSMHA's activities are being handled out of the regional offices. Dr. Wilson sought advice and counsel regarding this new approach.

### Chairman's Report on the Executive Council

*National Health Care Legislation*—Dr. Aryan called on Dr. Chapman to report on his National Health Insurance Committee. At the October 30/November 1, 1970 meeting of the Assembly, a progress report by this committee was submitted which itemized eight points deemed necessary to any health care system. This same report had previously been approved in principle by the Executive Council at its September 16, 1970 meeting, at which time the Executive Council also approved the appointment of a small group to continue working on this issue. Following this directive,

a proposed policy statement was developed and presented to the Executive Council February 13, 1971. Modifications were introduced, and the statement as amended is now presented to the Assembly for action.

**ACTION** On motion, seconded and carried, the Assembly adopted the attached policy statement.

*Cancer*—The Executive Council introduced a resolution dealing with President Nixon's proposed cancer campaign and the question of a cancer authority. Dr. Jonathan Rhoads, who sat on the National Panel of Consultants who studied this issue, made a motion to the effect that "the resolution itself (not just the preamble) be amended to indicate Association agreement with the level of effort recommended by the panel of consultants and included in President Nixon's state of union address, even though there was disagreement with legislative proposals for a separate national cancer authority (Kennedy-Javits bill)." The motion was seconded and carried.

**ACTION** On motion, seconded and carried, the Assembly adopted the attached resolution as amended by Dr. Rhoads' motion.

*Annual Meeting*—This year's Annual Meeting will be held in Washington, D.C. October 29–November 1. The theme will be Interrelationships of Government and the Academic Medical Centers in Meeting Society's Needs for Health Care, and will feature key national and international speakers.

### President's Report

*Personnel*—Dr. August Swanson has joined the Association full time as the director of the Department of Academic Affairs.

Mr. Lee Goldman is leaving the Association to join Senator Kennedy as staff director of the Senate Health Subcommittee. Federal liaison matters will now be the concern of Mr. Prentice Bowsher, acting director of the Division of Federal Liaison. Mr. Bowsher has extensive legislative experience, both in working with Congressman Ottinger and the Congressional Quarterly.

*Kaiser Conference*—"The Organization of

Medical Care—A Symposium for Schools of Medicine” is being sponsored by the AAMC, the Commonwealth Fund, and the Kaiser-Permanente Medical Care Program. The conference will cover all aspects of the Kaiser plan, including the very important consideration of development costs and management. The meeting will be held at the Kaiser Center in Oakland, California March 17, 18, 19, 1971. Thus far, of the 114 schools invited 98 have accepted.

*Legislative Matters*—Copies of two draft legislative proposals were circulated: (1) an extension of the Health Professions Educational Assistance Act. The proposed amendments are based on guidelines set forth in the Howard Committee report previously approved by the Assembly, and have been approved by the Federation of Associations of the Health Professions; (2) Physician Manpower and Service bill which provides for manpower expansion, also based on the Howard Committee report, and assistance to academic health centers in planning and initiating health maintenance organizations and to establish area health education centers as described in the Carnegie Commission Report.

Mr. Murtaugh presented and discussed the NIH FY '72 budget and its implications.

Mr. Danielson gave a brief report on the latest Medicare Medicaid amendments being proposed.

### **Report of the Council of Academic Societies**

Yesterday's CAS program, The Changing Role of Basic Science and Medical Education, was well attended and received. Dr. James Warren reported that the CAS is currently assessing its organizational structure and is looking at ways it might be possible to bring broader faculty representation into CAS. A report on its deliberations is due this fall.

The CAS and the Executive Council recommended the election of 13 new CAS members.

**ACTION:** On motion, seconded and carried, the Assembly elects the following organizations to membership in the CAS, providing that each group either has or obtains the necessary tax classification to be compatible with the Association's tax exempt status: Society for Pediatric Research, American Academy of Allergy, American Academy of Pediatrics, American Academy of Ophthalmology and Otolaryngology, American College of Surgeons, American Gastroenterological Association, American College of Physicians, American Association for Thoracic Surgery, American Society for Clinical Investigation, Inc., Plastic Surgery Research Council, The American College of Obstetricians and Gynecologists, Association for Academic Surgery, and The Endocrine Society.

### **Report of the Council of Deans**

The meeting yesterday included a review of the current status of the cost allocation study and the legislative affairs facing the Association.

The election of the University of Sherbrooke to Affiliate Institutional Membership was recommended.

**ACTION:** On motion, seconded and carried, the Assembly elected the University of Sherbrooke Faculty of Medicine to Affiliate Institutional Membership in the Association.

### **Report of the Council of Teaching Hospitals**

There continues to be trouble concerning the use of the AAMC definition of a teaching hospital for reimbursement purposes. A committee is being appointed to review the COTH membership in relationship to its program and to the academic medical center. Another committee will address itself to defining the costs involved for care in a teaching setting.

### **Adjournment**

The meeting was adjourned at 4:55 p.m.

## October 30, 1971

Washington Hilton Hotel, Washington, D.C.

### Call to Order

The meeting was called to order by the chairman, Dr. William G. Anlyan, at 1:30 p.m.

### Roll Call

Dr. Anlyan declared the presence of a quorum.

### Minutes of the February 13, 1971 Meeting

The minutes of the meeting of February 13, 1971 were approved without change.

### Consideration of the Agenda

The agenda was approved without change.

### Borden Award

The 1971 Borden Award, "given in recognition of outstanding clinical or laboratory research by a member of the faculty of a medical school," was presented to Dr. Joseph Willis Beard. Dr. Beard, professor of surgery and virology at Duke, was honored for his work on the isolation and purification of viruses and for his studies of the pathology of avian virus tumors. Dr. Russell Nelson made the presentation in the absence of Borden Award Committee chairman Dr. Paul A. Marks.

In accepting the award, Dr. Beard expressed his optimism concerning the state of medicine in this country. He cited the progress in his field of virology during the past year, and raised questions about the validity of the view that there is a crisis in medical care.

### Flexner Award

The 1971 Abraham Flexner Award for "distinguished contributions to medical education" was presented to Dr. Carl V. Moore. Dr. Moore, chairman of the Department of Medicine at Washington University, was honored for his illustrious career as a clinical investigator, teacher, and administrator. Dr. Arnold Relman, chairman of the Flexner Award Committee, made the presentation.

In accepting the award, Dr. Moore urged

that current demands on the medical schools to reduce the time spent in undergraduate and postgraduate training and to play a greater role in delivering medical care not cause the schools to abandon the Flexner model of solid scientific training for the physician.

### Citation to Charles S. Hamilton, Jr.

Dr. Cooper presented (in absentia) a citation to Charles S. Hamilton, Jr. "for eminent attainment in promoting and encouraging medical education and biomedical research." This award was approved by acclamation.

### Current Status of Federal Programs: Dr. DuVal, Dr. Marston, Dr. Endicott

Drs. DuVal, Marston, and Endicott addressed the Assembly individually, and then answered a number of questions raised from the floor.

Dr. DuVal outlined his conception of the Office of the Assistant Secretary for Health and Scientific Affairs, DHEW. He felt that this office should serve two major functions—the development of long-range health policy for the United States and a major role in the implementation of this policy. In addition, as assistant secretary he has taken an active role in Department and White House discussions on health policy and legislation. Dr. DuVal expressed the view that the strengthening of his office, together with the three health agencies in DHEW, would give health more effective representation in Executive policy decisions.

Dr. Marston, director of the National Institutes of Health, followed with a general discussion of the current tendency toward specialized research programs. Noting the drive in cancer research for "special identity, for special non-competitive funding and for special non-scientific oversee review," Dr. Marston anticipated future efforts for specialized programs in the cardiovascular field, in aging, in population research, kidney research, and gastroenterology. He also discussed the future of training grants, reporting that several studies of this

program were near completion, and cautioning that any analysis of training grant funding must include judgmental decision as well as data-based decisions.

Dr. Endicott, director of the Bureau of Health Manpower Education, traced the history of HPEA legislation, analyzing the changing emphasis. He explained the shift from construction grants to basic operating support, and the present emphasis on first-dollar support with only a small amount of emergency financial distress funds. Dr. Endicott also reviewed several of the new initiatives built into the legislation, including preceptor training, shortening of curriculum, area health education centers, and graduate medical education. He then mentioned the ever-tightening timetable for implementing these programs and opened the discussion to questions.

Questions from the floor sought an explanation of the increased "accountability" of the medical schools under the new legislation and attempted to elicit speculation of the level of funding of the HPEA bill. Dr. DuVal answered the first by saying that accountability meant responsiveness to national priorities in return for this recognition as a national resource.

The question regarding funding of the manpower legislation evoked a number of comments. Dr. DuVal explained the prior commitments which must be funded and the context in which the funding decision must be made. After Dr. Cooper presented the AAMC position favoring full funding "particularly in the area of capitation," Dr. Marston cautioned against taking a position in favor of full funding of the entire bill. Dr. Endicott concluded the discussion by stating that first year funds for the special project program would be available until the end of September (a 3-month extension).

### **Report of the Executive Council**

Dr. Anlyan reported on the activities of the Executive Council since the February meeting. He sketched the efforts of the Council in response to the Assembly's resolution that there be an organization representing the faculties in the governance of the AAMC. This issue

was taken to the Administrative Boards of the various Councils, with COD recommending that "existing mechanism be strengthened and utilized to increase the opportunity for faculty input." The Executive Council in June reported that "improved faculty representation can be achieved without organization or bylaw changes by utilizing membership in the CAS." The CAS Administrative Board responded to this by suggesting a mechanism for institutional faculty inclusion into CAS. The Executive Council then recommended that a retreat be held soon after the October Assembly meeting to consider all the implications of the faculty representation issue.

Dr. Anlyan also reported on the Executive Committee's meetings with the Executive Committee of the AMA Board of Trustees. In these three meetings a general rapport was established, particularly in areas of legislative interest. He discussed briefly liaison meetings with the Association of Academic Health Centers, the Veterans Administration, and the Pharmaceutical Manufacturers' Association.

The completion of Phase I of the National Library of Medicine study was announced, as well as the initiation of Phase II which will attempt to ascertain what the medical centers must do to interface more effectively with the Lister Hill Center. Dr. Anlyan concluded by welcoming the representatives of the Organization of Student Representatives.

### **Report of the President**

Dr. Cooper presented a broad overview of the Association's activities and priorities over the past year, and discussed specific areas which would require more effort in the coming year.

The past year's focus on establishing an effective federal liaison has been most successful. The AAMC has become highly respected by both Congress and the Executive agencies as a resource in the health field. In addition, communications with other associations have been strengthened by the activities of the Coalition for Health Funding and the Federation of Associations of Schools of the Health Professions. Liaison with the AMA, AAHC

and AAU has also contributed to the presentation of AAMC views in the health field.

Progress on the federal government scene has resulted from the increased concentration of the staff activities in this area. This has somewhat diminished the Association's ability to give increased attention to the internal problems of the constituency: developing long-range plans and dealing with the substantive questions in medical education, biomedical research, and health care delivery.

Dr. Cooper outlined the activities which each AAMC department planned in the year to come. These included improving communications with the constituency, incorporating the accreditation of graduate medical education into an expanded LCME, improving the management capabilities of the academic medical centers, and defining the role of the academic medical centers in a national system of health care delivery.

The report then turned to a discussion of the implications of federal entry into health care. Dr. Cooper warned that the failure of private health organizations to develop a satisfactory system of health care delivery will result in a federal assumption of this responsibility. Coupled with this will be government efforts to further direct research, define education, and extend the academic medical center's role in the delivery of care. Evidence of this trend may be seen in current legislation in which financing is being used to attempt the direction of program.

The formulation of a national health policy is a necessary part of this growing federal concern. Such a policy must assign responsibility for guaranteeing geographical and financial availability of health services.

Dr. Cooper described the crucial role which the academic medical center would play in any such system, and asserted the need for medical school input in shaping the system. One issue cited was maintaining academic integrity while responding to the demand for more health professionals. Another was maintaining status as a tertiary care resource with appropriate involvement with the delivery of primary and secondary care for testing and research.

In conclusion, Dr. Cooper cautioned against sacrificing long-term progress in research and education in order to meet passing social and economic demands.

### Report of the Treasurer

Mr. Wilmot reported on the financial state of the Association, describing the growth in budget expenditures over the past two years. He assured the Assembly that current income would be sufficient to support this expanded budget and that the Association's financial position in general was substantially improved.

**ACTION** On motion, seconded and carried, the Assembly approved the financial report of the Treasurer.

### Report of the Council of Academic Societies

Dr. Warren discussed several of the principal activities of CAS over the past year. The formulation of a document of the responsibility for graduate medical education had occupied much of the CAS time. The National Library of Medicine study was completed, and a follow-up study begun. The Committee on Biomedical Research issued its report, and several of the recommendations have been implemented. A Primary Care Committee has recently been activated to study and define the educational programs for preparing students in this aspect of medicine.

Dr. Warren expressed some concern over the problem the Council of Academic Societies faces in communicating with its membership, especially in trying to involve the massive number of members which the academic societies represent in the activities of the Council and the Association. The upcoming retreat should help clarify the role of the CAS in the context of discussing faculty representation.

### Report of the Council of Deans

Dr. Chapman reported on the principal activities of the COD, including the accomplishment of student representation. One of the major focuses of the COD has been to

clarify the role of the dean, and a forum was held in May to discuss this issue. A meeting is planned for the spring of 1972 along the lines of a two-day institute to examine some of the problems which are uniquely the responsibility of the deans.

Dr. Chapman also reported a very successful COD program which identified medical school activities and limitations with respect to providing outreach medical services.

### **Report of the Organization of Student Representatives**

Mr. Holly discussed the formation of the OSR as well as the composition of their representation in the Assembly. He then presented a list of OSR committees which were being formed, as well as a description of their charge. (A list of these committees and their purpose is attached to the Archive minutes.)

In addition, Mr. Holly reported on two resolutions which were passed by the OSR: one recommending that married students applying through the National Intern-Resident Matching Program be allowed to apply together and a second which will be presented to the Assembly later in this meeting. He expressed the feeling that the OSR was experiencing birth pains in identifying its role in the Association, but was confident it would make real contributions to the work of the Association.

### **Report of the Council of Teaching Hospitals**

Mr. Wilmot reported that the COTH now had a membership of over 400, representing about 5 per cent of the hospitals in the country and over 20 per cent of the total beds. Over the past year, special attention was paid to strengthening our liaison with the AHA, National Blue Cross Association, and the Veterans' Administration.

The three COTH Task Forces reported their findings to the full Council. These included a Task Force on goals and objectives for the COTH, one to analyze the higher costs of teaching hospitals, and a third to examine

house staff relationships to the hospitals and the AAMC.

Also noted was COTH approval of dues increase subject to future confirmation.

### **Statement on the Responsibility of Academic Medical Centers for Graduate Medical Education**

A "Policy Statement on the Responsibility of Academic Medical Centers for Graduate Medical Education" was presented to the Assembly, having been approved by the Executive Council and considered by the three constituent Councils. Dr. Chapman presented two changes made by the Council of Deans as an amendment to the motion for approval. This amendment would insert the word "ultimately" in the first sentence and would delete the word "policy" from the title.

**ACTION:** On motion, seconded and carried, the Assembly approved the amendment proposed by the COD.

**ACTION:** On motion, seconded and carried, the Assembly approved the "Statement on the Responsibility of Academic Medical Centers for Graduate Medical Education." (copy of statement follows)

The Association of American Medical Colleges endorses the concept that graduate medical education ultimately should become a responsibility of academic medical centers. Through this endorsement the Association urges the faculties of academic medical centers to develop in conjunction with their parent universities and their teaching hospitals, programmatic plans for taking responsibility for graduate medical education in a manner analogous to presently established procedures for undergraduate medical education.

Assumption of this responsibility by academic medical center faculties means that the entire faculty will establish mechanisms to: determine the general objectives and goals of its graduate programs and the nature of their teaching environment; review curricula and instructional plans for each specific program; arrange for evaluating graduate student progress periodically; and confirm student readiness to sit for examinations by appropriate specialty boards.

The Association encourages hospitals with extensive, multiple graduate education programs, which are not now affiliated with aca-

demical medical centers to develop their own internal procedures for student selection, specific program review and proficiency examinations. The accrediting agency is urged initially to accredit the entire graduate program of these hospitals. Ultimately, these institutions should either develop affiliations with degree-granting academic medical centers or seek academic recognition as free-standing graduate medical schools.

The Association urges that the Liaison Committee on Medical Education, the Residency Review Committees and the Specialty Boards establish procedures which will provide for adequate accreditation of an entire institution's graduate medical education program by one accrediting agency.

The Association further urges that the specialty boards continue to develop test instruments for measuring achievement of individual candidates that avoid superimposing rigid program requirements on the academic medical centers.

It is essential that all related components (including hospitals) of academic medical centers jointly develop appropriate financing for the program costs of graduate medical education.

### Report of the Committee on the Financing of Medical Education

Dr. Sprague reported on the composition and activities of the Committee on the Financing of Medical Education. Charged with the responsibility for initiating and guiding AAMC studies in this area, the Committee hopes to eventually provide a body of data upon which future assessments of the various aspects of medical education can be based.

Structurally, the Committee has subdivided into three task forces. The Task Force on the Cost of Medical Education will consider the broad educational responsibilities of the school and its relationship to patient care. The Task Force on Biomedical Research will examine the financing of research, its fiscal relationship to other medical center functions, as well as the implication of national objectives. The Task Force on Construction will identify existing facility deficiencies as well as the needs of new, developing, and expanding schools.

Activities to date center around the NIH-sponsored cost allocation study. In addition to offering guidance to the AAMC super-

vision of this study, the Committee has attempted to evaluate its accuracy and to examine alternate methodology. A second activity has been the Task Force on Construction's guidance of an NIH-financed study of the cost-effectiveness of "surge facilities."

Dr. Sprague concluded with the hope that the Committee will have significant input into the upcoming Institute of Medicine Study as well as an effect on the formulation of public policy.

### Election of Institutional Members

**ACTION:** On motion, seconded and carried, the Assembly elected the following schools to institutional membership as designated

Election to *Provisional Institutional Membership* (1) University of South Florida College of Medicine, (2) University of Minnesota-Duluth, Medical Education Program; (3) University of Missouri-Kansas City, School of Medicine; (4) University of Nevada-Reno, School of Medicine, (5) Rush Medical College; (6) SUNY-Stony Brook, Medical School; and (7) University of Texas Medical School at Houston.

Election to *Full Institutional Membership* (1) University of Arizona College of Medicine and (2) Pennsylvania State University College of Medicine. Both schools are graduating their first class this spring and recommendation for election was made contingent upon the receipt of full accreditation from the LCME.

### Election of Teaching Hospital Members

**ACTION:** On motion, seconded and carried, the Assembly elected the following institutions to teaching hospital membership  
Mobile General Hospital  
2451 Fillingim Street  
Mobile, Alabama 36617

University Hospital  
University of California  
Irvine, California 92664

The Stamford Hospital  
Shelburne Road & West Broad Street  
Stamford, Connecticut 06902

Presbyterian Hospital of Dallas  
8400 Walnut Hill Lane  
Dallas, Texas 75231

Confederate Memorial Medical Center  
1541 Kings Highway  
Shreveport, Louisiana 71103

Bataan Memorial Hospital  
5400 Gibson Boulevard, S E.  
Albuquerque, New Mexico 87108

Presbyterian Hospital Center  
1100 Central Avenue, S E.  
Albuquerque, New Mexico 87106

Charles S. Wilson Memorial Hospital  
33-57 Harrison  
Johnson City, New York 13790

Milton S. Hershey Medical Center Hospital  
500 University Drive  
Hershey, Pennsylvania 17033

### Election of Emeritus Members

**ACTION:** On motion, seconded and carried, the Assembly elected the following individuals to Emeritus membership: Dr. Henry J. Bakst, Dr. Bernard Bandler, Dr. James M. Faulkner, Dr. Thomas B. Turner, Dr. William B. Wendel, Dr. Irving J. Wolman.

### Election of Individual Members

**ACTION:** On motion, seconded and carried, the Assembly elected 156 persons to individual membership. (list attached to Archive minutes)

### Establishment of a Senior Membership Category

**ACTION:** On motion, seconded and carried, the Assembly approved the establishment of a Senior membership category and the required Bylaws changed as follows:

#### I. Membership

Section 2. There shall also be the following classes of honorary members who shall meet the criteria therefore established by the Executive Council:

- A. Emeritus Members—Emeritus Members shall be those retired individuals who have been active in the affairs of the Association prior to retirement.
- B. *Senior Members*—*Senior Members shall be persons who have been actively involved in the affairs of the Association and who have been appointed to university or institutional administrative positions with broad responsibilities related to academic health centers.*
- C. Individual Members—Individual Members shall be persons who have demon-

strated a serious interest in medical education.

- D. Sustaining and Contributing Members—Sustaining and Contributing Members shall be persons or corporations who have demonstrated over a period of years a serious interest in medical education.

### Plans for Moving the February Meeting

Dr. Cooper announced the Association's plans for reconsidering the February meeting. It should either be moved to a later date, probably in March, or eliminated. The meeting follows too soon after the November Annual Meeting. The Councils are planning more extensive Spring meetings which can better serve the purposes of the February meeting.

### Report of the Resolutions Committee

Dr. Suter presented the report of the Resolutions Committee, noting that no resolutions had been submitted by the October 15 deadline. However, in view of the late formation of the Organization of Student Representatives, the Resolution Committee forwarded an OSR-sponsored resolution and asked that the necessary two-thirds vote of approval be given so that this resolution could be considered.

**ACTION:** On motion, seconded and carried, the Assembly approved the presentation by the Resolutions Committee of a late resolution.

Dr. Suter then presented the resolution calling for the president and Executive Council to explore all possible steps toward providing for the active membership of schools of osteopathy in the AAMC. Mr. Holly presented the feelings of the OSR in proposing this resolution. It was felt that this would be a first step in strengthening cooperation with the other health professions for the purpose of achieving better health care for the public.

Mr. Holly proposed that the word "membership" in the resolution be changed to "participation," so as not to imply absorption

of the osteopathic schools but rather cooperation. This amendment was approved without contest.

It was felt that further discussion was required to identify the implications of the motion to the AAMC as well as to the American Association of Osteopathic Colleges.

**ACTION:** On motion, seconded and carried by a split vote, the Assembly voted to table the motion to approve the resolution.

### **Commendation of Dr. Cooper and the AAMC Staff**

On a motion by Dean Julius Krevans, the Assembly unanimously voted to thank Dr. Cooper and his staff for their efforts in developing the AAMC into a major force in American medicine and to pledge their support for the continued efforts of the Association.

### **Report of the Nominating Committee**

Dr. Irwin presented the report of the Nominating Committee in the absence of its chairman, Dr. James. The following slate of nominees was presented: chairman-elect:

Dr. Charles C. Sprague; Executive Council representatives: CAS—Dr. Ernst Knobil; COD—Dr. J. Robert Buchanan, Dr. William D. Mayer, Dr. Emanuel M. Papper; COTH—Dr. Leonard W. Cronkhite, Jr.

**ACTION:** On motion, seconded and carried, the Assembly approved the slate presented by the Nominating Committee.

### **Installation of Chairman**

Dr. Anlyan presented the gavel of the AAMC to the new chairman, Dr. Russell A. Nelson. In assuming the office of Chairman, Dr. Nelson issued a call for unity. Only with unified action can the Association have the maximum impact on the public and on the federal government which is attempting to represent the public interests in the health debate.

At this point, Dr. Nelson commended Dr. Anlyan for his very great contributions as chairman, and the Assembly responded with a rising accolade.

### **Adjournment**

The Assembly meeting was adjourned at 4:30 p.m.

# The Eighty-Second Annual Meeting

Washington Hilton Hotel, Washington, D.C., October 28–November 1, 1971

Theme: Interrelationships of Government and the Academic Medical Centers in Meeting Society's Needs for Health Care

## Program Outlines

### PLENARY SESSIONS

October 29

*A National Policy for Health*  
Secretary Elliot L. Richardson

*To Distinguish in the Tumult the Beating of the Drum*  
Sherman M. Mellinkoff, M.D.

*International Aspects of Governmental and Academic Health Center Relationships*  
Moshe Prywes, M.D.

Alan Gregg Memorial Lecture:  
*The Seamless Web of Health and Polity*  
Alexander Heard, Ph.D.

October 30

Chairman's Address:  
1985  
William G. Anlyan, M.D.

*Will Financing Determine Programs?*  
John M. Stagl

*The Federal Role in the Support of Academic Medical Centers*  
Senator Warren G. Magnuson

*Health Care in the Seventies*  
Senator Edward M. Kennedy

October 31

*Organization of Biomedical Science and Health Care: Unity of Science*  
Philip Handler, Ph.D.

*The Unity of Health—Reasonable Quest or Impossible Dream?*  
David E. Rogers, M.D.

*The House Staff in the Seventies: The Decade of Transition*  
Douglas Lloyd, M.D.

*Health: Old Problems—New Remedies*  
Congressman Paul G. Rogers

### BUSINESS OFFICERS SECTION

October 30

Annual Meeting

October 31

A. J. Carroll Memorial Lecture:  
*Medical College Business As Usual? Not Likely—The New Dimensions*  
Kenneth R. Erfft

Federal Programs of Interest to Business Officers:

*Interagency Task Force Activities*  
Matthias Lasker

*Manpower Reporting Systems of NIH*  
Ronald W. Lamont-Havers

*New Federal Legislation for Health Manpower*  
Harry W. Bruce, Jr., D.D.S.

Moderators: Thomas A. Fitzgerald and Clifton K. Himmelsbach, M.D.

## COUNCIL OF ACADEMIC SOCIETIES

October 29

Joint Meeting with Group on Student Affairs and Research in Medical Education

Measuring the Effectiveness of Physician Performance:

Moderator: James V. Warren, M.D.

Participants: George A. Goldberg, M.D., Sidney Shindell, M.D., and Captain James C. Waugh

Business meeting

Open Faculty Forum

## COUNCIL OF DEANS

October 29

Business Meeting

Program:

*Outreach Activities of the Medical School—Dangers and Advantages*

James A. Campbell, M.D., Sidney S. Lee, M.D., and David E. Rogers, M.D.

Panel and open discussion

Moderator: Carleton B. Chapman, M.D.

## COUNCIL OF TEACHING HOSPITALS

October 29

Institutional Membership meeting

General Session

Critical Issues for Teaching Hospitals in the Coming Year:

Panelists: Stanley A. Ferguson, T. Stewart Hamilton, M.D., and Bernard J. Lachner

## DEVELOPMENT OFFICERS SECTION

October 31

Fund Raising for Survival:

Introduction

*The Long-Range Approach to Development*

Donald E. Smith

*The Special Value of the Intensive Campaign*

David S. Ketchum

*Preparing to Campaign*

E Craig Sweeten

*The Campaign—A Case Study*

David Mahler

*A Funny Thing Happened on the Way to the*

*Fund Raising*

Howard Hall

Discussion

## LONGITUDINAL RESEARCH IN MEDICAL SCHOOLS

November 1

Opening Plenary Session

Moderators: John R. Graham, M.D., and Anne E. Crowley

*Report on National Biographical Survey*

Ayres G. D'Costa, Ph D.

*Report by Committee on Measurement of Personality*

William Schofield, Ph.D., and Harold B. Haley, M.D.

Problem Solving Groups

Dinner Meeting

Speaker: John R. Hogness, M.D.

November 2

Problem Solving Groups

Final Plenary Session

Small Group Reports

Discussion

Defining Future Work

**MINORITY AFFAIRS WORKSHOP****November 1**

Recruiting and Retention of Minority Medical Students:

Moderator: Howard F. Manly

Panelists: Alyce Gullotte, M.D., Frederico Lopez, George Tolbert, M.D., and Frances Welsing, M.D.

**ORGANIZATION OF STUDENT REPRESENTATIVES****October 28**

Business Meeting

**October 29**

Program Session

*Medicine, the Consumer, the Profession and the Government*  
M. Donald Wharton, M.D.**PUBLIC RELATIONS SECTION****October 31**

Development of Public Understanding of National Health Care Issues:

Moderator: Paul Van Nevel

Panel: Leroy Goldman, Steve Lawton, Edward J. McVeigh, Michael LeSparre, James W. Foristel, and Paul Hawkins

Panel: Harold Schmeck, John Blamphin, Nathaniel Polster, and Stuart Auerbach

**November 1**

Business Meeting

**EDUCATIONAL MEASUREMENT AND RESEARCH****October 31**

Plenary Session

Student Perspectives on Research in Medical Education

**Discussion Groups:**

ASSESSMENT OF CLINICAL SKILLS

Chairman: Phil Hilkovitz, M.D.

*Observations of Pediatric Interviewing Skills: A Longitudinal Study*

Ray E. Helfer, M.D., M.Ed., and Kay F. Ealy

*Stresses Affecting Surgical Performance and Learning*

Leonard I. Goldman, M.D., and Michael McDonough, M.D.

*A Process of Attitude Change in Human Sexuality*

Richard A. Chilgren, M.D., Pearl Rosenberg, Ph.D., and Judith Garrard, Ph.D.

*Analyzing the Use of Diagnostic Signs*

Paul Slovic, Ph.D., Leonard G. Rorer, Ph.D., and Paul J. Hoffman, Ph.D.

*Correlates of Student Performance in Surgery*  
Bernard S. Linn, M.D., and Robert Zeppa, M.D.*Neurological Diagnostic Ability of Medical Students and Neurology Residents*

Rudolph Bachmann, Ph.D., and Melvin L. Schwartz, Ph.D.

CURRICULUM DEVELOPMENT AND EVALUATION:  
FOCUS ON CONTENT AND PROCESS

Chairman: Robert Kane, M.D.

*Gross Anatomy: A Practical Course*

Nicholas A. Halasz, M.D., and Walter A. Stultz, Ph.D.

*An Integrated Clinical Course in the Neurological Sciences for Freshman Medical Students*

Andrew Talalla, M.D., F.R.C.S., Melville Boufford, M.D., and Sandra Lass, M.S.

*Teaching Medical Ethics: An Experimental Program*

Robert M. Veatch, Ph.D., and Williard Gaylin, M.D.

*Reconciling Community Needs and Teaching Demands*

Kathleen C. Morton, M.D., F.A.A.P., and Steven Feinberg, M.P.H.

*An Accelerated M.D. Program for Ph.D.'s in the Biological, Physical, and Engineering Sciences*

William J. Whelan, D.Sc., William J. Harrington, M.D., Bernard J. Fogel, M.D., and E. M. Paper, M.D.

*Problems in Planning a New Medical School Curriculum*

Patricia Johnson, Ph.D., Kathleen Kochuba, and Ezra V. Saul (deceased)

## STUDENT CHARACTERISTICS: FOCUS ON THE INDIVIDUAL

Chairman: John Graham, M.D.

*Personality Traits of First-Year Medical Students: Trends Over the Four-Year Period 1967-1970*

J. Parlow, Ph.D., and A. I. Rothman, Ed.D.

*Self-Concepts of Female Medical Students as Measured by the Semantic Differential*

Richard G. Weber

*The Medical Education of Minority Students: Directions for Inquiry*

Sheldon K. Schiff, M.D.

*Sex Differences in the Personality of Medical Students*

Lillian K. Cartwright, Ph.D.

*The "New Medical" Student*

Pearl P. Rosenberg, Ph.D.

## ASSESSMENT OF FOUR APPROACHES TO CONTINUING MEDICAL EDUCATION

Chairman: Clement R. Brown, Jr., M.D.

*Open-Circuit Television: A Dying Medium or Continuing Medical Education*

Kenneth T. Denne, B.S., and Sandra Ulicny, M.S.

*Two-Way Radio: An Evaluation of Its Effectiveness in Continuing Medical Education*

Kenneth T. Denne, B.S., Mitchell Schorow, M.A., and Donald Ulmer, B.A.

*Continuing Education and Clinical Skills: A Second Look*

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

*Slide-Tape Programs in Independent Study in Continuing Medical Education*

James L. Conklin, Ph.D., Richard D. Judge, M.D., Ralph E. Lewis, M.P.H., and William Schmalgemeier, M.A.

*How Many Attend: A Questionable Measure of Success for Continuing Medical Education Programs*

Mitchell Schorow, M.A., Kenneth T. Denne, B.S., and Edwin Catmull, B.A.

## November 1

## EVALUATION OF FACULTY AND STUDENT PERFORMANCE

Chairman: Robert Crouse, M.D.

*A Criterion-referenced Evaluation of Student Performance*

D. Dax Taylor, M.D., and J. Christopher Reid, Ph.D.

*Medical School Admissions Committees*

William J. Oetgen, and Max P. Pepper, M.D.

*The Effects of Interdisciplinary Course Development on Medical School Faculty Activity*

Walt Chappell, Ph.D.

*Medical Student Evaluation of Teachers and Curriculum*

Mark P. Ettinger, M.D., and Ward D. Noyes, M.D.

*A Comparison of Teaching Performance by Student and Departmental Chairmen Evaluations*

Donald S. Gromisch M.D., Joseph C. Bamford, Jr., M.D., Stephen N. Rous, M.D., Sanford Sall, M.D., and Samuel Rubin, M.D.

CURRICULUM DEVELOPMENT AND EVALUATION:  
FOCUS ON EVALUATION

Chairman: Stephen Abrahamson, Ph.D.

*The Utility of the Medical Student Attitude Inventory as a Measure of Attitude Differences Between Classes*

Carol Donnelly, Ph.D., Michael Donnelly, Ph.D., and Richard Gallagher, Ph.D.

*Case-Study Problem: A New Form of Evaluation*

Daniel S. Fleisher, M.Ed., M.D.

*Value of Behavioral Objectives and Performance Standards in a General Pathology Course*

Thomas H. Kent, M.D., and George D. Penick, M.D.

*The Evaluational Plan for an Experimental Program in Medical Education*

Maurice Levy, Ed.D., and William H. Chew, Jr., M.D.

*Development of a Feedback Mechanism in a Medical School Education Planning System*

Pearl P. Rosenberg, Ph.D.

STUDENT CHARACTERISTICS: FOCUS ON INTERACTION

Chairman: Lawrence Fisher, Ph.D.

*The Relationship Between Basis of Attraction to Medicine and Learning Style Preferences Among Entering Medical Students*

Ann G. Olmsted, Ph.D., and Marianne A. Paget, B.A.

*Evaluation of Medical Students' Attitudes Toward the Non-Organic Aspects of Patient Care*

Agens G. Rezler, Ph.D.

*What Medical Students Learn About Death and Care of Dying Patients*

Isabel R. Juan, Ph.D., and Harold B. Haley, M.D.

*The Medical Specialty Preference Inventory*

George H. Zimny, Ph.D., and Audrey G. Senturia, B.A.

*Biographical Inventory Items and Career Choice*

Betty Hosmer Mawardi, Ph.D.

INTERDISCIPLINARY HEALTH PROFESSIONS  
EDUCATION

Chairman: Harold Wise, M.D.

*A Relevant Ambulatory Learning Experience for Student Nurses and Student Physicians*

William Weston, III, M.D., Ruth B. Hutto, R.N., Eileen C. Toporek, A.C.S.W., and C. Boyd Loadholt, Ph.D.

*An Interdisciplinary Student Health Team Project in Comprehensive Family Health Care*

L. A. Tanner, M.S.W., M. S. Linn, M.S.S.W., and L. P. Carmichael, M.D.

*An Evaluation Model for Physician Assistants as Instructors of Physical Diagnosis*

D. H. Kuiper, M.D., R. Darnell, Ph.D., and F. M. Dawson

*Competence of Child Health Associates: Comparison of Basic Science and Clinical Pediatric Knowledge with that of Medical Students and Pediatric Residents*

Pavel Machotka, Ph.D., John E. Ott, M.D., John B. Moon, M.D., and Henry K. Silver, M.D.

Meeting of Student Observers with RIME Planning Committee (Open to the Public)

STUDENT AFFAIRS

October 29

GSA Open Session

*Problems of Admission and Retention for  
the 1970s*

Curtis, M.D., Bernard J. Fogel, M.D.,  
Robert A. Green, M.D., and Mary Ellen  
Hartman, M.D.

Presiding: Robert L. Tuttle, M.D.

**October 31**

Panelists: Jack M. Colwill, M.D., James L.

GSA Business Meeting

# Council Reports

## Executive Council

### Legislative Concerns and Federal Liaison

Meetings were held to discuss particular legislation as well as to outline the complex and diversified programs of the medical schools and their teaching hospitals. Members of the Executive Council, Executive Committee, and staff have continued their efforts to inform members of the Congress and key administrative officials of the special needs of the academic medical centers.

Specific actions undertaken by the Executive Council in this pursuit include:

*Discussion with Secretary Richardson*—The Executive Council and senior members of the Association staff met with Elliot Richardson, Secretary of DHEW; Roger Egeberg, Assistant Secretary for Health and Scientific Affairs; Jesse Steinfeld, Surgeon General, U.S. Public Health Service; and other DHEW staff to discuss options being considered by the Department for the support of academic medical centers. In response to the Secretary's request a document was prepared which elaborated on the views and opinions expressed during the meeting.

*The Fight Against Cancer*—On recommendation of the Council of Academic Societies, the Executive Council adopted a resolution urging a major expansion of cancer research within the current integrated structure of the NIH and the National Cancer Institute. The resolution was subsequently adopted by the Assembly and distributed to its members, as well as to members of Congress and administrative officials.

*National Service and the Physician Draft*—The Council approved a policy statement proposed by an AAMC ad hoc committee. The statement recommends continued deferment of premedical and medical students, an increased effort to meet physician require-

ments through voluntary recruitment, and a national lottery system coupled with alternative national service opportunities should conscription remain necessary. This statement was circulated to Assembly members, all members of the U.S. Congress, and relevant administrative officials.

*National Health Care Legislation*—An ad hoc committee was appointed to develop a policy statement setting forth an AAMC position on national health plans and the special role of the academic health centers. The statement expresses support for a national system of health insurance based on prepayment, and utilizing incentives for quality and cost control. In addition, the position calls for recognition of the academic health center as a national resource within the delivery system. The approved statement was transmitted to Assembly members, the U.S. Congress, and administrative officials.

### Internal Educational Concerns

The Executive Council has discussed several areas of concern within the academic health centers, and has taken action to study the questions involved and formulate policy. These activities have centered around:

*Biomedical Research*—Additional staffing was authorized to confront the problems related to maintaining an adequate and appropriate level of biomedical research in the academic medical centers and teaching hospitals.

*Establishment of a Data Bank*—To avoid unnecessary duplication of data collection efforts, to provide a more comprehensive picture of the academic medical center and its component programs, and to assist in determining the feasibility of studies prepared, the Association is developing a data bank con-

cerned with the programs, management, and resources of the academic medical center. The Executive Council has urged the Office of Management and Budget to work with AAMC staff in reviewing requests to approve questionnaires intended for data collection from the centers.

*Medical Education of Minority Group Students*—To help implement some of the recommendations of the previously approved "Report of the Association of American Medical Colleges Task Force to the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks and Other Minority Students," a policy statement was developed, approved, and circulated. This statement urges medical schools to provide encouragement, opportunity, and guidance to minority applicants and students, and documents AAMC endeavors in this area.

*Graduate Medical Education*—A report reflecting the implications of corporate responsibility for graduate medical education, and a Policy Statement of the Responsibility of Academic Medical Centers for Graduate Medical Education were approved and presented to the Assembly for action at the 1971 Annual Meeting.

*Foreign Medical Graduates*—A policy statement was developed and approved concerning foreign medical graduates who are foreign nationals. While the Council recognized the scientific value of an international flow of physicians, it expressed concern with the effects of large-scale movement on the quality and availability of medical care world-wide.

*Analysis of Carnegie Commission Report*—The members of the Executive Council considered a detailed analysis of the Carnegie Commission Report developed by AAMC staff and adopted the document as expressing the views of the Association on this important topic.

#### AAMC Organizational Concerns

*Student Participation in AAMC*—The Executive Council approved guidelines relating to the Organization of Student Representatives (OSR), as well as plans to finance their activi-

ties. The OSR was formally represented at the 1971 Assembly meeting.

*Faculty Participation in AAMC*—In keeping with the Assembly's directive, officers of the Association met with the administrative boards of the Councils and other faculty representatives to work out an organizational arrangement for additional faculty representation in the Association. After extensive consideration, the Executive Council approved two mechanisms and directed the Council of Academic Societies' Administrative Board, with the advice of legal counsel, to develop CAS rules and regulations to accommodate the mechanisms. After further discussion, it was agreed that this issue should be considered at an Executive Retreat of the Association in December.

*Bylaws Revision*—The Executive Council approved extensive revisions to the Association Bylaws, including the addition of student representatives on the Assembly, membership for the chairman of the Organization of Student Representatives on the Executive Council, and establishment of a category of senior membership. On recommendation of the Executive Council the Assembly adopted the new Bylaws.

#### Communication in the Field

*Liaison with Other Health Organizations*—Association officers met with American Medical Association and American Hospital Association officials to discuss areas of mutual interest and concern, and to develop mechanisms for effective communications and coordination.

*Expansion of the Liaison Committee on Medical Education*—The Executive Council approved a document prepared by the Liaison Committee on Medical Education to expand its functions to include graduate medical education, continuing education, and allied health. The Council also approved a report by the LCME Task Force on Graduate Medical Education on a method to expand the activities of the LCME into the area of graduate medical education.

*Liaison with the Association of Academic Health Centers*—The Executive Committee

had extensive discussions with the President and Executive Committee of the AAHC to discuss mechanisms for more effective communication and coordination between the two organizations. It was agreed that meetings would be held as necessary between the AAMC Executive Committee and the AAHC Board of Directors to consider matters of common interest. The arrangement to invite the AAHC President to attend AAMC Executive Council meetings will be continued and a senior officer of the AAMC will attend meetings of the AAHC Board of Directors. Three AAMC representatives will be invited to attend the quarterly AAHC membership meeting as participants.

#### **Executive Committee, 1970-1971**

William G. Anlyan, AAMC chairman  
 Russell A. Nelson, AAMC chairman-elect  
 James V. Warren, chairman, Council of Academic Societies  
 Merlin K. DuVal,\* Carleton B. Chapman,\*\* chairman, Council of Deans  
 Irvin G. Wilmot, chairman, Council of Teaching Hospitals  
 John A. D. Cooper, AAMC president  
 Irvin G. Wilmot, AAMC secretary-treasurer

#### **Council of Academic Societies**

During the past year, CAS membership increased from 35 to 47 distinguished societies. Included in the 12 new member societies were four major colleges. The American College of Physicians, the American College of Surgeons, the American College of Obstetrics and Gynecology, and the American Academy of Pediatrics bring into the Council of Academic Societies physicians especially concerned with improving continuing education and the delivery of health care.

#### **Biomedical Research**

The report of the Ad Hoc Committee on Biomedical Research Policy was submitted to the CAS Membership in March, 1971, and was published in the August *Journal of Medical Education*. Foremost among the recom-

#### **Executive Council, 1970-1971**

William G. Anlyan, chairman  
 Russell A. Nelson, chairman-elect  
 John A. D. Cooper, president

#### **Council Representatives**

##### **COUNCIL OF ACADEMIC SOCIETIES**

James V. Warren  
 Sam L. Clark, Jr.  
 Thomas D. Kinney  
 Jonathan E. Rhoads

##### **COUNCIL OF DEANS**

Merlin K. DuVal\*  
 Carleton B. Chapman  
 Ralph J. Cazort  
 Kenneth R. Crispell  
 Clifford G. Grulee  
 William F. Maloney  
 Sherman M. Mellinkoff  
 David E. Rogers  
 Charles C. Sprague

##### **COUNCIL OF TEACHING HOSPITALS**

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

\* Until July 1, 1971

\*\* Effective July 1, 1971

mendations was that support for biomedical research be considered a matter of highest priority for the nation.

Results of the committee's survey of all U.S. medical schools on the consequences of the proposed cessation of research training grants were presented at the fall 1970 meeting of the CAS Membership. The survey respondents were 4,000 predoctoral and postdoctoral fellows who were completing their research training in June, 1970. Two-thirds of these fellows indicated they would not have been able to continue their research training under a loan plan.

Acting upon a recommendation emanating from the committee, the AAMC Executive Council authorized the establishment of a Biomedical Research Desk.

A resolution formulated by the CAS Membership at its February 1971 meeting was forwarded to the Executive Council of the AAMC. This resolution recommended that the establishment of a separate Cancer Authority be carefully studied. The Executive Council of the AAMC subsequently drew up a resolution which was then ratified by the Assembly. The resolution pointed out that the current state of knowledge of the cause of cancer is not sufficiently precise to vest all cancer research in one Federal organization, separate and distinct from the NIH. It urged that accentuated support of cancer research be managed by the National Institutes of Health and the Cancer Institute.

#### Graduate Medical Education

The Ad Hoc Committee on Graduate Medical Education met on January 8, 1971, to revise its report on the corporate responsibility for graduate medical education. In accordance with recommendations made by the Councils at the February meetings, the Committee report was next revised to express the implications of corporate responsibility. An inter-Council committee was then established to review the revised report and to develop a policy statement. Both this revised report and the proposed policy statement were then circulated. Subsequent recommendations were incorporated into a policy statement on the responsibility of academic medical centers for graduate medical education. The policy statement will be presented to the Assembly for action at the 1971 Annual Meeting.

#### Biomedical Communications Network

The report of the Biomedical Communications Network Steering Committee, *Educational Technology for Medicine: Roles for the Lister Hill Center*, was filed with the National Library of Medicine (NLM) on March 31, 1971. The report was published as a Supplement to *The Journal of Medical Education* for July 1971. The purpose of the study upon which this report was based was to inform

NLM planners about needs of medical education which could be met by a biomedical communications network for the nation.

At the invitation of the National Library of Medicine, the AAMC has expressed its intent to assist in studying how to implement the recommendations contained in the report. Dr. Eugene A. Stead, Jr., senior editor of the report and chairman of the Steering Committee, will also head this new effort.

#### National Forums

The CAS fall, 1970, meeting was devoted to the topic, "Education of Manpower for Primary Health Care." The morning session of the all-day meeting, held in February, 1971, considered "The Changing Role of Basic Science in Medical Education." The afternoon program addressed "Future Challenges to the CAS."

The focus of the fall, 1971, meeting, jointly sponsored by the Group on Student Affairs and those in Research in Medical Education, is "Measuring the Effectiveness of Physician Performance."

#### Communications

During this year, an effort to improve communications within the Council of Academic Societies resulted in the initiation of CAS Briefs. These communications appear at pertinent intervals and are distributed to the CAS representatives and the officers of member societies.

#### CAS Administrative Board, 1970-71

James V. Warren, chairman  
 Sam L. Clark, Jr., chairman-elect  
 William B. Weil, Jr., secretary  
 Ronald W. Estabrook  
 Patrick J. Fitzgerald  
 Charles Gregory  
 Ernst Knobil  
 William P. Longmire, Jr.  
 Louis G. Welt  
 Thomas D. Kinney, *ex officio*  
 Jonathan E. Rhoads, *ex officio*

## Council of Deans

The Council of Deans (COD) consists of the dean of each AAMC Institutional and each Provisional Institutional Member. Its membership totals 104 deans. During the year the COD held three national meetings and several regional meetings at which a number of important issues were addressed:

*Innovative Programs in Medical Education* being implemented at five member schools were described and discussed at length. Several deans expressed pleasure at this respite from concerns relating to broad national issues and indicated the hope that a future program would be devoted to the role of the dean in the process of curricular change.

*The Carnegie Commission Report*, "Higher Education and the Nation's Health," and its implications for the future of medical and health education were considered extensively and on several occasions. The deans expressed broad general agreement with the Commission's conclusions and utilized the report as a means of raising and developing a consensus on some of the more subtle issues addressed in it.

*VA-Medical School Relationships.* The COD began the year by hearing a report from Marc J. Musser, M.D., chief medical director of the VA. Regionalization, faculty salary supplementation, tight budgets, prospects and plans for the future were topics addressed in the report. Other Association activities included the development of a VA-AAMC Liaison Committee, a three-day retreat on the relationship of the VA to the medical schools, and the presentation of testimony on the VA appropriations and legislative proposals affecting the VA.

*Student Participation in Association Affairs* and appropriate organizational arrangements to accomplish it were matters receiving considerable attention during the year. This included vigorous debate prior to the adoption of the Association Bylaw Revisions and the development and ratification of "Guidelines" to launch the Organization of Student Representatives (OSR).

*Two-Year Schools* and the problems of their graduates in transferring to institutions granting the M.D. degree were a concern of the deans. They adopted a policy encouraging institutions contemplating the development of a medical program to consider the totality of the program including the M.D. degree and entrance into residency programs.

*The Cost Allocation Studies*, their progress, problems, and implications for local and national policymakers were the main topics for one meeting and an item for consideration at several others.

*Prerequisites for Institutional Membership* and election procedures were recommended to the Executive Council for their adoption, as required by the new Bylaws.

*Federal Programs* received a good deal of attention from the deans as they learned of developments and made recommendations concerning the health budget, HPEA extension, the Cancer Bill, VA legislation, Medicare Amendments, research training grants, and general research support grants.

*COD Structure and Functions*, including its relationship to parent and subsidiary bodies, was of continual concern during the year. The Council recommended against the formalization of additional groups until current relationships were clarified.

### COD Administrative Board, 1970-71

Merlin K. DuVal, chairman\*  
 Carleton B. Chapman, chairman\*\*  
 Ralph J. Cazort  
 Kenneth R. Crispell  
 Clifford G. Grulee  
 William F. Maloney  
 Sherman M. Mellinkoff  
 David E. Rogers  
 Charles C. Sprague  
 Harold C. Wiggers

\* Until July 1, 1971

\*\* Effective July 1, 1971

## Council of Teaching Hospitals

### Organization and Purpose

The Council of Teaching Hospitals (COTH) is organized to provide special activities and programs relating to teaching hospitals. It holds educational meetings, conducts and publishes results of surveys and other research efforts, takes group action on various issues concerning the teaching hospital, and participates in policy-making of the Association through its elected COTH representatives. Membership is currently comprised of 398 hospitals.

### Major Activities

Among specific COTH activities during the year were the following:

*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 to be presented at Congressional hearings.

*Medicare*—COTH representatives in concert with members of the Councils continue to pursue a number of important issues with the Social Security Administration, the Senate Finance Committee, and the House Ways and Means Committee on the implications for teaching hospitals resulting from Amendments to Titles XVIII and XIX of the Social Security Act.

*Liaison With American Hospital Association*—COTH Representatives are actively engaged with meetings of the AAMC-AHA Liaison Committee where such items as universal health insurance, financing of medical education, manpower training legislation, and health maintenance organizations have been discussed at length. There was agreement by both associations that the meetings have been useful and should be continued.

*Liaison With Blue Cross Association*—Because of the many problems relating to 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 was formed in 1970. This committee has met to discuss reimbursement of

teaching physicians and future financing of graduate medical education.

*1971 Regional Meetings*—The COTH convened in the following regional meetings: Northeastern group in New York City, May 10; Midwest/Great Plains in Chicago, April 21; Southern in Atlanta, April 20; and Western in San Francisco, May 21. Major discussion at all meetings focused on future financing of graduate medical education and the draft statement entitled, "Responsibility of Academic Medical Centers for Graduate Medical Education."

At the February 12, 1971 meeting of the COTH Executive Committee, two task forces and one ad hoc committee were appointed: Committee on House Staff Relationships to the Hospital and the AAMC, Task Force to Recommend Goals and Objectives for COTH as well as Future Criteria for Membership, and Task Force to Analyze the Higher Costs of Teaching Hospitals. Each of these groups has met, and interim reports were presented for discussion at the COTH Annual Institutional Membership Meeting on October 29, 1971 in Washington, D.C. These reports will be further discussed at the 1972 spring series of COTH regional meetings.

Additionally, on recommendation of the COTH Administrative Board, the membership approved an increase in annual institutional dues from \$700 to \$1,000.

### COTH Administrative Board, 1970-71

Irvin G. Wilmot, chairman  
 George E. Cartmill, chairman-elect  
 T. Stewart Hamilton, immediate past chairman  
 John H. Westerman, secretary  
 Don L. Arnwine  
 Edward J. Connors  
 Joe S. Greathouse, Jr.  
 L. H. Gunter  
 Bernard J. Lachner  
 Sidney Lewine  
 David Odell  
 Herluf V. Olsen, Jr.  
 Stuart M. Sessoms  
 Russell A. Nelson, *ex officio*  
 Roy S. Rambeck, *ex officio*

## Organization of Student Representatives

The organization of Student Representatives (OSR) was established on February 13, 1971, by AAMC Bylaw Revision. The OSR consists of a medical student from each institution with membership on the Council of Deans.

The purpose of this Organization is as follows:

1. To provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education;
2. To provide a means by which medical student views on matters of concern to the AAMC may find expression;
3. To provide a mechanism for medical student participation in the governance of the affairs of the Association; and
4. To provide a vehicle for the student members' action on issues and ideas that affect the delivery of health care.

The first meeting of the OSR opened with an address by Mr. Larry Holly, national secretary of the Organization of Student Representatives Planning Committee, which introduced the student delegates to the background of the OSR. This was followed by a welcome and brief historical sketch of the AAMC by its chairman, Dr. William Anlyan. The proposed rules and regulations of the OSR were discussed, amended and adopted by a unanimous vote of the Organization. The Council of Deans approved the document at its meeting on the following day. Election of officers then took place.

The first business meeting under the stewardship of the new officers was held the following evening when committees of the Organization of Student Representatives were formed. These included committees on

Finance, Rules and Regulations, Liaison with External Student Organizations, Political Action, Nominations, Senior Electives, and Minority Affairs. Chairmen of these committees have been appointed and they will soon be working toward developing policies in their respective areas for action by the OSR at its next meeting.

The Organization then heard an address by Dr. Donald Wharton, presently a member of Ralph Nader's Task Force on Health Affairs, who communicated his concerns in the field of health care.

The Organization went on to approve two resolutions that evening. One requested that the National Intern and Resident Matching Program retain the option for married students to match together under the program. Second, a resolution was sent to the Assembly of the AAMC requesting that steps be taken by the Executive Council of the AAMC to explore all possible steps toward accomplishing the goal of active participation of schools of osteopathic medicine in the Association. This resolution was considered before the Assembly at its session and tabled at that time.

### OSR Officers, 1971-72

Larry Holly, chairman  
 Kevin Soden, chairman-elect  
 Steven Ketchel, secretary  
 Regional Representatives:

Harold Stewart, Southern Region  
 Allen Richardson, Western Region  
 Sol Edelstein, Central Region  
 Geraldine Richter, Northeast Region

At Large Representatives to the AAMC Assembly:

Monty Hughes  
 Larry Wellikson

## Staff Reports

### Department of Academic Affairs

Established July 1, 1969, the Department of Academic Affairs is still in development. The Division of Student Affairs and the Division of Educational Measurement and Research, which are units of the department, represent long-standing operation of the AAMC. Their activities are detailed below.

Developmental areas in the department are in curriculum and instruction and in biomedical research policy. The Coggeshall Report recommended the establishment of a greater capability for the AAMC in the area of curriculum and instructional program development. Late in 1971 L. Thompson Bowles, M.D., Ph.D., became the director of the Division of Curriculum and Instruction. Dr. Bowles, whose doctorate is in education, intends to collate information regarding curriculum and instructional changes now in progress in the medical schools.

The *ad hoc* Biomedical Research Policy Committee in its recent report has emphasized the necessity of having a specific focus on the need for support of biomedical research within our constituent institutions. The Department of Academic Affairs is recruiting staff to provide support for these missions.

With curricular changes and instructional innovations occurring in our institutions at the greatest rate in modern times, the AAMC has an essential role in providing information on these changes, disseminating this information, and carrying forward the task of helping both the institutions and academic societies develop and evaluate optimal curricula and instructional programs. Efficient techniques for keeping a continuous record of the curricular changes and instructional innovations evolving in our medical schools are being identified.

Our medical schools have become major national resources for biomedical research. It is in the medical schools that young investigative talent is identified and trained. Schools

also provide a diversified base of research endeavor directed toward both fundamental questions and the application of new knowledge to patient care. The environmental milieu which scientific inquiry provides for the professional development of young physicians is extremely important. These contributions have become obscured in the public haste to provide quick solutions to the medical-care problems of our citizenry. A carefully planned strategy for identifying clearly the relevance of research in our medical schools is needed. This must involve many members of the faculties of the nation's schools.

The department has represented the AAMC on several occasions at major national meetings. The position of the AAMC on the doctor draft was presented to the National Health Resources Advisory Committee-National Advisory Committee to the Selective Service System on the Selection of Physicians, Dentists, and Allied Specialists in February. At the May meeting of the American Board of Medical Specialties, the position of the AAMC supporting expansion of the Association of American Medical Colleges Liaison Committee on Medical Education (LCME) in order to provide a capability for accrediting all of the educational and training programs of an academic medical center was made clear. The eventual development of a single national accrediting agency for graduate programs either within or parallel to the LCME will be a major point of discussion next year.

#### Educational Measurement and Research

The major activities of the Division of Educational Measurement and Research include the following responsibilities: policy determination, distribution of scores, and research and development in the Medical Col-

lege Admission Test (MCAT) program; the Biochemistry Special Achievement Test (BSAT); the annual Conference on Research in Medical Education (RIME); and special projects.

#### MEDICAL COLLEGE ADMISSION TEST PROGRAM

Under the revised contract with The Psychological Corporation, effective February 1970, the Division assumed responsibility for the score distribution operation and research and development aspects of the MCAT. Research and development activities resulted in the final preparation and distribution of a position paper on the MCAT with a section devoted to plans for future development. In addition, a review and updating of the test outline for the Science Subtest of the MCAT has been completed. Accordingly, the Educational Testing Service was commissioned to prepare the updated versions of the subtest as a test maintenance provision. Further research and development activities involved efforts to identify areas of evaluation with the most potential for a future program of assessment. A major effort in this direction was the Conference on Personality Measurement in Medical Education, sponsored by the Division in concert with its Committee on the Measurement of Personality (COMP). Proceedings from this Conference are expected to be available in the late fall of 1971. Finally, the MCAT Questionnaire Study of the educational background and career plans of all examinees and the study of possible minority-group bias in the MCAT have been extended.

#### BIOCHEMISTRY SPECIAL ACHIEVEMENT TEST PROGRAM

This program for advanced achievement testing in biochemistry was initiated last year. Forty-three medical schools participated with over 5,500 examinations administered. A new form of the test has been prepared and is available on quite the same basis as last year. The expansion of the program into other areas is under investigation.

#### RIME CONFERENCE

Due to certain factors limiting total satisfaction with the RIME Conference, some format changes were made by the Program Planning Committee for the Tenth Annual Conference. The purpose of these changes was to effect greater audience participation in the discussions.

#### SPECIAL PROJECTS

During the past year the Division has entered into a cooperative research program with two testing programs administered by the Educational Testing Service, these are the Law School Admissions Test Program and the Graduate Record Examination Program. The test programs involved are studying the flow of talent from undergraduate institutions to the various professional and academic institutions. The implications of this three-year project are impressive for both the admissions process and the medical school environment.

The Division has also initiated the formation of a nationally representative group of medical educators involved with research on and the implementation and evaluation of the process of medical education. This group had its first organizational meeting in April.

Finally, the Division is cooperating with a group of medical education researchers and the AMA Division of Medical Education in a feasibility study of the potential for a standardized core of biographical items that would be of value to the medical education community in facilitating data collection and comparability.

#### Student Affairs

This program is under the aegis of the Committee on Student Affairs and the Group on Student Affairs (GSA). During 1970-71 the GSA consisted of over 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 under-

graduate 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 1970-71 entering class a total of 24,987 individuals filed 148,797 applications. Of these, 11,169 persons were enrolled for the first time. Repeating and other special students brought the total first-year enrollment to 11,348. Total undergraduate medical student enrollment during 1970-71 was approximately 40,300.

MINORITY AFFAIRS

A supplementary allocation of \$505,000 to previous grants from the Office of Economic Opportunity brought the total amount of OEO funding to the AAMC for minority affairs activities to \$1,482,350. In addition to funding projects at the national level, this grant to date has been used to finance 33 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 continuation of the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks and Other Minority Students and the initiation, with funds from the Sloan Foundation and from AMA-ERF, of a Minority Opportunities Monitoring and Planning Project (MOMAPP).

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. During 1971-72, 27,764 applicants filed 169,360

applications through AMCAS for the 1972 entering class in the 58 participating medical schools.

COORDINATED TRANSFER APPLICATION SYSTEM (COTRANS)

The Coordinated Transfer Application System (COTRANS) was continued to facilitate the transfer to U. S. Medical schools of U. S. citizens studying medicine abroad.

Under COTRANS sponsorship, 505 individuals were eligible to take the June, 1971, Part I of the National Board Medical Examinations. AAMC distributed their results to the 43 participating medical schools. Analysis of last year's program showed that 29 percent of the 271 COTRANS-sponsored applicants passed NBME, Part I, during 1970 and that a total of 121 individuals (some of them not sponsored by COTRANS) transferred from foreign to U.S. schools, most of them to the third year.

LIAISON WITH STUDENT ORGANIZATIONS

The Division helped staff the activation of the new AAMC Organization of Student Representatives (OSR). It also maintained liaison with SAMA and SNMA, partly through its medical student fellows, Messrs. Charles Avery and Donald Henderson, who also participated in other AAMC activities, including minority affairs.

LIAISON WITH THE FEDERAL GOVERNMENT

Active liaison with the federal government in relation to the health professions scholarship and loan programs was continued, and frequent progress reports were made to medical school financial aid officers. Liaison was also maintained with the Department of Defense, with Selective Service, and with Public Health Service relative to the drafting of physicians, the deferment of medical students, and alternative national service.

LIAISON WITH COLLEGES AND SECONDARY SCHOOLS

Regional associations of health professions advisors have now been formed in three regions of the U. S., and the Southeast Region

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is planning to organize in August of 1971. Advisors participated in preparing the *Advisor*, the AAMC newsletter for premedical advisors, which was distributed three times during the year.

#### OTHER ACTIVITIES

A program was established to facilitate the transfer from two-year U.S. medical

schools. Also a new newsletter, the *Student Affairs Reporter* (STAR), was started in January, 1971, for GSA members and deans. The Student Affairs Information Service (SAIS) handled approximately 4,000 inquiries during the year, largely from potential applicants and others interested in medical education.

## Department of Health Services and Teaching Hospitals

The Department has published a monthly newsletter, the *COTH Report*, for the past five years, and distributes general memoranda to COTH members. Both of these methods of communication are used to highlight issues and information of particular concern to teaching hospital directors.

The Department is responsible for staffing the Council of Teaching Hospitals as well as other Association endeavors. A concerted effort has been made to fully integrate the activities of the Council and the Department to coincide with the Association's objective of representing and dealing with problems of the academic medical center.

On May 25, 1971 the responsibilities of the Department were organized under two Divisions:

#### Division of Teaching Hospitals

Primary objectives of the Division have been the formulation of the official Association position on the issue of Medicare payments to attending physicians in teaching settings, and development of a position on national health insurance. The staff has also been meeting quarterly with a Steering Committee of Veterans Administration teaching hospital directors in order to more effectively relate the COTH program to these institutions.

#### Division of Health Services

The new Division was effected May 25, 1971 with the announcement that Dr. Robert H. Kalinowski would become its first director, August 1, 1971. Dr. Kalinowski was formerly deputy director for health affairs of the Office of Economic Opportunity.

As a preliminary to the establishment of its new Division of Health Services, the Department undertook a number of developmental activities to provide background data and information for program planning and development purposes. These activities were carried out through the Department director's office with the assistance of Mr. Stephen J. Ackerman as a part-time consultant and included:

1. Development of plans for a workshop-conference to bring together key staff from a selected group of medical schools for the purpose of developing insight and perspective concerning the appropriate participation of the academic medical center in the delivery of health services. While failure to secure funding curtailed action at this particular time, a foundation of basic data and plans was developed for possible future application.

2. An analysis and synthesis was prepared of a number of recent major reports dealing with problems of health care delivery in our nation.

3. A survey of the role, function, and future outlook of departments of community medicine was carried out and summary feedback supplied to all medical schools. A number of favorable comments concerning the value of this information have been received.

4. An inventory of HMO-type activity among the medical schools was made. This survey produced some very interesting and valuable information concerning the nature and extent of the HMO trend in the university medical center environment; this information was also shared with all schools and teaching hospitals.

5. The nucleus of a library of material relevant to the subject of health services and university medical center relationships in this regard has been set up and planning for its development instituted.

6. An application and plan for "HMO Program Development in the University Medical Center" was developed which was the basis for an award of some \$127,000 from HEW to the new Division of Health Services. Major objectives include fostering the development of HMO's in the university medical center environment through policies and guidelines derived from a planned series of prototype HMO projects: improving the educational and research function of medical schools insofar as health care delivery is concerned; and advancing the effective integration of medical education and medical care. Dr. Robert H. Kalinowski is program director for the project.

7. A Health Services Advisory Committee to provide policy guidance and expert advice with regard to the development of the Division of Health Services has been appointed by Dr. John A. D. Cooper, president of the AAMC. Their first task involved development of policy guidelines for the HMO project.

8. Application has been made to the W. K. Kellogg Foundation for support for the initial organization and development of the Division of Health Services.

#### Effects of P.L. 89-97 On Teaching Hospitals

On January 2, 1969, the 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 were obtained from hospitals on a randomly selected basis. A final report has been completed and submitted to the contracting agency. A summary report has been distributed to the COTH membership.

#### 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 development of the survey efforts in five major areas: house staff economics, role of the teaching hospital in community services, teaching hospital executive salaries, sources of capital financing for teaching hospitals, and financial analyses of university owned hospitals. The Teaching Hospital Information Center has also accumulated information and data on other subject matter of particular pertinence to teaching hospitals.

In January of 1971, this activity was transferred to the Division of Operational Studies because of its relationships to other programs in that division. However, the Division of Teaching Hospitals continues to be actively involved with the staff responsible for these study efforts.

### Department of Institutional Development

The Department of Institutional Development was organized in the fall of 1970 with the initial title Division of Program Liaison and Evaluation and was assigned primary responsibility for providing staff backup for the Council of Deans and the AAMC par-

ticipation in the Liaison Committee on Medical Education. The Department maintains continual liaison with the NIH Bureau of Health Manpower Education and with the AMA Council on Medical Education. It serves as the Association's initial point of

contact with organizations and groups engaged in the development of new schools, new medical education programs, and developments in graduate education; it serves as the primary point of contact for medical schools and academic institutions on general matters relating to broad institutional concerns.

The Department is now actively engaged in an examination of ways in which the AAMC can assist the schools to enhance their institutional managerial competence.

### Accreditation

During the year July, 1970, to July, 1971, the Department provided the Secretariat for the Liaison Committee on Medical Education (LCME).

The Liaison Committee on Medical Education was organized in 1942 as a cooperative effort of the AMA and the AAMC to serve as the national accrediting agency for programs of undergraduate medical education. In recent years, the Committee has been developing a proposal for the expansion of its activities to graduate and continuing medical education and allied health education. The proposal has been accepted by the AMA Council on Medical Education and the AAMC Executive Council as a working document. The American Board of Medical Specialties, the American Hospital Association, and the Council of Medical Specialty Societies have been invited to continue their participation in developing the proposal in order to resolve any impediments to their joining this effort. A related activity has been the continuation of the extended institutional accreditation surveys to eight medical schools. These visits review the total academic medical education program of the institution with a focus on the effect that the graduate medical education programs have on undergraduate medical education.

A major activity of the Committee during the past year has been the revision of the policy statement, "Functions and Structure of a Modern Medical School" by a task force chaired by Dr. Merlin K. DuVal. The task force has reviewed the "Essentials"

and accreditation philosophy with special reference to new developments in medical education. In the revision, the Committee has worked to provide a framework for the accrediting activities which is responsive to current needs, encouraging maximum flexibility for innovation while providing for maintenance of standards of quality. The Task Force on Physician's Assistant Programs met twice this year to determine the appropriate involvement of the LCME in the accreditation of these programs. A report was presented to the LCME at its July meeting which recommended that the LCME accept the responsibility for such accreditation. The Report has been referred to the parent Councils for consideration and possible ratification as LCME policy. In a parallel activity the AAMC is cooperating with the AMA on the development of essentials for physician's assistant programs.

### SURVEYS CONDUCTED

During the 1970-71 academic year either regularly scheduled or revisit surveys were conducted to 24 U. S. and Canadian medical schools: Bowman Gray; California, Irvine; California, San Francisco\*; Case Western Reserve; Emory\*; Georgia\*; Hahnemann; Harvard; Indiana; Iowa; Kentucky; Loyola; Maryland\*; Medical College of Wisconsin; North Carolina\*; Ottawa; Puerto Rico\*, Saskatchewan; South Carolina; Texas, Southwestern\*; Temple\*; Tufts; Washington; and Wayne State.

Nine developing medical schools were visited. Arizona and Pennsylvania State were recommended for full institutional membership in the AAMC and California, Davis; California, San Diego; Connecticut; Louisiana State, Shreveport; Massachusetts; the Medical College of Ohio; and Memorial were recommended for continued provisional approval.

Nine nonmember schools in development were also surveyed: East Carolina; Eastern Virginia; Florida State—Florida A and M; Minnesota, Duluth; Missouri, Kansas City

\* Extended institutional survey

Nevada, Reno; Rush; South Florida; and SUNY, Stony Brook.

Letters of reasonable assurance of accreditation or continued accreditation were provided to the federal government in connection with the grant applications of Alabama; Baylor, California, Davis; Creighton; Illinois, Urbana; Medical College of Wisconsin; Meharry; Minnesota, Duluth; Minnesota, Minneapolis; Mississippi; New Mexico;

Northwestern; Rush; SUNY, Syracuse; Tulane; and Utah.

#### SURVEYS SCHEDULED

During the 1971-72 academic year, twenty-eight surveys are planned to be established or developing U. S. and Canadian medical schools and five surveys to new schools planning to matriculate students in the fall of 1972.

## Department of Planning and Policy Development

The Department of Planning and Policy Development utilized its two constituent divisions to keep both the Association and the Executive and Legislative branches informed of current requirements of medical education. The studies and analytical functions were carried out by the ongoing activities of the Division of Operational Studies, which was recently reorganized. The newly created Division of Federal Liaison provided Association policy statements and kept track of all legislation affecting the medical education community. Through the Department, the staff support for the Association's participation in the Coalition for Health Funding (a group of health-related organizations interested in securing optimum federal funding of the nation's health programs) was provided.

### Committee on Expansion of Medical Education

The final report of the Committee on Expansion of Medical Education, "A Bicentennial Anniversary Program for the Expansion of Medical Education 1970-76," was adopted by the AAMC Assembly during the 1970 Annual Meeting. The basic provisions of this report were encompassed in health manpower legislation introduced in both the House and Senate, and were in some part reflected in the final enactment of the Comprehensive Health Manpower Training Act of 1971.

### Committee on the Financing of Medical Education

With the aim of coordinating the Association's activities in examining the current financial

distress afflicting medical schools and academic medical centers as they carry out their responsibilities to the student and community, the Executive Council established the Committee on the Financing of Medical Education, in March of 1971. The Committee is composed of three task forces, which will concentrate their efforts in the areas of construction, biomedical research, or undergraduate medical education. In investigating the underlying causes and origins of financial distress, the Committee will focus its attention upon the medical centers' sources of income and the nature of expenditures on education, research, and service; the quality of reporting of these expenditures, through such mechanisms as the AAMC Cost Allocation Study; and the appropriate distribution of the burden of medical education across the student, the community, and state and federal governments.

The Committee will provide its findings and recommendations in a series of reports to be issued as the group progresses in its tasks. There will be no single final report, and no time period has been set for the completion of the Committee's work.

### Division of Federal Liaison

Established in October 1970, the Division of Federal Liaison initiated a broad range of activities to keep the Association abreast of current legislation and Administration policies and to inform the Congress and Executive agencies of the special circumstances and requirements of medical education.

This new Division invested its efforts in an unusually important legislative year for medi-

cal education and medical schools. The most crucial matters were the formulation of the Health Professions Educational Assistance Act, the prior authorities for which expired June 30, 1971, and developing legislative proposals to implement the recommendations of the AAMC Committee on the Expansion of Medical Education. Two bills reflecting the AAMC proposals in these areas were introduced in both the House and the Senate. These legislative proposals contributed substantially to the final HPEA bills which passed the House and Senate.

In addition to the preparation of testimony and extensive supporting materials for this HPEA legislative effort, the Division bore the burden of supporting the AAMC's response to other critical legislative issues upon which it was called to testify. These latter included the Conquest of Cancer legislation, the Senate Health Subcommittee review of the Health Care Crisis, the role of the Veterans Administration in medical education and health care, and testimony before the HEW and VA appropriations subcommittees.

#### **Division of Operational Studies**

In order to carry out its primary role of data analysis most effectively, the Division was reorganized and expanded. The Division of Operational Studies now consists of the Operational Studies Unit, the Research and Policy Studies Unit, and the Teaching Hospital Information Center, which was transferred to the DOS from the Department of Health Services and Teaching Hospitals. The division's primary activities, consisting of the medical center Cost Allocation Project, Faculty Roster Project, Liaison Committee Financial Survey, Faculty Salary Survey, and the Teaching Hospital Survey were continued. Coordination of work in several medical colleges on development of management information systems and on more sophisticated efforts in cost analysis was rendered. Staffing of the Business Officers Section and developmental work on Planning Coordinators Section was continued, and staffing of the new Committee on Financing of Medical Education was undertaken.

#### **FACULTY ROSTER PROJECT**

This project is financed under a contract with NIH. An expanded questionnaire was used for 1970-71 and coverage was changed to include part-time salaried faculty as well as strict and geographic full-time salaried faculty. The development of more advanced computer techniques has improved the processing of data and the retrieval capability. There was better cooperation from the medical schools and more rigorous follow-up by the Roster staff, and it is hoped that this improved base will permit prompter reporting and completion each year of the Roster. It is not contemplated that a full record will be established for volunteer faculty, but further investigation of this component will provide fuller information of total resources devoted to medical education. A new contract now being negotiated will provide for a substantial program of analyses and reports utilizing the data derived from the Faculty Roster.

#### **SURVEY OF MEDICAL SCHOOL EXPENDITURES**

This survey is one of the two parts of the Liaison Committee questionnaires. Intensive work was done by a task force of the Business Officers Section directed at revising this questionnaire, with the objectives of better adapting it to the accounting procedures of the schools and improving its usefulness for analytical purposes. The revision will permit better presentation of financial information in the data published each year by the AAMC in the Education Number of the *Journal of the American Medical Association*.

#### **PLANNING COORDINATOR'S GROUP**

The Division of Operational Studies has continued to provide some staff support for a newly organized group of Health Center Planning Coordinators. Although not formally a section of the AAMC, the coordinators have been encouraged by the Association to maintain communication regarding mutual interests and concerns with their counterparts on a regional level. Further, the AAMC has provided staff assistance in the development of programs for the coordinators.

## MEDICAL COST ALLOCATION PROJECT

This study, jointly sponsored by the AAMC and the Bureau of Health Manpower Education (BHME), is now in its fourth year. To date, almost 75 medical centers have completed, or are in the process of completing, a cost allocation study.

Earlier efforts in this project were directed at developing and evaluating methodology for allocating a medical center's costs among the major functions of teaching, research, and patient services. Attention is now being directed toward the problem of aggregating functional costs into program costs, such as the costs of the full program leading to the M.D. degree. Preliminary work is also being done on the allocation of income and the comparison of income and expenditures in the major functional areas of medical center operations. Special ventures have been undertaken at several schools where the economic techniques of input-output analysis have been applied to the medical center's activities, and work is proceeding on the development of a planning, programming and budgetary system built upon the cost allocation methodology.

## BUSINESS OFFICERS SECTION

The Business Officers Section (BOS) of the Association was organized in 1968. This section 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 (1) improvements in financial reporting, cost allocation and program budgeting, (2) improvement in relationships with other organizations and

agencies, (3) professional development of medical school business and administrative officers, and (4) development of strong regional organizations.

The BOS leadership and its various committees have strongly supported the AAMC and the Division of Operational Studies in its attempt to collect, tabulate and disseminate financial and statistical information regarding medical school operations.

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. During this period workshops have been developed on the role of the business officer in the medical center relations with the teaching hospital-relations with the university; the business officer and sponsored programs; medical service plans; integrated medical center information systems (the use of the computer); and medical school financial and statistical reporting systems.

## TEACHING HOSPITAL INFORMATION CENTER

The contract with HSMHA for development of this service expired July 1, 1971, but the established surveys will be continued. These are: The Directory of the Council of Teaching Hospitals, Financial Report on COTH Members, Funding Sources for University Owned Hospitals, Funding Sources for COTH Capital Projects, Survey of House Staff Policy, and The Executive Salary Survey of Teaching Hospitals.

Each year a survey of projects preferred by COTH members is carried out. Creation of a computer-based data system for teaching hospital information is planned.

## Division of International Medical Education

### Latin America

Chief developments during the year have focused on Latin America while activities in other areas have been continued. The AAMC was awarded a grant by the W. K. Kellogg Foundation totaling \$220,000 over the next five-year period to provide support to the ad-

vancement of medical education in Latin America, with particular attention to the study and development of the administrative and management aspects of medical education; the technical and teaching strength of multinational centers for training of auxiliary personnel to meet community needs; and, the expan-

sion of effective use in medical schools of modern teaching methods, particularly in the field of audio-visual education.

In Guatemala, under the AAMC-AID contract, DIME's field director has initiated the development of a nationwide program to double the present 160 health posts in order to provide health and primary medical care to the total population. A fruit company hospital in Quiriga, idle for a decade, is now being rehabilitated as a training center for health technicians to serve in rural posts. A long-term loan application has been developed and presented by the Government of Guatemala to the United States for construction of facilities.

#### Advisory Committee

The Committee on International Relations in Medical Education met twice during the year under the chairmanship of Dr. Frederick C. Robbins. The Committee recommended that more attention be directed to study of the interaction between medical care systems and medical education in Europe. The Committee drafted a policy statement, which has been approved by the Executive Council, expressing the continuing AAMC interest in the impact of the international flow of physicians on both the countries of origin and on medical care in the United States. The Committee also sat as a panel at the Annual Meeting in Los Angeles at the annual international session attended primarily by medical school Liaison Officers for International Activities.

#### Fellowships

Forty-two medical students from 24 schools were sent to Yugoslavia and 56 medical students from 31 schools to Israel under the joint AAMC/HSMHA program.

The programs were evaluated abroad by Robert G. Page, chairman of the Selection Committee, H. Mead Cavert, Russell C. Mills, and F. C. Redlich.

#### International Liaison

Representatives of the AAMC or members of its staff participated during the year in the following meetings overseas: (a) The Council on International Organizations of Medical

Sciences (Geneva, September, 1970, Dr. Hyde); (b) The Third Panamerican Conference on Medical Education (Buenos Aires, November, 1970, Drs. Hunter, Robbins, Deuschle, Tosteson, Bowles); (c) Executive Council of PAFAMS (Buenos Aires, November, 1970); (d) The Second Conference on Medical Education in the Eastern Mediterranean and Assembly of the Association of Medical Schools of the Middle East (Teheran, December, 1970, Dr. Hyde); (e) The Tenth Annual Meeting of the Indian Association for the Advancement of Medical Education (Tirupati, January, 1971, Drs. Christian, Deuschle, Bowles); (f) PAFAMS Administrative Committee (Bogota, Dr. Cooper); (g) Conference of Directors of Macy Foundation Supported Pediatrics Programs (Medillin, February, 1971, Dr. Hyde); and (h) Seminar on Training of Health Professionals for Social Security Hospitals (Mexico City, March, 1971, Dr. Bowles).

#### International Visitors

DIME received visits during the year by medical educators from twenty-one countries: Colombia, Argentina, India, Uganda, Egypt, Sweden, Philippines, Australia, Venezuela, Netherlands, Brazil, Tunisia, Yugoslavia, Switzerland, Sierra Leone, Japan, Norway, Thailand, Israel, Iran, England.

#### Consultation Overseas

Members of DIME staff or consultants conferred during the year with medical educators and officials in Geneva, Copenhagen, Stockholm, Upsala, London, Paris, Warsaw, Krakow, Teheran, Kampala, Belgrade, Jerusalem, New Delhi, Santiago, Bogota, Nairobi.

#### Miscellaneous

In June, the University of Cincinnati served as host to the 15th Annual Conference on Foreign Medical Scholars. Harvard will be the 1971 host.

Dr. L. Thompson Bowles, assistant director of DIME, was awarded a Ph.D. by New York University in Higher Education in June, and Mr. Jack Swartwood an M.P.H. by the University of North Carolina.

Dr. Henry van Zile Hyde continued to serve as the Association representative on the ECFMG Board of Trustees and on the Commission on Foreign Medical Graduates.

DIME was represented on an AMA Task Force which has proposed the establishment of a National Council on International Health to serve as a broadly based reviewing and consulting body and to convene occasional national Conferences on International Health similar to the four convened by the AMA since 1962.

#### Relations with AID

Under the AAMC-AID contract, in addition to routine informational services and consul-

tion, arrangements were made for stationing Dr. E. Croft Long in Guatemala as DIME field director to serve as the medical and family planning consultant on the AID Guatemala mission; arrangements progressed for convening, under the auspices of the Association of Medical Schools in Africa in October 1971, the Conference on Teaching the Practice of Family Health Care, postponed from an earlier date because of a government coup d'etat which occurred two weeks before the Conference was to be convened; a report was made to AID on graduate programs in overseas schools known to be acceptable for training in selected disciplines.

### Division of Public Relations

The Division of Public Relations was created late in March and Charles Fentress was appointed director.

Since its inception the Division has been actively engaged in establishing contacts with members of the press, radio and television, as well as medically oriented publications.

The main purpose of the Division is to provide communication between the Association and the public. This is done through daily contact with members of the media—answering queries, arranging interviews with staff members of the AAMC, and stimulating news stories.

There have been numerous press releases issued by the Association since March, and two press conferences have been held. The Division has generated coverage of Association activities in *The Readers Digest*, *The New York Times*, *National Observer*, *The Washington Post*, *The Evening Star* (Wash., D. C.), *Harper's* literary journal, *The New Republic*, *The National Journal*, and on CBS network news as well as Associated Press and United Press International.

The Division also arranges for media coverage of key Association staff members who are away from Washington delivering speeches or participating in activities considered newsworthy.

Special projects are conducted by the Division. One such project was the Coalition for

Health Funding. The Division prepared material and information kits for members of the Congress and arranged a press conference in order to bring to the attention of the public the existence and the aims of the Coalition.

Keeping key staff people of the Association informed of news and feature articles which appear in publications is another function of the Division.

#### Public Relations Section

The Division of Public Relations has worked actively with the Public Relations Section of the Association. It has been in close contact with members of the Section and has kept them informed of the activities of the Association. The Division also has served as a consultant to Section members when requested.

The activities of the Public Relations Section this year have been directed toward organizing the section so that it can reach its full potential as a resource for the AAMC. Much was done this year to involve more members in section activity, expand membership, and organize the section properly for a more efficient effort. This work will lay the groundwork for two major, broad activities, each with many elements. The first of these is professional development of section members; the second is to facilitate the AAMC's role as spokesman for medical education.

Ten committees of the section have been at

work throughout the year. The results of the committees' work will provide the foundation for the section's future activities and priorities.

The membership committee has organized membership procedures, and will begin a drive to recruit new members from among the individuals whose primary assignment is in one or more aspects of public relations in a medical school, teaching hospital or medical center holding membership in the AAMC.

The professional development committee is developing a major professional development program for members. The program will be geared to individual needs, and its elements may include workshops, programs to develop members' understanding of national health issues, intensive week-long educational ventures for those new to the field, and possible for-

malized exchange of how-to-do-it information

Other committees are looking at the desirability and feasibility of regional meetings as sites for educational programs, developing an awards program to provide incentive for excellent work and outlining ways the section can assist the AAMC in interpreting and communicating the objectives, programs and needs of medical education.

The section, through three other committees, has extended its hand to related organizations in order to promote cooperation and an exchange of ideas and to gain their understanding and support for medical education. These related groups are the American College Public Relations Association, the Academy of Hospital Public Relations, and the American Society of Hospital Public Relations Directors.

## Division of Publications

The section responsible for most of the AAMC publications was separated from public relations and made an independent division in 1971.

### Journal of Medical Education (JME)

The monthly *Journal of Medical Education* is the official publication of the Association of American Medical Colleges. The *Journal* published 1,486 pages of editorial material during the period from July 1, 1970, to June 30, 1971.

Of 299 manuscripts received for consideration during the fiscal year, 106 were accepted for publication, 163 were rejected, and 13 were withdrawn. As the year ended, 17 were being processed.

During fiscal 1971, a supplement on The Medical School Curriculum and two special issues, one honoring Dr. Ward Darley and one on medicine and law, were published. During calendar 1971, the reports of the Biomedical Communications Network Steering Committee and of the Biomedical Research Policy Committee were published as supplements, and special sections were devoted to student aid, family medicine, and medical school admissions. The addresses given at the Plenary Sessions of the 1970 Annual Meeting were all published in the *Journal*.

The JME Editorial Board, at its meeting in Chicago, February 14, 1971, made several major decisions that were implemented. The Board voted to delete the entire news section from the *Journal*, to drop annotations and titles of new books (but continue reviews of major books), and to include "perspective" articles and more short pieces.

The Editorial Board, at its meeting in Washington, D.C., October 31, 1971, approved a recommendation by Dr. John A. D. Cooper, that Mr. Merrill T. McCord be promoted from managing editor to editor of the *Journal*.

In May the *Journal* began to be published the first of each month instead of mid-month to assure that subscribers receive the book during the month of publication. (It sometimes was taking subscribers up to two weeks to receive the magazine through the mail.)

The huge backlog of manuscripts, which had plagued the *Journal* in recent years, was eliminated.

### AAMC Bulletin

The *Bulletin* is on a firm mid-month publication cycle. It is not, however, published during July and August. The *Bulletin* in March began two new features: news from the medical schools (which formerly appeared in th

JME) and a boxscore on Congressional action on health issues.

**Medical School Admission Requirements**

The 1971-72 edition (340 pages) of the book was published on schedule in mid-April with a slightly revised format. Thirty thousand copies were printed.

**AAMC Directory**

The 1971-72 edition (408 pages) was published on schedule in August with a revised format. Fifty-five hundred copies were printed. To reflect better its contents and to increase its sale potential, the title was broadened to: *AAMC Directory of American Medical Education*.

# Financial Report

## Division of Business Affairs

Details of the financial operation of the Association are contained in the Treasurer's report. The expanded activities of the Association during the year necessitated the leasing of additional space. The Association currently leases approximately 24,000 square feet at One Dupont Circle and 7,500 square feet at 1776 Massachusetts Avenue in Washington, D.C.

At June 30, 1971, the Association's employment totaled 138, consisting of 121 full-time and 17 part-time employees.

The following is a comparative listing of memberships and *Journal of Medical Education* subscriptions for the last two fiscal years.

Type	Membership		Increase (Decrease)
	1969-70	1970-71	
Institutional	93	93	—
Provisional Institutional	10	10	—
Affiliate	13	13	—
Provisional Affiliate	4	4	—
Graduate Affiliate	2	1	(1)
Provisional Graduate Affiliate	1	1	—
Academic Societies	34	47	13
Teaching Hospitals	387	404	17
Individual	2,584	2,728	144
Contributing	21	16	(5)
Sustaining	21	18	(3)
Nonmember Institutions in Development	6	6	—
<b>Paid Subscriptions</b>			
<i>Journal of Medical Education</i>	6,085	6,234	149

## Report of the Treasurer, *Irvin G. Wilmot*

At its meeting on September 17, 1971 in Washington, the Executive Council carefully reviewed and accepted the final and unqualified

audit report by Ernst & Ernst for the period July 1, 1970 to June 30, 1971.

BALANCE SHEET  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
June 30, 1971

	June 30 1971
ASSETS	
Cash	\$ 840,342*
Investments in United States Government short-term securities, at cost and accrued interest	895,420
Accounts receivable	693,511
Supplies, deposits, and prepaid expenses	<u>12,061</u>
	<u>\$2,441,334</u>
LIABILITIES & FUND BALANCES	
LIABILITIES	
Accounts payable	44,366
DEFERRED INCOME	
FY 1971 dues and service fees received	567,003
Subscriptions and other publications	18,974
FUND BALANCES	
Funds restricted for special purposes	370,448
Funds restricted for investment in plant	296,856
General funds	<u>1,143,687</u>
	<u>\$2,441,334</u>

\* \$750,000 was subsequently invested by the Investment Committee established by the Executive Council in June 1971.

STATEMENT OF INCOME AND EXPENSE  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Fiscal Year ended June 30	
	<u>1971</u>	<u>1970</u>
Dues and service fees from members	\$1,114,012	\$1,063,403
Grants	560,111	479,925
Cost reimbursement contracts	815,906	568,272
Special services	1,668,140	496,627
Journal of Medical Education	57,220	64,727
Other Publications	119,261	87,835
Sundry	146,889	107,992
Sales of furniture & equipment	<u>          </u>	<u>15,285</u>
TOTAL INCOME	4,481,539	2,884,066
 Expenses:		
Salaries and wages	1,442,326	1,127,663
Staff benefits	153,920	143,823
Supplies and services	1,573,827	1,040,521
Equipment	86,497	55,348
Travel	342,354	232,674
Loss on sale of building	<u>          </u>	<u>196,856</u>
TOTAL EXPENSES	<u>3,598,924</u>	<u>2,796,885</u>
EXCESS OF INCOME OVER EXPENSES (EXPENSES OVER INCOME)	<u>\$ 882,615</u>	<u>\$ 87,181</u>

## Committees of the Association, 1970–71

### American Hospital Association/ AAMC Liaison

#### *AAMC Members*

George E. Cartmill  
John A. D. Cooper  
Stanley R. Nelson  
Arnold S. Relman  
Irvin G. Wilmot

#### *AHA Members*

Mark Berke  
Edwin L. Crosby  
Jack A. L. Hahn  
Stephen M. Morris  
R. Zach Thomas, Jr.

### Annual Meeting Program

William G. Anlyan, chairman  
John A. D. Cooper  
Merlin K. DuVal  
Sherman M. Mellinkoff  
Russell A. Nelson  
David E. Rogers  
James V. Warren  
Irvin G. Wilmot

### Biochemistry Special Achievement Test

Godfrey S. Getz  
A. J. Guarino  
Clyde G. Huggins

### Blue Cross Association/AAMC Liaison

#### *AAMC Members*

A. J. Binkert  
John A. D. Cooper  
Emmanuel M. Papper  
Russell A. Nelson  
Jonathan E. Rhoads

#### *ACA Members*

Douglas Colman

Earl H. Kammer  
Bennett J. McCarthy  
Walter J. Mc Nerney

### Borden Award

Paul A. Marks, Chairman  
Kenneth M. Brinkhous  
Oliver H. Lowry  
Hans Neurath  
Donald W. Seldin

### Business Officers Section

#### Officers and Executive Committee

William A. Zimmerman, chairman  
Thomas A. Fitzgerald, chairman-elect  
Stacy Todd, secretary  
Daniel P. Benford, treasurer  
Hugh E. Hilliard, immediate past chairman

#### *Regional Chairmen*

Joseph E. Lynch (Midwest)  
Alfred F. Beers (Northeast)  
Lawrence J. Guichard (South)  
Thomas A. Rolinson (West)

### BOS Bylaws

Erick K. Erickson, chairman  
Edward Maher  
Cecil Q. Tipton  
William L. Lillibridge  
Stacy Todd

### BOS Nominating

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