

Association of American Medical Colleges
Proceedings
and
Annual Report
for 1972

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Proceedings

Minutes of AAMC Assembly Meetings

February 5, 1972

Palmer House, Chicago, Illinois

Call to Order

Dr. Russell A. Nelson, chairman, called the meeting to order at 5:00 p m.

The Institute of Medicine

Dr. John Hogness addressed the Assembly on the development and programs of the Institute of Medicine, of which he is president. He explained the status of the Institute's parent organization, The National Academy of Sciences, as an independent organization with a federal charter but with no government appropriation. The broad purpose of the Institute was explained as the "protection and advancement of the health of the public." In pursuit of this objective, the Institute is authorized to promote, initiate, and conduct studies relating to national policy and planning in the health field.

Current activities of the Institute include a study aimed at measuring the quality of care delivered under various systems and a fairly new effort which will examine the many implications of universal entitlement. In addition, the Institute has been asked by the Secretary of HEW, at the direction of Congress, to study the costs of educating students of seven different health professions.

This very complex and difficult task grew out of the Congress' desire for a more detailed basis for capitation support. The Institute is just beginning to plan its approach to this problem and to recruit the staff which will manage the study.

Dr Hogness outlined several other areas which might be of interest to the Institute in the future and expressed considerable excitement over the ambitious program which lies ahead

Roll Call

Dr. Nelson declared present a quorum of the Assembly membership.

Consideration of the Minutes of the October 30, 1971, Meeting

The minutes of the meeting of October 30, 1971, were approved without change.

Report of the Council of Deans

Dr Chapman reported on the current activities of the COD. A special meeting of the deans will be held in April and is entitled, "The Demands of Our Dual Responsibility: Institutional Freedom and Public Accountability." This retreat will attempt to understand how traditions of academic excellence can be maintained while the schools appropriately respond to the needs of society

Another issue of great concern to the deans is that of faculty representation in the AAMC. The COD delayed action on a proposal to establish an Organization of Faculty Representatives parallel to the Organization of Student Representatives. This was instead referred to the regional deans' meetings for thorough re-consideration before November. A good deal of effort will go into this question and some resolution is hoped for by the Annual Meeting.

The COD will be forming a task force on admissions which will look at the total process. This task force will be heavily dependent on the Group on Student Affairs and hopefully will suggest solutions to specific problems and may develop recommendations for future AAMC policy statements on admissions.

Dr. Chapman also reported that the deans had approved the statement on eliminating the

freestanding internship and had enjoyed a most successful joint session with the OSR.

Report of the Council of Academic Societies

Dr. Clark reported on the actions taken by the CAS and on its future activities. The CAS voted to recommend that faculty representation in the AAMC might best be accomplished by a Council of Faculties, thus rejecting the proposed OFR for a stronger body. The CAS also approved a modified version of the policy statement on eliminating the free standing internship.

Dr. Clark also announced that the CAS was planning a spring workshop in 1973 on the subject of individualizing medical school curricula, with emphasis on subsequent evaluation. The CAS also plans to work with the Sprague Committee on the issue of faculty incomes as part of the study of the cost of medical education.

Report of the Council of Teaching Hospitals

Mr. Cartmill outlined several COTH activities of interest to the Assembly. He reported that COTH had declared a moratorium on new members until a thorough analysis of the membership criteria had been completed. A committee will be charged for this purpose and will report to the Council in November.

Concerning the issue of faculty representation, COTH took no formal action. The prevailing sentiment was that there should be effective faculty representation in the AAMC and that COTH should take no action affecting the internal organization of the other Councils.

Mr. Cartmill also reported that the COTH chairman-elect, Dr. Cronkhite, will present the AAMC testimony on H.R. 1 during the coming week. The testimony will address two particular sections of the legislation which would affect the basis for reimbursement under Medicare and Medicaid. Mr. Cartmill also reported on the progress of the HMO workshops being sponsored by the AAMC Division of Health Services. A report will be issued after the completion of the workshop series.

Mr. Cartmill expressed the regret of the Council of Teaching Hospitals over John Danielson's departure from the AAMC staff. He expressed the hope that Mr. Danielson, in his new position, will soon become active once again in COTH affairs.

Report of the Secretary-Treasurer

Mr. Cartmill assured the Assembly that the financial situation of the Association was satisfactory. He reported that preliminary budget projections show program expansion despite Phase II limitations.

Report of the Organization of Student Representatives

Mr. Holly reported on the recent activities of the OSR. The students have been seeking some relationship with students of osteopathy since a resolution relating to this was tabled at the previous Assembly meeting. At the recommendation of AAMC staff and the COD Administrative Board, the students will attempt to establish liaison with students of the other health professions through the Federation of Associations of Schools of the Health Professions.

The OSR is attempting to establish priorities for itself and to delineate what it hopes to accomplish in the Association. This was seen as a natural step to follow the newly found sense of identify of the OSR members. Although these priorities are still being discussed, the OSR wishes to express its primary concern in the area of minority affairs, relating to both the education of minority students and the delivery of care to minority groups. The OSR also urges that this be considered as a future Annual Meeting theme.

The OSR went on record as favoring institutional faculty representation, with some provision to insure participation of junior faculty. Mr. Holly also expressed satisfaction over the joint OSR/COD meeting and hoped that it would encourage future sessions.

Committee Report: Financing of Medical Education

Dr. Sprague, as chairman of the AAMC Committee on the Financing of Medical Education, reported on his committee's efforts to under-

stand this complex area of study. Task forces on the cost of medical education, on biomedical research, and on construction have been established to determine the elements of quality medical education and to most accurately account for the cost of these elements.

The committee soon hopes to recommend a definitive statement of the requisites of quality medical education. The task forces will then develop a methodology for deriving the cost of these components. Along these lines, the committee will maintain close contact with the Institute of Medicine.

Dr. Sprague reported that the National Fund for Medical Education will help finance the committee's work. Periodic reports will be forthcoming.

Report of the Chairman

Dr. Nelson reported on the major issues recently confronting the Executive Council and the officers of the Association. One which seemed most relevant was the future of the February meeting with the AMA Congress on Medical Education. Participants generally agreed that the time of this meeting should change or it should be discontinued; the Executive Council will ponder this subject at its next meeting.

A major concern of the Executive Council for over one year has been the development of a mechanism for faculty representation in the AAMC. This issue has passed through several Executive Council meetings and was the main topic at the December retreat of the Association's officers. Despite a clear recommendation from the retreat and the Executive Council, the individual councils failed to approve the proposed solution. The issue has instead been referred to the regional meetings for reconsideration of both the mechanism for the desirability of achieving faculty representation. Dr. Nelson urged that this final point of reorganization be settled so that the AAMC might spend its efforts on more substantive tissue.

Dr. Nelson also reported on a major development in the area of graduate medical education—the formation of a single body to accredit all programs of graduate medical education. After several years of negotiation, the AAMC, in conjunction with the Ameri-

can Medical Association, American Hospital Association, American Board of Medical Specialties, and Council of Medical Specialty Societies, has agreed to five points which will establish a Liaison Committee on Graduate Medical Education (parallel to the present Liaison Committee on Medical Education) and a Coordinating Council on Medical Education to consider policy issues for both liaison committees. The five points of agreement were satisfactory to the AAMC officers who negotiated the agreement and were ratified by the Executive Council. Once more detailed charters for each of the two new bodies are settled, the approval of the Assembly will be sought.

Dr. Nelson reported that the theme of the 1972 AAMC Annual Meeting would be "From Medical School to Academic Health Center." An outstanding array of speakers is being asked to share its views on the broadening activities of the medical schools.

Report of the President

Dr. Cooper announced that Dr. Emanuel Suter would be joining the AAMC staff as director of the Division of International Medical Education. Dr. Cooper also reiterated the Association's regret at the leaving of Mr. John Danielson.

Dr. Cooper reported that he had participated in a meeting at NIH to discuss the impact of capitation support on the medical schools. Great concern was expressed over the fact that some schools were receiving less support now than in the past. Concern was also expressed over the impact of the new cancer centers on the medical schools.

The capitation funds have stimulated an increase in entering class size to approximately 13,000 in 1972. Sixty-nine schools will be requesting bonus grants for increased enrollments, and this will affect the levels of capitation support finally determined. This will also put a tremendous burden on the LCME, which will review all schools requesting bonus support.

Dr. Cooper reviewed in brief President Nixon's fiscal 1973 budget requests for NIH and HSMHA and indicated that the Association would continue to work with the Coali-

tion for Health Funding to ensure that Congressional appropriations reflect the health needs of the country.

Dr. Cooper also reviewed the Association's positions on area health education centers and on H.R. 2, a bill to create a separate military medical school. Copies of letters expanding on these positions had been previously distributed to the Assembly.

The AAMC/VA Liaison Committee met several days earlier and reviewed the problems of appointing hospital directors at affiliated VA hospitals. The AAMC recognized the full authority and responsibility of the VA Administrator to appoint hospital directors, while the VA representatives acknowledged the importance of having the medical school dean participate in the selection process. It is hoped that this procedure will be followed on an informal basis.

Dr. Cooper reported that the AAMC/VA Liaison Committee also reviewed affiliation guidelines being written by the Veterans Administration and established a consultation mechanism by which a joint team may be requested to help improve the effectiveness of an affiliation.

Election of Institutional Members

ACTION: On motion, seconded and carried, the Assembly elected to Provisional Institutional Membership the following institutions: Southern Illinois University School of Medicine, Mayo Medical School, Texas Tech University School of Medicine, and Eastern Virginia Medical School.

Election of Academic Society Members

ACTION: On motion, seconded and carried, the Assembly elected to Academic Society

Membership the following societies: American Association of Immunologists, American Federation for Clinical Research, Association of Medical School Microbiology Chairmen, Society of Teachers of Family Medicine, and Southern Society for Clinical Investigation.

Election of Teaching Hospital Members

ACTION: On motion, seconded and carried, the Assembly elected to Teaching Hospital Membership status the following institutions: Veterans Administration Center, Biloxi, Mississippi, and Veterans Administration Hospital, Sepulveda, California.

Council of Teaching Hospitals Dues Increase

ACTION: On motion, seconded and carried, the Assembly approved an increase in COTH dues from \$700 per hospital per year to a maximum of \$1,000 per hospital per year.

Report of the Resolutions Committee

Dr. Nelson reported that the Resolutions Committee had met the previous evening and had considered a resolution which was submitted by the CAS delegate. After a thorough discussion of the wording of the resolution, the CAS delegate withdrew the resolution for future clarification and action. Since no other resolutions were submitted, there is no formal report to the Assembly.

Adjournment

The meeting was adjourned at 6:30 p m.

November 4, 1972

Hotel Fontainebleau Miami Beach, Florida

Call to Order

Dr. Russell A. Nelson, chairman, called the meeting to order at 1:30 p.m.

Quorum Call

Dr. Nelson declared present a quorum of the Assembly membership.

Presentation of the Borden Award

The 1972 Borden Award, given in recognition of "outstanding research in medicine conducted by a member of the faculty of an affiliated college" was presented to Dr. George C. Cotzias. Dr. Cotzias, professor of medicine, SUNY-Stony Brook and professor of neurology, Mt. Sinai School of Medicine, New York City, was honored for the research he and his colleagues have conducted leading to an effective therapy for Parkinson's disease. Dr. Nelson made the presentation in the absence of the Borden Award Committee chairman, Dr. Philip Cohen.

In accepting the award, Dr. Cotzias gave a brief account of his latest work at the Brookhaven National Laboratory.

Presentation of the Flexner Award

The 1972 Abraham Flexner Award for "extraordinary individual contributions to medical schools and to the medical educational community as a whole" was presented to Dr. William R. Willard. Dr. Willard, dean of the School of Health Sciences at the University of Alabama at Tuscaloosa, was honored for his exceptional career in positions of highest responsibility relative to health policy and planning. Dr. M. Kenton King, chairman of the Flexner Award Committee, presented the award.

In accepting the award, Dr. Willard said he has always viewed the medical school and medical center as an instrument of society helping society meet its needs and expectations.

He pointed out that it is important that we not sacrifice to the whims of change that which has been so valid in the past.

Consideration of the Minutes of the February 5, 1972, Meeting

The minutes of the February 5, 1972, meeting were approved without change.

Report of the Council of Deans

Dr. Carleton B. Chapman, COD chairman, reported on the 1972 spring meeting of the COD which examined the demands of institutional freedom versus public accountability. He indicated that this spring meeting helped clarify the role of the COD in the Association.

The COD adopted two resolutions at the spring meeting: (a) that the Association undertake a major study of graduate and undergraduate medical education to assess the quality of the output of the educational program itself and (b) that the AAMC assume a leadership role in the development of standards and priorities to assess the quality of health services. The deans felt that it was extremely important to develop the tools by which to evaluate the educational programs and the care delivered by the graduates of those programs.

Dr. Chapman also reported that the COD was concerned about the admissions situation. The Council had adopted the report of an ad hoc committee and specifically recommended that the AAMC study the feasibility of a medical school admissions matching program. The COD also recommended that each school carefully assess the potential utility of the AMCAS program.

The COD considered the question of faculty representation in the AAMC, and in a final action, overwhelmingly recommended that the existing structure of the Association not be modified to accomplish this.

Report of the Council of Academic Societies

Dr. Sam Clark, CAS chairman, expressed his feeling that this had been a very formative year for the CAS and that its members have become more thoroughly involved in AAMC affairs.

Dr. Clark mentioned several of the year's CAS initiatives, including the CAS originated resolution on the role of basic sciences in medical education and the establishment of the AAMC Division of Biomedical Research and Faculty Development.

Dr. Clark discussed the CAS business meeting and the CAS interest in the financing of medical education, the national cancer program, and the quality of care—all of which are areas of future CAS involvement. In addition, the CAS recommended a dues increase for its members and recommended the election of six new members.

On the issue of faculty representation, the CAS voted to retain its position in favor of a Council of Faculties, although the motion to reconsider failed by only a very slim margin.

Dr. Clark stated that future CAS concern would center on research training grants and the involvement of the faculty members in medical school accreditation.

Report of the Council of Teaching Hospitals

Mr. George Cartmill, COTH chairman, gave a brief description of the new criteria set forth in the COTH Ad Hoc Membership Committee report. New COTH members will be required to have a documented affiliation with a medical school as well as residency programs in at least four specialties. Certain exceptions will be made for specialty hospitals. These new criteria were approved by the Executive Council along with a statement on the "Differential Characteristics of Teaching Hospitals."

Mr. Cartmill also discussed the COTH concern with external fiscal controls being exerted over the teaching hospitals. Phase II guidelines and the new Social Security laws will make this issue even more serious during the coming year.

Report of the Organization of Student Representatives

Mr. Larry Holly, OSR chairman, discussed the agenda of the OSR business meeting which included: a favorable vote on the resolution on the interaction of clinical and basic sciences; an extensive discussion of the NIRMP which resulted in unanimous student support for the continuation of the program and plans to document violations of NIRMP rules; and the acceptance of a report calling for some attempt to firm up the financial status of the OSR. The question of faculty representation received definitive action in February and was not discussed at the business meeting.

The OSR held a program concerning minority affairs which produced a recommendation that the OSR examine possible student bias which might add to the problems confronting minority students.

Mr. Holly expressed the appreciation of the OSR for the support received from Dr. Cooper and his staff.

Report of the Chairman

Dr. Nelson highlighted actions taken by the Executive Council during the previous year particularly in the field of graduate medical education. He discussed the strides made in the formation of a national liaison committee for the accreditation of graduate medical programs, and a Coordinating Council on Medical Education which will oversee all medical accreditation and consider broad educational issues arising from the accreditation task. An AAMC Committee on Graduate Medical Education will be closely linked with both groups.

Dr. Nelson also reported on efforts to improve AAMC relations with the federal establishment, particularly the Department of Health, Education and Welfare, National Institutes of Health, Health Services and Mental Health Administration, Veterans Administration, Office of Science and Technology, and the Office of Management and Budget.

As chairman of the AAMC Executive Council, Dr. Nelson expressed his appreciation for the capabilities of Dr. Cooper and the entire

AAMC staff. A more detailed Chairman's Report was scheduled to be published in the *Journal of Medical Education* (Volume 48, No. 1, p. 63).

Report of the President

Dr. John A. D. Cooper, AAMC president, began his remarks with special thanks to the officers, councils, and committees of the Association for the support they have given to the staff. Dr. Cooper briefly summarized new initiatives undertaken by the staff and the corresponding growth in budget and personnel.

The report then focused on two matters of increasing concern to the Association and its constituency. The first was the implications of directed research and the proliferation of categorical centers on the form and function of the medical schools. Dr. Cooper warned that care must be taken to avoid control over investigators and to protect their creative independence. The second concern was the proper relationship of the medical school and its teaching hospital to the delivery of health care. Dr. Cooper pointed out that even though the medical schools have been charged with the responsibility of bringing change to the health care field, little has been accomplished. This has been a result of the inability to question established views and fundamental inadequacies.

As a result of the public's impatience with the pace of response from the medical centers, more and more financial restrictions are being placed on the institutions, particularly by the federal government. Dr. Cooper stated that in order to correct the situation, the academic medical centers must develop a model of primary care that can be taken into the community. Such a model must assign tasks and responsibility to various health professionals on the basis of their levels of training, assigning to the physician only those tasks which require his abilities.

Dr. Cooper expressed his hope that the Association's task forces and committees dealing with primary care, health services, and graduate medical education would work together to construct a new theory on the nature

of the health care universe. He stated that academic medicine must take a more active role in designing a system that will utilize the highly-qualified modern physician, working more effectively with others in the delivery of health care.

Report of the Secretary-Treasurer

Mr. Cartmill reported on the financial status of the association and assured the membership that the Association is fiscally sound. Mr. Cartmill stated that the AAMC has achieved a good growth rate while maintaining a sound fiscal structure.

Committee Reports

COMMITTEE ON THE FINANCING OF MEDICAL EDUCATION

Committee chairman Dr. Charles Sprague presented a written interim report of his committee's activities to the Assembly and briefly highlighted this report.

He outlined the two major areas of the initial committee effort: (a) to identify and resolve issues arising from the federal awarding of capitation grants based on undergraduate enrollment and increases in that enrollment and (b) to correlate the Institute of Medicine study on the annual per student cost of the educational program leading to the M.D. degrees with the AAMC cost allocation experience.

Dr. Sprague detailed the committee activities to develop a methodology for the derivation of costs for undergraduate medical education. A major activity was the drafting of a clear statement defining the components which comprise the undergraduate process. Using this definition, the committee is developing a range of cost estimates for a carefully selected group of eight schools.

Dr. Sprague explained some of the difficulties in attempting such a determination. The interdependence of educational programs (including instruction, research, and patient care), the integration of the physician into the health care team, and the blurring of tradi-

tional boundaries between undergraduate and graduate medical education render the cost measurement of the M.D. program increasingly arbitrary.

Yet, the results of these studies will weigh heavily in determining the future levels of federal support and, in fact, the future of many involved institutions.

MANAGEMENT ADVANCEMENT PROGRAM STEERING COMMITTEE

Committee chairman Dr. Ivan Bennett briefly outlined Phase I of the MAP program, which consisted of a week of seminars. Twenty-two deans were instructed by faculty from the Massachusetts Institute of Technology Sloan School of Management. The program is designed to acquaint the deans with modern management techniques and their applicability to the medical school situation. It is planned to offer the course to all deans.

Phase II of the program is being planned for those deans who have completed the first phase. Along with members of their own administrative group, they will engage in actual problem solving exercises related to their particular institutions.

HEALTH SERVICES ADVISORY COMMITTEE

Committee chairman Dr. Robert Heyssel reported on the year-old committee appointed to serve the AAMC Department of Health Services and Teaching Hospitals. The major involvement of the committee has been the HMO prototype development project in which a series of workshops were held to examine possible participation of academic medical centers in HMOs.

Following the workshops a contract was negotiated with HSMHA which would allow the AAMC to assist selected medical schools in developing HMOs. Approximately five interested schools will be selected by HSMHA.

Dr. Heyssel stated that his committee has studied quality assurance, cost control, prison health, and outpatient services within teaching hospitals. These will continue to be high priority items in the coming year.

COMMITTEE ON EDUCATIONAL TECHNOLOGY FOR MEDICINE

Dr. August Swanson, director of the AAMC Department of Academic Affairs, reported on the completed work of the committee chaired by Dr. Eugene Stead. This committee has worked with the National Library of Medicine in examining institutional problems relating to the development of effective non-print educational materials and the effective development of a biomedical communications network utilizing modern communications technology.

The areas the committee studied include the complexities of copyright and contract laws on nonprint materials, administrative mechanisms for facilitating the use and development of non-print materials, the necessity for significant institutional sharing of these materials, and the need for an effective interface between the institutions and the NLM and its subsidiaries.

Dr. Swanson concluded his remarks by saying that the AAMC would provide this interface in developing and facilitating the use of modern biomedical communications technology.

Election of Institutional Members

ACTION: On Motion, seconded and carried, the Assembly elected the following schools to the indicated class of membership:

Institutional: University of California, Davis, School of Medicine; University of California, San Diego, School of Medicine; University of Connecticut School of Medicine; and Medical College of Ohio at Toledo.

Provisional Institutional: University of South Alabama College of Medicine.

Affiliate Institutional: McMaster University Faculty of Medicine

Election of Emeritus Members

ACTION: On motion, seconded and carried, the Assembly elected the following individuals to Emeritus Membership in the AAMC: Walter Reece Berryhill, William Wesley Frye, Vernon W. Lippard, Homer F. Marsh, William R. Willard, and Cecil L. Wittson.

Election of Senior Members

ACTION: On motion, seconded and carried, the Assembly elected the following individuals

to Senior Membership in the AAMC: William G. Anylan, Peter P. Bosomworth, Kenneth R. Crispell, Merlin K. DuVal, George T. Harrell, Philip R. Lee, Manson Meads, Richard R. Overman, John W. Patterson, and Robert D. Sparks.

Election of Individual Members

ACTION: On motion, seconded and carried, the Assembly elected 359 people to Individual Membership in the AAMC. (list attached to Archive minutes)

Functions and Structure of a Medical School

ACTION. On motion, seconded and carried, the Assembly adopted the document, *Functions and Structure of a Medical School* as the official statement of the AAMC setting forth the standards for accreditation of M.D. degree granting programs.

Resolution on the Interaction of Basic and Clinical Sciences

ACTION On motion, seconded and carried, the Assembly approved a Resolution on the Basic and Clinical Sciences stating:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in

developing criteria for the accreditation of medical schools.

Discontinuation of the February Meeting

It was noted as a matter of information that the Executive Council had decided to discontinue the February meeting because of the difficulty in holding a mid-year meeting in association with the AMA Congress and due to the general lack of urgent business. The Executive Council will continue to meet every three months.

Report of the Resolutions Committee

Dr. Eckenhoff presented the report of the committee and offered the following resolutions for Assembly action:

RESOLUTION ON MEDICAL SCHOOL CURRICULA

BE IT RESOLVED: That needs for the following areas of education be evaluated and the extent of their present content in medical curricula be determined by the Group on Medical Education of the Association with a report submitted to the Organization of Student Representatives: (a) nutrition, (b) sex education, (c) medical hypnosis, and (d) non-western medicine.

RESOLUTION ON MINORITY STUDENT RECRUITMENT

WHEREAS: The need for a conscientious effort on the part of medical schools to encourage minority admissions (including women) is necessary; and WHEREAS: The enculturation process and sociological conditioning sometimes make it difficult for those minority groups to actively apply to medical schools; BE IT RESOLVED: That the medical schools continue to make an active effort towards recruitment of the minority groups at the high school and college levels.

RESOLUTION ON PART I OF THE NATIONAL BOARD EXAM

BE IT RESOLVED: That the AAMC assess the reliance of medical schools upon Part I of

the National Board Exam for evaluation and promotion of students.

ACTION: On motion, seconded and carried, the Assembly approved the three resolutions above, as recommended by the Resolutions Committee.

RESOLUTION TO ESTABLISH A COUNCIL OF FACULTIES

ACTION: On motion, seconded and carried, the Assembly rejected a resolution proposing a Council of Faculties within the governance structure of the Association (copy attached to Archive minutes).

Faculty Participation and AAMC Organization

In February of 1971 the Assembly had directed that the officers of the Association prepare and recommend a mechanism by which faculty representation would be best achieved in the governance of the AAMC. With the defeat of the resolution to establish a Council of Faculties, it was evident that no such mechanism was currently acceptable to the membership.

Therefore, the following motion was offered and approved:

ACTION: On motion, seconded and carried, the Assembly directs that the AAMC not undertake any further organizational (by-laws) change to achieve faculty representation, but that the AAMC should continue to take steps to increase participation of faculty in the activities of the AAMC.

Commendation of Dr. Cooper and Staff

ACTION: On motion, seconded and carried, the Assembly unanimously voted to thank Dr.

Cooper and the AAMC staff not only for their support of Association activities but for the excellent stature the AAMC has achieved in the national health forum.

Report of the Nominating Committee

Dr. Egdahl presented the report of the Nominating Committee, which is charged with recommending one person for each vacancy on the Executive Council and for the position of chairman-elect.

ACTION: On motion, seconded and carried, the Assembly elected the following members as Officers and Executive Council of the Association: chairman-elect: Daniel C. Tosteson; Executive Council: COD representatives—Ralph J. Cazort, William F. Maloney, Robert S. Stone, Robert L. Van Citters; CAS representative—Ronald Estabrook; COTH representative—Robert A. Derzon.

Installation of Chairman

Dr. Nelson presented the gavel to Dr. Charles Sprague, the New AAMC chairman.

In accepting, Dr. Sprague expressed the Association's appreciation for Dr. Nelson's outstanding contributions as chairman. The Assembly responded with a rising accolade. Dr. Sprague also stated that the effectiveness of the Association depends largely on the degree to which the activities of the AAMC reflect the interests and concerns of its constituent members.

Adjournment

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

The Eighty-Third Annual Meeting

Hotel Fontainebleau, Miami Beach, Florida, November 2-6, 1972

Theme: From Medical School to Academic Health Center

Program Outlines

PLENARY SESSIONS

November 3

Presiding: Russell A. Nelson, M.D.

The Challenge of Health Professions Education in the Seventies

Senator Edward M. Kennedy

Health at the Crossroads: Which Road to Follow

Congressman Paul G. Rogers

What's at Stake in Health Policy

Merlin K. DuVal, M.D.

Integration of Educational Programs for Health Professionals

John R. Hogness, M.D.

A Tiger by the Tail

Philip R. Lee, M.D.

November 4

Presiding: Charles C. Sprague, M.D.

Alan Gregg Memorial Lecture: *Enlarging Human Capability: The Role of the Health Sciences*

Clark Kerr, Ph.D.

The Continuum of Undergraduate and Graduate Medical Education

van L. Bennett, Jr., M.D.

Area Health Education Centers and the Rationalization of Academic Medicine

Edmund D. Pellegrino, M.D.

The Role of the Academic Health Center in Delivering Health Care

Arthur E. Hess

Directions for Research in the Academic Health Center

Howard H. Hiatt, M.D.

COUNCIL OF ACADEMIC SOCIETIES

November 3

Business Meeting

COUNCIL OF DEANS

November 3

Business Meeting

COD-CAS JOINT PROGRAM

November 5

COLLEGES AND MEDICAL SCHOOLS: APPROACHES TO ACCOMPLISHING THEIR JOINT MISSION

Introduction

"Human Biology": A New Undergraduate Major for the Liberal Arts

Bernard W. Nelson, M.D., and Thomas B. Roos, Ph.D.

Direct Alignments of College Programs with Medical Schools

Ward W. Moore, Ph.D.

Medical School Academic Entrance Requirements and the Realities of the Usual College Curriculum

Paul R. Elliott, Ph.D.

Experiences with A.B.-M.D. Programs which Select Students for Medicine from High School or the First College Year

Gerald S. Kanter, Ph.D.

Experiences with Encouraging Medical Students To Take Courses for Credit in Other Colleges in the University

Thomas E. Morgan, Jr., M.D.

COD-VA JOINT MEETING

November 2

THE VA-MEDICAL SCHOOL RELATIONSHIP: CURRENT CONCEPTS AND NEW DIRECTIONS

Selection and Appointment of Hospital Directors, Chiefs of Staff, and Service Chiefs

Extension of VA Educational Programs

New VA Programs and Mechanisms of Health Care Delivery

Introductory Comments

Marc J. Musser, M.D.

Panel and Audience Discussion

Panelists: William G. Anlyan, M.D.

John D. Chase, M.D.

John A. D. Cooper, M.D.

Sherman Mellinkoff, M.D.

James A. Pittman, Jr., M.D.

COUNCIL OF TEACHING HOSPITALS

November 3

Institutional Membership Business Meeting

George E. Cartmill, chairman

General Session

EXTERNAL FISCAL CONTROLS ON THE TEACHING HOSPITAL

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

The Philadelphia Experience

H. Robert Cathcart

The New York State Experience

Thomas L. Hawkins, Jr., M.D.

GROUP ON BUSINESS AFFAIRS

November 3

Business Meeting

Presiding: Thomas A. Fitzgerald

Presentation by chairman of Financial and Statistical Standard Committee

Robert Richardson

Augustus J. Carroll Memorial Lecture:

Medical School Financing, Where Do We Go From Here?

Charles C. Sprague, M.D.

Luncheon Speaker

Peter L. Eichman, M.D.

Affirmative Action Program

Ken Cubitt

Problem Solving Clinics:

Business Administration

Hugh Hilliard, chairman

Financial Management

Floyd Hagen, chairman

Resource Allocation

Thomas Rolinson, chairman

Affirmative Action

Ken Cubitt, chairman

GROUP ON MEDICAL EDUCATION

November 3

Business Meeting

GROUP ON STUDENT AFFAIRS

November 3

Business Meeting

GROUP ON MEDICAL EDUCATION/GROUP ON STUDENT AFFAIRS JOINT PROGRAM

November 5

IMPLICATIONS OF PHYSICIAN PERFORMANCE MEASUREMENT FOR THE PROCESS OF MEDICAL EDUCATION

Moderator: W. Loren Williams, Jr., Ph.D.

Measurement of Physician Performance: State of the Art

Paul J. Sanazaro, M.D.

Implications for Admissions and Student Affairs

Robert L. Tuttle, M.D.

Implications for Curriculum: Graduate and Undergraduate

August G. Swanson, M.D.

Implications for Evaluation: Graduate and Undergraduate

Stephen Abrahamson, Ph.D.

Open Discussion

Small Group Discussions

GROUP ON PUBLIC RELATIONS

November 3

Business Meeting

November 5

From the Eye of the Hurricane

Joseph J. Adams

The News Media Point of View

Panelists: Jay Nelson Tuck

Judith Randal

Harry Schwartz

MINORITY AFFAIRS WORKSHOP

November 4

General Session

Keynote Speaker

Lloyd C. Elam, M.D.

Overview of the Afternoon's Program

Dario O. Prieto

Workshop Topics:

Minority Medical Student Financing

Donald A. Boulton, Ed.D.

The Psychological Environment of Minority Students

Paul Elliott, Ph.D., and John Davis, Ph.D.

Recruitment, Selection and Retention of Minority Students

Alonzo C. Atencio, Ph.D., and James L.

Curtis, M.D.

What Needs to be Done to MCAT

Ayres D'Costa, Ph.D.

Special Funding Programs to Increase Minority Representation in the Health Professions

George Blue Spruce, Ph.D.

ORGANIZATION OF STUDENT REPRESENTATIVES

November 2

Orientation Session

Administrative Board Meeting

General Meeting

Central Region Meeting

Northeast Region Meeting

Southern Region Meeting

Western Region Meeting

Business Meeting

November 3

Program Session

ACADEMIC HEALTH CENTER PLANNING COORDINATORS

November 2

Moderator, Walter G. Rice, M.D.

Facilities for an Academic Health Center

George T. Harrell, M.D.

Combined Medical School-Community Hospital Master Planning

Robert T. Manning, M.D.

Consolidation of Hospital House Staff Programs

Kenneth E. Wheeler

Planning Makes Possible the Doubling of New Medical Student Enrollment without Federal Construction Funds

Ralph E. Frede

Computer Modeling in Planning Graduate Medical Education

Ben R. Forsyth, M.D.

Space Inventory Display on Three-Dimensional Model of Medical Center Facilities

Walter G. Rice, M.D.

RESEARCH IN MEDICAL EDUCATION: ELEVENTH ANNUAL CONFERENCE

November 6

Plenary Session

The Process of Effecting Change in Medical Education

William A. McClelland, Ph.D.

CONCEPTUAL APPROACHES TO EDUCATIONAL CHANGE

Moderator: Robert Crouse, M.D.

Evaluation as an Instrument of Rational Change
Barbara Blackwell, D.P.H., and Lillian Kaufman Cartwright, Ph.D.

A Strategy for Change in Medical Education
Student American Medical Association—National Planning Group

A Five-Year History of Development and Use of a Health Sciences Education Planning Tool
John R. Walter and Richard Wilson, M.D.

A Nonempirical Approach to Curriculum Change
Frederick J. Ramsay, Ph.D.

Design for Process Research on Change in Medical Education
John R. Kimberly, Michael A. Counte, and Richard O. Dickinson

ATTITUDES AND THE PROCESS OF CHANGE

Moderator: Morton H. Shaevitz, Ph.D.

The Impact of Clinical Training on the Attitudes of Medical Students: A Self-Perpetuating Barrier to Change in the System?

David M. Levine, M.D., and Arthur J. Bonito

Effecting Change in Examination Procedures by Student and Peer Review

Howard L. Stone, Ph.D.

The Effects of Curriculum Change on the "New Medical Student"

Richard G. Weber

Implementing Changes in Medical School Evaluation

Carter Zeleznik, Joseph Gonnella, M.D.,

Irving Olshin, M.D., Andrew Ramsay, Ph.D., and Paul Smey

The Doctor Fox Lecture: A Paradigm of Educational Seduction

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

EVALUATION AS A TOOL FOR CHANGE IN CLINICAL EDUCATION

Moderator: Peter O. Ways, M.D.

The Doctor Patient Relationship Course: An Evaluation of Its Impact

John M. Schneider, Ph.D., Arnold Werner, M.D., Norman Kagan, Ph.D., Alan Neiberg, Ph.D., and Kenneth Krell

The Effectiveness of the Use of Simulation Devices in Teaching Selected Skills of Physical Diagnoses

Frank B. Penta, Ed.D., Sydney Kofman, M.D.

Non-Departmental Introduction to Clinical Medicine: A Controlled Evaluation

Josephine M. Cassie and Hugh M. Scott, M.D.

An Observational Study of Clinical Clerkship Activities

P. N. Byrne and R. Cohen

Clinical Performance Evaluation of Junior Medical Students

Kenneth Printen, M.D., Walt Chappell, Ph.D., and Douglas R. Whitney, Ph.D.

Relationship Between Faculty Judgment, Student Perception and Patient Management Problem (PMP) Performance in a Senior Year Elective

Lawrence Baker, D. O., Michael B. Donnelly, Ph.D., Richard Gallagher, Ph.D., Martin Hogan, Ph.D., and Vainutis Vaitkevicius, M.D.

INNOVATIVE APPROACHES TO BASIC SCIENCE EDUCATION

Moderator: David G. Whitlock, M.D., Ph.D.

Medical Basic Sciences—A One Year Independent Study Experimental Approach

William E. Sorlie, Daniel K. Bloomfield, M.D., John D. Anderson, Ph.D., and Thomas E. Gamble

A Student Feedback Model Designed to Elicit Data For Effective Curricular Modification in the Basic Sciences

Maurice Levy, Ed.D., Edward Bresnick, Ph.D., and W. Loren Williams, Jr., Ph.D.

Providing Self-Assessment Opportunities as a Means of Personalizing Learning Experiences for Medical Students

Howard L. Stone, Ph.D.

The "Problem Box" Approach to Learning and Its Effect on the Undergraduate Curriculum

H. S. Barrows, M.D., and D. L. M. Mitchell.

A Non-Lecture Oriented System of Pathology Education: Rationale, Experiences and Analyses

Alvin E. Rodin, M.D., and Harold G. Levine

CURRICULUM DEVELOPMENT AND EVALUATION

Moderator: Thomas E. Piemme, M.D.

Development of Behavioral Objectives for A Medical Student Curriculum

Thomas H. Kent, M.D., George L. Baker, M.D., and Bruce E. Spivey, M.D.

The Medical College of Georgia Experimental Curriculum

William H. Chew, M.D., Robert G. Crouse, M.D., Virendra B. Mahesh, Ph.D., Christopher C. Fordham, M.D., Maurice Levy, Ph.D., Russell R. Moores, M.D., E. Jay Wheeler, M.D., Ph.D., and Curtis H. Carter, M.D.

Characteristics of Students Selected for an Independent Study Program

Agnes G. Rezler, Ph.D., Roger D. Smith, M.D., Charles E. Johns, Ph.D., and Gail S. Freeman

The Three-Year Medical Curriculum at Minnesota: I. Preliminary Studies of Clinical Performance

Robert J. McCollister, M.D., and Judith Garrard, Ph.D.

Evaluation of the Undergraduate Medical School Curriculum

Martin J. Hogan, Ph.D., Richard E. Gallagher, Ph.D., Michael B. Donnelly, Ph.D., and Joseph W. Hess, M.D.

Annual Report

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

The medical schools and the teaching hospitals have been catapulted into the national spotlight.

As a result of their central role in the education and training of health professionals, in biomedical research, and in the delivery of health care, the schools are coming under increased scrutiny. Heavier and heavier outside pressures are being exerted as health concern advances on the list of national priorities. There are demands for more physicians with new aspirations and skills to match society's expectations for accessible health care—physicians who are willing to work within a system that can contain rapidly rising costs.

Direction of research efforts through targeted support threatens the ability of institutions to maintain program balance. Rules and regulations pertaining to reimbursement are compromising the organization and delivery of health services in the teaching setting. The inadequacy of traditional sources of support to meet inflation and swollen fiscal requirements of current programs and the need for additional funds to respond to society's demands have made federal support critical to the continued viability of medical schools. With greater federal support has come a requirement for greater institutional accountability for program effectiveness and the expenditure of funds. There is little to suggest that the requirements for accountability will not become

even more demanding in the future. Although there may not be a national health policy, there are multiple health policies against which accountability and responsibility are being measured. Many believe the very nature of our society precludes an all embracing, comprehensive national health policy. But there will be a continuing development of policies and an opportunity which should be seized by the medical schools to influence the nature, scope, and content of these policies.

There must be both more agreement among institutions on the range, character, and structure of their academic programs and the expression of goals with greater clarity if the medical schools are to protect the integrity of their programs and their freedom as institutions. For the setting of goals by others will be the resultant of the weakness of their own goals. To be believable the schools must arrange their governance, organization, and operation to marshal their resources in the most effective way to achieve their goals in a way that demonstrates to society that they are responsible institutions.

The Association and its staff have an important role in achieving these objectives. With the help of the officers, Councils, and the constituency, we have attempted to organize our programs and priorities to accomplish this task.

Executive Council, 1971-72

Russell A. Nelson, chairman
 Charles C. Sprague, chairman-elect
 John A. D. Cooper, president

Council Representatives:

COUNCIL OF ACADEMIC SOCIETIES

Sam L. Clark, Jr.
 Ernst Knobil
 Jonathan E. Rhoads
 James V. Warren

COUNCIL OF DEANS

Carleton B. Chapman
 J. Robert Buchanan

Ralph J. Cazort
 Clifford G. Grulee
 William F. Maloney
 William D. Mayer
 Sherman M. Mellinkoff
 Emanuel M. Papper
 David E. Rogers*

COUNCIL OF TEACHING HOSPITALS

George E. Cartmill
 Leonard W. Cronkhite, Jr.
 Roy S. Rambeck

ORGANIZATION OF STUDENT REPRESENTATIVES

James L. Holly

Administrative Boards of the Councils, 1971-1972

COUNCIL OF ACADEMIC SOCIETIES

Sam L. Clark, Jr., chairman
 Robert G. Petersdorf, chairman-elect
 William B. Weil, Jr., secretary
 Ludwig Eichna
 Ronald W. Estabrook
 Robert E. Forster, II
 Charles Gregory
 Ernst Knobil
 Jonathan E. Rhoads
 James V. Warren
 Louis G. Welt

COUNCIL OF DEANS

Carleton B. Chapman, chairman
 Sherman M. Mellinkoff chairman-elect
 J. Robert Buchanan
 Ralph J. Cazort
 Clifford G. Grulee
 William F. Maloney
 William D. Mayer
 Emanuel M. Papper

Harold C. Wiggers
 David E. Rogers*

COUNCIL OF TEACHING HOSPITALS

George E. Cartmill, chairman
 Leonard W. Cronkhite, Jr., chairman-elect
 Irvin G. Wilmot, immediate past chairman
 John H. Westerman, secretary
 Robert A. Derzon
 Arthur J. Klippen
 David D. Thompson
 Don L. Arnwine
 Herluf V. Olsen, Jr.
 Stuart M. Sessoms
 Edward J. Conners
 Joe S. Greathouse, Jr.
 Sidney Lewine
 Russell A. Nelson, ex officio
 Roy S. Rambeck, ex officio
 Thomas H. Ainsworth, Jr., AHA representative

* Resigned January 1, 1972

The Councils

The Councils of the Association have continued to concern themselves with national issues relating to the activities of the medical schools and teaching hospitals, the development of policy statements related to these issues, and informing the public, the academic institutions, the Congress and the Federal agencies of their views and recommendations. The Councils have also given careful consideration to the governance of the Association and the appropriate representation of all groups within the medical school. The following areas highlight matters considered during the past year.

Greater faculty participation in the affairs of the Association has been a much discussed but unresolved issue. The Executive Council requested the three Councils to give careful consideration to establishing an Organization of Faculty Representatives (OFR), parallel to the Organization of Student Representatives, reporting to the Council of Deans. The Council of Academic Societies recommended that a Council of Faculties (COF) be established. The Council of Deans considered both an OFR and a COF at its regional meetings but delayed a final vote on the matter until the Fall 1972 meeting of the Council. In the interim, each dean was asked to provide an assessment of the proposal by the general faculty, the executive faculty, and himself for guidance of Council action. The Council of Teaching Hospitals deferred to the other Councils more directly concerned with the issue.

The Councils endorsed a recommendation to eliminate free-standing internships which are not a part of a complete program in graduate medical education. This action was taken on the basis of a belief that modern medical education must be a well integrated continuum extending through the period of specialty training

After discussing methods of bringing Ameri-

can students studying medicine abroad into approved residency programs, the Councils reaffirmed their position that the provision of an intervening year of supervised clinical experience by medical schools was a matter within the sole discretion of each institution.

Executive Council

The Executive Committee and the Council held four meetings during the year. Informal discussions were held on the evening preceding the Council meeting with HEW assistant secretary for health and scientific affairs, Merlin K. DuVal; Dr. Robert Q. Marston, director of the National Institutes of Health, and Dr. Vernon Wilson, administrator of the Health Services and Mental Health Administration. The Executive Council also met with Dr. Edward David, director of the Office of Science and Technology and science advisor to the President. The discussions focused on research policies which are placing increased emphasis on target programs and the long-range implications of these administrative policies on advancing knowledge in the biomedical sciences.

In a meeting with Mr. Paul O'Neill, assistant director of the Office of Management and Budget, the Executive Council discussed the implications of various policy decisions on the medical schools and their affiliated hospitals.

Except in cases where immediate action was needed, all policy matters have been referred to the constituent Councils for discussion and recommendation before action was taken

The Executive Council approved a two-part statement to form the basis of the AAMC response to the Harris Committee Report. The statement asserted that the educational program leading to the M.D. degree requires classroom instruction, biomedical research, and patient care and that any determination

of the costs of education must include the cost of each of these programs. The Association adopted the position that nonrestricted income must be allocable to cover the costs of any program requisite to quality education. The response to the report was sent to HEW Secretary Richardson.

The report of the Graduate Medical Education Committee was incorporated into a condensed position statement. This statement, entitled "The Responsibility of Academic Medical Centers for Graduate Medical Education," was approved by the Assembly. The full committee report, entitled "Implications of Academic Medical Centers Taking Responsibility for Graduate Medical Education," was published in the *Journal of Medical Education*, Vol. 47, February 1972. Four academic medical centers have accepted the statement in principle and have begun its implementation.

The treasurer and the Executive Council considered and approved the budget of the Association and the recommendations of the Investment Committee, which is charged with administering the Association's investment fund.

Council of Academic Societies

During the past year, CAS membership increased from 47 to 51 distinguished societies. New societies elected to membership were: the American Federation for Clinical Research, Association of Medical School Microbiology Chairmen, Society of Teachers of Family Medicine, and Southern Society for Clinical Investigation. The CAS voted to lift the moratorium imposed in 1970 on membership for the large professional colleges.

The Administrative Board of the CAS held four meetings during the year; the entire Council met at the 1971 Annual Meeting and at the Association's February meeting in Chicago.

At the February meeting, the CAS, after considering the various alternatives for increasing faculty representation, passed and forwarded to the Executive Council a recommendation to establish a Council of Faculties within the AAMC.

In May 1972, the CAS Administrative Board approved a resolution on the role of

basic biomedical sciences in the medical school. The Executive Council approved the resolution in principle and referred it for consideration by the COD, COTH, and the Liaison Committee on Medical Education.

The CAS program at the Fall 1971 meeting was entitled "A Colloquium on Measuring the Effectiveness of Physician Performance."

At the Winter 1972 meeting, the CAS and COD joined in a program entitled "Selection Processes for Medicine: Are Current Policies Rational?" The success of this initial cooperative effort of the two Councils has led to another joint effort for the Fall 1972 meeting on the interface between premedical and medical education, with the theme "Colleges and Medical Schools—Approaches to Accomplishing Their Joint Mission."

An invitational workshop under CAS sponsorship in the spring of 1973 on "Individualizing Medical Education" is being planned. This workshop is intended to explore the existing experiences of flexible academic programming with a particular emphasis on the evaluation of student achievement.

During the year, Dr. Sam Clark, chairman of the CAS, and Dr. August Swanson were invited by 22 member societies to appear at national meetings where they discussed AAMC-CAS programs. The goal was to achieve improved understanding by the CAS constituency of the wide range of programs and services of the Association. The need for medical academicians to work together for their own as well as the benefit of their institutions was emphasized.

Increasing interest of the academic societies is indicated by the fact that nine will meet in conjunction with the AAMC Annual Meeting in Miami Beach.

Council of Deans

The Council of Deans (COD) held three national meetings and several regional meetings during the year. At its Fall meeting, the business session was followed by a well-attended open program focusing on the lessons to be learned about medical school out-reach activities from leaders of institutions which had engaged in such projects.

The Council's midyear business meeting was preceded by a joint program session with the Council of Academic Societies to which both the Group on Student Affairs and the Organization of Student Representatives were invited. The session was divided into two parts. Following the presentation of papers a panel and open discussion were held on each of the following topics: "Selection Processes for Medicine: Are Current Policies Rational?" and "Current Concepts of a Three Year Curricula." Papers presented by Carleton Chapman and Sam Clark, chairmen of the two groups, challenged conventional wisdom on these subjects and were, in turn, tested by the reactions of the panel and the Councils.

The Spring meeting consisted of a two and one-half day retreat at which a series of papers and discussions explored various aspects of the theme: "The Demands of Our Dual Responsibility: Institutional Freedom and Public Accountability." These discussions led to the adoption of two resolutions which urged further Association efforts in the development of standards and priorities by which the quality of medical education and health care might be assessed and characteristics of excellence defined.

During the year, the Organization of Student Representatives reported to the Council on its concerns and activities. The COD approved the OSR Rules and Regulations. At the midyear meeting, the two groups met in combined sessions to discuss their organizational relationship and methods of cooperation on matters of mutual concern.

Council of Teaching Hospitals

The COTH Administrative Board held four meetings during the year, developing the program interests of the teaching hospitals and providing input to the policy considerations of the Executive Council. Of particular concern to the COTH Administrative Board has been the need for a thorough analysis and evaluation of the existing criteria for COTH membership. A committee was appointed and charged with examining the institutional characteristics of COTH members and the criteria for membership, and with recommending changes in

both the criteria and the process of selection. This committee will present its report to the Council at its Institutional Membership Meeting in November.

The Council of Teaching Hospitals reviewed several critical issues at its 1971 Annual Meeting. Of particular concern was the relationship of house staff to the development of long-range goals and objectives for the Council. These are issues of continuing interest to the Council and to the AAMC in general. In addition to these issues, the Council received and discussed a task force report on the higher costs of teaching hospitals.

In planning the COTH portion of the 1972 Annual Meeting, Administrative Board members agreed that the recent experiences with hospital reimbursement in Philadelphia and New York State are forerunners of what may happen elsewhere in the country and therefore would be of most current interest to the COTH membership and other attendees at the meeting. Mr. Robert Cathcart has agreed to describe events as they took place in Philadelphia and Dr. Thomas L. Hawkins, Jr. will relate the New York State experience.

It was with deep regret that the resignation of John M. Danielson, director of the Department of Health Services and Teaching Hospitals, was announced. Mr. Danielson accepted the post of general director of North Carolina Memorial Hospital at the University of North Carolina at Chapel Hill, effective April, 1972. At its meeting in February, the COTH Administrative Board expressed deep appreciation on behalf of the COTH membership to Mr. Danielson for his outstanding leadership and contributions to the Council of Teaching Hospitals.

Organization of Student Representatives

Pursuant to the Guidelines for the Organization of Student Representatives (OSR) adopted by the COD in May 1971, the "Rules and Regulations" of the OSR were adopted by its members and approved by COD at the Annual Meeting in October 1971. During the winter OSR activities were chiefly concerned with organizational matters and the establish-

ment of an appropriate committee structure. In March, AAMC staffing responsibility for OSR was transferred from the Department of Institutional Development to the Division of Student Affairs (DOSA)

The OSR was well represented at the Southern, Western and Central regional Group on Student Affairs' meetings in the spring. Participating students contributed to the regular GSA and premedical advisor programs and met in separate groups to discuss OSR policy and issues. At the Western GSA meeting, the GSA members agreed with the recommendation of the OSR members that the individual medical schools help finance the attendance of

OSR representatives at national and regional meetings of the AAMC.

In June, eight members of the OSR Administrative Board met in Washington for orientation and to evaluate goals of student participation in the AAMC. During the two-day meeting, the activities of the Association were described to the students. The student leaders also developed plans for the coming year. The DOSA plans to sponsor similar meetings for future OSR Administrative Boards.

The OSR's program at the 1972 Annual Meeting will focus on minority affairs at U.S. medical schools.

National Policy

During the year, the Association has continued to engage in major efforts to participate in developing national policies related to areas of concern to the medical schools and the teaching hospitals.

As a basis for recommending solutions to the increasing serious financial problems besetting medical centers as they strive to discharge their increasing responsibilities to society, the Executive Council formed a Committee on Financing of Medical Education, chaired by Dr. Charles Sprague, chairman-elect of the Association and president, Southwestern Medical School in Dallas

The Committee is engaged in examining the underlying causes and origins of medical education's financial distress situation; the sources of income and the nature of expenditures essential for education, research, and service programs within medical centers; the quality of the reporting of these mechanisms and structure of medical center support; and the appropriate distribution of the burden of medical education among the individual students, the institution, the community, the state, and the federal government.

No time period has been set for the completion of the committee's task; the committee will provide its recommendations on these matters in a series of timely reports essential for deliberation of the issues involved in the formulation of public policy. The committee has established four task force groups on the following topics: the cost of medical education, chaired by Dr. John Gronvall, University of Michigan; the cost of graduate medical education and faculty service plans, chaired by Dr. William Anlyan, Duke University, biomedical research, chaired by Dr. Donald Hanahan, University of Arizona; and facilities, chaired by Dr. Howard Bost, University of Kentucky.

Representatives of the Association's Executive Committee and of the Association for

Academic Health Centers met with officials of the Social Security Administration to discuss the provisions of H.R. 1, the Social Security Amendments of 1971, relating to reimbursement for Medicare patients in the teaching setting and rules and regulations to be promulgated if the bill was enacted.

The Association worked with other organizations to clarify the regulations published by the Secretary of DHEW on free care required of hospitals that received Hill-Burton funds and to seek less onerous reporting requirements.

An Association policy statement regarding the military conscription of physicians and medical students was approved by the Executive Council calling for a volunteer physician force by July 1973 and a limitation on the period of liability for doctors still eligible for call-up.

Requests from the Platform Committees of the Democratic and Republican parties to testify were accepted. Association spokesmen recommended that the platforms clearly state the importance of adequate support for education and biomedical research. The statement also urged a separate Department of Health to provide for more effective and coordinated health programs in the Federal Government and a stronger voice in policy determination and decision-making.

On invitation, the Association has testified before Congressional committees considering legislation related to medical education and the delivery of health care. As a member of the Coalition for Health Funding, it played an important role in obtaining a more realistic appropriations bill for the health programs of the Department of Health, Education, and Welfare. The efforts were successful in getting an increase of \$958 million over the administration request for the health programs of the bill. President Nixon vetoed the bill and at-

tempts to get the House of Representatives to override the veto failed. With the other Coalition members, the Association will continue to work for more adequate support of the medical schools in the second appropriations bill. A major policy victory was the insistence by Congress that federal matching grants for construction be continued. The Administration proposed eliminating the program and replacing it with guaranteed loans.

In testimony before the House and Senate committees considering health maintenance organization legislation, Association witnesses urged that the organizations supported be required to evaluate the effectiveness and costs of this mode of delivery of health care so that comparisons could be made with other methods. They also recommended that the benefits provided enrollees be more compatible with the resources available to deliver care and the level of probable financing of costs. Funds to support educational costs in HMOs were identified as necessary to permit medical schools to introduce students to this form of health care during a part of their clinical education.

Dr. Russell Nelson presented Association testimony on national health insurance before Representative Wilbur Mills' committee in the House. The position statement adopted by the Assembly in 1971 formed the basis for the statement.

The Association opposed the proposal to establish a military medical school and suggested that the required manpower could be provided by improving the opportunities, status and benefits for physicians in the armed services. By expanding the scholarship program and, through closer affiliations between medical schools and military medical care facilities and with proper financial support, the schools could expand their class size to accommodate qualified students from the service academies.

The AAMC recommended that legislation to support the education and training of family practitioners be broadened to include all specialties providing primary care and it should not dictate the organization of programs within the medical schools.

A moratorium on the creation of new Institutes within the NIH pending a full review of the legislative basis for the agency was called for by the Association. Spokesmen testified in favor of the Emergency Health Service Bill and the extension of the Medical Library Assistance Act and the Emergency Health Manpower Act.

Through correspondence with DHEW Secretary Richardson, the Association was successful in having support of area health education centers limited to those that fell within the definition and description in the Carnegie Commission on Higher Education Report, "Higher Education and the Nation's Health."

Most of the issues in which the Association is engaged will continue to present challenges and opportunities. Some specific areas appear to be of high priority to study and make recommendations in the year ahead. Involvement in national policy issues will continue to be a major responsibility of the Association. The experience gained under the Comprehensive Health Manpower Training Act of 1971 will furnish a basis for developing new policy objectives which must be well formulated for review by the membership before legislative action is taken to renew the Act during the current fiscal year or early in the next fiscal year.

Developments in establishing some form of national health insurance will present important issues for the medical schools. Efforts will be increased to assure that whatever program is enacted will be compatible with the unique requirements of the medical schools and the teaching hospitals.

Policies on the distribution of research support between targeted and investigator-initiated projects and preserving the training grant approach for the preparation of biomedical research scientists and medical school faculty are certain to be of deep concern to the Association and its members.

Approaches for providing a better distribution of training opportunities among the medical specialties have great impact for the medical schools and their affiliated hospitals. These institutions now provide the great part of graduate medical education and there is

every reason to believe they will have even a greater role in the future.

Ethical, moral and legal problems related to the clinical research activities in the medical schools will require careful consideration and the development of policies which can guide the institutions in their responsibilities to society. It is apparent that guidelines now

mandatory only for Federally supported programs will be extended to all research activities. Although most schools have provided for review of clinical research by a group which is broadly representative, recent publicity on two research programs involving human subjects calls for a careful review of the ways in which assessment of protocols is being carried out.

Working with Other Organizations

The AAMC realizes the importance of maintaining close ties with other health-related organizations. Close communications with these groups helps in achieving mutual goals.

The AAMC continues to work closely with the Association for Academic Health Centers (AAHC) on issues of concern to vice presidents for health affairs. Representatives of the AAHC attend all AAMC Executive Council meetings. Officers of the AAMC regularly attend meetings of the Board of the AAHC. The executive director of AAHC has participated in AAMC staff meetings. Of particular concern to both organizations is the effect provisions for Medicare reimbursement, which appear in the proposed Social Security Amendments Act (H.R. 1) would have on the academic health centers and their teaching hospitals. An ad hoc committee representing both associations met with officials of the Social Security Administration to seek clarification of the bill's potential impact on Medicare reimbursement and to reiterate the unique requirements of providing care in the teaching setting.

At the request of officers of the American College of Surgeons, the AAMC participated in a meeting to explore ways in which major health organizations might cooperate on issues of mutual concern. Represented were the AAMC, the American College of Surgeons, American Medical Association, American Hospital Association, American College of Physicians, and the AAHC. The meeting was cordial and informative and it was decided that the effort should be continued.

The Association has established an effective liaison with the Institute of Medicine of the National Academy of Sciences particularly relating to the study of the cost of medical education which the Institute will conduct under a mandate from Congress in the Comprehensive Health Manpower Training Act of 1971. The

Institute is very interested in coordinating efforts with the work of the AAMC Committee on the Financing of Medical Education, and the groundwork for an effective exchange of ideas has been laid. Both organizations agree that close cooperation is essential for the successful completion of this most difficult project.

The AAMC staff have worked with representatives of the Rand Corporation who are undertaking a study funded by the DHEW of the impact of Federal programs on the U.S. medical schools. Both the Rand staff and the approach they have taken in the study are impressive and the Association hopes to cooperate with them by serving as a source of data, assisting in the selection of schools for possible detailed study and participating in an overall advisory capacity.

The Association maintains an active liaison with the Veterans Administration in matters relating to the institutional relationships of medical schools and affiliated VA hospitals. The AAMC/VA Liaison Committee has discussed such timely issues as the appointment of hospital directors, the development of affiliation guidelines, and the establishment of a consultation mechanism to assist in improving relationships at the local level.

As a member of the Federation of Associations of Schools of the Health Professions, the AAMC meets regularly with members representing both the educational and professional associations of eleven different health professions on interdisciplinary and national issues. Ways have been explored to expand appropriate programs of one association which encompass other health professions. Concerted efforts have been carried out in minority affairs programs and in the development of audiovisual and other non-print material for education of health professionals.

The Association's Division of International

Medical Education works closely with medical educators from other countries and with American agencies interested in furthering medical education throughout the world. During the past year, medical educators from thirty-three countries visited the Association hoping to gain valuable knowledge of the U.S. experience. Representatives of the AAMC participated in several international conferences and conferred with educators and officials in over a dozen countries.

The AAMC has sponsored several projects to assist medical education in Latin America. Under the terms of a W. K. Kellogg Foundation Grant, the AAMC has undertaken the following activities: site visits to Puerto Rico, Buenos Aires, and Rio de Janeiro to assess the management training potential of the three centers; assessment of the present relationships in representative Latin American countries between medical education and social security; meetings have been held with experts of the National Library of Medicine, the Lister Hill National Center for Biomedical Communications, the Association for Educational Communications and Technology, and the Pan American Health Organization with a view to the development of a program to extend the effective use of audiovisual materials in medical education in Latin America; in close consultation with the Pan American Federation of Associations of Medical Schools and Guatemalan officials a plan has been developed for a Central American conference on the

delivery of rural health care, to be held in late 1972, in the expectation that site visits and discussions will lead to an appreciation of the essential role of auxiliary personnel in the delivery of rural services and of the methods of selection and training of such personnel.

In Guatemala under the AAMC-AID contract, the Association's implementation of the health technician training program as part of a deployment of a national health care system is well underway. The United Fruit Company Hospital in Quirigua, now converted to a health technicians school, was formally inaugurated by the president of Guatemala in late July and is now in full operation. Long term loans have been granted for the construction and the rehabilitation of existing facilities.

Informal liaison is maintained with numerous other groups in the health field. Representation on the boards, councils or committees of many other health organizations permits the Association to interact with others who share common interests. These organizations include the Council on Medical Education of the American Medical Association, the Institute of Medicine, the American Board of Medical Specialties, the National Board of Medical Examiners, Educational Council for Foreign Medical Graduates, the Council on Foreign Medical Graduates, the American Council on Education, the National Fund for Medical Education, the Pan American Federation of Associations of Medical Schools, and the Nutrition Foundation.

Education

The Graduate Medical Education Committee, chaired by Dr. William G. Anyan, is exploring ways in which medical schools can ultimately take responsibility for graduate clinical education in a fashion analogous to that which they take for undergraduate education. This is in response to a policy statement adopted by the Assembly of the Association asserting that medical education must be considered a continuum and the academic planning for graduate medical education must not be artificially separated from undergraduate education.

The Association's role in facilitating sound and effective continuing education is also under study by a Committee on Continuing Education. This facet of the continuum of medical education is increasingly engaging faculties. The Association has also been involved with the emergence of the new category of health career, the physician's assistant or the physician's associate. There has been a great proliferation of these training programs in a variety of schools around the country, not only medical schools but at colleges and sometimes at the junior or community college level. Review of this matter has led to the conclusion that there may be a necessity to develop a separate category known as the physician's associate, to be trained by the faculty of medicine and in close parallel to the education of the physician. The AAMC recommended to the Liaison Committee on Medical Education, the development of a proposed set of essentials for a program of education of a highly skilled physician assistant or associate who would receive the baccalaureate degree or its equivalent at the end of his or her training. The first draft of these essentials has been referred by the Liaison Committee to the AAMC Executive Council and to the AMA Council on Medical Education for their consideration.

The Liaison Committee has under study possible accreditation of programs to prepare

the most highly skilled physician assistant or associate leaving to others the supervision of more technical training programs where the product will have less independent responsibility in the delivery of health care.

A study has been initiated to determine how medical educators can respond to public concern about the lack of primary care. The major mission of this study will be to determine the past influence of medical education on the evolution of the pattern of current medical practice. The study will also seek solutions for providing the medical care consumer optimal primary care in a framework which also assures access to needed secondary and tertiary specialty care. In seeking these solutions, a committee charged by the Executive Council will examine the content, process and environment of undergraduate and graduate medical education. The influence of economic and professional status rewards and of socio-cultural factors on career decisions by physicians and their families will also be considered in the study.

In order to fill a much needed service, the AAMC has established a new Division of Curriculum and Instruction. The mission of this division is to facilitate the curriculum improvement, to promote new instructional program development and to provide for better exchange of information on educational programs among the medical schools. General objectives from the outset have been to serve as a useful resource in the problems of medical curricula and instructional technology. Activities for the first seven months have focused on a curriculum survey of the 112 U.S. medical schools and the 16 Canadian schools. The data from these questionnaires will be tabulated and published in book form to make information available on national curriculum trends.

The Association has reactivated the longitudinal study of the class of 1960. The setting

up of a computerized data bank including over 450 variables on 2,841 1956 freshmen in 28 medical schools and a proposal with specifications for future followup of the cohort in terms of their performance characteristics is supported by a contract with the National Center for Health Services Research and Development (HEW) and by collaborative efforts with the American Medical Association.

In preparation for the followup of the cohort, a systematic review of the literature on physician performance measurement was conducted and an invited workshop on the topic was conducted. It is hoped that the longitudinal study can provide a better understanding of the personal and intellectual factors that influence success and career choice by medical students.

In addition to the longitudinal study, research efforts are continuing with the MCAT questionnaire. During the coming year, data collected on educational background and career choice are expected to yield several reports. A program of research related to disadvantaged students has also been initiated and plans have been prepared to expand activities in this area. The cooperative research with Educational Testing Service programs aimed at a study of the flow of talent from undergraduate colleges to advanced degree work and its implications for medical schools

admissions is entering its final phases. A preliminary report has been prepared.

As a direct result of a report by the Association's Committee on Educational Technology for Medicine, headed by Dr. Eugene Stead and supported by the National Library of Medicine's Lister Hill Center, a collaborative plan of the NLM staff and the AAMC staff to improve the quality and accessibility of modern educational resources has evolved. A contract has been negotiated which will permit the AAMC to expand its staff for an educational resource program. The objective is to make both print and nonprint educational materials more readily available to the faculties and to improve their utilization of flexible educational programs. This project will provide for close interaction with the National Medical Audiovisual Center in Atlanta and the National Library of Medicine. This year the AAMC also assisted the Lister Hill Center in planning for the trial use of an experimental, highly sophisticated communications satellite in the western region of the United States.

Representatives interested in the educational programs at the medical schools have worked together to promote cooperative approaches to the solutions of problems facing medical education. The group has arranged for a conference on research in medical education at the annual meeting of the Association.

Research

To increase its activities and involvement in the area of biomedical research and research training, the Association has named Dr. Michael F. Ball assistant director for biomedical research and faculty development of the Department of Academic Affairs. Dr. Ball, who is the 1972 president of the American Federation for Clinical Research, will have the major responsibility for facilitating the advancement of biomedical research programs in the medical schools. A particular concern will be to assist in the development of programs which will assure an optimal flow of young, new faculty members required by increasing demands for enlarging the size of medical school classes. Close liaison will be maintained with Federation of American Societies for Experimental Biology and professional societies in the Council of Academic Societies with concerns in this area.

In terms of government activities in support of biomedical research, the Association was active in two areas: funding and the regulation of animal resources. Association testimony before the House and Senate Labor-HEW Appropriations Subcommittees stressed the importance of research support for new and competing research grants, for the NIH general research support program, and for the NIH fellowship and training programs. The testimony pointed out it is the new research grants that encompass the new ideas and the new men and women which are critical in pushing ahead the leading and innovative edge in biomedicine. The general support for the research and research training programs of medical schools provides funds which can be used at the discretion of the institutions in the development of new programs, providing initial support for young investigators, undertaking pilot projects and feasibility studies, and supporting centralized facilities and services needed by multiple investigators. These

funds thus greatly multiply the value of appropriations specifically directed to the support of research projects. The testimony pointed out that the NIH fellowship and training grant programs constitute the basic national investment in training the young minds and ideas that will shape the future of medical education and research. Only through these programs will new investigators be available for such expanded major national research efforts as the attack against cancer and heart disease. In a similar manner, the testimony stressed, the nation's efforts to expand medical education and the training of health personnel are almost completely dependent upon the additional faculty that will derive from these training efforts. In each of these fields, the Association urged appropriate Congressional action. It will monitor subsequent executive allocation of the funds.

Government regulation of animal resources used in biomedical research has become increasingly important since the enactment in 1970 of laboratory animal welfare legislation which the Association opposed. Late in 1971 the Agriculture Department, charged with implementing the legislation, issued final regulations for carrying out the new program. The Association had an opportunity for some participation in the development of the regulations. The Department has announced plans to consider additional regulations establishing exercise standards and minimum space requirements for confined animals. Consideration of these additional regulations is still pending federal grants-in-aid to offset the costs of meeting the new animal standards are provided by the DHEW through the NIH Division of Research Resources. In its appropriations testimony, the Association called for increased funding of the animal resources program of the Division to help close the gap

between the volume of assistance applications and the amount of actual awards. Furthermore, the Association plans to monitor the actual distribution of the appropriated funds.

In a related development during the year, the Association closely monitored the mounting Congressional interest in the broad issue of the ethics of biomedical research. There were a number of widely publicized incidents

concerning major health research projects which raised serious questions about the ethics and supervision of certain kinds of clinical research. The Association adopted a policy statement which called for even greater efforts to assure that the rights of individuals were protected in all research projects, whether funded from federal agencies or other sources of support.

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Health Care

The growing participation of medical schools in the delivery of health care and in explaining more effective ways to provide accessibility to high quality care has brought about a greater involvement by the Association in the area of health services.

A Health Services Advisory Committee chaired by Dr. Robert M. Heyssel of The Johns Hopkins School of Medicine, was formed late in 1971. The Committee has held two meetings and has several subcommittees at work. It has guided the Association efforts in HMO resource development activity as well as other program areas including health services in prisons and the National Health Service Corps. Major current interests of the Advisory Committee include the relationships of the regional medical programs (RMP) and comprehensive health planning (CHP) and ambulatory care programs in the medical schools and their affiliated hospitals.

The award of a grant from HSMHA to study the feasibility of health maintenance organizations within or associated with the academic health centers led to a series of eight regional workshops throughout the country. These workshops focused on the critical issues faced by an institution with multiple goals of research, education and service. The more than 500 persons who participated in the workshops included 300 people from 109 medical schools. Among other attendees were university administrators and trustees, representatives of medical associations, hospital administrators, insurance company executives, students and consumers.

As a result of the workshops a report was prepared which highlighted the critical areas in HMO development, and discussed, among other issues, the interrelationships of govern-

ance, skewed enrollment, fiscal integrity, and the requirement for subsidies for educational programs in academically related service programs. HSMHA has extended support to permit the Association to work with selected academic health centers in the development of prototype HMOs.

The Health Services Advisory Committee recommended that the Association study ways to improve ambulatory care programs in the academic setting both for their educational value and the delivery of health services. A program is being planned to carry out the recommendations of the Committee.

With the help of the Commonwealth Fund, the Association has studied the involvement of academic health centers in prison health care. An AAMC survey in December indicated that one-half of the medical schools are currently providing service, and the remainder would consider developing a model health program providing that adequate funding were available. Dissemination of information, contract prototypes, benefit packages, manpower development and technical assistance capability for program development in prisons will be areas of future activity.

The AAMC is also undertaking an evaluation of the measurement of quality of health care. The rapid developments in the field, especially process and outcome measurement, and legislation calling for a Federal Commission on Quality of Care mandates Association interest. Dr. Robert Weiss, of Harvard Medical School, a member of the Health Services Advisory Committee, is chairman of the group charged with the responsibility for examining this area and making recommendations for future activities.

Faculty

Although the issue of faculty representation on an institutional basis in the AAMC is as yet unresolved, the interests of the faculty remain prominent in the Association's activities, both at the staff level and through the Council of Academic Societies. There has been increased involvement of faculty in Association committees, task forces and accreditation teams.

The Association's faculty roster project, financed under a contract with NIH, provides a thorough statistical record of the demographic and professional characteristics of all faculty appointees. The development of advanced computer techniques has improved the

processing of data and the retrieval capability. It is hoped that the improved data base formulated this year will permit development of analytical material on topics such as turnover and mobility, staffing patterns and ethnic origins of faculties of U.S. medical schools. The Association is also developing plans to establish a statistical record of volunteer faculty to provide information on the total resources devoted to medical education.

Annual surveys of faculty salaries are continuing to give a better understanding of trends in compensation. A more comprehensive study of medical service plans and the support they furnish to medical schools is being developed.

Students

With the involvement of the OSR in the governance of the AAMC, the student program of the Association has grown to reflect the interests of the students.

The Association has continued to expand its efforts in the areas of minority student affairs. The Association has played an active role in administering programs designed to guide minority students toward careers in the health professions. With support from the Office of Economic Opportunity and under the policy direction of the Federation of Associations of Schools of the Health Professions, 49 programs in neighborhood and university settings have been funded to increase the interest of students in health affairs. This program is being transferred to another member of the Federation to allow the Association to redirect its primary efforts toward assisting the minority offices of the individual medical schools to devise new and more effective programs and to satisfy specific needs which were identified in an institutional survey.

The Association continues to assist the student affairs officers of the medical schools by providing information on admissions, loans and scholarship programs and the Selective Service System as well as by providing organizational support to the Group on Student Affairs. Over the next four years, the AAMC will assist the Robert Wood Johnson Foundation in administering \$10 million in student aid funds to assist in the recruitment and retention of female, minority and rural students in medicine and osteopathy.

The Association has also continued to operate a number of special programs serving the students and the admissions programs of medical schools.

The American Medical College Application Service program which enables applicants to file one application and transcripts for processing, duplication and distribution to selected

participating schools, served 28,215 individuals who filed a total of 165,882 applications. During 1971-72, 58 schools participated in the AMCAS program and the number increased to 70 in 1972-73.

The Association maintained application action reports on students applying to 108 medical schools in 1971-72. Detailed statistics will be available from the annual applicant study and will be published in the *Journal of Medical Education*. The Association also maintains matriculation, change of status, progress, and graduation records on the 43,399 students enrolled in U.S. medical schools in 1971-72. These records assist the Association in providing meaningful statistical surveys on enrolled medical students.

In 1971, COTRANS sponsored 580 applicants for participation in Part I of the National Boards. Of these, 437 took the examinations and 102 (23.3 percent) had a total passing score. Advanced standing admissions were granted by 31 of the 46 participating U.S. medical schools to 115 sponsored examinees. In addition, 29 transfers were accepted for 1971-72 through individual school sponsorship.

Significant increases in the number of Medical College Admission Test examinees continues. The estimate for 1972 is 55,000 examinations, up from 45,000 in 1971 and 33,000 in 1970. The Association has assumed responsibility for the construction of the test and reporting of scores. The administration and scoring of the test is carried out by Psychological Corporation under contract. The AMCAS program now includes official reports of MCAT scores to participating schools at no additional expense to the candidate.

Two new revised forms of the MCAT Science Sub-test have been delivered and utilized and three additional revised forms are in preparation. These revisions have been pro-

ceeding under the supervision of representatives from premedical and medical faculties across the country. The program is committed to the maintenance of the high, technical quality of the current test instruments with simultaneous efforts to initiate development of major modifications. In February, a proposal suggesting objectives for a revision of the Medical College Admission Test was widely distributed to all segments of the constituency. The structured and unstructured replies demonstrated overwhelming support for the general outline presented and clearly established the need to make the MCAT more responsive to the demands of today's admissions process. General goals of this revision of the MCAT are to broaden the basis for selec-

tion and thus to improve the test's usefulness in selecting applicants with characteristics appropriate to institutional goals and objectives. New components under particular scrutiny are measures related to clinical competence and professional potential. In addition, those components bearing on academic success will be improved and expanded.

The Biochemistry Special Achievement Test for advanced achievement testing in this discipline was initiated in the fall of 1970. Thirty-eight schools utilized the BSAT during the 1971-72 academic year and have responded favorably to the test. A revised addition of the test has been prepared for use in the 1972-73 academic year.

Institutional Development

At the request of the members of the Council of Deans, the AAMC has expanded its efforts to assist in the institutional management of the medical centers. With two-year funding from the Robert Wood Johnson Foundation, the Association has recently begun the first phase of its Management Advancement Program. Designed with the guidance of a steering committee composed of academic medical center executives and with the advice of outside consultants, the program has as its objectives strengthening the decision-making and problem-solving capacity of the medical schools and facilitating within the schools the ability to respond more effectively and selectively to the range of possibilities for change. The first phase of the program will be a series of management seminars for individual leaders and their teams and will be conducted by faculty from the Alfred P. Sloan School of Management at MIT. The first seminar was held September 2-8, 1972, at Endicott House near Boston. The 22 deans who participated were enthusiastic about the seminar. The Steering Committee, chaired by Dr. Ivan Bennett, is planning additional seminars and subsequent phases of the program. Later phases will relate more directly to the study and implementation of institutional change processes in individual medical centers.

The AAMC is working to respond to the problems met by women in medicine and medical education and the needs of the schools for assistance in measuring their participation in the profession. Activities in this area include responding to the requests of schools for assistance in the preparation of their affirmative action plans, staff participation on the inter-agency Committee on Accreditation and Women in Higher Education and its consultation with schools facing legal action challenging admission committee decisions. The Association is currently developing a roster of

woman physicians in the U.S. as an information resource available to schools which are desirous of evaluating woman candidates for available faculty positions.

The Liaison Committee on Medical Education (LCME) was organized in 1942 as a cooperative effort of the AMA and the AAMC to serve as the national accrediting agency for programs leading to the M.D. degree. Already recognized as the official accrediting agency by both the National Commission on Accreditation and the Commissioner of Education, the LCME this year submitted substantial documentation in support of its petition for renewal of this recognition. The NCA has acted on the petition and has notified the LCME of its continued approval for the forthcoming five-year period. The Office of Education has deferred action until the fall.

Impressed by the ability of its present outside members to lend informed and broadened perspectives to its deliberations the LCME, which currently has one public and one Federal member, this year voted to expand its membership to include an additional public member.

During the year, the LCME completed a revision of its basic policy document, which serves as the standard on which accreditation decisions are based. "The Functions and Structure of a Medical School" has been approved by the LCME, the AMA Council on Medical Education, and the AAMC Executive Council. A companion document setting forth LCME policy with respect to those medical education programs not culminating in the award of the M.D. degree has also been revised and is in an early stage of the approval process.

In preparation for final determination of the appropriate role of the LCME in the accreditation of physician's assistant programs, a task force of the committee has developed a draft document setting forth "essentials" of a

physician's assistant program which might fall within the purview of the LCME. This document focuses on programs conducted in an academic medical center which lead to a bachelor's degree or its equivalent.

Accreditation and women in higher education was the topic of some controversy during the year. The LCME responded to charges lodged with the Office of Education that it "condones and perpetuates discrimination on the basis of sex" by accrediting institutions which engage in such discrimination. An ad hoc committee representing the various agencies was established to develop recommendations to the agencies on an appropriate set of standards relating to this matter.

News of the prospective merger of the National Commission on Accreditation and the Federation of Regional Accrediting Commissions of Higher Education was responded to by the professional and specialized accrediting agencies including the LCME by a request that the proposed organization provide for adequate recognition of the legitimate needs and concerns of these agencies. As a result, those agencies have been represented on the committee drafting the bylaws for the merged organization and further consideration is being given to development of an interagency Council of Professional and Specialized Accrediting Agencies.

The LCME has been called upon to fulfill a new function by the provisions of the Compre-

hensive Health Manpower Training Act of 1971. It was asked to certify to the federal government that enrollment increases requisite to eligibility for bonus class capitation funds would not jeopardize the school's accreditation. This requirement stimulated the development of new procedures under which 72 schools were reviewed for this purpose.

Continuing negotiations among the agencies considering the proposal that the membership and function of the LCME be expanded to include graduate medical education within its cognizance took a new turn during the year. The five organizations involved include the AAMC, the AMA, the American Board of Medical Specialties, the American Hospital Association, and the Council on Medical Specialty Societies. The agreed upon solution creates a Liaison Committee on Graduate Medical Education parallel to the existing LCME to carry out the accreditation of all programs of graduate medical education. In addition, a Coordinating Council on Medical Education is established to coordinate and oversee the work of the two committees and to recommend accreditation policy to parent organizations. This realignment of the accreditation authority will unquestionably contribute to the philosophy of a continuum of medical education and makes institutional accreditation of all medical educational programs a future possibility.

Communications

The Association continues to improve its communications with its constituents, the Congress and the public.

The President's *Weekly Activities Report* which now goes to nearly 4,000 people, has provided a mechanism to keep the membership better informed on the Association's weekly activities. It not only reports on meetings and studies but attempts to give insight into the implications of these events. This report also periodically reviews health related legislation before the Congress so that the Association's constituents can be aware of the content of proposed health legislation before it is enacted into law.

The *Journal of Medical Education* continues to enjoy high academic respect. This publication received 335 manuscripts for consideration during the last year and accepted for publication 152 of them. The circulation of the *Journal* is nearing 7,000. The Editorial Board has been increased to 19 members and now has a student member. Mr. Merrill T. McCord was elevated from managing editor to editor of the *Journal*, replacing Dr. John A. D. Cooper, president of AAMC, who requested the change.

The *AAMC Bulletin*, another Association vehicle for relating to its constituents, now circulates about 7,000 copies. The *Bulletin* covers news items from the schools, the Association, the Congress and related fields of education.

Additional publications of a more specialized nature are: *The Advisor*, *COTH Report*, *DIME Dialogue*, and *Student Affairs Reporter*. During fiscal 1972, the reports of the Biomedical Communications Network Steering Committee and the Biomedical Research Policy Committee were published as supplements to the *Journal*. Also during the year the *Journal* devoted special sections to student aid, family medicine, medical school admissions, and foreign medical graduates. The annual *Medical School Admission Requirements* pub-

lication with a slightly revised format and the *AAMC Directory of American Medical Education* were again published.

More and more news stories concerning the activities of the Association and key staff members are appearing in major newspapers around the country. Last spring the *New York Times* reported the Association's reaction to President Nixon's HEW appropriation requests. The Association's statement was the only comment selected by the *Times* for insertion in their appropriations story from any group or association. The story included reaction statements from several members of Congress.

The Association has established contact and meets frequently with the editorial boards of several major national newspapers and has good relationships with their editorial writers. Reporters from specialized medical publications regularly contact the Association for interviews with staff members or to report on newsworthy activities.

The Coalition for Health Funding held several news conferences during the year. The AAMC cooperated by using its news contacts to insure good media coverage of the conference. The Association further assisted the Coalition in the writing and distribution of their press releases.

The Public Relations Section has become more active during the past year and the Association has worked closely with the officers of the Section in establishing regional workshops and in planning the Section's program for the Annual Meeting. The Section, through its many radio, television, and newspaper contacts around the country has assisted the Association in stimulating nation-wide coverage of events the Association considered important. Most of the stories are concerned with medical school curriculum innovation, improvement in health care delivery, and federal support for scholarships, construction, and research.

Information Systems

The Association continues its operational studies and its examination of national trends bearing upon medical education, the operation of medical schools and health manpower needs. The collection of data will probably be expanded in the near future by the Association to assist in the studies which are now being conducted and those which are contemplated.

The Medical Center Cost Allocation Project is jointly sponsored by the AAMC and the Bureau of Health Manpower Education (BHME), and 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 cost of the full program leading to the M.D. degree. Preliminary work is also being done on the comparison of reported costs in the major functional areas of medical centers operations. A special venture is being undertaken at the University of Florida to develop a planning, programming and budgetary system built upon the cost allocation methodology.

In addition to looking into the medical center costs, the Association is also examining medical school expenditures. The survey of medical school expenditures is one part of the Liaison Committee on Medical Education questionnaire. Intensive work was done by a task force directed at revising this questionnaire, with the objectives of adapting better 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 in the education issue of the *Journal of the AMA*.

The Association continues to serve as a resource for information of particular importance to teaching hospitals including medical school affiliation arrangements, decisions concerning the taxability of stipends paid to house officers, and trends and development of house staff unionization.

In the spring of 1972 the fourth annual survey of House Staff Policy was initiated. The questionnaire was designed to obtain response on policy matters in the relationship between teaching hospitals and interns, residents and fellows as well as the stipends and fringe benefits paid to house officers. Preliminary results of the survey were released in June and the final report was published in September. The current year's salary shows an increase of five percent over last year, as opposed to last year's 13 percent increase over the previous year.

The fourth annual survey of executive salaries in teaching hospitals is being tabulated and results are expected in December.

The August issue of the *JME* printed the results of a special survey of 61 university-owned or teaching hospitals in the nation to determine sources of income for these hospitals and also to determine the nature of state appropriations awarded to them.

The American Hospital Association has shared the results of their annual survey of hospitals which are now incorporated in our computer-based data system. It is anticipated that this arrangement will occur annually. This data will be used for future statistical and analytical projects concerning teaching hospitals.

The Association has also integrated data relevant to applicants, admitted students, their programs, their progress and their ultimate careers. This data will be used primarily as a base for all studies and surveys being con-

ducted by the Association. Much of this information will also be available to the constituency.

The Association has been involved in a series of negotiations with NIH-BHME aimed at working out a broad contractual arrangement in support of AAMC activities in the area of operational and management studies

and student information. The objective has been to encompass in a single contractual arrangement AAMC activities previously supported under individual contracts, such as the Cost Allocation Study, the Faculty Roster, and also to secure additional support for expanding AAMC activities in the area of data analysis and management development.

Treasurer's Report

The Audited Statements and the Audit Report for the Fiscal Year ended June 30, 1972, have been carefully examined with the Association's auditors, Ernst & Ernst. At its meeting on September 15, 1972, in Washington, the Executive Council reviewed and accepted the final and unqualified audit report.

Total income increased 21 percent to \$5,416,315. Added volume of activity in special projects accounted for 65 percent of the increase, with contracts and grants providing 20 percent, membership dues 11 percent, and sundry items 4 percent.

Expenditures and transfers to restricted funds for special purposes totaled \$5,219,576.

Sixty-eight percent of the increase in expenditures was in special projects, 13 percent in grants and contracts and 19 percent in other areas.

Residual funds available for general purposes increased \$241,000 to \$1,384,481—a reserve equal to approximately 3.5 months operations at the 1972 level of expenditures.

With the continuing increase in the size of the operating budget, it becomes increasingly important that adequate reserves be maintained, particularly since an increasing proportion of the Association's income originates from soft money sources.

Association of American Medical Colleges**Balance Sheet***June 30, 1972***ASSETS**

Cash	\$ 234,258
Investments in United States Government	
Short-term securities, at cost and accrued interest	1,872,880
Accounts receivable	425,948
Deposits and prepaid items	25,116
Investments in management account	772,480
Total	\$3,330,682

Liabilities and Fund Balances**Liabilities**

Accounts payable	\$ 175,695
Deferred income	697,177

Fund balances

Funds restricted for special purposes	776,473
Funds restricted to investment in plant	296,856
General funds	1,384,481
Total	\$3,330,682

Operating Statement*Fiscal Year ended June 30, 1972***SOURCE OF FUNDS****Income**

Dues and service fees from members	\$1,216,141
Grants	196,500
Cost reimbursement contracts	1,363,554
Special services	2,273,797
Journal of Medical Education	59,447
Other publications	137,363
Sundry	169,593
Subtotal	\$5,416,395
Restricted fund balances	43,975
Total	\$5,460,370

USE OF FUNDS**Operating expenses**

Salaries and wages	\$1,963,795
Staff benefits	193,258
Supplies and services	2,208,120
Equipment	81,930
Travel	322,473

Transfer to restricted funds

for special purposes	45,000
Available for general purposes	240,794
Total	\$5,460,370

AAMC Membership

<i>TYPE</i>	<i>1970-71</i>	<i>1971-72</i>
Institutional	95	97
Provisional Institutional	8	17
Affiliate	14	14
Provisional Affiliate	3	3
Graduate Affiliate	1	1
Academic Societies	47	51
Teaching Hospitals	404	387
Individual	2,728	2,848
Emeritus	72	78
Contributing	16	18
Sustaining	18	19
Nonmembers in Development	11	1

AAMC Committees, 1971-72

Biochemistry Special Achievement Test

Philip P. Cohen
Armand J. Guarino
Clyde G. Huggins

Borden Award

Philip P. Cohen, Chairman
Robert H. Ebert
Stanley A. Ferguson
Lloyd H. Smith, Jr.
William G. Thurman

Business Officers Section Executive Committee

Thomas A. Fitzgerald, chairman
Daniel P. Benford, chairman-elect
Lawrence J. Guichard, secretary
Adrian E. Williamson, treasurer
William A. Zimmerman, immediate past chairman

Regional Chairmen

Hubert A. Davis (Northeast)
Floyd L. Hagan (South)
Cyril W. Kupferberg (Midwest)
Robert L. MacHugh (West)

BOS Program

M. James Peters, chairman
James C. Rich
James P. McLean
Harold W. Reinert
Adrian E. Williamson, *ex officio*

BOS Professional Development

Marvin H. Siegel, chairman
Lauren W. Blagg
Wayne Kennedy
Marshal Smith
Daniel P. Benford, *ex officio*

BOS Financial and Statistical Standards

C. Robert Richardson, chairman
Hugh E. Hilliard
Jerry Huddleston
Charles Semple
Thomas A. Fitzgerald, *ex officio*

BOS Information Resources

Thomas A. Rolinson, chairman
Kenneth L. Kutina
Donald H. Lentz
Julius E. Weeks
Adrian E. Williamson, *ex officio*

CAS Nominating Committee

Lloyd H. Smith, chairman
William H. Boyce
Kenneth M. Brinkhous
Thomas Chalmers
Paul H. Curtiss, Jr.
Ronald W. Estabrook
Henry Schwartz

COD Nominating Committee

John C. Rose, chairman
Andrew J. Hunt, Jr.
F. C. Pannill
Winston K. Shorey
Julius R. Krevans

Conference on Research in Medical Education Planning Committee

Joseph W. Hess, chairman
Jo Boufford
Charles W. Dohner
Ralph W. Ingersoll
Peter V. Lee
W. Loren Williams, Jr.

Committee on Educational Technology for Medicine: Academic Institutions and Program Management

Eugene A. Stead, Jr., chairman
Jack W. Cole
William G. Cooper
Walter Held
Thomas C. King
Clifton K. Meador
Melville B. Nimmer

Committee on Graduate Medical Education

William G. Anlyan, chairman
Sam L. Clark, Jr.
William J. Grove
William D. Holden
Julius R. Krevans
Christian Ramsey
Arnold S. Relman
David B. Wilson
Dael L. Wolfe

Continuing Education Study Committee

Thomas C. Meyer, chairman
Clement R. Brown
Joseph Hamburg
John N. Lein
Phil R. Manning
Lewis Miller
George Shapiro
Donald Shropshire
Frank R. Woolsey, III

COTH Nominating Committee

Irvin G. Wilmot, chairman
George E. Cartmill
Leonard W. Cronkhite, Jr.

COTH Membership Criteria Review Committee

Irvin G. Wilmot, chairman
Arthur J. Klippen
Sidney Lewine
Charles B. Womer

Financing of Medical Education

Charles C. Sprague, chairman
James W. Bartlett
Howard L. Bost

Robert A. Chase
John A. Gronvall
Donald J. Hanahan
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