

AAMC SERIES 1: ACTIONS OF GOVERNING BOARDS, BOX 1, FOLDER 2: ACTIONS TAKEN AT MEETINGS OF THE EXECUTIVE COUNCIL, CDS, CAS, AND OSR AD BOARDS, 1973

AR. GOV 01



A C T I O N S

TAKEN AT MEETINGS OF THE:

Executive Council (December 14, 1973)	1
COD Administrative Board (December 13, 1973)	6
CAS Administrative Board (December 13, 1973)	9
COTH Administrative Board (December 13, 1973)	12

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D. C. 20036

EXECUTIVE COUNCIL ACTIONS
December 14, 1973

RECOMMENDATIONS OF THE AAMC OFFICERS' RETREAT

ACTION: The Executive Council approved as proposed the recommendations of the AAMC Officers' Retreat held December 5 - 7. These recommendations highlight areas in which the Association will devote major efforts in the coming year.

APPOINTMENT OF A NATIONAL HEALTH INSURANCE TASK FORCE

ACTION: After concurring with the Retreat recommendations that a national health insurance task force be appointed, the Executive Council delegated to the Executive Committee the authority to name the members of the task force.

APPOINTMENT OF AAMC COMMITTEES

ACTION: The Executive Council concurred with the recommendations of the Chairman and appointed a list of AAMC committees for 1974. It was agreed that several additional representatives of the CAS would be appointed to particular committees.

IMPOUNDMENT OF MEDICAL SCHOOL CONSTRUCTION FUNDS

ACTION: The Executive Council authorized the AAMC President, with the advice of the Association's attorneys, to take appropriate action to seek the release of congressionally appropriated funds for medical school construction which had not yet been spent.

PHASE IV HEALTH CARE REGULATIONS

ACTION: The Executive Council authorized the Executive Committee to take appropriate action concerning regulations promulgated by the Cost of Living Council on permissible health care costs under Phase IV. It was also advised that the Executive Committee consult with the COTH committee chaired by Mr. Lewine.

APPOINTMENT OF THE SECRETARY-TREASURER, EXECUTIVE COMMITTEE

ACTION: The Executive Council designated Mr. Robert Derzon as Secretary-Treasurer, AAMC.

ACTION: The Executive Council designated the following individuals to serve as the AAMC Executive Committee: Dr. Daniel Tosteson, Chairman; Dr. Sherman Mellinkoff; Dr. Emanuel Papper, Dr. Ronald Estabrook; Mr. Robert Derzon, and Dr. John Cooper.

EXECUTIVE COUNCIL ACTIONS

NEW COTH MEMBERS

ACTION: The Executive Council approved and recommended to the Assembly the election of the following institutions to AAMC membership:

VA Hospital, White River Junction, Vermont
Norwalk Hospital, Norwalk, Connecticut
Muhlenberg Hospital, Plainfield, New Jersey

DISTINGUISHED SERVICE MEMBER NOMINEES

ACTION: The Executive Council approved and recommended to the Assembly the election of the following individuals as Distinguished Service Members:

COD Nominees:

Robert Marston, M.D.	John Hogness, M.D.
Robert Stone, M.D.	Thomas Hunter, M.D.
Robert Glaser, M.D.	David Rogers, M.D.
William Hubbard, Jr., M.D.	Charles Sprague, M.D.
Robert Howard, M.D.	Carleton Chapman, M.D.

COTH Nominees:

Donald Caseley, M.D.	Matthew McNulty, Jr.
John Knowles, M.D.	Albert Snoke, M.D.
Russell Nelson, M.D.	

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council approved as accredited the following list of schools for the terms stated:

<u>Fully Developed Schools</u>	<u>Survey Date</u>	<u>Years Approved</u>
U of Miami School of Medicine	2/20-23/73	*7; entering class 151
U of Alberta Faculty of Medicine	4/9-12/73	*5
Dalhousie U Faculty of Medicine	3/12-15/73	*5
Penn State U College of Medicine-Hershey Med Cntr	3/4-7/73	*5

Document from the collections of the AAMC Not to be reproduced without permission

EXECUTIVE COUNCIL ACTIONS

<u>Developing Schools</u>	<u>Survey Date</u>	<u>Years Approved</u>
U of Calgary Faculty of Medicine	4/2-5/73	*5; full accreditation. Recommend full membership in ACMC & affiliate membership in AAMC.
LSU School of Medicine Shreveport	1/15-18/73	*3; full accreditation. Progress report due 1/1/75. Recommend full membership in AAMC.
Memorial U of Newfoundland Faculty of Medicine	5/14-17/73	*5; full accreditation. Recommend full membership in ACMC & affiliate membership in AAMC.
Dartmouth Medical School	3/19-21/73	*3; full accreditation.

*years from date of survey

LCME MEMBERSHIP ON COUNCIL ON SPECIALIZED ACCREDITING AGENCIES

ACTION: The Executive Council approved the recommendation of the LCME to join the Council on Specialized Accrediting Agencies.

EXPENSES FOR SUBCOMMITTEES OF CCME

ACTION: The Executive Council approved the following procedures for the payment of expenses for CCME subcommittees:

- a. Expenses for members of subcommittees appointed by CCME are to be considered a CCME expense to be shared by the five parent organizations at the end of the year.
- b. AMA, in view of its charge to provide staff for the CCME, will be responsible for staffing the subcommittees of CCME (i.e., one professional staff man and at times a recorder) unless otherwise specified by CCME, and this would be a shared expense by the five parent organizations.
- c. Staff members of any of the five parent organizations who may wish to attend any of the CCME subcommittee meetings for their own purposes, may do so and it would be their specific organization's responsibility to pay for that staff attendance. However, if any of the subcommittees of CCME request staff of other organizations to be present for its purposes, this would become a shared expense by the five parent organizations.

EXECUTIVE COUNCIL ACTIONS

- d. If CCME subcommittees decide they need a consultant, that consultant's expenses would be a shared expense by the five parent organizations.

LCGME BYLAWS

ACTION: The Executive Council approved, with two modifications, the Bylaws of the Liaison Committee on Graduate Medical Education as forwarded by the CCME.

POLICY FOR RELEASE OF AAMC INFORMATION

ACTION: The Executive Council approved a policy guiding the release of AAMC information as recommended by the Data Development Liaison Committee. Such a policy would classify data collected by the Association as either unrestricted, restricted, or confidential.

CLASSIFICATION OF SALARY STUDY INFORMATION

ACTION: The Executive Council approved, with two dissenting votes, the recommendation of the Data Development Liaison Committee that descriptive statistics of the annual Faculty Salary Study should be classified as unrestricted when aggregated so as not to identify individuals or institutions.

MEDICAL SCHOOL ACCEPTANCE PROCEDURES

ACTION: The Executive Council approved a seven-point statement revising previous AAMC recommendations on medical school acceptance procedures. These recommendations are to be published in the Medical School Admission Requirements.

REPORT OF THE AAMC COMMITTEE ON HEALTH MANPOWER

ACTION: The Executive Council adopted, with several modifications, the report of the AAMC Committee on Health Manpower chaired by Dr. Julius Krevans. This report is to serve as the basis for developing Association testimony on federal assistance to health professions education.

REPORT OF THE ADVISORY COMMITTEE ON ACADEMIC RADIOLOGY

ACTION: The Executive Council accepted with gratitude "The Needs of Academic Radiology in the Seventies" prepared by the Advisory Committee on Academic Radiology of the Association of University Radiologists and Society of Chairmen of Academic Radiology Departments. The Executive Council felt that it was not appropriate for the Association to react officially to this document.

EXECUTIVE COUNCIL ACTIONS

SETTING OF AAMC PRIORITIES

ACTION: On the recommendation of the COD Administrative Board the Executive Council agreed that the process of setting AAMC priorities via the Officers' Retreat should be reviewed at the March meetings of the Executive Council and the Administrative Boards.

MONITORING BIOMEDICAL RESEARCH MANPOWER

ACTION: On the recommendation of the CAS, the Executive Council requested that the AAMC staff seek outside support to initiate a system of monitoring the nation's biomedical research manpower. It was felt that the Association should take a leadership role in developing this capability.

COUNCIL OF DEANS ADMINISTRATIVE BOARD ACTIONS
12/13/73

REVIEW OF THE OFFICER'S RETREAT
ESTABLISHMENT OF ASSOCIATION PRIORITIES

After an extended discussion of the retreat outcomes, the Board took two actions:

- A. Endorsed the recommended AAMC priorities as presented in the summary of the retreat.
- B. Voted to recommend that the Executive Council place on its March agenda the matter the retreat and the process by which AAMC priorities are developed, reviewed, and approved.

REPORT OF THE AAMC COMMITTEE ON HEALTH MANPOWER

The Board endorsed the report of the Committee as modified by the AAMC Officers.

The Board agreed to the newly proposed capitation formula of four parts including a Base Grant (\$3,000/student/year - etc.) and incremental increases for expansion of enrolment, (\$1,000/student/year), emphasis in the curriculum on Primary Care (\$1,000/student/year), and developing models for shortage area care (\$1,000/student/year).

The Board also heard and had no objection to the provision of capitation support for graduate training in primary care at a level of \$4,000/trainee and support for the development of the requisite new facilities for undertaking expanded programs in primary care training.

POLICY FOR RELEASE OF AAMC INFORMATION

The Board endorsed the proposed policy for the classification and release of AAMC information.

CLASSIFICATION OF SALARY STUDY INFORMATION

The Board endorsed the Data Development Liaison Committee request that the Executive Council confirm public classification for statistics from the annual Faculty Salary Survey.

LCGME BYLAWS

The Board endorsed the adoption of the LCGME Bylaws, providing the recommended amendments be made:

LCGME BYLAWS (cont'd)

- A. Article VIII - MODUS OPERANDI, Section 3, Appeals (c): delete from the second sentence the words "made the adverse decision or concurred in the adverse decision of the Review Committee" and insert in their place, "served on the appeals board."
- B. Article X - AMENDMENTS, Section 1: add the sentence "All amendments require approval by the five bodies with representatives on the Liaison Committee."

AAMC RECOMMENDATIONS ON MEDICAL SCHOOL ACCEPTANCE PROCEDURES

The Board adopted the proposed AAMC recommendations on medical school acceptance procedures with the addition of the following sentence at the end of paragraph two: "By April 1, each accepted applicant must withdraw from every institution in which he does not intend to enroll."

POLICY GUIDELINES ON EXTRAMURAL ACADEMIC EXPERIENCES

The Board endorsed the Guidelines on Extramural Academic Experiences after amending it to delete entire second page with the exception of item III E, which becomes item II D. Also deleted the word "policy" wherever it appears.

REPORT OF THE GRADUATE MEDICAL EDUCATION COMMITTEE

The Board responded to the request for comments on the preliminary recommendations with numerous suggestions:

- The report gives the appearance of being very superficial and ill-considered; a much more scholarly approach needs to be taken in this important effort.
- As worded, paragraph 2 is either ambiguous or highly inaccurate.
- The combining of primary care training and ambulatory settings in paragraph 3 is inappropriate.
- The 50% figure in paragraph 3 should be examined and justified.
- Paragraph 3 D properly belongs under paragraph 4.
- The 110% - 120% figure in paragraph 4 needs to be examined and justified.

PHYSICIAN MANPOWER AND DISTRIBUTION - REPORT TO THE CCME

The Board provided a number of specific comments on the report suggesting refinements, but on the whole considered the report very well drafted.

REPORT OF THE ADVISORY COMMITTEE ON ACADEMIC RADIOLOGY

The Board recommends that the Executive Council receive the report, express its appreciation for the work of the Committee and suggest that it respond to the comments of the individual Board and Council members.

REGIONAL MEDICAL LIBRARIES PROGRAM

The Board heard from Dr. Schoolman of the NLM who argued persuasively that a more full utilization of the regional libraries and the biomedical communications network could result in substantial savings to the schools.

COD SPRING MEETING

Tentative program in final form; announcements will go out shortly.

AAMC TASK FORCE ON FOREIGN MEDICAL GRADUATES

In general the Board concurred in the approach of the Task Force.

RELATIONSHIP TO THE VA

The Board endorsed frequent and vigorous interchange between the VA Department of Medicine and Surgery and the AAMC at both the staff and constituent level by all appropriate means.

INVITATION TO VICE-CHAIRPERSON OF OSR

The Board acted favorably on a request from the OSR Administrative Board that, in the interest of providing informed continuity of leadership in that body, the COD Administrative Board would offer a standing invitation to the OSR Vice-Chairperson to attend its meetings.

REPORTING STATE LEVEL DEVELOPMENTS

The Board could reach no judgment regarding either the desirability or feasibility of a proposal that the AAMC develop a system for reporting on state level developments relevant to the medical schools.

ACTIONS
ADMINISTRATIVE BOARD
COUNCIL OF ACADEMIC SOCIETIES

December 13, 1973

REPORT OF COMMITTEE ON HEALTH MANPOWER

ACTION: The CAS Administrative Board accepted the Report of the Committee on Health Manpower with expressed concerns for modification.

NOMINATIONS FOR DISTINGUISHED SERVICE MEMBERSHIP

ACTION: The CAS Administrative Board nominated for AAMC Distinguished Service Membership the following former Board members, all of whom served on the Board for more than one year, providing each indicates that he wishes to take an active role in the AAMC and will attend its meetings.

Thomas Kinney	Ralph Wedgwood
Jonathan Rhoads	James Warren
Daniel Tosteson	Charles Gregory
Harry Feldman	William Weil
Sam Clark, Jr.	Louis Welt
Patrick Fitzgerald	Robert Forster
John Nurnberger	Ludwig Eichna
Robert G. Petersdorf	Ernst Knobil

CHANGE IN CAS RULES & REGULATIONS RE SIZE & TERMS ON ADMINISTRATIVE BOARD

ACTION: The CAS Administrative Board will recommend to the CAS Council the adoption at its March meeting of the following change in the CAS Rules and Regulations regarding size and terms of office on the Administrative Board:

Section III. Administrative Board

1. The Council of Academic Societies shall be governed by an Administrative Board which shall be composed of a Chairman, Chairman-Elect, *immediate Past-Chairman* and 9 other members. Three of said 9 members shall be elected by written ballot at each annual meeting of the Council of Academic Societies, and each such member shall serve for a term of 3 years or until his successor is elected and installed. *Members elected to serve on the Executive Council of the Association shall continue to hold membership on the Administrative Board until their terms on the Executive Council expire.*

FACULTY SALARY SURVEY STATISTICS

ACTION: The CAS Administrative Board approved the recommendation of the Data Development Liaison Committee that the Executive Council confirm public classification for statistics from the annual Faculty Salary Survey.

RELEASE OF AAMC INFORMATION

ACTION: The CAS Administrative Board approved the recommendation of the Data Development Liaison Committee that the policy for the release of AAMC information be adopted.

LCGME BYLAWS

ACTION: The CAS Administrative Board approved the LCGME Bylaws as accepted by the CCME on November 26, 1973.

MEDICAL SCHOOL ACCEPTANCE PROCEDURES

ACTION: The CAS Administrative Board approved the AAMC Recommendations on Medical School Acceptance Procedures.

REPORT OF THE ADVISORY COMMITTEE ON ACADEMIC RADIOLOGY

ACTION: The CAS Administrative Board took the following action (there was one dissenting vote):

1. The report should go back for revision.
2. The report should be received with commendation.
3. All departments should be encouraged to undertake similar studies.
4. Until reports of similar studies have been received, the Report of the Advisory Committee on Academic Radiology should be neither approved nor disapproved.

RECOMMENDATION FROM BIOMEDICAL RESEARCH MANPOWER CONFERENCE

One of the recommendations of the Biomedical Research Manpower Conference held in Seattle, October 1-3, 1973, was that the institutions of medical education should develop a biomedical research manpower monitoring system.

ACTION: The CAS Administrative Board voted unanimously to recommend to the Executive Council that the AAMC accept this recommendation as an opportunity of service to the Membership and that, through participation of the Council of Academic Societies, it establish an inventory and monitoring program for biomedical research manpower. (It is understood that such a program would require outside funding).

CAS MARCH MEETINGS

ACTION: The CAS Administrative Board agreed to meet in Washington the evening of March 5 and all day March 6. The Board meeting will precede the meetings scheduled for the full Council on March 7-8.

MEMBERSHIP RESIGNATIONS

ACTION: The CAS Administrative Board received resignations from membership from the American College of Surgeons and the American Association of Neuropathologists.

ACTION ITEMS
COTH ADMINISTRATIVE BOARD
December 13, 1973

MEMBERSHIP APPLICATIONS:

ACTION: It was moved, seconded and carried that the following applications for membership in the Council of Teaching Hospitals be rejected:

Veterans Administration Hospital
Alexandria, Louisiana

Veterans Administration Hospital
Salem, Virginia

CLASSIFICATION OF SALARY STUDY INFORMATION:

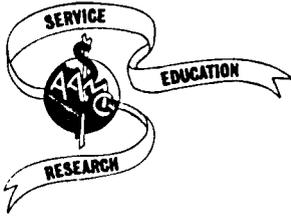
ACTION: It was moved, seconded and carried that the COTH Administrative Board approve the policy for release of AAMC information.

REPORT OF THE ADVISORY COMMITTEE ON ACADEMIC RADIOLOGY:

ACTION: It was moved, seconded and carried that the COTH Administrative Board reject the request that this report be endorsed by the Association of American Medical Colleges' Executive Council.

FMG TASK FORCE RECOMMENDATIONS:

ACTION: It was moved, seconded and carried that the COTH Administrative Board approve the FMG Task Force Recommendations.



A C T I O N S

TAKEN AT MEETINGS OF THE:

<i>Executive Council (September 14, 1973)</i>	1
<i>COD Administrative Board (September 13, 1973)</i>	7
<i>CAS Administrative Board (September 13, 1973)</i>	10
<i>COTH Administrative Board (August 19, September 13, 1973)</i>	12

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ONE DUPONT, N.W., SUITE 200, WASHINGTON, D.C. 20036

EXECUTIVE COUNCIL ACTIONS

September 14, 1973

REVISED CAS NOMINATING PROCEDURE

ACTION: The Executive Council, with minor modifications, approved a revised Council of Academic Societies nominating procedure which had been proposed by the CAS Administrative Board. If approved by the full CAS, this change would modify the CAS rules and regulations.

OSR REPRESENTATION ON EXECUTIVE COUNCIL

ACTION: The Executive Council voted to formally seat with vote the Chairman-Elect (or Vice Chairman) of the OSR at meetings which the OSR Chairman cannot attend.

MURTAUGH RESOLUTION

ACTION: The Executive Council approved a resolution honoring Joseph S. Murtaugh upon his retirement from the AAMC staff.

CENTENNIAL COMMITTEE

ACTION: The Executive Council concurred in the appointment of a Centennial Committee composed of the AAMC Chairman, Chairman-Elect and all past Chairmen.

SPRAGUE COMMITTEE REPORT

ACTION: The Executive Council approved with previously discussed modifications the final report of the Committee on Financing of Medical Education entitled, "Undergraduate Medical Education Elements--Objectives--Costs."

LEGAL ACTION AGAINST THE FEDERAL GOVERNMENT

ACTION: The Executive Council authorized the Association, through its attorneys, to file suit against the Federal Government in the most appropriate manner to release impounded funds appropriated for research project and research training grants.

ACTION: The Executive Council authorized the Association, through its attorneys, to file suit against the Federal Government in the most appropriate manner to release impounded funds appropriated for special project grants for health manpower training.

EXECUTIVE COUNCIL ACTIONS

- ACTION: The Executive Council authorized the Executive Committee to act on its behalf in determining whether legal remedy should be sought if proposed Medicare regulations for the reimbursement of the physician in the teaching setting should become effective. The Association staff was directed to seek a second legal opinion on this issue.
- ACTION: The Executive Council agreed that the Association should work with senior citizen organizations in challenging the propriety of the proposed Medicare regulations (Section 227 of PL 92-603). The Executive Council agreed to help finance legal action by an appropriate group representing Medicare patients.
- ACTION: The Executive Council approved a \$100,000 increase in the Association's FY 1974 budget for the specific purpose of covering legal expenses resulting from the previous actions. This would bring the FY '74 budget authorization to \$4,335,515.

SENIOR MEMBERSHIP IN THE AAMC

- ACTION: The Executive Council approved with two modifications the proposed Bylaws' change and guidelines to establish the category of Distinguished Service Membership in the AAMC. The guidelines are:
1. Senior members shall henceforth be called Distinguished Service Members.
 2. Distinguished Service Members shall be elected by the Assembly on recommendation of the Executive Council and one of the constituent Councils.
 3. The principal criterion for selection of Distinguished Service Members shall be active and meritorious participation in AAMC affairs while a member of one of the AAMC Councils. Additional criteria may be established by the Executive Council or constituent Councils responsible for nominating Distinguished Service Members.
 4. Each Distinguished Service Member shall have honorary membership status on the Council which recommended his/her election, i.e., he/she would be invited to all meetings and would have the privileges of the floor without vote.
 5. Distinguished Service Members shall meet as a group once a year at the Annual Meeting and elect a Chairman and/or Chairman-Elect.

EXECUTIVE COUNCIL ACTIONS

6. Distinguished Service Members shall be eligible for Emeritus Membership at age 65; Emeritus Membership would be mandatory at age 70.
7. AAMC Bylaws shall be modified to incorporate these changes and to provide Distinguished Service Members with voting representation on the Executive Council through an additional member of that Council.

REPRESENTATION IN THE ASSEMBLY AND EXECUTIVE COUNCIL

ACTION: The Executive Council approved a modification in the AAMC Bylaws to provide increased representation of the Council of Academic Societies and the Council of Teaching Hospitals in the AAMC Assembly. Under the proposed modifications, CAS and COTH would each be entitled to one vote per member, not to exceed one half the number of votes to which the Council of Deans is entitled. The COTH would also be provided one additional seat on the Executive Council.

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council ratified the following LCME accreditation decisions:

<u>Fully Developed Schools</u>	<u>Survey Date</u>	<u>Years Approved</u>
U Missouri-Columbia	12/72	7; entering class 110
Northwestern University	12/72	7; entering class 170
University of Arizona	1/73	7; entering class 80; progress report 4/15/74
University of Tennessee	2/73	2; entering class 204
<u>Developing Schools</u>		
Rush (full accreditation)	3/73	2; entering class 70 in '73, 90 in '74; pro- gress report 3/1/74
U of South Florida	1/73--continued provi- sional accreditation	36, entering class
Texas Tech	2/73-- "	36, entering class
<u>Developing Schools of Basic Medical Sciences</u>		
University of Nevada (full accreditation)	2/73	1; entering class 48
U Minnesota-Duluth	4/73--continued provi- sional accreditation	entering class 30-73, 36-74, 36-75

EXECUTIVE COUNCIL ACTIONS

New Provisional Accreditation

Eastern Virginia, Norfolk, Va 2/73 entering class 24

ELECTION OF INSTITUTIONAL MEMBERS

ACTION: Pending approval of the Council of Deans, the Executive Council recommended to the Assembly the election of the following schools to institutional membership in the AAMC:

LSU School of Medicine-Shreveport*
Rush Medical College-Rush-Presbyterian-St. Luke's Medical Center
University of Missouri-Kansas City School of Medicine
University of Nevada-Reno School of Medical Sciences
*(pending final LCME action)

ELECTION OF AFFILIATE INSTITUTIONAL MEMBERS

ACTION: Pending approval of the Council of Deans, the Executive Council recommended to the Assembly the election of the following schools to affiliate institutional membership in the AAMC:

Memorial University Faculty of Medicine
St. John's, Newfoundland*
University of Calgary Faculty of Medicine
Calgary, Alberta*
*(pending final LCME action)

ELECTION OF COTH MEMBERS

ACTION: The Executive Council recommended to the Assembly the election of the following institutions to COTH membership:

Morristown Memorial Hospital
Morristown, New Jersey
The Christ Hospital
Cincinnati, Ohio

ELECTION OF INDIVIDUAL MEMBERS

ACTION: The Executive Council recommended to the Assembly a list of 178 people for election to individual membership in the AAMC.

EXECUTIVE COUNCIL ACTIONS

New Provisional Accreditation

Eastern Virginia, Norfolk, Va 2/73 entering class 24

ELECTION OF INSTITUTIONAL MEMBERS

ACTION: Pending approval of the Council of Deans, the Executive Council recommended to the Assembly the election of the following schools to institutional membership in the AAMC:

LSU School of Medicine-Shreveport*
Rush Medical College-Rush-Presbyterian-St. Luke's Medical Center
University of Missouri-Kansas City School of Medicine
University of Nevada-Reno School of Medical Sciences
*(pending final LCME action)

ELECTION OF AFFILIATE INSTITUTIONAL MEMBERS

ACTION: Pending approval of the Council of Deans, the Executive Council recommended to the Assembly the election of the following schools to affiliate institutional membership in the AAMC:

Memorial University Faculty of Medicine
St. John's, Newfoundland*
University of Calgary Faculty of Medicine
Calgary, Alberta*
*(pending final LCME action)

ELECTION OF COTH MEMBERS

ACTION: The Executive Council recommended to the Assembly the election of the following institutions to COTH membership:

Morristown Memorial Hospital
Morristown, New Jersey
The Christ Hospital
Cincinnati, Ohio

ELECTION OF INDIVIDUAL MEMBERS

ACTION: The Executive Council recommended to the Assembly a list of 178 people for election to individual membership in the AAMC.

EXECUTIVE COUNCIL ACTIONS

ELECTION OF EMERITUS MEMBERS

ACTION: The Executive Council recommended the following individuals to the Assembly for election to Emeritus Membership in the AAMC:

Lowell T. Coggeshall	Mark R. Everett
Ward Darley	George T. Harrell
	John M. Russell

FLEXNER AND BORDEN AWARDS

ACTION: The Executive Council approved the recommendations of the Flexner and Borden Award Committees and agreed to award the 1973 Flexner Award to George T. Harrell, M.D. and the 1973 Borden Award to Thomas C. Merigan, M.D.

RESIGNATION OF DR. ROBERT S. STONE

ACTION: The Executive Council accepted with regret the resignation of Dr. Stone and specified that his seat on the Council shall remain vacant until elections are held at the time of the Annual Meeting.

CCME BYLAWS

ACTION: The Executive Council approved the Bylaws of the Coordinating Council on Medical Education with one editorial change.

NATIONAL LABOR RELATIONS ACT

ACTION: The Executive Council supported the position taken by the American Hospital Association on proposed legislation to extend coverage of the National Labor Relations Act to non-profit hospitals.

REPORT OF THE ASSOCIATION'S AUDITORS

ACTION: On recommendation of the Association's Audit Committee, chaired by Dr. Leonard Cronkhite, the Executive Council, meeting in Executive Session, discussed and approved the report of the Association's auditors, Ernst & Ernst, for FY 1973.

COMMITTEE TO STUDY MOONLIGHTING ACTIVITIES OF HOUSE OFFICERS

ACTION: The Executive Council appointed a committee to study moonlighting activities of house officers and to recommend an appropriate stance for the Association in view of the diverse arrangements

EXECUTIVE COUNCIL ACTIONS

found at the various institutions. Members of the committee are:

Sherman M. Mellinkoff, Chairman
Ludwig Eichna
David Thompson

WEEKLY ACTIVITIES REPORT SUBSCRIPTIONS

ACTION: The Executive Council agreed to make subscriptions to the President's Weekly Activities Report available at \$10 a year to individuals with a bona fide interest in health.

FINANCING OF THE ACCREDITATION OF GRADUATE MEDICAL EDUCATION

ACTION: The Executive Council approved a proposal forwarded from the Coordinating Council on Medical Education for the financing of the accreditation of graduate medical education. This proposal provided a mechanism for distributing accreditation costs among the five members of the CCME as well as the programs being reviewed.

COUNCIL OF DEANS ADMINISTRATIVE BOARD ACTIONS
(9/13/73)

SPRAGUE COMMITTEE REPORT

The Administrative Board endorsed the Report and recommend its adoption to the Executive Council. The Board advises that, in the final editing, there should be greater emphasis placed on empirical nature of the derivation of the costs of the instructional component, and the level of confidence the data deserve, as well as a more explicit linkage of the data base to the model utilized to derive the clinical and research components, so that it is clear that the model is descriptive rather than normative.

REPRESENTATION IN THE ASSEMBLY

The Board recognized the interest of the CAS to increase its membership in the Assembly, and voted to recommend changes in the AAMC Bylaws that would preserve the proportionate relationship of the Assembly membership between representatives of the three Councils established with the inauguration of the Assembly. (The original ratio was set at COD - 101, CAS - 35, COTH - 35. With the increase in Institutional Members to 114, the adoption of this proposal would provide for COD - 114, CAS - 40, COTH - 40.)

SENIOR MEMBERSHIP IN THE AAMC

The Board endorsed the proposal that the Bylaws be amended to rename the "Senior Members" "Distinguished Members" and to provide for the expanded participation of these members in the affairs of the Association in the manner set out in the Guidelines and proposed Bylaw revisions.

A committee consisting of Drs. Buchanan, Grulee and Van Citters was established to recommend nominations for election to this category of membership.

GRADUATE AFFILIATE INSTITUTIONAL MEMBERSHIP

The Board voted to reject the request of the College of Community Health Sciences of the University of Alabama, that it be recommended for election to Provisional Graduate Affiliate Institutional Membership in the AAMC. The Board considered that this school was not of the character contemplated in the establishment of this membership category. It recognized, however, that the criteria for this membership category was in need of further definition and clarification and requested that the Association undertake this task.

ELECTION OF INSTITUTIONAL MEMBERS

The Board voted to recommend that the following institutions be elected to Institutional Membership:

LSU -- Shreveport
Rush Medical College
University of Missouri, Kansas City
University of Nevada, Reno

Subject, in the case of LSU, Shreveport to favorable LCME action on full accreditation in October.

ELECTION OF AFFILIATE INSTITUTIONAL MEMBERS

The Board voted to recommend Memorial University and University of Calgary Faculties of Medicine to Affiliate Institutional Membership subject to favorable action on full accreditation by the LCME in October.

CCME BYLAWS

The Board voted to recommend approval of the proposed Bylaws of the Coordinating Council on Medical Education provided that the word "policies" in Article II, Section 1 (a) be deleted and the words "policy recommendations" be inserted in its place.

MOONLIGHTING HOUSE OFFICERS

The Board voted to recommend that the Executive Council authorize the appointment of Task Force with representatives of the three Councils charged with the task of developing an appropriate AAMC policy statement on this subject.

As input to that process the Board expressed its view that the practice was potentially deleterious to graduate education, that in no case should it be done without the knowledge of the chief of service of the program, and that it should be permitted only in those cases in which the chief of service will certify that it does not detract from the educational program.

ADEQUACY OF POST-M.D. CLINICAL TRAINING OPPORTUNITIES

The Board reviewed a staff paper prepared in response to the Executive Council action in June and recommended that it be revised to include--

- 1) a clearer focus on the availability of first year positions,
- 2) a further refinement with respect to the availability of places by specialty, and

- 3) a refinement of the definition of affiliated teaching hospital focusing on university owned and operated, major or primary affiliate hospitals, hospitals with limited affiliation, and non-affiliated hospitals.

PHYSICIAN DISTRIBUTION BY SPECIALTY

The Board voted to recommend that the AAMC Committee on Graduate Medical Education be requested to explore the desirability and feasibility of an effort to tailor the number of residents in each specialty to national needs.

FOLLOW-UP ON ADMISSIONS COMMITTEE REPORT

The Board reviewed a progress report concerning educational material for admissions committees and recommended that the staff proceed on work to develop:

- A. A summary of available annotated bibliographic materials,
- B. A series of common questions concerning admissions keyed to the bibliography, and
- C. A list of guiding principles for admissions committees keyed to bibliographic items.

COD SPRING MEETING

The Board reviewed its program committee's proposed Spring COD Program, which focuses on faculty tenure, collective bargaining, and institutional self renewal in a no growth situation.

COD ANNUAL MEETING

The Board reviewed the proposed COD Annual Meeting Activities: Its Business meeting agenda, the Joint VA/COD meeting and the COD-GSA-GME meeting on Assessment Programs.

ACTIONS
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 13, 1973

ESTABLISHMENT OF SENIOR MEMBERSHIP IN AAMC

ACTION: The CAS Administrative Board disapproved the proposal for establishment of Senior Membership in AAMC as set forth in the Agenda on page 7.

MODIFICATION OF CAS NOMINATING COMMITTEE

ACTION: The CAS Administrative Board unanimously approved the proposal for modification of the CAS Nominating Committee as set forth in the Agenda on page 9.

INCREASED MEMBERSHIP IN CAS ADMINISTRATIVE BOARD

ACTION: The CAS Administrative Board received the following resolution for increasing membership in the CAS Administrative Board as presented by Dr. Estabrook:

Resolve that Section III, 1 of the CAS Bylaws be modified to read that "The Council of Academic Societies shall be governed by an Administrative Board which shall be composed of a Chairman, Chairman-Elect, Past-Chairman, a Secretary, and nine (9) other representatives of member academic societies. Three of said nine representatives shall serve for a term of three years or until his successor is elected and installed."

REPRESENTATION IN AAMC ASSEMBLY

ACTION: The CAS Administrative Board voted unanimously to amend its action of June 21, 1973 as follows: "that CAS representation in the Assembly be increased to reflect one vote for each constituent society, not to exceed the representation of the COD" to reflect also that a parity exist between representation of the CAS and the COTH both in the Assembly and in the Executive Council.

ACTIONS: CAS-AB
9/13/73

REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

ACTION: The CAS Administrative Board voted unanimously to approve the Report to the Executive Council (and the alternate models) by the Committee on Financing of Medical Education, dated August, 1973, with proposed modifications transmitted to staff.

NEW APPLICATION FOR MEMBERSHIP

ACTION: The CAS Administrative Board tabled the application for membership of the Association for Academic Psychiatry pending the collection and analysis of additional information.

ACTION ITEMS
COTH ADMINISTRATIVE BOARD
August 19, 1973

MEMBERSHIP

ACTION: It was moved, seconded and carried that the following applications for membership in the Council of Teaching Hospitals be approved:

Morristown Memorial Hospital
Morristown, New Jersey

The Christ Hospital
Cincinnati, Ohio

UNDERGRADUATE MEDICAL EDUCATION: ELEMENTS - OBJECTIVES - COSTS

ACTION: It was moved, seconded and carried that the administrative board of the Council of Teaching Hospitals accept the proposed alterations in the final report of the Committee on Financing Medical Education.

ACTION: It was moved, seconded and carried to commend the staff of the Department of Teaching Hospitals for its effort in preparing the point by point review of the report.

THE PATIENT IN THE TEACHING SETTING

ACTION: It was moved, seconded and carried that the COTH Administrative Board endorse previous action on adoption of the first two paragraphs of the AAMC Statement, adding the last paragraph of the statement and that this revision then be referred to the AAMC Health Services Advisory Committee for review of the language and the problems of its implementation.

COTH RESEARCH AWARDS

ACTION: It was moved, seconded and carried that Mr. Roice D. Luke of the University of Michigan and Dr. Michael Pozen of Johns Hopkins University be granted COTH research awards for the 1973-1974 academic year.

PROPOSED SEMINAR REGARDING ORGANIZED MEDICAL STAFF AND CHIEFS OF STAFF
IN UNIVERSITY TEACHING HOSPITALS

ACTION: It was moved, seconded and carried that the COTH Administrative Board endorse the proposed seminar to be sponsored by the University of Minnesota and the University of Michigan.

ACTION ITEMS
COTH ADMINISTRATIVE BOARD
September 13, 1973

UNDERGRADUATE MEDICAL EDUCATION: ELEMENTS - OBJECTIVES - COSTS

ACTION: It was moved, seconded and carried that the COTH Administrative Board approve the September, 1973 draft of the Report of the Committee on Financing Medical Education entitled, "Undergraduate Medical Education: Elements-Objectives-Costs," with the following recommended revisions: (1) omission of the footnote on page 17 regarding the effects of medical education upon patient care costs; (2) a replacement of the label "environmental costs" by the term "necessary support costs" throughout the report.

SENIOR MEMBERSHIP IN THE AAMC

ACTION: It was moved, seconded and carried that the guidelines regarding distinguished membership in the Association of American Medical Colleges be approved.

ACTION: It was moved, seconded and carried that the following individuals be recommended to the Executive Council for election as Distinguished Members of the Association of American Medical Colleges:

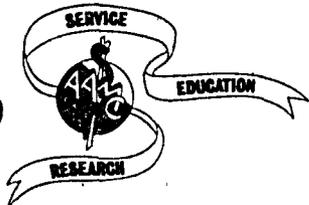
Donald J. Caseley, M.D.
John H. Knowles, M.D.
Russell A. Nelson, M.D.
Matthew F. McNulty, Jr.
Albert W. Snoke, M.D.

COTH PARTICIPATION IN JCAH GUIDELINE REVISION

ACTION: It was moved, seconded and carried that a Committee be appointed to review the Accreditation Manual for Hospitals, 1970 and forward any recommendations it deems proper to the Joint Commission on the Accreditation of Hospitals.

AAMC POLICY ON LABOR LEGISLATION

ACTION: It was moved, seconded and carried that the Association of American Medical Colleges support the American Hospital Association in its stand regarding the inclusion of voluntary nonprofit hospitals under the National Labor Relations Act.



A C T I O N S

TAKEN AT MEETINGS OF THE:

Executive Council (June 22, 1973)	1
COD Administrative Board (June 21, 1973)	7
CAS Administrative Board (June 21, 1973)	10
COTH Administrative Board (June 21, 1973)	13

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ONE DUPONT, N.W., SUITE 200, WASHINGTON, D.C. 20036

EXECUTIVE COUNCIL ACTIONS

6/22/73

REVIEW OF SENIOR MEMBERSHIP

ACTION: After briefly discussing the possibility of formally identifying Senior Members with a particular council and granting them some representation on the Executive Council of the AAMC, the Executive Council approved a motion to place this issue on the agenda of all three administrative boards at their next meetings. The AAMC staff was directed to prepare a proposal based on the recommendations discussed.

MEETING DATES

ACTION: The Executive Council approved the following dates for its 1973-74 meetings and the Officers' Retreat:

Retreat: December 5-7, 1973

Executive Council: December 14, 1973
March 22, 1974
June 21, 1974
September 20, 1974

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council ratified the following LCME accreditation decisions:

<u>Fully Developed Schools</u>	<u>Survey Date</u>	<u>Years Approved</u>
University of Manitoba	11/72	5; entering class size, 100
Stitch, Loyola University	9/72	7, biennial progress reports; entering class size, 130
Temple University	11/72	7, progress report Dec. '73; class size 180
Wayne State	12/72	5, progress report 1974; entering class size, 256
UNC-East Carolina	1/73	7; entering class size, 130-160

EXECUTIVE COUNCIL ACTIONS

Developing Schools

SUNY-Stony Brook	12/72	continued provisional approval (first MDs, June 1974)
University of Missouri Kansas City	12/72	2
Eastern Virginia Medical School	LCME reaffirmed the decision to deny the request to enroll a charter class in September, 1973	
LSU, New Orleans	11/72	Open Probation

LCME PROCEDURE FOR DEVELOPMENT OF A NEW MEDICAL SCHOOL; PRE-ACCREDITATION STATUS

ACTION: The Executive Council endorsed the adoption of the LCME Procedure for Development of a New Medical School; Pre-Accreditation Status

LCME APPEALS PROCEDURE

ACTION: The Executive Council approved the LCME appeals procedure.

NEW CAS MEMBERS

ACTION: The Executive Council approved the membership of the following societies and recommend them for final action by the Assembly:

American Urological Association
American Society for Therapeutic Radiologists
American College of Chest Physicians
American Academy of Orthopedic Surgeons

NEW COTH MEMBERS

ACTION: After approval by the COTH Administrative Board, the Executive Council approved the membership of the following institutions and recommend them for final action by the Assembly:

Veterans Administration Hospital, Tampa, Florida
Veterans Administration Hospital, San Diego, California
Mt. Sinai Hospital, Minneapolis, Minnesota

CONSIDERATION OF RESOLUTIONS

ACTION: The Executive Council approved establishing the following guidelines for consideration of resolutions by the AAMC Resolutions Committee:

1. The resolution shall have been brought before an AAMC

EXECUTIVE COUNCIL ACTIONS

Council, Organization, or Administrative Board or Regional section thereof, and either shall have been adopted or specifically referred to the Resolutions Committee

2. The sponsor(s) of the resolution shall be present at the Resolutions Committee meeting to discuss and defend the resolution. This sponsor shall not be a member of the Resolutions Committee. Where a resolution has received the approval of an AAMC constituent body, that body should designate the sponsor(s).
3. The resolution shall meet the other criteria for submission stated in the AAMC bylaws.
4. The Resolutions Committee shall report to the Assembly all resolutions submitted in accordance with these guidelines, unless the resolution is withdrawn by its sponsor(s). In reporting each resolution, the committee may either:
 - a. recommend approval as submitted;
 - b. recommend approval with modifications, specifying if the changes were acceptable to the sponsor(s);
 - c. recommend no action at this time;
 - d. recommend disapproval;
 - e. present the resolution for action with no recommendation.

AAMC POLICIES AND PROCEDURES FOR THE TREATMENT OF IRREGULARITIES IN THE ADMISSIONS PROCESS REVISED APRIL 1973

ACTION: The Executive Council approved the policies and procedures for the treatment of irregularities in the admissions process.

POLICY STATEMENT ON THE PATIENT IN THE TEACHING SETTING

ACTION: After discussing specific reservations of the COTH representatives, the Executive Council tabled the motion to approved the proposed policy statement on the patient in the teaching setting.

HEALTH MANPOWER LEGISLATION

ACTION: The Executive Council authorized the appointment of a Committee on Health Manpower to review the expiring authorities of the Comprehensive Health Manpower Training Act of 1971 and to recommend to the Executive Council appropriate modifications

EXECUTIVE COUNCIL ACTIONS

which the AAMC should support in working with Executive and Legislative officials on the extension of these authorities. The Executive Council also approved the membership of the Committee as proposed by the AAMC Chairman.

COD SAN ANTONIO RESOLUTION

ACTION: On the recommendation of the COD Administrative Board the Executive Council directed the AAMC staff to prepare a new document setting forth a summary of where the AAMC stands on major issues facing the nation in the areas of medical education, biomedical research, delivery of health services, and the financing of these activities, some of which are identified in the "Yellow Book", Medical Education: The Institutions, Characteristics and Programs. Such a document, to be updated periodically, should clearly set out the status of the AAMC's efforts in the area of a) policy formulation, and b) progress toward identified goals, with respect to each of the issues identified.

POST-M.D. CLINICAL TRAINING OPPORTUNITIES

ACTION: On the recommendation of the COD Administrative Board the Executive Council requested that the Association staff undertake an examination of the availability of appropriate post-doctoral clinical training opportunities for the increasing numbers of graduates of medical schools over the next several years. Such an examination should explore the phenomenon of the increasing numbers of graduates unmatched through the NIRMP and the impact of the phase out of the freestanding internship. This matter should also be brought to the attention of other appropriate bodies, such as the Coordinating Council on Medical Education. An assessment of the situation and recommendations for influencing its redress should be presented in a time span which would permit appropriate remedial action if necessary.

ROLE OF THE OSR & GSA IN MONITORING PROCEDURES OF THE NIRMP

ACTION: Subject to the approval of AAMC legal counsel, the Executive Council voted to take the following actions:

1. Recommend that each medical school establish a committee to review reports of non-compliance with NIRMP procedures consisting of at least the following members:
 - a. the school's OSR representative
 - b. the Dean of Student Affairs or some other GSA rep
 - c. a faculty member from one of the clinical departments appointed by the dean

EXECUTIVE COUNCIL ACTIONS

2. Recommend that each medical school include in its student orientation to the NIRMP a discussion conducted by this committee of the importance of working within the established procedures; that the students be requested to report violations to any member of this committee.
3. Request that the AMA include in its directory of approved internships and residencies a brief form to be developed by the OSR (in consultation with the AAMC staff) for reporting NIRMP code violations.
4. Recommend that each medical school include within its packet of material distributed on the NIRMP and have available in the office of the dean copies of such violations reporting forms.
5. Recommend that the procedures under which the schools' NIRMP review committee operates should include the following:
 - a. a guarantee of anonymity to complaining students
 - b. responsibility for securing all pertinent data regarding alleged violation
 - c. permission for any committee member to request a meeting of the committee to determine whether data submitted merits follow-up
 - d. where it is agreed that a violation exists and the program in question does not intend to abide by its contract agreements, the committee will, 1) advise the deans, and 2) report the violation to the National NIRMP monitor.
6. Recommend that the student member of the NIRMP Board be designated as the OSR National NIRMP monitor, whose duties shall be to, a) receive the reports of the schools of violations of the NIRMP procedures, b) send a report of such violations to the NIRMP Board of Directors and to the AAMC Executive Council, c) report to the Organization of Student Representatives at its annual meetings on reports to the NIRMP Board of Directors and the AAMC Executive Council and the action taken by the NIRMP on each violation.

EXECUTIVE COUNCIL ACTIONS

VA RESOLUTION

ACTION: The Executive Council approved the following resolution supporting the role of the Veterans Administration in promoting basic and clinical research:

The value of biomedical science in an educational environment is long recognized. This is particularly true in the function of the VA hospital. The Executive Council of the Association of American Medical Colleges strongly endorses and reaffirms the role of basic and clinical research in the goal of health care delivery by the VA.

ASSEMBLY REPRESENTATION

ACTION: At the request of the CAS the Executive Council requested that each Administrative Board at its next meeting reassess the pattern of representation in the AAMC Assembly.

REPORT OF THE COMMITTEE ON THE FINANCING OF MEDICAL EDUCATION

The Executive Council discussed at great length the report entitled, "Undergraduate Medical Education: Elements, Objectives, Costs." The recommendations of the three Administrative Boards were reviewed and specific comments solicited. No action was taken at this time. The Executive Council agreed to request that each member of the three Administrative Boards submit written comments to assist in preparing the report for final action at the September Executive Council meeting.

COUNCIL OF DEANS ADMINISTRATIVE BOARD ACTIONS
(6/15/73)

FOLLOW-UP ON COD SAN ANTONIO RESOLUTION

On March 9, 1973 at San Antonio, the Council of Deans adopted the following resolution:

"The Council of Deans recommends that the Executive Council direct the revision and expansion of the paper entitled, 'Medical Education: The Institutions, Characteristics and Programs', to include a discussion of the issues presented and the development of a potential long-range strategy for approaching their solution; such a paper to take the form of a 'green paper' for discussion and review by the Executive Council of Academic Societies, and the Council of Teaching Hospitals and ultimate adoption by the AAMC Assembly."

At its March 15 and June 21, 1973 meetings, the Council of Deans Administrative Board considered the appropriateness of recommending to the Executive Council an approach to implementing this resolution and at its June 21 meeting, adopted the following motion:

"That the Administrative Board transmit the Council of Deans resolution to the Executive Council with the recommendation that it direct the staff to prepare a new document setting forth a summary of where the AAMC stands on major issues facing the nation in the areas of medical education, biomedical research, delivery of health services, and the financing of these activities, some of which are identified in the 'Yellow Book', Medical Education: The Institutions, Characteristics and Programs. Such a document, to be periodically updated, should clearly set out the status of the AAMC's efforts in the areas of a) policy formulation, and b) progress toward identified goals, with respect to each of the issues identified."

THE ADEQUACY OF FUTURE POST-M.D. CLINICAL TRAINING OPPORTUNITIES

The Board voted to request the Executive Council to direct the AAMC staff to undertake an examination of the availability of appropriate post-doctoral clinical training opportunities for the increasing numbers of graduates of medical schools over the next several years.

Such an examination should explore the phenomenon of the increasing number of graduates unmatched through the NIRMP and the impact of the phase-out of the free-standing internship. This matter should also be brought to the attention of other appropriate bodies, such as the Coordinating Council of Medical Education. An assessment of the situation and recommendations for influencing its redress should be presented in a time-span which would permit appropriate remedial action.

A PROCEDURE FOR MONITORING THE NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

On recommendation of the OSR Administrative Board, the COD Administrative Board recommended that the AAMC Executive Council take the following action:

1. Recommend that each medical school establish a committee to review reports of non-compliance with NIRMP procedures consisting of at least the following members:
 - a. the school's OSR representative
 - b. the Dean of Student Affairs or some other GSA representative
 - c. a faculty member from one of the clinical departments appointed by the dean.
2. Recommend that each medical school include in its student orientation to the NIRMP a discussion conducted by this committee of the importance of working within the established procedures; that the students be requested to report violations to any member of this committee,
3. Request that the AMA include in its directory of approved internships and residencies a brief form to be developed by the OSR (in consultation with the AAMC staff) for reporting NIRMP code violations,
4. Recommend that each medical school include within its packet of material distributed on the NIRMP and have available in the office of the dean copies of such violations reporting forms.
5. Recommend that the procedures under which the schools' NIRMP review committee operates should include the following:
 - a. provide a guarantee of anonymity to complaining students;
 - b. assume responsibility for securing all pertinent data regarding alleged violation;
 - c. grant permission for any committee member to request a meeting of the committee to determine whether data submitted merits follow-up;
 - d. where it is agreed that a violation exists and the program in question does not intend to abide by its contract agreements, the committee will, 1) advise the dean, and 2) report the violation to the National NIRMP monitor.
6. Recommend that the student member of the NIRMP Board be designated as the OSR National NIRMP monitor, whose duties shall be to, a) receive the reports of the schools of violations of the NIRMP procedures, b) send a report of such violations to the NIRMP Board of Directors and to the AAMC Executive Council, c) make an annual report to the Organization of Student Representatives at its annual meetings on reports to the NIRMP Board of Directors and the AAMC Executive Council and the action taken by the NIRMP on each violation.

REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

The Board considered the report of the Sprague Committee and expressed certain reservations on the adequacy of the report with respect to justifying the cost differences between the individual institutions in terms of some measures of program output. The report was endorsed by the Board with the understanding that these reservations would be pursued in greater detail at the Executive Council meeting.

COUNCIL OF DEANS ANNUAL MEETING

The Board considered and approved adding the following items to its business meeting in November:

1. A meeting with the representatives of the National Library of Medicine and selected administrators of the regional libraries to deal with problems associated with the administration of the Regional Libraries program.
2. John Millis of the National Fund for Medical Education to discuss current and planned activities of that organization in support of medical education.
3. A meeting with officials of the Veterans' Administration and administrators of veterans hospitals to discuss problems in the VA-medical school relationships.

MEETING WITH OSR REPRESENTATIVE

The Administrative Board met with Elliot Ray, representing the OSR Chairman, and heard a report of current items under consideration by the Organization of Student Representatives.

THE SENIOR MEMBER OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

The Board discussed a proposal to utilize the senior membership category to provide a mechanism for continuing the active participation of men of stature who have in the past contributed much to the Association. The staff was asked to explore the possibility of Bylaw changes which would give senior members the privilege of the floor of the Council from which they had in the past participated actively and other means of securing their continued active participation.

MOONLIGHTING HOUSE OFFICERS

The Board considered the matter of moonlighting house officers and the potentially deleterious impact of this practice on the quality of graduate medical education. The staff was requested to examine the nature and extent of this perceived problem and to report back to the Board on potential methods to curtail this practice, including an analysis of the legal and other consequences of proposed methods.

COUNCIL OF ACADEMIC SOCIETIES

ADMINISTRATIVE BOARD

6/21/73

STATEMENT ON THE PATIENT IN THE TEACHING SETTING

ACTION: The CAS Administrative Board unanimously approved the AAMC policy statement on "The Patient in the Teaching Setting."

SELECTION OF CAS NOMINATING COMMITTEE

ACTION: The CAS Administrative Board approved in principle the proposal for revised procedure for selecting the CAS Nominating Committee as presented in the Agenda pp. 15-16. To be added are stipulations that 3 each be from the basic and clinical sciences. Also, the question re the Past-Chairman of the Administrative Board being Chairman of the Nominating Committee vis-a-vis the problem this would raise by his being on the AAMC Nominating Committee, where he might be a nominee for Chairman of the Assembly needs to be addressed. The question also of making the CAS Board terms three-year terms to be consistent with terms of the Executive Council will be explored.

CAS REPRESENTATION IN THE AAMC ASSEMBLY

ACTION: The CAS Administrative Board unanimously adopted the motion that representation in the AAMC Assembly by the Council of Academic Societies be increased to reflect one vote for each of the constituent societies but not to exceed the representation of the Council of Deans (in the Assembly).

INCREASED FACULTY PARTICIPATION IN CAS

ACTION: The CAS Administrative Board agreed that the President's Weekly Activities Report should be made available to the members of constituent societies (\$10 per individual). Also members of constituent societies will be invited to attend all future CAS meetings, except the Business Meeting.

CAS ADMINISTRATIVE BOARD
6/21/73

IMPACT STUDY OF SIX DEPARTMENTS

ACTION: The CAS Administrative Board agreed that copies of the results of the study of the impact of the proposed budget on six departments should be distributed to the chairmen of all departments in the survey, to each CAS representative, and to the OMB.

FUTURE MEETINGS

ACTION: The CAS Administrative Board supported the following future meeting plans for the full CAS:

1. November 5, 1973, Washington Hilton, Washington, D.C. Symposium on Ethical Aspects of Biomedical Research.
2. March 7-9, 1974, Mayflower Hotel, Washington, D.C. Faculty tenure, problems of the rotating chairmanship, departmental review, governance, early retirement plans, etc.

AAMC AND MAJOR ISSUES

ACTION: The CAS Administrative Board authorized its representatives to the Executive Council to act regarding the COD proposal for development of an AAMC policy document setting forth a summary of where the Association stands on major issues facing the nation in areas of medical education, biomedical research, delivery of health services, and financing of these activities.

REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

ACTION: The CAS Administrative Board voted unanimously to approve in principle the Report to the Executive Council by the Committee on Financing Medical Education, dated June, 1973.

CAS ADMINISTRATIVE BOARD
6/21/73

VETERANS ADMINISTRATION RESOLUTION

ACTION: The CAS Administrative Board approved in principle the following resolution:

The value of basic biomedical scientists working in concert with clinicians in an educational environment is long recognized. This is particularly true in the functionality of the VA Hospital. On behalf of the Council of Academic Societies, its Administrative Board strongly endorses and reaffirms the role of basic science in the goal of health care delivery by the VA. The Council of Academic Societies Administrative Board urges the transmittal of this resolution by the Executive Council of the Association of American Medical Colleges to the Administrator of the Veterans Administration with its full support and continued appreciation.

NOMINATING COMMITTEE REPORT

ACTION: The CAS Administrative Board accepted the slate developed by the CAS Nominating Committee.

NEW APPLICATION FOR MEMBERSHIP

ACTION: The CAS Administrative Board assigned for study an application for membership from the Association for Academic Psychiatry.

CAS ADMINISTRATIVE BOARD
6/21/73

VETERANS ADMINISTRATION RESOLUTION

ACTION: The CAS Administrative Board approved in principle the following resolution:

The value of basic biomedical scientists working in concert with clinicians in an educational environment is long recognized. This is particularly true in the functionality of the VA Hospital. On behalf of the Council of Academic Societies, its Administrative Board strongly endorses and reaffirms the role of basic science in the goal of health care delivery by the VA. The Council of Academic Societies Administrative Board urges the transmittal of this resolution by the Executive Council of the Association of American Medical Colleges to the Administrator of the Veterans Administration with its full support and continued appreciation.

NOMINATING COMMITTEE REPORT

ACTION: The CAS Administrative Board accepted the slate developed by the CAS Nominating Committee.

NEW APPLICATION FOR MEMBERSHIP

ACTION: The CAS Administrative Board assigned for study an application for membership from the Association for Academic Psychiatry.

ACTION ITEMS
COTH ADMINISTRATIVE BOARD
June 21, 1973

MEMBERSHIP

ACTION: It was moved, seconded and carried that the following applications for membership in the Council of Teaching Hospitals be approved:

Veterans Administration Hospital
Tampa, Florida

Veterans Administration Hospital
San Diego, California

Mount Sinai Hospital
Minneapolis, Minnesota

THE PATIENT IN THE TEACHING SETTING

ACTION: It was moved, seconded and carried that the COTH Administrative Board recommend adoption of the first two paragraphs of the statement and endorse the American Hospital Association's statement entitled "Patient Bill of Rights."

SPECIAL STUDY: COST OF EDUCATION OF THE HEALTH PROFESSIONS

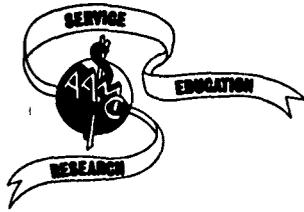
Kersey B. Dastur, Vello Kuuskraa and Cathy Roberts of the Institute of Medicine staff outlined the methodology to be utilized in the special study of teaching hospitals. The Administrative Board took no action, but directed the staff to monitor this activity closely.

OSR-NIRMP PROPOSAL: ROLE OF THE OSR AND GSA REPRESENTATIVES
IN MONITORING PROCEDURES OF THE NIRMP

ACTION: It was moved, seconded and carried that the proposal should include procedures for monitoring student responsibilities with regard to signing a hospital contract.

UNDERGRADUATE MEDICAL EDUCATION: ELEMENTS - OBJECTIVES - COSTS

ACTION: It was moved, seconded and carried that the COTH Administrative Board recommend that the report not be published and that further distribution of the report should not be encouraged at this time.



A C T I O N S

TAKEN AT THE MEETINGS OF:

<i>Executive Council (March 16, 1973)</i>	1
<i>COD Business Meeting (March 9, 1973)</i>	7
<i>COD Administrative Board (March 15, 1973)</i>	8
<i>CAS Administrative Board (March 15, 1973)</i>	11
<i>CAS Business Meeting (March 28, 1973)</i>	12
<i>COTH Administrative Board (March 15, 1973)</i>	13

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ONE DUPONT CIRCLE, N.W., SUITE 200, WASHINGTON, D.C.

EXECUTIVE COUNCIL ACTIONS
3/16/73

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council approved as accredited the following list of schools for the terms stated:

<u>FULLY DEVELOPED SCHOOLS</u>	<u>SURVEY DATE</u>	<u>YEARS APPROVED</u>	<u>CLASS SIZE</u>
State University of New York, Buffalo School of Medicine	10/72	3 with Annual Progress Reports	135
State University of New York Downstate Medical Center	4/72	7	216
Ohio State University College of Medicine	9/72	7	227
Medical College of Ohio at Toledo	11/72	1 1/2, survey early 1974	64

SCHOOL OF BASIC MEDICAL SCIENCES

University of South Dakota School of Medicine, Vermillion	9/72	5 with Annual Progress Reports	65
--	------	-----------------------------------	----

ELECTION OF NEW CAS MEMBER

ACTION: The Executive Council approved and recommended to the Assembly the membership of the following academic society:

American Association for the Study of Liver Diseases

ELECTION OF NEW COTH MEMBERS:

ACTION: The Executive Council approved and recommended to the Assembly the membership of the following institutions:

Bryn Mawr Hospital, Bryn Mawr, Pennsylvania
Riverside Methodist Hospital, Columbus, Ohio
Waterbury Hospital, Waterbury, Connecticut
VA Hospital, Baltimore, Maryland
VA Hospital, Columbia, Missouri
VA Hospital, Los Angeles, California

NEGOTIATION OF AID CONTRACT

ACTION: The Executive Council authorized negotiation of a contract with the Agency for International Development to develop an International Consortium for the Advancement of Family Health. The purpose of the contract will be limited to initiating the involvement of health professions education institutions in the project effort.

EXECUTIVE COUNCIL ACTIONS

WHO STUDY ON INTERNATIONAL MIGRATION OF HEALTH MANPOWER

ACTION: The Executive Council approved AAMC endorsement of and participation in the proposed WHO Study on International Migration of Health Manpower. The AAMC will not incur any financial responsibilities unless funds can be obtained from outside sources.

CONSIDERATION OF RESOLUTIONS

ACTION: The Executive Council deferred action on proposed guidelines for consideration of resolutions. The Association staff was directed to modify the guidelines and present them for consideration at the June meeting.

ACCREDITATION OF PHYSICIAN'S ASSISTANTS PROGRAMS

ACTION: The Executive Council approved the following four statements as Association policy on the education of physician's assistants and the accreditation of their educational programs:

1. In order for physician's assistants to serve in the most effective and efficient way in the health care system, their education and training should be carried out in close relationship to the education of physicians with integration of clinical training and experience.
2. For this reason, the educational programs to prepare physician's assistants for considerable and broad responsibility for patient care under the supervision of physicians should be formally associated with and under the direction of the academic health center.
3. The accreditation of physician's assistants educational and training programs should be carried out by the same group which accredits undergraduate medical education programs (LCME) with appropriate participation by representatives of physician's assistants.
4. The Coordinating Council on Medical Education should be requested to establish policies and guidelines for developing the essentials and procedures for accreditation of physician's assistants educational programs.

EXECUTIVE COUNCIL ACTIONS

PROGRAMS IN THE BASIC MEDICAL SCIENCES

ACTION: The Executive Council approved the document, "Programs in the Basic Medical Sciences" an Appendix to Functions and Structure of a Medical School, and referred it to the Assembly for consideration in November.

GUIDELINES FOR ACADEMIC MEDICAL CENTERS PLANNING TO ASSUME INSTITUTIONAL RESPONSIBILITY FOR GRADUATE MEDICAL EDUCATION

ACTION: The Executive Council approved the "Guidelines for Academic Medical Centers Planning to Assume Institutional Responsibility for Graduate Medical Education" after amending the version submitted by the AAMC's Committee on Graduate Medical Education.

FINAL REPORT OF THE AD HOC COMMITTEE ON CONTINUING EDUCATION

ACTION: The Executive Council approved the following five points as Association policy on Continuing Medical Education. These statements were excerpted from the report of the Ad Hoc Committee on Continuing Education. The full report of the Committee was not approved.

1. The medical faculty has a responsibility to impress upon students that the process of self-education is continuous and that they are going to be expected to demonstrate that they are competent to deliver care to patients throughout their professional lives.
2. Medical faculties must cooperate with practicing physicians in their communities or regions to develop acceptable criteria of optimal clinical management of patient problems. Having established criteria, faculty and practitioners must devise and agree upon a system to ensure that deficiencies in meeting these criteria are brought to the attention of physicians who are performing below the expected norm.
3. Educational programs must be specifically directed toward improving deficiencies in knowledge, skills, attitudes, and organizational structures detected through systems developed for accomplishing recommendation 2. These programs should be geared to the need for immediate feedback and should be no more complex than needed to accomplish their goals and objectives, namely the improvement of patient care.

EXECUTIVE COUNCIL ACTIONS

4. Evaluation of the effect of educational programs should be planned from their first inception. Evaluations should be directed toward specific intended modifications of physician behavior and/or patient management in the setting of day-to-day practice.
5. Financing of continuing education must be based on a policy which recognizes its essential contribution to the progressive improvement of health care delivery.

POLICY ON PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS

ACTION: The Executive Council approved the following statement as AAMC policy on PSROs:

The AAMC believes that the development and implementation of norms and standards for assessing the quality of health care is a vital responsibility of the medical school faculty and the organized staff of the teaching hospitals. A major part of this responsibility is the incorporation of quality-of-care assessment into clinical educational programs to develop in medical students and residents a life-long concern for quality in their practice.

The AAMC, therefore, strongly recommends that its member institutions become intimately involved in the development and operation of Professional Standards Review Organizations.

AAMC RMP-CHP LEGISLATIVE PROPOSAL

ACTION: The Executive Council deferred action on proposed RMP-CHP legislation while endorsing a statement presented by Dr. Cronkhite and directing the RMP-CHP committee to rework the proposal to reflect the principles stated by Dr. Cronkhite.

A STRATEGY FOR HIGHER EDUCATION ASSOCIATIONS IN PROMOTING THE URBAN INVOLVEMENT OF COLLEGES AND UNIVERSITIES

ACTION: The Executive Council received with gratitude the "Strategy for Higher Education Associations in Promoting the Urban Involvement of Colleges and Universities" as submitted by the American Council on Education.

EXECUTIVE COUNCIL ACTIONS

TEACHING BEHAVIORAL SCIENCES IN SCHOOLS OF MEDICINE

ACTION: The Executive Council established several principles to form the basis of a response to the report of "Teaching Behavioral Sciences in Schools of Medicine." The Executive Council asked the Association's Group on Medical Education to examine the issue of teaching behavioral sciences in the medical schools and to recommend an appropriate role for the AAMC.

POSITION ON MEDICARE COINSURANCE INCREASES

ACTION: The Executive Council agreed to join with the American Hospital Association in speaking against an increase in coinsurance and deductibles in Medicare.

PROPOSED ONE-YEAR EXTENSION OF PUBLIC HEALTH SERVICES ACT AUTHORITIES

ACTION: The Executive Council agreed that the Association should support legislation calling for a one-year extension of the expiring PHS Act authorities (S 1136, HR 5608), while reasserting the Association's responsibility to selectively evaluate the specific programs involved.

NATIONAL HEALTH RESEARCH FELLOWSHIP AND TRAINEESHIP TRAINING ACT OF 1973

ACTION: The Executive Council approved an outline of Association testimony to be presented in support of HR 5640, the National Health Research Fellowship and Traineeship Training Act of 1973.

POLICY ON ECFMG-CFMG

ACTION: The Executive Council approved the following policy:

In view of the urgency and complexity of the problems surrounding the phenomenon of the foreign medical graduate in this country, it is important that there be a single agency responsible for the development of information and for planning of a comprehensive and unified approach in this critical area. Therefore, the Association is most concerned that the Educational Council for Foreign Medical Graduates and the Council on Foreign Medical Graduates should rapidly establish a single organization which can develop appropriate plans for action.

The Executive Council recommends that this policy be communicated to the chief executive offices of the other sponsoring agencies of ECFMG and CFMG and urge them to take similar actions on behalf of their organizations.

EXECUTIVE COUNCIL ACTIONS

FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The Executive Council reviewed changes in the "Functions and Structure of a Medical School" as proposed by a subcommittee of the AMA Council on Medical Education. The Executive Council accepted the proposed revisions with one deletion.

RECOMMENDATIONS OF THE AAMC ADMISSIONS ADVISORY PANEL

ACTION: The Executive Council voted to encourage schools to adopt a four-stage plan to help alleviate the admissions crisis for the 1975-76 entering class as recommended by the AAMC's Admissions Advisory Panel. Among the recommendations approved are uniform acceptance dates and early decision plans.

COUNCIL OF DEANS
ACTIONS
(3/9/73)

BACKGROUND PAPER ON MEDICAL EDUCATION

ACTION: On motion, seconded and adopted, the Council of Deans recommends that the Executive Council direct the revision and expansion of the paper entitled, "Medical Education, the Institution, Characteristics and Program - A Background Paper", to include a discussion of the issues presented and the development of a potential long-range strategy for approaching their solution; such a paper to take the form of a "green paper" for discussion and review by the Executive Council, the Council of Deans, the Council of Academic Societies, and the Council of Teaching Hospitals and ultimate adoption by the AAMC Assembly.

AAMC SUPPORT OF PRESENT ROLE AND CONTRIBUTION OF VA REGARDING
MEDICAL EDUCATION

ACTION: On motion, seconded and adopted, the Council of Deans stated its support of the present role and contribution of the Veterans Administration in the support of medical education, acknowledging the appreciation of the deans for the effectiveness of the present leadership in enhancing VA medical school relationships.

COUNCIL OF DEANS ADMINISTRATIVE BOARD
(3/15/73)

FOLLOW-UP ON COD SPRING MEETING, 1973

The Board approved the formulation of the resolutions adopted by the Council of Deans at the San Antonio, March 9, 1973, as they appear on the previous page.

The Board voted to report the COD resolution relating to the "green paper" to the Executive Council with a request that it defer implementation of the recommendation pending the submission of a plan for implementation by the Board subsequent to its June 21, 1973 meeting. Developing such a plan will be the major agenda item for that meeting.

PRELIMINARY PLANNING FOR COD SPRING MEETING, 1974

The Board agreed that the primary criteria for choosing a location for the 1974 Spring Meeting should be the provision of a more relaxed and less distracting environment than was provided in San Antonio. There was substantial sentiment for returning to the Arizona Biltmore, or to some nearby Phoenix facility of a similar caliber such as the Camelback Inn or the Wigwam.

The Board agreed that the program should be planned by a sub-committee of the Board, working with staff.

ANNUAL MEETING PROGRAM

The Board voted to schedule COD activities at the AAMC Annual Meeting as follows:

Business Meeting	Monday, November 5, 1973	2-5PM
Program Meeting	Wednesday, November 7, 1973	9AM-4PM

The Business Meeting will be devoted in substantial part to hearing reports on major AAMC activities including the Management Advancement and Systems Development Programs and recent developments in the field of accreditation.

The Program Meeting to be co-sponsored by the GME and GSA will be devoted to three aspects of student assessment: assessment for selection, including a discussion of the AAMC Medical College Admission Assessment Program; internal assessment by the faculty for promotion and advancement, and the role of external assessment; including a consideration of the report of the National Board of Medical Examiners' Goals and Priorities Committee.

ADMISSIONS PROBLEMS - FOLLOW-UP

After hearing a report on an AAMC sponsored Conference on Visitations to Undergraduate Colleges Health Professions Admissions Problems (which concluded that establishing such a visitations program would not likely be a productive venture) and a report on the meeting of an ad hoc advisory panel which reviewed the feasibility study for a medical student admissions

COUNCIL OF DEANS ADMINISTRATIVE BOARD

matching program (which concluded that an alternative approach to the problems being encountered in the admissions process would be substantially more desirable, at least in the short run) the Board endorsed in principle the four-point program advanced by that group as well as the procedure recommended for refining the proposal and gaining acceptance of it by the constituency.

GUIDELINES FOR ACADEMIC MEDICAL CENTERS PLANNING TO ASSUME INSTITUTIONAL RESPONSIBILITIES FOR GRADUATE MEDICAL EDUCATION

After extensive discussion, this document was given "Provisional Approval in Principle". The contingency related to the Board's strong recommendation to the staff that several changes in the language would be advisable and necessary for full endorsement by the Board. These changes should modify the emphasis of the document in two respects:

1. It should be made quite clear, especially in the foreword, that the document is a statement of an ideal toward which the efforts of the institution might be directed. There should be no indication that the document was in any way binding on any institution but rather an internal document for the use of faculties seeking to implement the previously adopted policy statement.
2. There should be some further recognition in the document that faculties are currently constrained from carrying out the recommended courses of action by restrictions placed on graduate programs by specialty boards. Some exhortative statements directed to the Boards would be considered useful by the Administrative Board.

REPORT OF THE AD HOC COMMITTEE ON CONTINUING EDUCATION

The Board declined to endorse the report of the Committee as written. Instead, it endorsed five of the nine recommendations contained in the report as appropriate statements of AAMC policy and recommended their adoption by the Executive Council. It further recommended to the Executive Council that the report be returned to the Committee for the development of the new paper which would expand upon the statements of the policy by exploring their implications and developing a proposed definition of the appropriate role of the AAMC and its constituents in continuing education. The Board further recommended that the Association increase its communications with a number of individuals prominent in the field of continuing education to obtain their input on the appropriate role of the Association in their field of endeavor.

AAMC-RMP-CHP LEGISLATIVE PROPOSAL

The Board took the position that they had insufficient information for them to endorse, modify, or even comment upon the proposed AAMC position regarding the legislative extension of this legislation.

THE OSR; WHERE IT IS; WHERE IT'S GOING

The Board heard a report from the OSR Chairman, Kevin Soden, on the

COUNCIL OF DEANS ADMINISTRATIVE BOARD

activities of the OSR. Mr. Soden indicated that the current thrust of the OSR activities were to improve communications both among the OSR members by means of a newsletter, participation in regional GSA meetings, and a re-format of the OSR annual meeting program, and between the OSR and other student groups by establishing liaison with the SAMA and the SNMA. A major interest of the OSR is the development of a procedure for the surveillance of the NIRMP with the object of bringing violations of the established procedure to the attention of the deans and others who would be of potential influence in rectifying violations.

WHO STUDY ON INTERNATIONAL MIGRATION OF HEALTH MANPOWER

The Board endorsed the recommendation that the AAMC endorse the proposed WHO Study on the International Migration of Health Manpower and offer its participation with the proviso that the AAMC not incur any financial responsibilities unless funds can be obtained from outside sources. This action was taken in recognition of the substantial importance of the issue of foreign medical graduates in the United States and in the expectation that this study will provide valuable data.

INTERNATIONAL CONSORTIUM FOR THE ADVANCEMENT OF FAMILY HEALTH

The Board endorsed a proposal that the AAMC enter into negotiations of a contract with AID to develop an international consortium for the advancement of family health.

COUNCIL OF ACADEMIC SOCIETIES

ADMINISTRATIVE BOARD

3/15/73

REPORT OF THE GRADUATE MEDICAL EDUCATION COMMITTEE

ACTION: The CAS Administrative Board unanimously approved the Report of the Graduate Medical Education Committee.

REPORT OF THE CONTINUING EDUCATION COMMITTEE

ACTION: The CAS Administrative Board unanimously approved the Report of the Continuing Medical Education Committee with the stipulation that the paragraph on financing should be strengthened, i.e., schools have finite resources, and basic programs should not be threatened.

NOMINATING COMMITTEE

ACTION: The CAS Administrative Board selected a list of 14 names from which the CAS Nominating Committee will be chosen by the CAS membership.

RMP-CHP LEGISLATIVE PROPOSAL

ACTION: The CAS Administrative Board, in regard to the RMP-CHP legislative proposal, questioned the wisdom of the AAMC making an effort in this direction at this time.

AAMC POLICY STATEMENT ON PSROs

ACTION: The CAS Administrative Board unanimously approved the AAMC policy statement on PSROs.

MEMBERSHIP APPLICATIONS

ACTION: The Administrative Board recommended that membership applications of the following organizations be approved for transmission to the Council:

- a. American Academy of Orthopedic Surgeons
- b. American College of Chest Physicians
- c. American Society of Therapeutic Radiologists
- d. American Urological Association

CAS BUSINESS MEETING
(3/28/73)

PROGRAMS IN THE BASIC MEDICAL SCIENCES

ACTION: On motion, seconded and carried, the CAS unanimously approved in principle the document developed by the Liaison Committee on Medical Education describing the essential qualities of basic medical sciences.

AAMC POLICY STATEMENT ON PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS

ACTION: On motion, seconded and carried, the CAS unanimously approved the AAMC Policy Statement on Professional Standards Review Organizations adopted by the Executive Council on March 16.

MEMBERSHIP APPLICATIONS

ACTION: On motion, seconded and carried, the CAS voted unanimously to recommend to the AAMC Executive Council the following applications:

American Academy of Orthopedic Surgeons

American College of Chest Physicians

American Society of Therapeutic Radiologists

American Urological Association

ACTION ITEMS
COTH ADMINISTRATIVE BOARD
March 15, 1973

MEMBERSHIP

ACTION: It was moved, seconded and carried that the following applications for membership in the Council of Teaching Hospitals be approved:

Bryn Mawr Hospital
Bryn Mawr, Pennsylvania

Riverside Methodist Hospital
Columbus, Ohio

Waterbury Hospital
Waterbury, Connecticut

Veterans Administration Hospital
Baltimore, Maryland

Veterans Administration Hospital
Columbia, Missouri

Veterans Administration Hospital
Los Angeles, California

ACTION: It was moved, seconded and carried that the following applications for membership in the Council of Teaching Hospitals be rejected:

Community Hospital of Indianapolis
Indianapolis, Indiana

St. Johns Hospital
Springfield, Illinois

Memorial Hospital of Springfield
Springfield, Illinois

Raritan Valley Hospital
Greenbrook, New Jersey

PROPOSAL FOR COTH RESEARCH AWARDS

ACTION: It was moved, seconded and carried that the COTH Administrative Board approve the "Proposal for COTH Research Awards."

This proposal established two COTH \$2500 research support grants to doctoral candidates in the organizational and/or behavioral sciences, e.g., Departments of Economics or Programs in Hospital and Health Administration. The applicants shall be full-time

PROPOSAL FOR COTH RESEARCH AWARDS

doctoral degree candidates who have passed their comprehensive examination and who have a formally approved dissertation proposal. The subject matter area addressed in the research proposal should be directly related to the financing, organization and/or delivery of health services in an academic medical center environment. The applicants themselves and their research proposals would be screened by the staff; selection of award recipients would be made by the Administrative Board.

PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS

ACTION: It was moved, seconded and carried that the COTH Administrative Board approve the recommended policy statement on PSRO's with the following changes:

- (1) "organized medical staff" be inserted following the word "responsibility" on line 3;
- (2) "and house officers" be inserted following "medical students" on line 6.

SOCIAL SECURITY AMENDMENTS

ACTION: It was moved, seconded and carried that COTH Administrative Board recommends opposition to proposed legislative changes in the Medicare program which would increase deductible and co-insurance provisions of the law.

HILL-BURTON LEGISLATIVE CHANGES

ACTION: It was moved, seconded and carried that the COTH Administrative Board recommends support of Hill-Burton legislative extension with emphasis on modernization in urban areas.

REPORT: AD HOC COMMITTEE ON CONTINUING EDUCATION

ACTION: It was moved, seconded and carried that the Committee Report be approved as submitted.

GUIDELINES FOR ACADEMIC MEDICAL CENTER PLANNING TO ASSUME INSTITUTIONAL
RESPONSIBILITY FOR GRADUATE MEDICAL EDUCATION

ACTION: It was moved, seconded and carried that the statement be approved with the following recommended changes:

- (1) Item 4 on page 10 should be reworded. The statement is presently a nonsequitor which implies the faculty who teach graduate medical education only are not included;
- (2) Under 3.2 on page 14, the word "direct" should be deleted from the third line;
- (3) The two sentences in the first paragraph on page 21 should be reworded. If the intent is to allow senior residents to bill for professional services, this should be clearly stated. Some concern was also expressed that the phrase "and educational programs" in the second sentence would be a red flag in the report.

RMPH/CHP LEGISLATIVE RENEWALS

No action was taken, but the following statement summarizes discussion of the issue.

The basis of the discussion at the COTH Administrative Board meeting concerns the fact that this proposal attacks one segment of the various health services control and regulatory mechanisms in isolation from all the others.

In reviewing current regulatory and control agencies from the standpoint of their responsibilities, they seem to divide themselves into about seven general categories:

- (1) Control of capital input better known as the "certificate of need" phenomenon;
- (2) The control of planning. How much institutional planning must be done, and to how many public bodies must it be reported;
- (3) Control of costing and pricing, for example, rate setting commissions;
- (4) Control of the data base and method of outcome measurement;
- (5) Control of the quality of care;
- (6) Control of the benefit package so that it can be matched with the dollars that are available in setting of priorities;

- (7) Control of manpower output, so that what is produced relates to what society needs. And there are some bills in various state legislatures on the control of governance of medical schools, teaching hospitals and community hospitals.

There is concern that although nobody can argue that it is not in the public interest to have these controls and regulations for these activities, but that the method by which they are administered must be set forth in an organized rational manner so that the providers can live with them.

If one is going to tackle how government controls and regulates, one must have about six assurances written in all of them, and all the controls should be reviewed together.

- (1) The first one is the general competence of the controllers vis a vis those controlled. And that has all sorts of implications including the matter of getting them out of civil service, letting them buy quality.
- (2) Second concerns the development of devices which make the controller as apolitical as possible. Namely that he isn't the surrogate of the appointing authority and serves at his pleasure, but has a term of his own, so that he is really out of the political arena as much as possible;
- (3) Thirdly, that some sort of administrative appeal mechanism be designed which is timely, so that if a public official in a controlling position makes a capricious decision or one which is against public policy, recourse is in a very immediate fashion along a very specified course of events.
- (4) Fourthly, that the industry being controlled is at least represented on the controlling authority;
- (5) And next, that performance audits and fiscal audits are done by agencies independent of the controlling agencies so that it is a disinterested audit;
- (6) And lastly, that the data bank be a common one, and that access to it be available to any legitimate interested party, so that no one group manipulates the data to get the answer they want; other agencies should use the same raw data in order that there exist a reasonable check and balance.