

ASSOCIATION OF AMERICAN
MEDICAL COLLEGES

Annual Reports
of
Staff and Committees

Presented at the 78th Annual Meeting
October 27-30, 1967

New York Hilton Hotel
New York, New York

(Supplement No. 1)

TABLE OF CONTENTS

Committees of the Association, 1966-67.	1
Report of the Executive Director. by ROBERT C. BERSON	3
Report of Developments of Evanston Office by CHEVES McC. SMYTHE	7
Report of the Treasurer by ROBERT B. HOWARD	9
Report of the Division of Business Affairs. by JOHN L. CRANER	15
Report of the Division of Operational Studies by LEE POWERS	22
Joint Report of the Committee on International Relations in Medical Education and the Division of International Medical Education by THOMAS H. HUNTER and HENRY VAN ZILE HYDE	26
Joint Report of the Committee on Research in Education and the Division of Education by JULIUS B. RICHMOND and PAUL J. SANAZARO	34
Joint Report of the Editor and Editorial Board <u>The Journal of Medical Education.</u> by JOHN A. D. COOPER	44
Report of the Committee on Medical Education for National Defense by WILLIAM S. STONE	45
Report of the Committee on Student Affairs. by JOSEPH J. CEITHAML and DAVIS G. JOHNSON	47
Report of the Education Advisory Committee. by S. RICHARDSON HILL	49
Report of the Liaison Committee on Medical Education. by CHEVES McC. SMYTHE	56
Report of the MCAT Advisory Committee by DAVIS G. JOHNSON and PAUL J. SANAZARO	59
Report of the Council of Academic Societies by CHEVES McC. SMYTHE	61

COMMITTEES OF THE ASSOCIATION
1966-67

BORDEN AWARD

Frederick C. Robbins, Case-Western
Reserve; Chairman
Randolph Batson, Vanderbilt
Robert M. Bucher, Temple
Stuart C. Cullen, California, SF
Peter L. Eichman, Wisconsin

CONTINUATION EDUCATION

W. Albert Sullivan, Jr., Minnesota;
Chairman
C. Hilmon Castle, Utah
C. Wesley Eisele, Colorado
Seymour Farber, California, SF
William D. Mayer, Missouri
Jesse D. Rising, Kansas
Donald H. Williams, British Columbia
Vernon E. Wilson, Missouri
Frank M. Woolsey, Jr., Albany

EDITORIAL BOARD

John A. D. Cooper, Northwestern;
Chairman
Thomas P. Almy, Cornell
William G. Anlyan, Duke
John J. Conger, Colorado
Gordon W. Douglas, New York Univ.
Leonard D. Fenninger, U.S. Public
Health Service
Reginald H. Fitz, New Mexico
Peter V. Lee, Southern California
C. Arden Miller, North Carolina
George A. Perera, Columbia
Peter F. Regan, SUNY-Buffalo
Robert J. Slater, Association for
the Aid of Crippled Children

EDUCATION ADVISORY COMMITTEE

S. Richardson Hill, Alabama;
Chairman
Granville A. Bennett, Illinois
Roger O. Egeberg, Southern California
George James, Mount Sinai
Hayden C. Nicholson, Miami
Barnes Woodhall, Duke

FEDERAL HEALTH PROGRAMS

William N. Hubbard, Jr., Michigan;
Chairman
Robert C. Berson, AAMC
Carleton C. Chapman, Dartmouth
Robert J. Glaser, Stanford
John Parks, George Washington
Thomas B. Turner, Johns Hopkins

FLEXNER AWARD

Leon O. Jacobson, Univ. of Chicago;
Chairman
John E. Deitrick, Cornell
James L. Dennis, Oklahoma
William J. McGanity, Texas, Galveston
Donn L. Smith, Louisville

INTERNATIONAL RELATIONS IN
MEDICAL EDUCATION

Thomas H. Hunter, Virginia;
Chairman
Thomas J. Brooks, Jr., Mississippi
John A. D. Cooper, Northwestern
Joseph Hirsch, Albert Einstein
Robert S. Jason, Howard
Manson Meads, Bowman Gray
Dieter Koch-Weser, Harvard
Robert A. Moore, SUNY-Brooklyn
Charles C. Sprague, Texas,
Southwestern
Douglas M. Surgenor, SUNY-Buffalo
Walter S. Wiggins, Chicago Medical

MEDICAL EDUCATION FOR
NATIONAL DEFENSE

William S. Stone, Maryland;
Chairman
Granville A. Bennett, Illinois
John L. Caughey, Jr., Case-Western
Reserve
Harold H. Hixon, California, SF
Clayton G. Loosli, Southern California
Stanley W. Olson, Vanderbilt

NOMINATING COMMITTEE

Reginald H. Fitz, New Mexico;
Chairman
Granville A. Bennett, Illinois
Robert H. Felix, Saint Louis
Vernon W. Lippard, Yale
Isaac M. Taylor, North Carolina

RESEARCH IN EDUCATION

Julius B. Richmond, SUNY-Syracuse;
Chairman
Stephen Abrahamson, Southern California
T. Hale Ham, Case-Western Reserve
Manson Meads, Bowman Gray
Richard Meiling, Ohio State
Sherman M. Mellinkoff, California, LA
George Miller, Illinois
George A. Wolf, Jr., Kansas

STUDENT AFFAIRS

Joseph J. Ceithaml, Univ. of Chicago;
Chairman
James W. Bartlett, Rochester
Thomas J. Brooks, Jr., Mississippi
John L. Caughey, Jr., Case-Western
Reserve
John Chapman, Kansas
L. W. Earley, Pittsburgh
John H. Githens, Jr., Colorado
William B. Kennedy, Pennsylvania
Schuyler G. Kohl, SUNY-Brooklyn
Morton Levitt, Wayne State
Woodrow W. Morris, Iowa
Walter Rice, Medical College of Georgia
John S. Wellington, California, SF
Richard H. Young, Northwestern

AD HOC COMMITTEE

TRAINING FOR FAMILY PRACTICE

Edmund D. Pellegrino, SUNY-Stony Brook;
Chairman
W. Reece Berryhill, North Carolina
James L. Dennis, Oklahoma
Stanley A. Ferguson, Case-Western
Reserve
Leon O. Jacobson, Univ. of Chicago
Charles J. Tupper, California, Davis
Vernon E. Wilson, Missouri

AD HOC COMMITTEE WAYS AND MEANS

William G. Anlyan, Duke;
Chairman
Vernon E. Wilson, Missouri
Russell A. Nelson, Johns Hopkins
Hospital
Merlin K. DuVal, Jr., Arizona

TASK FORCE-Location of Headquarters & Organization of Staff

Donald G. Anderson, Rochester;
Chairman
William G. Anlyan, Duke
Robert B. Howard, Minnesota

TASK FORCE-Affiliations with Established Education Groups in Professions Allied to Medicine

Isaac M. Taylor, North Carolina;
Chairman
Robert C. Hardin, Iowa
Samuel P. Martin, Florida

TASK FORCE-Affiliations with Educa- tional Associations Composed of Members of Medical Faculties

Kenneth R. Crispell, Virginia;
Chairman
George N. Aagaard, Washington (Seattle)
Robert J. Slater, Association for
the Aid of Crippled Children

REPORT OF THE EXECUTIVE DIRECTOR

ROBERT C. BERSON, M.D.

Since the business meeting of the Association in San Francisco, the Executive Council has met 7 times: on October 25, 1966; and January 25, February 10-11, March 15, April 29-30, July 11, and September 20, 1967.

TASK FORCE ON ALLIED HEALTH PROFESSIONS

Early in the calendar year, the Executive Council asked Dr. George A. Wolf, Jr., to join Drs. Isaac M. Taylor, Robert C. Hardin, Samuel P. Martin, and Ward Darley on this task force and to serve as its chairman.

In the spring of 1967, the task force decided to explore relations with the rapidly developing schools of allied health professions in academic medical centers. To that end, the task force called an informal meeting with a number of the individuals who are serving as deans or directors of schools of the allied health professions in medical centers. The meeting was cordial and interesting. The deans and directors of schools of allied health professions had already taken steps toward organizing an association of their own, and they seemed interested in close and effective relationships with the AAMC. The task force came to the conclusion that good communications and cordial relations between the AAMC and the deans and directors of schools of the allied health professions is highly desirable, but that the formalization of a council of deans of allied health professional schools within the AAMC would not be a completely satisfactory solution inasmuch as nursing, public health, dentistry, and some other disciplines would be omitted, because they do not come under the deans or directors.

In reporting to the Executive Council at its September meeting, the task force called attention to the discussions going on in the Medical Administrative Group as to whether they should develop a formal and effective organization and their relation to the AAMC. Several members of the task force are also members of the Medical Administrative Group and are keenly aware of the importance of the relations of that group to the AAMC and the fact that that group will meet in January and discuss these matters further.

The task force called the Executive Council's attention to the fact that the special planning committee under Dr. Coggeshall recommended that the university become the institutional member of the AAMC with appropriate changes in its name. It noted that this concept was not well received by the institutional members of the AAMC or the Association of American Universities in 1965, although it might have established a pattern within which effective relations among educators in the health professions could have been developed.

The task force recommended, and the Executive Council approved, calling together at an early date an informal meeting to include (a) the Executive Council of the AAMC, (b) the Council on Medical Education of the AMA, (c) Allied Health Professional Deans, (d) the University Medical Administrators Group, (e) the American Public Health Association or the Association of

Schools of Public Health, (f) the American Nursing Association, (g) the Association of University Programs in Hospital Administration, and (h) the American Association of Dental Schools. It is proposed that this informal meeting address itself to such questions as:

1. What are the needs and demands of citizens of this country for health services?
2. What of these needs and demands are not now being met?
3. What can organizations concerned with education in the health field do together to see that these needs and demands are met in the future?

The date for this meeting has not yet been set.

REGIONAL MEETINGS OF THE ASSOCIATION

In keeping with the decision of the 1966 business meeting, regional meetings have been held in each region several times.

The Great Plains regional meetings took place in Minneapolis on January 11, Omaha on April 25, and in Kansas City on July 7. The Great Plains group invited a representative from each faculty to meet with it and has expressed the opinion that this has been highly satisfactory. The Great Plains group will meet with the Midwestern group in Chicago October 20.

The Midwest group met in Chicago on January 13, April 21, and will meet with the Great Plains group on October 20.

The Northeastern regional meetings took place in New York on January 12, Washington on April 25, and this group is scheduled to meet Sunday afternoon, October 29, in New York.

The Southern regional meetings took place in Chicago on February 11, and in Atlanta on April 14 and October 6.

The Western regional meetings took place in San Francisco on January 17, Chicago on February 11, San Francisco on April 14 and July 25.

In each region someone chosen by the group or a member of the Executive Council has carried the responsibility for setting the time and place of the meeting and developing the agenda, including specific suggestions made by the Executive Council. Members of the AAMC staff have attended each regional meeting, but the minutes of each meeting have been prepared by a representative of some institution designated by the chairman of the regional meeting. It seems obviously desirable that the AAMC staff develop the capacity to be more effective in the circulation in advance of material for discussion and in the preparation and circulation of minutes.

NATIONAL FUND FOR MEDICAL EDUCATION

The Executive Council continues to be deeply interested in and concerned with the National Fund for Medical Education as it proceeds through this period of transition. During the year, there has been no change in the key personnel of the National Fund. Dr. Donald G. Anderson continues as president, the same individuals as members of the Board of Directors, Dr. Robert A. Moore as medical director on a part-time basis and chairman of the Evaluation Committee, and Drs. John Hogness, Leon Jacobson, William Maloney, and Charles Sprague as the members of the Evaluation Committee, nominated by the AAMC.

The contributions and pledges received by the Fund from 511 companies through July 31, 1967, compared well with the total for the same period in 1966.

The National Fund has developed a newsletter which has been well received and has mailed its annual report to some 13,000 corporations this year. It remains to be seen, however, whether corporations will continue and, hopefully, increase their contributions to the Fund. A few corporations which had previously contributed substantially have discontinued their support, and some new corporations have begun to contribute. The Board of Directors hopes that the proposals from medical schools will have such obvious merit and interest that they will encourage increased support from corporations. If the Fund is to continue to provide substantial support for medical education, it will need the understanding and support of a host of people in academic medicine as well as in corporations.

RELOCATION OF THE WASHINGTON OFFICE

The Association's lease on the space it has occupied in Washington was due to expire in August, 1967. Concurrently, there was need to expand the staff of the Council of Teaching Hospitals and to consolidate the Division of International Medical Education in Washington. To meet this need, the Association has leased approximately 5000 square feet of space at 1346 Connecticut Avenue, N.W., for two years, with an option for renewal. This space was occupied July 15 and is proving efficient and pleasant.

AD HOC COMMITTEE ON MEDICAL SCHOOLS AND THE AAMC IN RELATION TO TRAINING FOR FAMILY PRACTICE AND THE GRADUATE EDUCATION OF PHYSICIANS

As authorized by the 1966 business meeting, this committee was appointed with Dr. Edmund Pellegrino as chairman and Drs. W. Reese Berryhill, James Dennis, C. J. Tupper, Leon Jacobson, and Mr. Stanley Ferguson as members. As instructed, the committee has drafted a "Statement for Discussion", which has been distributed prior to those regional meetings taking place in the fall. This is not intended as a statement of position for the AAMC, but is intended to bring into focus major issues in this complex area for their thoughtful discussion. The committee proposes to consider the discussions which take place in reaching a conclusion as to whether or not to recommend a definite position for the Association to consider.

1967 CONFERENCE ON PSYCHIATRY AND MEDICAL EDUCATION

The Association of American Medical Colleges and the American Psychiatric Association jointly sponsored this conference. Drs. L. W. Earley, Douglas Bond, Charles C. Sprague, Herbert Gaskill, and Bernard Holland served as the Executive Committee of the 14-man Planning Committee, which distributed a number of extremely well prepared papers in advance. The conference was attended by about 153 people, including representatives from 84 established medical schools and 14 developing schools. The report of the conference will be published in book form, probably early in 1968.

THE NATIONAL SOCIETY FOR MEDICAL RESEARCH

Drs. Maurice Visscher and John Hirschboeck, members of the Board of the National Society for Medical Research (NSMR), met with the Executive Council on July 11, 1967. Dr. Visscher presented to the Council copies of a "Progress Report on Public Information" and the proposed budget of the NSMR for 1967-68 and discussed their contents. These documents have been widely distributed to medical schools and others interested in the NSMR. They make it clear that the NSMR intends to invest most of its energies in seeing that the public is well informed about the importance of animal experimentation in medical research and the progress that is being made in improving facilities and programs for the care of laboratory animals. Members of the Council commented favorably on the verbal and written report and the NSMR's public information program. The Council decided to defer making any recommendation to the Institutional Members about support of the NSMR until its new program has been more fully developed.

REPORT ON DEVELOPMENTS OF EVANSTON OFFICE

CHEVES McC. SMYTHE, M.D.
Associate Director

Many changes were seen in the Evanston office during the past year. The Association accepted with regret the resignations of Harold Gordon, Edwin B. Hutchins, Ph.D., E. Shepley Nourse, and William E. Sedlacek, Ph.D. All were valued staff of the Association and well known to many of its members. Over the past decade, Dr. Hutchins and Miss Nourse were active in a number of studies and projects which are now seen as significant accomplishments in medical education.

NEW APPOINTMENTS

Major staff additions included the appointments of Dale E. Mattson, Ph.D., as Director of the Division of Educational Measurement and Research, and Mr. Daniel Walter as Senior Systems Analyst. Dr. Mattson's initial responsibility will be for development of the Medical College Admission Test (MCAT), but as this unit expands, it is to be a focus of continuing inquiry into the educational process. Mr. Walter is charged to develop further the data processing potential of the Association.

NEW PROGRAMS

New programs initiated during the past year were:

1. The Council of Academic Societies (CAS) whose activities are described in another section of these reports.
2. A study of the reasons for the short tenure of medical school deans and program designed to assist newly appointed deans. This project is supported by a grant from the Markle Foundation.
3. A pilot project to study cost information systems in 7 selected medical centers. This project is funded by a \$125,000 contract with the Department of Health, Education, and Welfare and by a \$35,000 contract from the Kellogg Foundation.
4. A project to introduce more sophisticated systems for data analysis and data processing techniques in the programs of the Association. This project has been supported by a \$195,000 grant from the Markle Foundation.

RELOCATION

The Division of International Medical Education which has been located since its establishment in the Evanston office, was moved to the Washington office during August, 1967.

RESTRUCTURING OF DIVISION OF EDUCATION

Effective July 1, 1967, the Division of Education was restructured, its staff reassigned, and new units established within the Association. Paul J. Sanazaro, M.D., who had served as Director of the Division of Education since 1962, assumed the title Director of Education. Davis G. Johnson, Ph.D., formerly Assistant Director of the Division (Director of the Office of Student Studies and Services), became Director of a newly established Division of Student Affairs. Areas of responsibility formerly under the aegis of the Division's Office of Basic Research were transferred to the newly created Division of Educational Measurement and Research.

NATIONAL INTERN MATCHING PROGRAM

The National Intern Matching Program (NIMP) carried out the first residency matching in psychiatry in December, 1966. The institutions involved in the matching did so on a voluntary basis and not all programs participated. The psychiatric residence matching will be repeated in December, 1967, with centers participating on a voluntary basis. In addition, NIMP is doing the staff work for residency matching in pediatrics for appointments beginning in 1968. The centers involved in this matching are also participating on a voluntary basis. The American Academy of Orthopedic Surgery is considering sponsoring a matching program for first-year residencies beginning in the summer of 1969. If this is done, the orthopedic program will get underway during the spring and summer of 1968.

REPORT OF THE TREASURER

ROBERT B. HOWARD, M.D.

On September 8, 1967, Dr. Cheves McC. Smythe, Associate Director, Mr. John L. Craner, Director of the Division of Business Affairs, and I met with representatives of the accounting firm of Ernst & Ernst and examined in detail the "audited financial statements and other financial information" of the Association of American Medical Colleges. I am fully satisfied that the financial affairs of the Association are most capably managed.

The auditors have called our attention to the fact that they are unable to confirm accounts receivable from the United States government amounting to \$117,456. They were, however, able to satisfy themselves with respect to these accounts by utilization of other standard auditing procedures. This is apparently a difficulty experienced by all agencies doing business with the United States government, and it is brought to our attention simply as a routine matter.

The auditors have noted a progressive precision of our accounting techniques. Our business office is in the process of further defining and clarifying various programs and activities of the Association in order that costs may be appropriately assigned. Steps have been taken to facilitate the disbursements from the Washington office and at the same time provide necessary protection against duplicate billing.

Many ongoing programs of the Association have been supported in whole or in part by grants and other special funds. Certain of these grants have terminated, and others will do so in the relatively near future. Thus, the membership of the Association is faced with the need to decide which programs and activities should constitute the "basic" responsibility of the Association and, having reached such a decision, how these programs and activities can be financed. There is an obvious disparity between the unrestricted funds received each year by the Association and the costs of those programs most of us would consider "basic". The recommendations of the Ways and Means Committee concerning this matter deserve our most careful consideration.

ERNST & ERNST

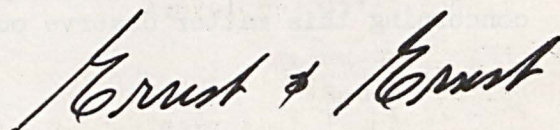
231 SOUTH LA SALLE STREET

CHICAGO, ILL. 60604

Executive Council
Association of American Medical Colleges
Evanston, Illinois

We have examined the balance sheet of Association of American Medical Colleges as of June 30, 1967, and the related statements of equity and income and expense for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We were unable to obtain confirmation of accounts receivable from agencies of the United States Government amounting to \$117,456 but we satisfied ourselves as to such accounts by means of other auditing procedures. We previously made a similar examination of the financial statements for the preceding year.

In our opinion, the accompanying balance sheet and statements of equity and income and expense present fairly the financial position of Association of American Medical Colleges at June 30, 1967, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.



Chicago, Illinois
August 21, 1967

BALANCE SHEET

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1967	June 30 1966
ASSETS		
Cash	\$ 84,167	\$ 74,863
United States Government short-term securities - at cost and accrued interest	128,193	221,499
Accounts receivable	305,902	196,406
Accounts with employees	6,031	5,639
Supplies, deposits, and prepaid expenses	26,185	21,573
Inventory of publications, at the lower of cost or market - Note A	9,341	8,355
Land and building - at cost - Note B:		
Land improvements	9,002	9,002
Building	<u>287,854</u>	<u>287,854</u>
	<u>296,856</u>	<u>296,856</u>
	<u>\$856,675</u>	<u>\$825,191</u>
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$ 38,075	\$ 28,317
Salaries, payroll taxes, and taxes withheld from employees	<u>7,417</u>	<u>5,828</u>
	45,492	34,145
Deferred income:		
Institutional dues received in advance	77,500	55,750
Other dues received in advance	38,283	35,494
Subscriptions	<u>11,947</u>	<u>11,506</u>
	127,730	102,750
Equity:		
Restricted for special purposes	272,798	293,167
Invested in land and building	296,856	296,856
Retained for general purposes	<u>113,799</u>	<u>98,273</u>
	683,453	688,296
Lease commitment and contingent liability - Note C		
	<u>\$856,675</u>	<u>\$825,191</u>

See notes to financial statements.

STATEMENT OF EQUITY
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Year ended June 30, 1967

	Restricted for Special Purposes	Invested in Land and Building	Retained for General Purposes	Total
Balance at July 1, 1966	\$293,167	\$296,856	\$ 98,273	\$688,296
Deduct unexpended balances of Pan American Federation of Associations of Medical Schools grants trans- ferred to the Federation upon its incorporation	<u>18,007</u>	<u> </u>	<u> </u>	<u>18,007</u>
	275,160	296,856	98,273	670,289
Income in excess of expenses	<u>2,362*</u>	<u> </u>	<u>15,526</u>	<u>13,164</u>
BALANCE AT JUNE 30, 1967	<u><u>\$272,798</u></u>	<u><u>\$296,856</u></u>	<u><u>\$113,799</u></u>	<u><u>\$683,453</u></u>

See notes to financial statements.

*Indicates expenses in excess of income.

STATEMENT OF INCOME AND EXPENSE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Year Ended June 30			1966 Total
	Special Purposes	General Purposes	Total	
Income:				
Dues		\$368,995	\$ 368,995	\$ 241,304
Grants	\$620,049	3,455	623,504	642,036
Services		306,617	306,617	276,332
Publications		125,646	125,646	130,166
Sundry		27,742	27,742	24,963
Transfers in-out**	<u>65,375**</u>	<u>65,375</u>	<u>-</u>	<u>-</u>
TOTAL INCOME	554,674	897,830	1,452,504	1,314,801
Expenses:				
Salaries	230,317	450,960	681,277	572,649
Other expenses	280,090	477,973	758,063	773,093
Transfers in-out**	<u>46,629</u>	<u>46,629**</u>	<u>-</u>	<u>-</u>
TOTAL EXPENSES	<u>557,036</u>	<u>882,304</u>	<u>1,439,340</u>	<u>1,345,742</u>
INCOME IN EXCESS OF EXPENSES	<u>\$ 2,362*</u>	<u>\$ 15,526</u>	<u>\$ 13,164</u>	<u>\$ 30,941*</u>

See notes to financial statements.

*Indicates expenses in excess of income.

NOTES TO FINANCIAL STATEMENTS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1967

Note A - Inventory of Publications:

The Association follows the practice of including in inventory only those publications which are ten years old or less and provides an allowance equal to the carrying amount of publications older than one year. Following are the details of the inventory at the beginning and end of the year:

	June 30 <u>1967</u>	July 1 <u>1966</u>
Carrying amount of publications	\$47,734	\$52,344
Less allowance for publications over one year old	<u>38,393</u>	<u>43,989</u>
	<u>\$ 9,341</u>	<u>\$ 8,355</u>

Note B - Land and Building:

The national headquarters of the Association are located on land donated by Northwestern University. Under terms of the grant, the land must be used as the site of the national headquarters and may not be sold or mortgaged without the consent of the University.

Note C - Lease Commitment and Contingent Liability:

The Association occupies premises in Washington, D.C. under a lease agreement which expires July 31, 1969, and provides for annual rentals of approximately \$20,000.

In connection with certain cost reimbursement contracts with an agency of the United States government, the Association's charges for overhead are being reviewed and the agency has proposed to disallow approximately \$20,000 applicable to periods prior to June 30, 1967. Management has not agreed with the basis of such proposals and is of the opinion that the ultimate disallowance, if any, will be less.

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

At June 30, 1967, the Association had been notified by several grantors that it may expect to receive \$1,041,750 (including \$592,000 under cost reimbursement contracts with agencies of the United States government) to be expended for special purposes within the next five years. It is the Association's practice to include grants in income when they are received and cost reimbursements in income when the costs are incurred.

REPORT OF THE
DIVISION OF BUSINESS AFFAIRS

JOHN L. CRANER

The primary responsibilities of the Division of Business Affairs are for business and fiscal management, plant maintenance, and supporting service, including printing and mailing, and arrangement of meetings. Studies are continually being made in an attempt to increase efficiency and lower operating costs.

STAFF

It was with regret that the Association accepted the resignation of Mr. Harold Gordon, Assistant Director of this Division, effective April 1, 1967. Mr. Gordon had served in this capacity since 1959, during a time of great expansion and advance in the Association's printing activity, a department which Mr. Gordon headed. His responsibilities have been reassigned among others who were already on the staff of this Division.

ACCOUNTING DEPARTMENT

This department continues to explore ways of providing better fiscal data to Division Directors and the Executive Council. The program accounting pilot study is still in progress. Difficulty experienced in trial runs of program accounting indicated more exploratory work is necessary. The accountant's letter from the Association's Auditors, Ernst & Ernst, (attachment a) indicates the auditor's opinion of the accounting of the Association.

THE JOURNAL OF MEDICAL EDUCATION

The Director of Business Affairs continues to serve as Business Manager of The Journal of Medical Education. A direct mailing program was instituted again this year in an attempt to increase advertising revenue. Although this campaign obtained new advertisers, cancellation of advertising gained in previous years resulted in a gross decrease in income and the cost of the direct mail campaign increased expenses.

<u>Summary of Advertising Activity</u>		
	<u>1965-66</u>	<u>1966-67</u>
Gross Income	\$34,341	\$30,974
Actual Expense	<u>24,508</u>	<u>26,475</u>
Income over Expense	\$ 9,833	\$ 4,499

All income in excess of expense is applied to the direct support of The Journal. The Division continues to operate the advertising campaign without staff with orientation which is primarily in this field. From October 1, 1966, to October 1, 1967, paid subscriptions to The Journal of Medical Education increased from 1,523 to 1,577.

MEMBERSHIPS

Procedures instituted in the last several years in handling of membership dues and subscriptions are being maintained. It is felt by the Division Director that the manual procedures are as near to peak efficiency as can be achieved without the use of electronic data processing equipment.

The following summary reflects the change in the number of memberships in the Association between October 1, 1966, and October 1, 1967.

Summary of Membership Activity

<u>Type of Membership</u>	<u>1965-66</u>	<u>1966-67</u>	<u>Increase</u>
Individual	3,187	2,734	(453)
Sustaining	23	21	(2)
Contributing	19	18	(1)
Institutional	88	88	--
Provisional	10	13	3
Affiliate	13	13	--
Graduate Affiliate	2	2	--
Council of Teaching Hospitals, Paid	233	294	61

MAILING AND REPRODUCTION DEPARTMENT

Efforts to relocate the Mailing and Reproduction Department outside of the Association headquarters, as reported last year, have been unsuccessful. However attempts are still being made to obtain additional space, and it is hoped that this problem will be resolved by the first of the year.

Mailing lists are maintained by the Addressograph equipment. Zip coding of approximately 18,000 plates has been completed, and plates are in file by category and by zip code. This method of filing complies with bulk mailing regulations as approved by the United States postal authorities. The categories of plates and the numbers of plates in each is shown below:

Membership	2,734
Subscriptions	1,577
Institutions	1,093
Datagrams	882
Council of Teaching Hospitals	324
Free	188
Emeritus	52
Sustaining & Contributing	43
Foundations	38
Deans	187
World Health Organization	592
Group on Student Affairs	229
Premed Advisers	1,500
Nursing	1,000
Department Chairmen	1,770

Library	1,886
Advertising	2,445
Smith Kline & French - Press List	885
Liaison - (Division of International Medical Education)	91
Bibliography	
Universities	199
Medical Societies	65
Pharmaceutical Schools	72
Dental Schools	48
TOTAL NUMBER OF PLATES	<u>17,900</u>

All equipment in the Mailing and Reproduction Department is now owned by the Association. Our program to educate staff on the high cost of crash printing has met with even less success than reported in the previous year.

As is shown in the following summary, printing activity increased over the past year, while a decrease in costs is seen:

Summary of Printing Activity

	<u>1964-65</u>	<u>1965-66</u>	<u>1966-67</u>
Number of Jobs Produced	958	1,100	1,572
Amount Charged	\$109,608	\$108,698	\$108,189
Expense	<u>104,312</u>	<u>109,588</u>	<u>105,345</u>
Excess	<u>\$ 5,296</u>	<u>(890)</u>	<u>\$ 2,844</u>

DIRECTORY

The Directory of the Association for 1966-67 was published and printed by this Division at a cost of \$10,341 using the photo-listing printing process. Although this process left much to be desired in general format and appearance, due to economic considerations it was used for several years.

PUBLICATIONS

Publications of the Association are physically housed in one location. Inventory controls have been instituted to safeguard the Association's equity in its publications and has the approval of the Association's auditors.

MEETINGS

1. Annual Meeting.--This Division continues to be responsible for all Annual Meeting hotel arrangements, exclusive of housing. This includes the planning and allocating space for meetings, staffing and operating registration and workroom, data processing of daily registrations, providing special equipment, and Annual Banquet arrangements and special meal functions. This

Division has printed and disseminated Annual Meeting preregistration information and invitations and maintained data processed preregistration counts according to individual sessions.

2. Other Meetings.--At the request of Committees and Staff, this Division makes arrangements for meeting throughout the year.

DATA PROCESSING DEPARTMENT

The Department continues to process data that emanate from annual studies of medical school operating costs, medical school applicants, and medical student accomplishment, and from special research that is conducted during the year. The National Intern Matching Program results are processed by this Department.

The Faculty Roster information for the 1965-66 academic year was converted to magnetic tape to facilitate a yearly updating. The system provides improved use of the data in variable correlations which was heretofore either impossible or not feasible with the punched card equipment. The current data base includes all full-time faculty members whose rank is instructor or higher. The record includes the possibility of 1600 positions of information on the 20,000 faculty members.

The system design of the Faculty Roster was assigned to the department staff in May of this year with a schedule of January 1, 1968, for the completion of the 1966-67 academic updating with statistical tables as requested and a printout of each faculty member for updating the current school year data. The original data file of 230,000 cards was recorded on magnetic tape in July, and various edit routines were processed during the months of August and September to improve the validity of future statistical information. This type of edit procedure has revealed the duplication of names of faculty who change schools whose previous school may not have reported this information earlier.

A new full-time faculty record was designed in the month of August for the 1967-68 individual record printout to provide additional information with an indication of missing items needed to complete the record. An example would be a reported internship or residency without reporting the school and year the faculty member received an M.D. degree.

Effective September 1, 1967, the department was changed to a separate division.

BUILDING SERVICES

This Division supervised the repair, maintenance, and cleaning of the headquarters office and the Annex. Despite continuing overcrowded conditions, the Association meets the safety regulations of the Evanston Fire Department.

ERNST & ERNST

231 SOUTH LA SALLE STREET

CHICAGO, ILL. 60604

September 8, 1967

Executive Council
Association of American Medical Colleges
Evanston, Illinois

Gentlemen:

We have examined the financial statements of Association of American Medical Colleges for the year ended June 30, 1967, and have issued our report thereon dated August 22, 1967. As indicated therein, "we were unable to confirm accounts receivable from the United States Government amounting to \$117,456; however, we were able to satisfy ourselves with respect to these accounts by means of other auditing procedures." Disclosure of this situation is required of us by the standards set forth by our profession. Although we were unable to obtain confirmation of the accounts with the United States Government, we were able to satisfy ourselves as to these accounts by examination of evidence of subsequent collection and other auditing procedures and we are therefore able to express an unqualified opinion on the financial statements of the Association as we have in previous years.

The aforementioned report, and the related financial statements have been reviewed with Dr. Robert B. Howard, Treasurer, and in that connection we reported to him on our annual review of the Association's system of internal control and management practices. The matters discussed with him are summarized in this letter.

PROGRAM AND ACTIVITY ACCOUNTING

Since 1960, when the Association began accounting for expenses by responsibility, it has continued to improve its accounting techniques so that ultimately the costs of all of the Association's programs and activities can be identified and accounted for. In order to accomplish this ultimate goal the following remains to be done:

1. The definitions of the terms "program" and "activity" need to be refined and clarified.
2. The staff of the Association should identify those programs and activities which exist at the present time and review them with the Executive Council.
3. The chart of accounts should be revised to include all such programs and activities.
4. Certain accounting procedures now performed manually should be converted to automated data processing methods.

5. The staff of the Association should establish the procedures to be used to identify new programs and activities as they arise and to review such procedures with the Executive Council.

With respect to conversion of accounting procedures from manual to automated methods, we reported to you last year that the accounting staff of the Association had completed certain preliminary trials of the system designed to budget and account for all of the programs and activities of the Association. Such trials were made using manual methods principally. During the year ended June 30, 1967 such trials were continued and an attempt was made to evaluate the practicability and economic feasibility of the system. On the basis of our review of the procedures which have been used in accounting for selected activities on a trial bases, we concur with the staff of the Association that implementation of the entire system is not practical or economically feasible unless a substantial portion of the procedures are changed and converted so that electronic data processing equipment is used in lieu of the manual clerical effort now required. We believe that the ultimate benefit which may be derived from complete program and activity accounting warrants additional study of the use of data processing equipment in this connection.

We note that the Association has accepted a grant from a private foundation to study how it might utilize high-speed electronic data processing equipment in its efforts to further advance medical education. Perhaps, if contemplated in the grant, the study might include determination of the potential utilization of and ultimate conversion to high-speed electronic data processing equipment for budgeting and accounting purposes. Budgeting and controlling its efforts to advance medical education are certainly an integral part of the overall operation of the Association.

SALARY AND PERSONNEL ADMINISTRATION

During 1965, we submitted to the Association reports of studies entitled "Position Description" and "Proposed Salary Administration Program." The first report provides the Association with a definitive outline of the organizational structure and the responsibilities and reporting relationships of persons then in the Association's employ. The second report provided, among other things, a base for equity in salaries in order to recognize the experience, skills, and other requirements of each Association position, and a sound basis for determination and control of payroll costs. In order that they may be utilized effectively, we suggest that the reports be reviewed and revised annually by the Association's staff to reflect the dynamic, changing organization of the Association and the changes in salary levels resulting from outside economic and competitive influences. We understand that such reviews and revisions were made by the Association's staff this year and others are planned for future years.

MINUTES OF THE EXECUTIVE COUNCIL

We noted that formal recognition and approval of grants from private foundations and contracts with the government were not always recorded in the minutes of the Executive Council during the year ended June 30, 1967. We believe that formal Council action is advisable in order to provide the Association with a permanent and official record of all grants accepted and contracts entered into.

DISBURSEMENTS FROM WASHINGTON, D.C. OFFICE

In view of the increased size and scope of the Association's offices in Washington, D.C., an imprest bank account should be used for local disbursements. We suggest that an imprest bank account in the amount of \$1,000.00 be established for use by that office. Checks drawn on this account should require only one signature and could have a specified maximum dollar limit, perhaps \$50.00. Reimbursement of the account should be made upon submission of documents adequately supporting the disbursements. Invoices submitted directly to Evanston for payment should be processed immediately only if they exceed the specified amount. Invoices under that amount should be carefully screened to insure against duplicate payment. Under this system advance signing of checks will be avoided and the possibility of duplicate payment of invoices will be eliminated. Further, the Washington office will have funds available for its miscellaneous expenditures as well as the responsibility to properly account for them. Adequate control over all disbursements can be effectively maintained in Evanston.

OTHER MATTERS

During our examination of the financial statements we discussed a number of other sundry matters relating to the Association's system of internal control and accounting procedures with Mr. John L. Craner, Director of Business Affairs.

* * * * *

We are pleased to report that the Association's system of internal control, accounting procedures, and business practices continue to provide management with meaningful information and are generally adequate to provide for the safeguarding of the Association's assets.

Very truly yours,

Ernst & Ernst

REPORT OF THE DIVISION OF OPERATIONAL STUDIES

LEE POWERS, M.D.

This, the ninth Annual Report of the Division of Operational Studies (DOS) of the Association of American Medical Colleges, summarizes the activities and accomplishments of the Division over the past year.

STAFF

Lee Powers, M.D., is Director of the Division; Mr. Augustus J. Carroll is Assistant Director; Mr. Harry Wiesenfelder is Research Associate; Miss Marian Weber, and Mrs. Sylvia Mussche are secretaries and Miss Eleanor Dougherty is statistical clerk.

ACTIVITIES OF THE DIVISION

MEDICAL CENTER FINANCIAL SUPPORT

Trends in financing medical education. --Medical school expenditure data for 1964-65 were incorporated with previously developed data in the study of trends in financing medical education providing continuity for the years 1941 through 1965.

Program costs in medical schools. --The DOS continued to provide consultation to medical schools in the utilization of the system of estimating medical school program costs.

Program costs in teaching hospitals. --Criteria and procedures for program cost analysis in teaching hospitals have been developed and extensively tested in the Yale-New Haven Hospital. Work is now underway on a report of the effectiveness of this procedure as field tested at the Yale-New Haven Hospital. This report will be submitted to a committee composed of representatives of the American Medical Association (AMA), the American Hospital Association (AHA), and the AAMC.

Summary of financial data for J.A.M.A. --The Division of Operational Studies for the sixth consecutive year provided the analysis of U.S. medical school expenditures for 1964-65 incorporated as a section of the Education Number of The Journal of the American Medical Association, Vol. 198, No. 8, November 21, 1966.

Medical school profile data. --The medical school profile data consisting of faculty staffing, student enrollment, and expenditure data were updated to include the most recently available information for the year 1964-65. The graphic method of presentation developed in the previous year has been extended to a number of additional items of information which were available for the 1965-66 academic year.

MEDICAL CENTER STAFF

Medical Faculty Roster. --The Medical Faculty Roster which the DOS has attempted to maintain on a current basis for a number of years was completely revamped for the 1965-66 updating. The information previously on file was listed off for all schools on a departmental basis and sent to the schools for distribution to departmental secretaries who were charged with the responsibility of verifying and updating existing information and providing information items not previously contained in the Faculty Roster. In addition to the bibliographic information on full-time faculty members, the departments were asked to provide head counts of part-time faculty at all ranks and such supporting personnel as interns, residents, professional staff without faculty rank and all other administrative, clerical and technical personnel. Extensive data processing of this information was undertaken to establish a historical file of medical faculty staffing which is to be updated on an annual basis and provides for generation of a great deal of statistical data not previously available. The 1965-66 updating collected information on approximately 17,000 full-time faculty members. This information was processed by IBM methods and the 1966-67 updating materials were sent out to the medical schools in February for further verification and updating. Data collection and processing is now being completed on the 1966-67 updating. Computer technology has been adopted for current and future processing of Faculty Roster data.

Faculty vacancies. --The annual tabulation of faculty vacancies on a departmental basis as reported in the AAMC-AMA Liaison Questionnaire was utilized to provide information to applicants seeking academic appointments. Fewer requests for information were received from interested applicants than in previous years.

Faculty Salary Study. --A study of faculty salary levels was made for the fifth time by the DOS showing a continuing trend toward higher salaries in all department and rank categories. As in the past these data were made available only to medical school deans in group data form for guidance in establishing and funding salaries.

Student-faculty ratios. --Based on information obtained in the AAMC-AMA Liaison Questionnaire student-faculty ratios were computed for the 1965-66 academic year detailing both the ratios of medical students to faculty and full-time student equivalents to faculty.

INFORMATION SERVICES

The DOS continues to provide an information service for the AAMC membership as well as external agencies seeking information pertinent to medical education. In providing information service the DOS has an excellent mechanism for assessing the value of information currently maintained and for determining areas of information or data collection that require strengthening.

Datagrams. --The DOS has continued monthly publication of its Datagrams providing data and information relating to medical education. The dissemination of information by means of the Datagrams has been enhanced in the past year by the reprinting of Datagrams either in their entirety or in part by numerous publications in the health fields.

Reprint file and library. --The DOS continues to maintain the reference library and reference reprint file as a service function to the AAMC.

Microfilm document file. --The 3 microfilm document files maintained by the DOS are Affiliation Agreements Between Medical Schools and Hospitals, Medical Center Administrative Organization, and Medical School Constitutions and Bylaws.

Institutes on Medical School Administration. --The Final Report of the Third Administrative Institute was published in July (1).

Medical Center Program Cost Allocation Study. --The Division is representing the AAMC in a study being conducted jointly with the Division of Grant Administration Policy of the U.S. Department of Health, Education, and Welfare. The Cost Allocation Study will examine program cost information systems to determine their adequacy and suitability to meet both the requirements of university medical center administration and the accounting and reporting requirements of various granting, contracting, and funding agencies. The study is being made in the following 7 medical centers: Bowman Gray School of Medicine of Wake Forest College; University of Iowa; Jefferson Medical College of Philadelphia; University of Michigan; New York University; Ohio State University; and University of Utah.

The objectives of the study are:

1. To identify the existing methods medical centers use in determining costs and related information required by granting, contracting, and funding agencies.
2. To determine program costs in each of the participating medical centers by a uniform system of program cost allocation.
3. To determine if the system or portions thereof proposed in Item 2 above meets the needs better than the reporting systems now used by the 7 medical centers. If the uniform cost finding system or portions thereof is more useful than existing systems, what suggestions can the medical centers offer for improvement?
4. To determine if the uniform cost allocation system will provide the fiscal and related information required by granting, contracting, and funding agencies in a manner acceptable to hospitals and medical centers and to the agencies involved. If the information produced by the system does not meet present requirements, should the system be revised so that the information produced will meet these requirements; or should the granting agencies revise their requirements?
5. To consider development of a program cost finding system on the basis of the findings of this study.
6. To describe the cost allocation procedure and other administrative programs relevant to these objectives in a final report.

Steering Committee for the Division of Operational Studies. -- On the recommendation of the Executive Council of the Association, the Steering Committee has been established to advise the Division of Operational Studies. The initial meeting of the Steering Committee was held on September 15, 1967 at which time William F. Maloney, M.D., Dean, Tufts University School of Medicine was elected Chairman. The membership of this committee consists of the following: Mark S. Blumberg, M.D., University of California, Berkeley; Robert C. Hardin, M.D., Dean, University of Iowa College of Medicine; J. A. Diana, Secretary to the Faculty, University of Michigan Medical School; C. N. Stover, Jr., University of Utah College of Medicine; John R. Hogness, M.D., Dean, University of Washington School of Medicine; Peter L. Eichman, M.D., Dean, University of Wisconsin Medical School.

REFERENCE

1. KNIGHT, D.M., and NOURSE, E.S. (Eds.). Medical Ventures and the University: New Values and New Validities. Report of the Thirteenth AAMC Institute, Third Institute on Administration. J.Med.Educ., 42: July, Part 2, 1967.

JOINT REPORT OF
THE COMMITTEE ON INTERNATIONAL RELATIONS IN
MEDICAL EDUCATION AND
THE DIVISION OF INTERNATIONAL MEDICAL EDUCATION

THOMAS H. HUNTER, M.D.
Chairman of the Committee

HENRY VAN ZILE HYDE, M.D.
Director of the Division

During the year under report the international program of the Association continued to be active, undergoing important administrative changes and devoting much of its time to the development and maintenance of relationships with foreign medical educators and associations, as well as developing a new and potentially extensive fellowship program under contract with the Public Health Service. The major activities of the program, conducted by the Division of International Education (DIME), are listed below.

ADMINISTRATION

Significant developments in the administrative aspects of the international program during the past year have included:

refunding of the basic support of the international program by grants from the Rockefeller Foundation and the Commonwealth Fund, each for three years with grants made in May 1967 retroactive to January 1;

transfer of the Division of International Medical Education from Evanston to AAMC office in Washington;

development of a contract with the Bureau of Health Services of the Public Health Service for the administration by the AAMC of an international foreign fellowship program under U. S. owned foreign currency;

resignation of Dr. Harold Margulies as Associate Director of the Division and AID Project Officer.

The AID contract remains in force, providing funds for general program support to AID and for potential projects under specific Task Orders.

The continuing general program of the Division consists of the maintenance of relationships in the international field; the convening of the Annual Conference on International Medical Education and the provision of information services.

The report of the Institute on International Medical Education incorporating the report of special AAMC study of the AID Program in health manpower was published as Part II of the November issue of the Journal of Medical Education. The Chairman of CIRME served as a member of the Study Committee of Education and World Affairs' study on the Professional School and World Affairs. The Director of DIME served as a consultant on the EWA's study of medicine and world affairs.

Special programs and projects are also carried out as provided for by contracts with AID, PHS and under specific grants.

RELATIONSHIPS

Third World Conference on Medical Education

The highlight of international relationships in medical education during the year was the Third World Conference on Medical Education convened in New Delhi, India, in November 1966, dealing with medical education in the developing countries. The Conference was attended by some 500 medical educators and economists and social scientists from both developed and developing countries. The Executive Director of the AAMC served as Chief Rapporteur. The Director of DIME served on the Headquarters Planning Committee which was chaired by Dr. Robert A. Moore, former Chairman of the AAMC Committee on International Relations in Medical Education. The official proceedings of the Conference will be published by the Journal of Medical Education and re-published in India.

Pan American Federation of Associations of Medical Schools

The Pan American Federation which held its first conference in Bogota in August 1966 transferred its headquarters in February 1967 from Rio de Janeiro to Bogota with Dr. Jose Felix Patino succeeding, as Executive Secretary, Dr. Ernani Braga who moved to Geneva as Chief of the WHO Office of Education and Training. The Federation has now received grants from a number of sources including the Rockefeller Foundation, the W. K. Kellogg Foundation, the Milbank Memorial Fund, the Josiah Macy, Jr., Foundation, and the Commonwealth Fund and is established in headquarters made available to it by the Government of Columbia. The AAMC has transferred to the Federation the fiscal activities it had previously carried on in their behalf and has made its first monetary contribution to the Federation in the amount of \$2,700, based on \$25 per institutional and provisional member, plus \$100 for the Association itself.

The contemplated program of the Federation includes the development of systematic collection of data in medical education; holding of administrative institutes and seminars designed to improve record keeping and facilitate exchange of information; development of post graduate training centers; and the provision of continuing support to national associations of medical faculties. The Federation is presently paying the salaries of some 6 to 8 full-time directors of national associations.

Policy issues faced by the Federation involve its relationship to the Pan American Health Organization which has an established program in support of medical education. These relationships involve such matters as data collection and analysis, which is already under way in the PAHO; relationship of a proposed Fund for Medical Education under the Federation to the existing intergovernmental support of medical education through the PAHO, the support and participation of the Federation in the medical textbook program of the PAHO with particular reference to maintenance of high professional standards and utilization of the textbooks by the member schools.

Dr. John A. D. Cooper continues to serve as a member of the Administrative Committee which has recently been strengthened by the addition of a representative of the PAHO. Dr. Berson, Executive Director of the AAMC, attended a one-day meeting convened by the Federation in Bogota on September 25 of the full-time Directors of national associations (Brazil, Canada, Columbia, Mexico, Peru, U. S., and Venezuela).

Association of Medical Schools of Africa

The Director of DIME attended a meeting April 3 - 7 of the Association of Medical Schools of Africa at the Lovanium University in Kinshasa (previously Leopoldville), Congo. Previous meetings of the African schools had been financed from a grant made by the Rockefeller Foundation to the University of Ibadan in 1961. These funds having been expended, the 1967 meeting was convened at the expense of the schools concerned, with Lovanium University serving as host and each school paying the expenses of its own representation. This was the sixth annual meeting of the schools of Africa and the first annual meeting of the newly formed Association of Medical Schools of Africa. Each of the seven schools represented (Accra, Dalsar, Ibadan, Khartoum, Lagos, Lovanium, and Makerere) had paid its annual assessment of £ 100 (\$285). An additional school, which was unable to attend the meeting, had transmitted its assessment. The essential features of the meeting included the level of attendance; the progressive assumption of leadership by African medical educators, with expatriate representation rapidly diminishing; the continuing drive to establish an internationally respected African personality in medicine, and the continuing effort to develop internationally recognized, indigenous specialty qualifications.

The program adopted included arrangements for the drafting of a history of the development of the African association, preparation of a document on the social role and ethos of the African physician; planning for enhanced exchange of students, faculty members, and external examiners between the schools of Africa; preparation of proposals to provide, in Africa, training for preclinical faculty and, a special meeting of deans to plan the next meeting of the Association. The African association has submitted to the AAMC a formal request for financial support of the above program which is now under discussion with AID.

France

The Ministry of Education of France sent six medical educators to the Annual Meeting of the AAMC in San Francisco in October, 1966. The group consisted of the deans of the medical faculties in Tours, Clermont-Ferrand and Lille, as well as representatives of the University of Paris and of Lyon and of the Ministry of Education. On its return to France, the group made a laudatory report widely publicized in the popular medical press. It has prepared a series of special reports on various aspects of American medical education which are in publication. The Society for Information and Research in Medical Education (SIDEM) has grown from a handful of interested persons to a group of some 600 medical educators who regularly meet to discuss the progress of medical education. The Director of the Ministry's Department of Higher Education (a physicist who spent a number of years at MIT) has given active encouragement to SIDEM. Dr. Jean Jaques Guilbert who was the initiator and leader of SIDEM, is now the medical education advisor at the WHO Regional Office in Brazzaville. His mantle has fallen on Claude Pages who succeeded him as Chief of the Medical Education Section of the Ministry of Education.

Germany

The Society for the Study of Medical Education, which was founded after the visit of the German group to the AAMC Annual Meeting in Denver, continues in existence. Its work continues under Dr. Hannes Kapuste and is attracting increasing financial support from the Volkswagenwerks Foundation. During the course of the AAMC Annual Meeting in San Francisco in 1966 a series of discussions was held by representatives of Germany, France, Switzerland and the United States which resulted in a joint experiment being carried out under the leadership of Dr. Kapuste, with an advisory group of international stature, to study the performance of students in different countries on a standardized multi-choice examination. During the year a first test was run utilizing questions of American, French and German origin. The standard examination was given in Chicago, Edmonston, London and three centers in Germany. The experts concerned have been convened in Munich at the expense of the Volkswagenwerks Foundation to analyze the results and plan for refining and expanding this test. Dr. Edwin Hutchins of the AAMC has been a member of this group.

India

The Indian Association for the Advancement of Medical Education omitted its Annual Meeting in 1966 because of its participation at the Third World Conference of Medical Education in New Delhi. Its 1967 meeting will be held in Bangalore in October to discuss teaching methods. Dr. Govinda Reddy, the mainspring of the Association as its Secretary, died suddenly in August 1966. As will be mentioned below, under the PL 480 Program, the AAMC has been engaged in active negotiations with the Indian Association in an effort to develop closer relationships between American and Indian medical education.

Israel

The Director of DIME participated as Committee Rapporteur in the Fourth Rehoboth Conference at the Weizmann Institute in Rehoboth, Israel, August 14-22, which dealt with health in the developing countries. The Conference was under the Chairmanship of Foreign Minister Abba Eban, and was attended by seventy-two ministers and directors of health primarily from Europe, the Americas and Africa. Particular attention was given to the organization of health services in developing countries, with emphasis on the use and training of ancillary and subprofessional members of the health team.

United Kingdom

The British Journal of Medical Education made its initial appearance, being edited by the Association for the Study of Medical Education and published by the British Medical Association. It is a distinguished journal which joins--as journals exclusively devoted to the processes of medical and related education--the Journal of Medical Education, the Indian Journal of Medical Education, Educacion Medica Y Salud (Pan American Health Organization and Pan American Federation of Associations of Medical Schools), and the Bulletin of Medical Education (European Office of the WHO).

Middle East

The World Health Organization, Eastern Mediterranean Regional Office, has scheduled a meeting on medical education in Baghdad November 18-24 as a follow-up of the 1961 meeting in Tehran and its subsequent meeting in Alexandria in November 1963 and has invited the Director of the Division, who attended the two previous meetings, to participate.

PROJECTS

AGENCY FOR INTERNATIONAL DEVELOPMENT (AID)

Studies of Foreign Medical Graduates

Studies of Foreign Medical Graduates in the United States, including a survey of performance in hospitals and estimates of numbers entering the United States, were completed. An article on the hospital survey will be published in an early issue of the Journal of Medical Education whereas the overall studies will be reported in a monograph now under preparation. A formal request has been made to AID for a task order to enable the AAMC to conduct a field study on FMGS who have returned to Turkey, Thailand and Peru.

AID Advisory Committee on Health Manpower

This Committee met twice during the year reviewing the AID program in health manpower with a review in depth of the program in Turkey studied by the Johns Hopkins School of Public Health and Hygiene under an AID contract. It requested a report of action taken on recommendations growing out of the study.

Other proposed AID projects

AAMC requests are pending in AID for assistance to the Association of Medical Schools in Africa for the provision of a specialist in Latin American affairs for the DIME staff to serve as a liaison between the American medical community, the Pan American Federation of Associations of Medical Schools, the Pan American Health Organization and the Alliance for Progress.

PUBLIC HEALTH SERVICE

AAMC/BHS International Fellowship Program

The AAMC entered into a contract in August 1967 with the Bureau of Health Services of the Public Health Service to take the lead in developing a program of international fellowships in medicine, at the student and young faculty level, to be carried out under U. S. owned excess foreign currency available in certain countries. The purpose of the program is to provide on-coming U. S. medical professionals with an opportunity to observe and work with biomedical and social problems that are exotic to the current American scene. At present, currencies are available for this purpose in India, Pakistan, Ceylon, Burma, Israel, Egypt, Tunisia, Yugoslavia and Poland. Three students have been sent to

Yugoslavia and negotiations are in an advanced stage with Israel and India for the developing in Israel of structured courses of three months duration with subsequent opportunities for research in a broad spectrum of fields and, in the case of India, for the development of a program consisting of the sending to India of small research and training teams, composed typically of three students and a young faculty member, for three months each to work in a specific department. It is hoped that the program will reach a significant level of operation in the spring of 1968.

ANNUAL CONFERENCE ON INTERNATIONAL MEDICAL EDUCATION

The Third Annual Conference on International Medical Education was held in conjunction with the AAMC Annual Meeting in San Francisco in October 1966. Medical education in the USSR, the People's Republic of China and Cuba were discussed by Drs. Mark Field, Ronald V. Christie, H. Bruce Collier and Leo P. Krall, and general health manpower problems were discussed by Drs. Margaret Mead, Malcolm Merrill and Harold Margulies.

The plan for the Annual Conference in 1967 includes an address on Current Trends in Medical Education in Europe by Dr. W. Tysarowski, Medical Education Advisor of the WHO Regional Office for Europe; a Panel on Population chaired by Dr. Howard Taylor and including Dr. Ivan Bennett and Dr. Sheldon Segal and a luncheon to be addressed by Dr. Frank Notestein, President of the Population Council.

CONFERENCES OF FOREIGN MEDICAL SCHOLARS

The Eleventh Annual Conference of Foreign Medical Scholars was held at Duke University with Dr. E. Croft Long as organizer and was attended by fifty-nine foreign scholars from twenty-three countries, sponsored by the China Medical Board, Rockefeller Foundation, Pan American Health Organization, World Health Organization and the Conference Board of Associated Research Councils (Fulbright Program).

The 1968 Conference will be held under the auspices of George Washington University at Airlie House, Virginia.

FOREIGN FELLOWSHIP PROGRAM (S.K. & F.)

(See following page)

FOREIGN FELLOWSHIPS PROGRAM

The Selection Committee, under Dr. Robert G. Page as Acting Chairman, awarded Foreign Fellowships to 31 medical students from 83 applications received from 53 medical schools under the program financed by Smith Kline & French Laboratories. Funds were also provided for eight professionally qualified wives to accompany their husbands and participate in the program. A list of this year's grant recipients by school and sponsor station is listed below.

<u>STUDENT</u>	<u>SCHOOL</u>	<u>STATION</u>
Ashby, William Edward	Loma Linda	Indonesia
Byer, David Eugene & wife	Kansas	Ethiopia
Camp, John Clifford & wife	Ohio State	Kenya
Chisari, Francis Vincent	Cornell	Tanzania
Cockrill, Howard	Arkansas	India
Cole, Richard Irwin & wife	Southern California	Kenya
Davis, Roger Woods	Utah	Nigeria
Ellingstad, Richard Allen & wife	Wisconsin	Tanzania
Guerrant, Richard Littleton	Virginia	Congo
Hales, Bradley Tucker	Chicago	Haiti
Hall, James Hardman	Duke	Malawi
Hondl, Sister Gerlinda	Marquette	India
Jacobson, Arthur Ray & wife	Texas	Bolivia
Johnson, Linda Mae	Oklahoma	Ghana
Johnson, Ronald Malcolm	Illinois	Congo
Kitchen, James Gordon	Pennsylvania	India
Li, Ronald	Columbia	Liberia
Lusignan, Denis Norman & wife	Union	Kenya
Marcus, Michael William	Yeshiva	Nepal
Matthias, James David	Iowa	New Guinea
Meyer, Walter John	Johns Hopkins	Bolivia
Naylor, Rebekah Ann	Vanderbilt	Thailand
Powell, Kenneth Eugene	Northwestern	India
Seybuck, Victoria Pauline	New Jersey	Uganda
Smith, Laura Alice	Yale	Thailand
Smith, Michael Oliver	California	Malaysia
Spengler, Kenneth Clifford	Boston	Laos
Woods, James Harley	Indiana	Nigeria
Yoo, Robert Paul	St. Louis	Malawi
Zurek, John Frederic	Minnesota	India

FIFTH AND FINAL
JOINT REPORT OF THE COMMITTEE ON RESEARCH IN EDUCATION
AND
THE DIVISION OF EDUCATION

JULIUS B. RICHMOND, M.D.
Chairman of the Committee

PAUL J. SANAZARO, M.D.
Director of the Division

The Division of Education of the Association of American Medical Colleges (AAMC) was established in 1962 with the support of a five-year grant from the Carnegie Corporation for the primary purposes of stimulating and promoting research in medical education. Its related functions were to encourage the application of research results to ongoing educational programs, to continue the AAMC's long established program of basic research, and to provide consultative services to medical schools and professional and scholarly organizations and societies. Those activities of the Division of direct benefit to the medical student have been financed by the AAMC. Other projects and special studies have been funded by grants from private foundations and by grants and contracts with the U.S. Public Health Service. The Division furnished staff services for AAMC committees which were administratively related to the Division.

ORGANIZATION AND STAFF

The Division of Education has conducted four interrelated programs: Educational Research and Services, Core Program, Basic Research, and Student Studies and Services. The Director has been responsible for the first two units.

Edwin B. Hutchins, Ph.D., has served as Assistant Director in charge of the Office of Basic Research, assisted by William E. Sedlacek, Ph.D., who joined the Division as Research Psychologist in 1964. In the summer of 1966, Dr. Hutchins began a one-year leave of absence for the purpose of completing the AAMC longitudinal study. During his absence Dr. Sedlacek served as Assistant Director (Acting) in charge of the Office of Basic Research.

Both Drs. Hutchins and Sedlacek resigned in the spring of 1967 to assume university posts, effective in the fall of 1967. Dr. Hutchins, who had been with the AAMC since 1959, became Professor of Psychology at Iowa State University. Dr. Sedlacek joined the University of Maryland as Assistant Director for Testing and Research of the Counseling Center.

Davis G. Johnson, Ph.D., has been Assistant Director in charge of the Office of Student Studies and Services. This Office is responsible for all records and functions related to applicants and medical students. It also provides staff services for the AAMC Committee on Student Affairs, the Group

on Student Affairs (GSA), and its several sub-committees. Effective July 1, 1967, the Office was reorganized into a Division of Student Affairs, under the directorship of Dr. Johnson.

EDUCATIONAL RESEARCH AND SERVICES

All staff members of the Division have contributed to the programs of this unit. Its major functions have been to promote and undertake research in the educational process, to collect and provide information on curricular changes, to provide consultation and assistance to medical schools in educational self-studies, and to develop objective criteria for the assessment of educational programs.

Annual Conference on Research in Medical Education.--The Fifth Annual Conference on Research in Medical Education was held on October 22 and 23, 1966. The Conference Proceedings along with the abstracts submitted for the Conference, were published as a special issue of the Journal of Medical Education (1). The Sixth Annual Conference will be conducted October 28-29, 1967.

The Annual Conference has served as the national forum for reporting and discussing the results of research in medical education. It has attracted the interest and contributions of research workers with backgrounds in medicine, education, medical care research, psychology, social psychology, and sociology. The scope of research problems under attack in medical schools is reflected in the papers submitted for presentation. These encompass studies of attitudes, social class, interests, professionalization, cognitive abilities, academic performance, and career choice of medical students; the design and evaluation of new curricula, programs, or instructional methods; development of reliable and valid measures of performance; and studies of faculty attitudes and values. Especially encouraging is the increasing recognition of the relationship of research in medical education to research in the medical care process (2). The maturation and interaction of these research areas will provide an increasingly substantive base for the initiation of "new curricula" which have as their major purpose the provision of academic clinical experiences in the settings of patient care.

Conference on Preparation for the Study of Medicine.---One-hundred individuals from selected undergraduate colleges and medical schools attended this Conference which was held April 9-12, 1967 at the University of Chicago, co-sponsored by the University of Chicago and the Division of Education. Robert G. Page, M.D., Associate Dean of the University of Chicago, was Chairman of the Conference, and Paul J. Sanazaro, M.D., served as Co-Chairman. Extensive survey data were collected in advance of the Conference. The Proceedings, which will include data analyses, Conference presentations, and deliberations of the discussion groups, will be published by the University of Chicago Press. The Conference was supported by grants from the Markle Foundation and the National Science Foundation.

This workshop is the first of a projected series of efforts by the AAMC to facilitate the academic realignments of medical education made necessary

by the changes in the content and teaching of medically related disciplines in colleges and universities. The implications of these changes and of the increasing numbers of advanced placements and honors and independent study programs have now been more clearly defined.

Research in Medical Education.--The Division has continued to compile and analyze descriptive and comparative information which permits a more direct assessment of educational programs in medical schools. By drawing upon studies which have been conducted under other auspices and by other divisions of the Association, the Division of Education has demonstrated that the educational process in medicine can be definitively and objectively characterized. A summary of the Division's experience with educational self-studies by medical schools has been published (3). The report illustrates the application of available data, research techniques, and educational self-study to the comprehensive analysis of an educational program. This report has been distributed to all schools of medicine, both in operation and in development, in the United States and Canada.

Committees on Education in major disciplines are more actively assessing current goals and methods in teaching and the place of their programs in the undergraduate curriculum. Consultation has been provided by the Division upon request and presentations have been made at meetings (4,5).

The changing curriculum continues to command increasing attention in medical education. Studies by the Division of the curriculum and its relation to learning have been reported (6,7).

CORE PROGRAM

The Core Program was initiated in 1962 as an interdisciplinary effort in research directed to key issues in medical education. It was proposed in order to assist the AAMC in providing leadership in adapting medical education to its new societal, scientific, and professional responsibilities. Four projects have become operational.

Project A. Projection of Future Needs for Physicians.--A long-range research plan was developed for the analysis of the multiple determinants of the nation's future needs for types and numbers of physicians. Utilizing the techniques of econometricians and medical care researchers, the purpose of the project is to identify the probable range of the U.S.A.'s future needs for physicians as influenced by known factors of utilization, payment, organization of practice, social characteristics, and varying composition of health care teams in office, clinic, and hospital settings. To the extent the findings will be generalizable, more precise guidelines will be available for planning the modification and expansion of the system of medical education. The research is currently underway at the University of California at Los Angeles.

Project B. Criteria of Performance of Practicing Physicians.--The purposes of this study are: (a) to define the criteria of effective professional performance by physicians; (b) to develop measures of performance based

on these criteria; (c) to apply these measures to a sample of physicians; (d) to correlate level of performance with personal, social, and educational variables; and (e) to compare the criterion dimensions with the content of the contemporary medical curriculum. This project is funded by the U.S. Public Health Service. Data collected from 2,500 practitioners are being analyzed.

Interim reports will be presented in October, 1967 before the Medical Care Section of the American Public Health Association and the Sixth Annual Conference on Research in Medical Education of the AAMC during the Annual Meetings of both organizations (8,9). A final report will be available in 1968.

Project C. Joint Study of Teaching Programs in Comprehensive Medicine.--Operational definitions of "comprehensive medicine" have been derived from a critical incidents study based on teaching programs in eight medical schools. Checklists based on these criteria were applied to a sample of students, but the data were insufficient to permit correlational analyses of the level of performance with attitudinal and biographical factors, as originally intended. A descriptive report will be published.

Project D. Research in Patient Care.--Stimulated by the enthusiastic response to the Division's Seminar on Research in Patient Care held in 1965 and by the increasing interest in the field of health services research, the Division of Education and the Division of Medical Care and Hospitals of the Johns Hopkins University School of Hygiene and Public Health co-sponsored a Seminar on Health Services Research, held at Johns Hopkins, April 2-7, 1967. This Seminar was supported by a contract with the U.S. Public Health Service. The Seminar provided intensive consultation in specific areas of health services research, including research in medical education, for faculty members and selected administrators of medical care programs.

REFERENCES

1. Mawardi, B. H. (Ed.). Proceedings of the Fifth Annual Conference on Research in Medical Education. J. Med. Educ., 42:193-281, 1967.
2. Sanazaro, P. J. An Agenda for Research in Medical Education. J.A.M.A., 197:979-984, 1966.
3. Sanazaro, P. J. Educational Self-Study by Schools of Medicine. Evanston, Illinois: Association of American Medical Colleges, 1967.
4. Sanazaro, P. J. Social and Scientific Determinants of Innovations in Medical Education. Paper presented at the National Conference on Education in the Neurological Sciences, November 15, 1966. Arch. Neurol. (In press).
5. Sanazaro, P. J. Undergraduate Medical Education. J. Urol., 97:379-382, 1967.
6. Sanazaro, P. J. Experiments in Medical Education. Indian J. Med. Educ. (In press).
7. Sanazaro, P. J. Individualization of Learning. Fed. Bull., 54:182-187, 1967.
8. Sanazaro, P. J., and Williamson, J. W. End Results of Patient Care: A Classification Based on Physician Reports. Medical Care. (In press).
9. Sanazaro, P. J., and Williamson, J. W. A Classification of Physician Performance in Internal Medicine. J. Med. Educ. (In press).

OFFICE OF BASIC RESEARCH

Medical College Admission Test (MCAT) Program.--A study of the effect of restriction of range artifacts in the interpretation of MCAT validity coefficients was published (1). An extension of the basic method employed in this study allowing determination of input-output differences involving MCAT and National Board data was presented at the Midwestern Psychological Association meetings (2). Technical reports were prepared to explain the nature of an artifactual shift in MCAT Quantitative Ability (QA) scores as a function of practice effects in the norming procedures used in test development (3,4). Tables of adjusted QA scores for both national and regional samples were reported in the latest applicant study (5).

The Office of Basic Research also cooperated with the Association of Canadian Medical Colleges in adapting the MCAT for use by Canadian medical schools.

Studies on Non-Intellectual Characteristics of Medical Students.--Analysis has progressed on the longitudinal study. The 1965 follow-up questionnaires obtained information on student career choice patterns and in addition involved the readministration of the Medical School Environment Inventory (MSEI). Information on the construct validity of this instrument was presented (6).

Analyses of data on the female subjects were made separately (7). These data should offer valuable supplementary information to that presented in the AAMC study of attrition, which is cited elsewhere in this report, and to the study of women in practice which is being conducted by the AAMC Division of Operational Studies.

The analyses of the Career Attitudes (CA) instrument are essentially completed, and indications are that the instrument is useful in distinguishing career groups. The CA was pretested in both U.S. and Canadian schools, and a French version for use in Canadian schools was also pretested (8).

A symposium dealing with the measurement of career attitudes in a changing profession was organized by the Office of Basic Research, and presentations were made at the American Psychological Association meetings (9,10).

Dr. Hutchins presented an additional paper at the American Psychological Association meeting (11) and also participated in a symposium on the measurement of student environment at the National Council of Measurement in Education (12).

Additional staff activities include Dr. Hutchins' participation in planning a multicultural study of medical students from the United States, Canada, and West Germany. Dr. Sedlacek has begun to develop a measure of student attitudes toward their role as students and has developed a measure of job satisfaction currently being employed in a study of the faculty at the University of Maryland School of Dentistry.

Cooperative Projects and General Support.---Consultations and dissemination of research data to schools and researchers have increased yearly. Excluding data compiled or disseminated as part of a major study, the Office of Basic Research filled approximately 100 requests for data or information from researchers and medical educators.

Office of Basic Research staff have participated in several major studies with other units of the AAMC. The AAMC study of medical student attrition has been completed and published as noted in this report by the Office of Student Studies and Services. Dr. Hutchins was co-author of this publication. Supplementary attrition tables are available (13).

Dr. Sedlacek cooperated with the Office of Student Studies and Services on a study of medical school acceptance dates which was reported at the last AAMC Annual Meeting (14).

Additional Staff Activities.---During the summer of 1966, Dr. Hutchins spent six weeks at the Center for Advanced Study in the Behavioral Sciences at Stanford doing research on student attitudes. Dr. Hutchins also participated in a faculty conference at the University of Toronto Medical School and in a panel on the uses of the MCAT in admissions and in research at the 1966 AAMC Annual Meeting.

In addition to those noted above, Dr. Sedlacek presented research papers at the Midwestern Psychological Association and American Psychological Association meetings (15,16).

The Office of Basic Research was discontinued, effective October 1, 1967.

REFERENCES

1. Sedlacek, W. E., and Hutchins, E. B. An Empirical Demonstration of Restriction of Range Artifacts in Validity Studies of the Medical College Admission Test. J. Med. Educ., 41:222-229, 1966.
2. Hutchins, E. B., and Sedlacek, W. E. Restriction of Range Artifacts in the Selection and the Assessment of Educational Effectiveness. Association of American Medical Colleges, 1966 (mimeographed.).
3. Hutchins, E. B., and Wallace, W. W. The Effect of Practice in Norming the Quantitative Ability Section of the Medical College Admission Test. Technical Report No. M662. Association of American Medical Colleges, 1966 (mimeographed.).
4. Wallace, W. W. Adjustment of the Scaled Scores for the Quantitative Ability Section of the Medical College Admission Test. Technical Report No. M662a. Association of American Medical Colleges, 1966 (mimeographed.).
5. Sedlacek, W. E. The Study of Applicants, 1965-66. J. Med. Educ., 42:28-46, 1967.
6. Hutchins, E. B., and Nonneman, A. Construct Validity of an Environmental Assessment Technique for Medical Schools. Technical Report No. L661. Association of American Medical Colleges, 1966 (mimeographed.).

7. Hutchins, E. B. Minorities, Manpower, and Medicine. Technical Report No. S663. Association of American Medical Colleges, 1966 (mimeographed.).
8. Terwilliger, J. S. Attitudes and Environmental Aspects of Medical Careers. Technical Report No. L664. Association of American Medical Colleges, 1966 (mimeographed.).
9. Hutchins, E. B. Career Trends within and between Graduating Classes. Technical Report No. L662. Association of American Medical Colleges, 1966 (mimeographed.).
10. Sedlacek, W. E. Medical Student Attitudes in Changing Educational Programs. Association of American Medical Colleges, 1966 (mimeographed.).
11. Hutchins, E. B. Stability of Interest during Medical School. Technical Report No. L663. Association of American Medical Colleges, 1966 (mimeographed.).
12. Hutchins, E. B. The Evaluation of the College Environment. Association of American Medical Colleges, 1967 (mimeographed.).
13. Johnson, D. G., and Hutchins, E. B. Supplementary Tables on Medical Student Attrition. Technical Report No. P661. Association of American Medical Colleges, 1966 (mimeographed.).
14. Sedlacek, W. E., and Johnson, D. G. The Dynamics of the Process of Applicant Acceptances to Medical School. Association of American Medical Colleges, 1966 (mimeographed.).
15. Sedlacek, W. E. An Empirical Description of Available Theory and Research on Job Satisfaction. Association of American Medical Colleges, 1966 (mimeographed.).
16. Sedlacek, W. E. An Empirical Demonstration of a Hypothetical Factor Analytic Technique as a Test of the Efficacy of Theory. Association of American Medical Colleges, 1966 (mimeographed.).

OFFICE OF STUDENT STUDIES AND SERVICES

The major functions of the Office of Student Studies and Services are to conduct studies, to provide services, and to serve as staff in the areas of admissions and student affairs. Except for the attrition study, which is described below, this Office has received its total support from AAMC.

Student Studies.--The major study conducted by this Office has been the study of medical student attrition, which has been supported by the Maurice Falk Medical Fund. The final report of this study, Doctor or Dropout?: A Study of Medical Student Attrition, was published as a special issue of the Journal of Medical Education (1). Davis G. Johnson, Ph.D., Principal Investigator, and Edwin B. Hutchins, Ph.D., Co-Investigator, co-authored the publication.

Several Datagrams relative to medical school applicants (2) and to the undergraduate colleges from which they come (3,4) were also prepared by this Office.

A number of special analyses were done relative to the potential applicant pool of newly developing and proposed medical schools. Most of the

other studies conducted by this Office are outlined briefly under the heading of "Staff Services."

Student Services.--This Office maintains complete and accurate records of medical school applicants and students as a basic service to medical schools. Based on these central records, a substantial amount of informational exchange continued to be provided to all medical schools and to over 1,000 undergraduate colleges annually.

Major effort during the year was given to exploring the feasibility of developing a comprehensive system to improve the manpower records of applicants, students, alumni, and faculty of medical schools and schools of the other health professions. Funding for such a project has not been obtained.

A final aspect of student services was the not inconsiderable amount of correspondence and consultation with medical school applicants, premedical advisors, GSA members, and others.

Staff Services.--The major staff effort of this Office is in planning and supporting GSA activities and projects. At the national level, much of this activity focused around preparing for and implementing the 1966 GSA annual meeting.

A revised directory of GSA members, which includes lists of its committee members, regional affiliations, schedules of meetings, and the newly-adopted GSA Bylaws, was published and distributed (5). Also prepared was an annotated bibliography on admissions and student affairs which has received wide distribution (6).

At the regional level, this Office coordinated the preparation of background references for consideration at the 5 GSA regional meetings and provided staff representation at most of these meetings. Among the items considered at the 1967 regional meetings were the release of MCAT scores, an early decision plan for admissions, a proposed Centralized Application Service, the National Intern Matching Program (NIMP), U.S. medical student experience abroad, and medical student health.

This Office also provided staff services for the GSA subcommittees. Under the auspices of the Committee on Relations with Colleges and Secondary Schools (William B. Kennedy, M.D., Chairman), the Directory of Premedical Advisors for 1965-66 was updated and that for 1967-68 was prepared. Two issues of The Advisor were distributed to approximately 1,100 premedical advisors and emphasized such topics as financial aid and foreign students (7,8).

The Committee on Financial Problems of Medical Students (John Chapman, M.D., Chairman) has helped maintain liaison with the federal government on its scholarship and loan programs. The Committee also suggested revisions for the AAMC booklet, "Financing a Medical Education," which will be incorporated into the 1967-68 Admission Requirements Book.

The Committee on Student Aspects of International Medical Education (John S. Wellington, M.D., Chairman) has continued its studies of foreign

students who enroll in U.S. medical schools, and has developed a proposed questionnaire study of U.S. students going abroad for short-term study and research.

The Committee on Research on Student Affairs (James W. Bartlett, M.D., Chairman) has continued its consideration of student evaluation and started an intensive study of rejected applicants.

The Committee on Communication with Student Organizations (John H. Githens, M.D., Chairman) has represented the AAMC in communicating with the Student American Medical Association (SAMA) and other national student organizations.

The Committee on Medical Student Health (L. W. Earley, M.D., Chairman) has served as liaison with the American College Health Association and has conducted an intensive questionnaire survey of medical student health policies and practices in all U.S. medical schools.

A new Committee on Medical Student Records (Schuyler G. Kohl, M.D., Chairman) was organized by the GSA and approved by the AAMC Executive Council as the appropriate AAMC Liaison Committee with the U.S.P.H.S. Office of Equal Health Opportunity. The Committee has proposed the development of a Centralized Application Service to reduce paperwork by applicants, registrars, and admissions staffs and to provide a better data bank for future research and feedback.

Additional Staff Services.--This Office has continued to provide staff service for other committees, most notably for the AAMC Committee on Student Affairs, which held 3 meetings during the period covered by this report, and which sponsored a survey of the new method of distributing NIMP results. Substantial staff effort was also contributed to the MCAT Advisory Committee and to the University of Chicago-AAMC Conference on Preparation for the Study of Medicine.

Effective July 1, 1967, the Office of Student Studies and Services became the Division of Student Affairs. In addition to its ongoing responsibilities, the Division assumed the administration of the MCAT program, pending the proposed establishment of a new Office of Educational Measurement and Research.

REFERENCES

1. Johnson, D. G., and Hutchins, E. B. Doctor or Dropout?: A Study of Medical Student Attrition. J. Med. Educ., 41:1097-1269, 1966.
2. AAMC Division of Education. Physician Manpower: Medical School Applicants. (Datagram.) J. Med. Educ., 41:1001-1002, 1966.
3. AAMC Division of Education. Undergraduate College in Relation to Medical School Application and Enrollment. (Datagram.) J. Med. Educ., 42:83-84, 1967.

4. AAMC Division of Education. Undergraduate College in Relation to Medical School Acceptance and Success. (Datagram.) J. Med. Educ., 42:181-182, 1967.

5. Johnson, D. G. (Ed.). 1966-67 Directory of the AAMC Group on Student Affairs. Evanston, Illinois: Association of American Medical Colleges, 1966.

6. Nourse, E. S., and Johnson, D. G. Suggested References on Admissions and Student Affairs: An Annotated Bibliography. Association of American Medical Colleges, 1966 (mimeographed.).

7. Johnson, D. G. (Ed.). The Advisor (3). Evanston, Illinois: Association of American Medical Colleges, 1966.

8. Johnson, D. G. (Ed.). The Advisor (4). Evanston, Illinois: Association of American Medical Colleges, 1967.

JOINT REPORT OF THE EDITOR AND EDITORIAL BOARD
THE JOURNAL OF MEDICAL EDUCATION
John A.D. Cooper, M.D., Ph.D.

The Journal of Medical Education published 2,017 pages of editorial material (including supplements) for the period from July 1, 1966 to June 30, 1967.

SPECIAL ISSUES

December, 1966.--"Doctor or Dropout? A Study of Medical Student Attrition."

March, 1967.--Proceedings of the Fifth Annual Conference on Research in Medical Education.

SUPPLEMENTS

July, 1966.--"Examinations and Their Place in Medical Education and Educational Research." Report of the Fiftieth Anniversary Invitational Conference of the National Board of Medical Examiners, Philadelphia, Pennsylvania, March 5, 1965.

September, 1966.--"Manpower for the World's Health." Report of the 1966 Institute on International Medical Education, Association of American Medical Colleges.

November, 1966.--Bibliography on Medical Education for 1964 and 1965.

June, 1967.--Bibliography on Medical Education for 1966.

EDITORIAL BOARD AND STAFF

Dr. John A.D. Cooper remained Editor of The Journal. Mrs. Rosemarie D. Hensel, formerly Assistant Editor, was appointed Managing Editor, and Mrs. Leah Simon, formerly Secretary, was appointed Editorial Assistant. Miss Carol A. Spears continues as Assistant Editor.

Dr. Robert Q. Marston resigned his Board position as of October 31, 1966. Dr. C. Arden Miller was appointed to a five-year term as of November 1, 1966. Members of the Editorial Board are to be commended for their excellent contribution to The Journal.

REPORT OF THE
COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE, M.D.
Chairman

The Committee on Medical Education for National Defense (MEND) met 2 times during the past year: during the AAMC annual meeting in San Francisco, California, in October, 1966, and during the AMA meeting in June, 1967, in Atlantic City, New Jersey.

These meetings were attended by representatives of the Federal MEND Council made up of representatives of the Armed Forces medical departments, the U.S. Public Health Service, Civil Defense and Department of Defense, as well as the AAMC Committee. In each instance the current programs of medical education for national defense were reviewed and discussions held on their effectiveness. The National Coordinator for the Federal Services, Colonel David M. Tormey, presented the planned programs and the fiscal support anticipated for both the medical school phase and the Federal side of the programs.

The MEND program has continued as a planned presentation of medical problems important in national defense and the solutions to these problems as presently available to the defense establishment. Wherever it is appropriate the progress being made by research in improving the solution to medical problems of importance in national defense is included in the symposia attended by medical school faculty and students.

The method of utilization of this information by medical school faculty in the educational programs of the medical school is left up to the individual medical school under the leadership of the school's MEND coordinator.

In January, 1967, a national meeting of MEND coordinators in San Juan, Puerto Rico, was attended by 150 participants representing 86 of the 89 schools. This meeting provided a forum for the exchange of ideas between coordinators. It also provided an opportunity for coordinators and medical school Deans to have presented to Federal authorities questions on MEND activities that needed clarification. It is believed these discussion periods were valuable in improving the understanding of MEND aims and policies as well as developing better approaches to the teaching of MEND subjects.

ACTIVITIES FOR 1966-67

The MEND coordinator reported the following activities:

The attendance of faculty at MEND symposia and courses has been as follows:

Course	FY 64	FY 65	FY 66	FY 67
Symposia	395	553	965	808
Short Courses	114	68	187	261
Mass Casualty	209	211	230	240

Other activities include:

1. Distribution to medical schools of 10,000 copies of the Mass Casualty Text; copies of Accidental Death and Disability (NAS-NRC); and Research on Malaria (WRAIR).
2. Showing of 2 MEND-sponsored films, Emergency Care of the Injured Patient, to MEND coordinators at the San Juan meeting.
3. Assisting school coordinators with planning of local meetings.
4. Establishing contact with 8 developing medical schools: University of California, Davis; Rutgers; Texas-San Antonio; Arizona; Mount Sinai; Connecticut; Pennsylvania State; Brown.

PLANS FOR 1967-68

Symposia.--The following symposia have been scheduled:

1. Military Medicine in Vietnam (Student Symposium)--October, 1967, Washington, D. C.
2. Human Response to Disasters--December, 1967, Columbus, Ohio.
3. Burns--February, 1968, San Antonio, Texas.
4. Environmental Stresses--May, 1968, Natick, Massachusetts.

Short Courses.--Spaces for 311 medical school faculty have been obtained in 15 short courses.

Mass Casualty Course.--There will be 150 faculty spaces in the course which is to be held March, 1968, at Fort Sam Houston.

Budget.--The budget for fiscal year 1968 is \$1,056,000. The average per school is \$11,000. This represents an increase of \$140,000 over the fiscal year 1967.

REPORT OF THE
COMMITTEE ON STUDENT AFFAIRS

JOSEPH J. CEITHAML, Ph.D.
Chairman of the Committee

DAVIS G. JOHNSON, Ph.D.
Secretary to the Committee

The Committee on Student Affairs has continued to function primarily as an Executive Committee for the AAMC Group on Student Affairs (GSA), which is composed of persons designated by the Deans of the medical schools as the schools' representatives in the areas of admissions and student affairs.

MEETINGS AND RECOMMENDATIONS

The Committee on Student Affairs held meetings on October 20 and 23, 1966, in San Francisco and on February 12, 1967, in Chicago. At the October 23 meeting, the following recommendations from the GSA were formally approved by the Committee on Student Affairs and were then transmitted to the AAMC Executive Council:

1. That the AAMC do all in its power to encourage the continuation of the present direct system of funding the Health Professions Educational Assistance Act medical student loan program rather than the new and more complicated financing methods which do not appear to offer any advantages over the present system.
2. That the AAMC take appropriate steps to procure from the highest authorities in Washington a clear directive to Selective Service Local Boards differentiating the status of students of the Healing Arts from that of other graduate students, to assure the deferment of all accepted and enrolled medical students.
3. That the AAMC communicate to the National Intern Matching Program (NIMP) the concern of GSA about the proposed changes in transmitting the results of the Matching Plan to the medical schools urging that (a) if possible, a return be made in 1967 to the procedures formerly employed; (b) if the proposed new procedures are employed, arrangements will be made which will insure delivery of the Matching results to the medical schools not later than 7:30 A.M. local time on Monday morning; and (c) consideration be given to representation of the AAMC Group on Student Affairs on the NIMP Board.

The committee also established a new GSA Committee on Medical Student Records and recommended to the AAMC Executive Council that this new committee be designated as the official AAMC liaison committee with the Office of Equal Health Opportunity of the U.S.P.H.S.

All 4 of these recommendations were subsequently acted upon favorably by the Executive Council and resulted in obtaining GSA representation on the NIMP

Board (by Dr. Joseph J. Ceithaml) and in increased aid from the National Advisory Committee to Selective Service in securing deferment for medical students whose draft status was in question.

OTHER ACTIVITIES

Through its chairman, the committee proposed the release of Medical College Admission Test (MCAT) scores to applicants and requested a recommendation from the membership of the 5 GSA regional groups. (Subsequently all 5 regional groups approved the release of MCAT scores by a total vote of 81 to 3 and the AAMC Executive Council was notified of the GSA's recommendation for release of the scores to applicants beginning with the May 1968 MCAT). In addition, the committee submitted other agenda items for the 5 GSA regional meetings and planned the program for the 1967 national meeting of the GSA.

The Committee on Student Affairs and the 7 standing committees of the GSA have worked closely with and received staff assistance from the AAMC Office of Student Studies and Services. Details concerning these activities may be found in the Joint Report of the Committee on Research in Education and the Division of Education.

REPORT OF THE
EDUCATION ADVISORY COMMITTEE

S. RICHARDSON HILL, M.D.
Chairman

The first meeting of the Advisory Subcommittee on Programs for Exchange of Medical Information of the Special Medical Advisory Group was held on July 26, 1967, in the Veterans Administration Central Office. A summary of that meeting was prepared by Mr. Clyde J. Lindley, Executive Secretary, Special Medical Advisory Group, Veterans Administration. Mr. Lindley's summary, which follows, is presented as the Report of the Education Advisory Committee.

REPRESENTATIVES PRESENT

Committee Members

Dr. S. Richardson Hill, Jr. Chairman	Dean, Medical College of Alabama
Dr. Granville A. Bennett	Dean, University of Illinois College of Medicine
Dr. Roger O. Egeberg	Dean, University of Southern California School of Medicine
Dr. Hayden C. Nicholson	Vice President for Medical Affairs and Dean, School of Medicine University of Miami
Dr. Barnes Woodhall	Vice Provost for Medical Affairs Duke University Medical Center

Veterans Administration

Mr. W. J. Driver	Administrator
Dr. H. M. Engle	Chief Medical Director
Dr. O. T. Skouge	Deputy Chief Medical Director
Dr. O. K. Timm	ACMD for Professional Services
Dr. B. B. Wells	ACMD for Research & Education in Medicine
Dr. E. Dunner	Special Assistant to ACMD for Research & Education in Medicine
Dr. H. M. Schoolman	Director, Education Service
Dr. L. M. Bernstein	Director, Research Service

Dr. C. A. Rosenberg

Assistant Director, Education
Service

Mr. C. J. Lindley

Executive Secretary, Special
Medical Advisory Group

Association of American Medical Colleges

Dr. Robert C. Berson

Executive Director

Dr. George James, Dean, Mount Sinai School of Medicine was not present.

FUNCTIONS OF COMMITTEE

Dr. Hill, Chairman, reviewed the 3 functions of the Committee. The first is a legal function in connection with PL 89-785. Under this authority the Committee makes recommendations to the Administrator and Chief Medical Director relative to grants to medical schools, hospitals, and research centers, about the exchange of medical information. Congress appropriated \$3 million for this purpose for each of four fiscal years effective July 1, 1967. In the apportionment process, the President's budget provided \$1 million for this purpose.

The Committee will also function as the Education Advisory Committee to the Department of Medicine and Surgery. In this capacity the Committee will advise the Director, Education Service, and the Chief Medical Director about all other aspects of the education and training program not directly related to the grants program.

The Committee will also serve a third purpose which is a liaison function on educational matters of mutual concern to the Veterans Administration (VA) and the Association of American Medical Colleges (AAMC). The nominations for membership on the Committee were approved by the AAMC. Thus the Committee will assume the functions of the former Committee of the AAMC on Medical School-VA Relationships.

By virtue of this 1 Committee serving 3 functions it will be possible to cover the total range of education and training activities of the VA. The Committee will be in the unique position to advise the Executive Council of the AAMC, the membership of the AAMC, and the leadership of the VA, about the medical program and matters dealing with relationships with medical schools. It will also serve to advise the AAMC Committee on Federal Health Programs of important legislative matters that should be brought to their attention.

REVIEW OF PUBLIC LAW 89-785

The first item of business by the Committee was to review PL 89-785, the so-called Omnibus Bill. There are several portions of this Bill which are of significance:

1. Training and Education of Health Service Personnel.--Section 101 has the primary purpose of recognizing education as a function of the Department of Medicine and Surgery of the VA along with both medical research and the care and treatment of patients. It was recognized that the VA has engaged for a number of years in the teaching of health personnel, but this activity had never received statutory recognition. While the Bill stresses that the basic mission of the VA, Department of Medicine and Surgery, is the medical care and treatment of veterans, it also recognizes that if the VA is to continue to improve the high quality of medical care which it has achieved, it is essential that an environment conducive to teaching, learning, and research be maintained in the VA system of hospitals and outpatient clinics.

The Chief Medical Director stated that the VA can increase its training programs significantly in the future if appropriate budgetary support is forthcoming. Furthermore, there have been indications that the Congress will be receptive to considerable expansion of the training program for FY 1969. The Committee indicated that enthusiasm throughout the country was very high about potential contributions that the VA can make in training health manpower personnel throughout the country. The Committee further indicated that the total problem of health education was one of the most critical problems in the health field today and expressed the desire that the VA proceed with every possible mechanism to increase the numbers of people in the health manpower field.

2. Special Medical Advisory Group and Other Advisory Bodies.--Section 109 of PL 89-785 deals with the Special Medical Advisory Group and other advisory bodies. The second part of this Bill provides a statutory recognition of the "Deans Committees" and other medical advisory committees that have been in existence in the VA medical program. There was some confusion concerning the reason that this particular portion of the Bill was passed by the Congress. Most of the confusion related to the fact that the Bill states that the Administrator "shall establish an advisory committee, that is Deans Committee, medical advisory committee, or the like." It was pointed out that this, in reality, is no change from existing policy. Although the Bill states that this is a function of the Administrator, the Administrator delegates these functions to the Chief Medical Director and prior to the passage of PL 89-785, members of Deans Committees were appointed by the Chief Medical Director on nominations from the Deans concerned. There are no plans to change these procedures as a result of this legislation. The Bill does provide that members of such advisory committees shall include personnel from the VA hospital as well as from the institutions with which the department enters into contract or agreement. The VA is developing a manual change to provide that the Hospital Director and/or Chief of Staff would be ex officio members of the Deans Committees.

3. Contracts for Scarce Medical Specialist Services.--Section 112 deals with contract for scarce medical specialist services. The purpose of this particular section was to legalize and largely duplicate authority which the Agency now has. This would make it easier to extend contracts to other areas as the need arises. However, the intent of the law to provide for contracts with medical schools and clinics for scarce medical specialist services at VA facilities should serve a useful purpose in enhancing the VA-Medical School relationships. The VA has issued instructions related to this particular portion of the law which establishes certain criteria relative to developing contracts. Basically, there has to be a definite need for the specialized

medical services for which the use of conventional employment authorities has been unsuccessful. The VA has issued directives indicating that the Hospital Director would have to finance such contracts within the station's primary fund allocation. Nothing in this regulation can be used to circumvent current Federal rules and regularions on current employment practices and compensation. In effect, what the VA is attempting to do is to protect the employment rights of its full-time, part-time, attending, or consulting staff.

4. Sharing of Medical Facilities, Equipment and Information.--Section 203 of PL 89-785 relates to sharing of medical facilities, equipment, and information. The Committee focused discussion on sharing of medical information with which it is specifically concerned as the Advisory Subcommittee on programs for Exchange of Medical Information of SMAG. This section of the Bill indicates Congressional recognition of the fact that there is a widening gap between the availability of medical knowledge and its application in medical practice. This is true partially because necessary costly and highly sophisticated techniques and resources are not universally available. Also, a significant time lag exists between the development of new techniques in the medical centers and the learning and utilization of those techniques in medical facilities remote from the medical center. In order to solve this problem for the VA, the VA must contribute to the possible solutions for the community at large. The Bill provides means of accomplishing these objectives through sharing of specialized medical resources and through a program of exchange of medical information.

It was felt noteworthy that the Bill itself indicated that through agreements with medical schools, hospitals, and research centers, that the purpose was to create at each VA hospital an environment of academic medicine. The grant program authorized by this public law has been established to facilitate new approaches to the most effective way to utilize all of the medical information that is available in a medical center so that this can be used by all and shared even with medical facilities located in more remote areas.

The grant program will in the first fiscal year be initiated and developed in selected locations throughout the U.S. upon recommendations by Central Office staff to the advisory committee based on their knowledge of these institutions and potential contributions. Each such project must be approved by the advisory committee. In the future a different mechanism for handling grants will likely evolve, probably at the next meeting of the Committee. The reason for this approach in the first year is that available funds are so limited that the VA would not be able to fund proposals if there was an active seeking of grants by publicizing this matter. There is precedent for such a procedure in other Federal agencies that grant funds--the National Institutes of Health has used this approach in initiating some of its programs by itself approaching institutions about establishing pilot programs. It was agreed that the Deans Committees should know about this and understand that there was no attempt to control this program directly from the Central Office. Rather it was felt that through the resources of the Committee members and the Central Office staff that we are already aware of the locations where pilot programs may be initiated, and that we can select others as necessary.

Several suggestions were made relative to the use of video tape and having it made available to a largenumber of VA hospitals. Closed circuit audio visual two-way communication was also considered, both between the VA hospital

and the medical schools and within a VA hospital. Consideration was also given to the possibility of investigating organizational concepts. A pilot program might involve changing the organizational relationship of hospitals with respect to the community or some medical centers. Plans to incorporate VA hospitals into the total regional complexes for training and care might be an example. Consideration was also given to the investigation of functional concepts. One example is utilizing modern data transmission which might provide major laboratory support for a number of hospitals simultaneously. The total function of the hospital might be altered so that it might become a research and teaching center for chronic care.

There was concurrence in principle by the Committee that these approaches should be developed, utilizing the initial funds allocated under the law.

COMPREHENSIVE HEALTH PLANNING

The Committee expressed concern that there was no specific mention made of the VA hospital system when Dr. Cavanaugh talked to the AAMC at their interim meeting in Chicago about comprehensive health planning as it related to the medical schools. It was suggested that in the dissemination of knowledge about comprehensive health planning someone from the VACO should contact Dr. Cavanaugh to assure the VA system is included as an integral part.

REGIONAL MEDICAL PROGRAMS

The Committee discussed the section of PL 89-785 relating to coordination of programs carried out under the Heart Disease, Cancer and Stroke Amendments of 1965. The VA has been invited to participate in meetings of the Council and active communication has been carried on between PHS and the VA. The VA has also sent letters to all of its hospitals encouraging their participation in the planning phase of the regional medical program. It appears that the existing approved programs have, in one way or another, at least listed the VA hospitals as a regional health care resource in the region. It is recognized that the degree of participation has varied enormously from very little participation to a VA Hospital Director being the Chairman of the Committee for the Regional Medical Program in that area.

The Committee discussed the implications of the recent PL 90-31 which amends Title 5 of the PHS Act to permit direct grants by the PHS "for research, training, or demonstration project grants..." to VA hospitals under the same terms and conditions for such grants as apply to non-Federal institutions. Many of the VA hospitals throughout the country feel that under PL 90-31 they have good projects ready to submit that relate to various aspects of the regional medical programs which would be beneficial to the regional medical schools and the hospital. It was pointed out that no guidelines have been developed by the PHS concerning the implementation of the Bill. The Committee agreed that there was not the slightest doubt that it was the wish of the Congress that the VA be incorporated in the regional medical program and the Committee enthusiastically supported this position.

INFORMATION TO DEANS AND VICE PRESIDENTS FOR HEALTH AFFAIRS

The Committee indicated that its deliberations could serve as an excellent means of communication with the Deans and Vice Presidents for health affairs around the country. There is a need for continuing information of this type to be circulated. It was felt that such materials should represent a summary of the deliberations of the advisory committee. Dr. Robert Berson, who was present for the discussion concerning liaison activities with the AAMC, concurred in this endeavor and offered the services of his office to serve as a medium for exchange of such information. The Committee asked Mr. Lindley to prepare a summary statement which might be used by the AAMC staff to publish information in the pink sheet memorandum to their Deans prior to the annual AAMC meeting in October. Summaries of meetings would be circulated to the Chairman beforehand for his comments, advice, and approval. In this manner, the communication to the AAMC members would be from the advisory committee itself. From time to time, as necessary, supplemental information concerning education and training activities and other items of significance could be made available by the Executive Secretary, SMAG, to the AAMC for dissemination.

REMUNERATION FOR TEACHING

The Chairman discussed a letter from Bob Berson transmitted to him (Dr. Berson) by Dr. Kenneth Castleton of Utah. Dr. Castleton had indicated that he did not understand that portion of VA Circular 00-67-12 which stated, "that the teaching process may include teaching rounds, but not rounds for patient care." The question was how can one identify a portion of funds used for teaching and that part which is used for patient care. It was pointed out by the Chief Medical Director that this language of the instructions was necessary to satisfy legal requirements of the law concerning dual compensation making it illegal for an individual to be paid twice for the same service. Though it is realized that this is difficult to define, it is the only way to satisfy this requirement of the law.

Dr. Castleton also raised questions concerning the form that has to be filled out to identify specific hours that are to be spent on a weekly basis on teaching. This form is also a requirement related to the dual compensation laws and constitutes documentation certifying that time devoted to teaching is over and above full-time VA responsibilities and that teaching compensation from outside sources is for services other than those for which VA compensation is paid.

It was stressed that the change of policy allowing physicians to be remunerated for teaching by the medical school was precedent-shattering--a very progressive step, and then to allow payment for teaching that was going to be conducted within the VA hospital was again a major step forward.

PLANS FOR FUTURE MEETINGS OF THE COMMITTEE

Plans were discussed for the next meeting which would include review of program plans and developments proposed by the VA for FY 1969. In this connection, it was emphasized that construction needs for education should deserve a high priority. It was pointed out that there is a time lag for major

construction items, and only the cost of minor alterations could be included in the FY 1969 budget. It was agreed that the next meeting would be held on October 27 in conjunction with the annual meeting of the AAMC.

TERM OF OFFICE

There was concurrence that a staggered system be developed for term of office for Committee members. It was agreed that this could be worked out in cooperation with Dr. Berson by the Executive Secretary of SMAG.

REPORT OF THE
LIAISON COMMITTEE ON MEDICAL EDUCATION

CHEVES McC. SMYTHE, M.D.
Associate Director

The Liaison Committee on Medical Education is a joint committee of the Executive Council of the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association. This report covers its activities from September, 1966, through August, 1967.

MEMBERSHIP

Membership from AAMC has been:

Robert B. Howard, M.D., Dean, The University of Minnesota
William N. Hubbard, Jr., M.D., Dean, The University of Michigan
John Parks, M.D., Dean, The George Washington University
Thomas B. Turner, M.D., Dean, The Johns Hopkins University
Robert C. Berson, M.D., Executive Director, AAMC (Staff); and

Membership from the AMA has been:

E. Bryce Robinson, Jr., M.D., Lloyd Noland Hospital, Fairfield, Alabama
Kenneth C. Sawyer, M.D., Denver, Colorado
William R. Willard, M.D., University of Kentucky, Lexington, Kentucky
W. Clark Wescoe, M.D., University of Kansas, Kansas City, Kansas
Walter S. Wiggins, M.D., AMA (Staff)

W. Clarke, Wescoe, M.D., served as Chairman of the Committee; Cheves McC. Smythe, M.D., was Secretary from September, 1966, through December 31, 1966; C. H. William Ruhe, M.D., is Secretary through 1967.

SURVEYS DURING 1966-67

In 1966-67 surveys of 14 established medical schools were carried out. Seven of these were re-surveys, scheduled in somewhat less than the usual period of eight to ten years. The programs of all schools surveyed were approved.

Schools visited were the following:

1. Albany Medical College of Union University
2. University of Southern California School of Medicine
3. University of Manitoba Faculty of Medicine
4. Dalhousie University Faculty of Medicine
5. University of Chicago School of Medicine
6. Medical College of Georgia
7. The University of California School of Medicine, Los Angeles
8. Loma Linda University School of Medicine

9. University of California, California College of Medicine
10. The George Washington University School of Medicine
11. University of Virginia Medical School
12. University of Arkansas School of Medicine
13. Meharry Medical College School of Medicine
14. The University of Nebraska College of Medicine

Visits of one to two days were paid to the New Jersey College of Medicine and Dentistry; Brown University, Division of Biological and Medical Sciences, Providence, Rhode Island; Mount Sinai School of Medicine, New York; The University of Sherbrooke, Faculty of Medicine, Sherbrooke, Quebec, Canada; and the Milton S. Hershey Medical Center, Pennsylvania State University, Hershey, Pennsylvania; The University of California, Davis, California; Louisiana State University Medical Center, Shreveport, Louisiana; McMaster University, Hamilton, Ontario, Canada.

The majority of the above visits were in connection with the progress of these developing medical schools. The course of development was approved in each instance, and the role of the Liaison Committee in rendering assistance to these institutions is re-affirmed.

Five groups interested in developing medical schools were visited at their request:

1. The University of Nevada, Reno, Nevada
2. Appalachian Regional Center for the Healing Arts, College of Health, East Tennessee State University, Johnson City, Tennessee
3. University of Tennessee Medical Center, Knoxville, Tennessee
4. City of Hope Medical Center, Duarte, California
5. Tulsa County Medical Society, Tulsa, Oklahoma

Staff consultation visits were paid to the New York Medical College, New York University, and the Chicago Medical School, Chicago, Illinois.

SURVEYS SCHEDULED 1967-68

The schedule for the 1967-68 academic year includes accreditation visits to the developing medical schools of The University of Arizona; The University of Hawaii; Michigan State University College of Human Medicine; The University of California, Davis; Rutgers University College of Medicine; The University of Saskatchewan; and the University of Sherbrooke Faculty of Medicine.

Regular visits are scheduled for the following schools for 1967-68:

1. The Johns Hopkins University School of Medicine
2. The Jefferson Medical College of Philadelphia
3. The University of Michigan Medical School
4. The University of Kansas School of Medicine
5. The University of Colorado School of Medicine
6. Columbia University College of Physicians and Surgeons
7. Vanderbilt University School of Medicine
8. Washington University School of Medicine
9. Albert Einstein College of Medicine

EXPANSION GRANT APPLICATIONS

During the past year expansion grant applications were reviewed for the following schools:

1. The Case-Western Reserve University School of Medicine
2. The University of Maryland School of Medicine
3. The University of California, San Francisco School of Medicine
4. The George Washington University School of Medicine
5. The University of Iowa College of Medicine
6. The Medical College of Georgia
7. The University of North Carolina School of Medicine
8. The Medical College of South Carolina
9. The Medical College of Virginia

MEETINGS

Meetings of the Liaison Committee were held on March 31, 1967, and June 30, 1967. In addition to completing routine business, efforts were made to define further the purposes for this committee, to define what role if any the committee has in accreditation of animal facilities, to strengthen its liaison with the Association of Canadian Medical Colleges, and to reassess usage of terms "Public" and "Confidential" probation. No conclusions on these issues are ready for presentation to the Institutional Membership of the Association of American Medical Colleges.

REPORT OF THE
MCAT ADVISORY COMMITTEE

DAVIS G. JOHNSON, Ph.D.
Acting Secretary to the Committee

PAUL J. SANAZARO, M.D.
Chairman of the Committee

During the past year, the MCAT Advisory Committee was a subcommittee of the AAMC Committee on Research in Education. Members of the MCAT Advisory Committee were as follows: James W. Bartlett, Rochester; John L. Caughey, Jr., Case-Western Reserve; Joseph J. Ceithaml, U. of Chicago; Roy K. Jarecky, Kentucky; Schuyler J. Kohl, SUNY-New York; Woodrow W. Morris, Iowa; Paul J. Sanazaro, AAMC, Chairman; and William Schofield, Minnesota. From the AAMC, Edwin B. Hutchins and Davis G. Johnson also served as ex-officio members.

Committee meetings were held on December 12, 1966, and on February 10, and May 11, 1967. Major committee actions and activities during the year include the following:

1. The committee recommended that it be made a full standing committee of the AAMC rather than a sub-committee of the Committee on Research in Education.
2. It recommended that the AAMC should employ a full-time Director of the MCAT Program and helped recruit for this position.
3. The committee sponsored a study of the feasibility of the administration of the MCAT being taken over entirely or in part by the AAMC.
4. The committee approved financial support from MCAT funds for a joint project between the AAMC and the Association of Canadian Medical Colleges to help develop a Canadian MCAT which would include elimination of culturally biased items, translation of the test into French, and development of Canadian norms.
5. The question of advanced placement tests for medical school applicants was considered, and an exploratory meeting was held with the National Board of Medical Examiners. Questionnaire data from the medical schools indicated a fair amount of interest in the possible development of such tests, probably starting with a pilot study in biochemistry.
6. The committee reviewed reports from the Psychological Corporation concerning the October 1966 and the May 1967 Test Administrations, including the results of experimental tests in science problem solving, the Biological Sciences Curriculum Study (BSCS) test and a Commission on Undergraduate education in the Biological Sciences (CUEBS) test in the biological sciences.
7. The committee approved the administration of a special questionnaire on "Preparation for the Study of Medicine" to all people taking the MCAT during 1966-67.

8. The committee recommended the release of MCAT scores to applicants starting with the Spring of 1968 and took preliminary steps to devise materials for reporting such scores to applicants if and when such score release should be approved by the AAMC. The question of a possible increase in MCAT fees from \$15.00 to \$20.00 per applicant was also considered and eventually recommended. (Both of these recommendations were subsequently approved by the AAMC Executive Council.)

9. The MCAT Handbook was revised by William E. Sedlacek, under the auspices of the Committee (1).

10. The Committee considered the implications for the MCAT of a possible Centralized Application Service which might involve the gathering of more extensive biographical and transcript data in conjunction with the MCAT administration.

REFERENCE

1. SEDLACEK, W. E. (Ed.). Medical College Admission Test Handbook for Admissions Committee (2nd Ed.). Evanston, Illinois: Association of American Medical Colleges, 1967.

REPORT OF THE
COUNCIL OF ACADEMIC SOCIETIES

CHEVES McC. SMYTHE, M.D.
Associate Director

The Council of Academic Societies (CAS) was authorized by the Institutional Membership at its October 24, 1966, meeting. Guidelines for the organization of the CAS were adopted by the Institutional Membership at this time. A preliminary pre-organizational meeting was held on January 10, 1967. The following organizations were represented at this meeting:

American Academy of Microbiologists
Association for the Aid of Crippled Children
American Association of Anatomists
American Association of Chairmen of Departments of Psychiatry
American Society of Human Genetics
American Society of Pathologists and Bacteriologists
Association of Medical School Pediatric Department Chairmen
Association of Professors of Medicine
Association of Teachers of Preventive Medicine
Association of University Professors of Ophthalmology
Association of University Radiologists
Society of Surgical Chairmen
Society of University Otolaryngologists

This group voted to endorse the actions of the Association. Certain contradictions in the identification of faculty concerns with professional disciplines were voiced. The dichotomy between professional interest and educational interest has marked all subsequent discussions about the CAS and its role during the year.

Based on instructions from the Institutional Membership and on impressions gathered at the meeting held January 10, 1967, 16 societies were recommended for membership in the CAS:

American Association of Anatomists
Association of University Anesthetists
Association of Professors of Dermatology
Association of Professors of Medicine
Association of American Physicians
Association of Professors of Obstetrics & Gynecology
American Gynecological Society
Association of University Professors of Ophthalmology
Society of University Otolaryngologists
American Association of University Professors of Pathology
Association of Medical School Pediatric Department Chairmen
Association of Teachers of Preventive Medicine
Association of Chairmen of Departments of Psychiatry
Association of University Radiologists
Society of Surgical Chairmen
American Surgical Association

These recommendations were approved by the Executive Council and submitted to the Institutional Membership on February 12, 1967.

On April 20, 1967, the first meeting of the CAS was held. At this meeting the steps that had been taken in its formation to date were reviewed. Those present adopted the Guidelines as a working document until a formal constitution was adopted, and agreed that the CAS hold an all day meeting on Friday, October 27, 1967, at which time a constitution should be adopted and officers and representatives of the CAS to the Executive Council should be elected.

The following additional societies were approved for recommendation to the Executive Council for membership to the CAS:

- American Society of Biological Chemists, Inc.
- American Academy of Microbiology
- American Neurological Association
- American Physiological Society
- American Association of Pathologists and Bacteriologists
- American Pediatric Society

Three Committees were appointed at this meeting:

- Nominating and Credentials Committee
- Agenda Committee
- Constitution and Bylaws Committee

On May 16, the Executive Council accepted the recommendation that the 6 societies listed above be added to the Council of Academic Societies. This action was ratified by the Institutional Membership on May 17, 1967.

The Committees on Nominations and Credentials, Agenda, and Constitution and Bylaws have all acted during the year. A Constitution and Bylaws has been drafted by the committee and is to be submitted to the membership of the CAS October 27, 1967.

The activities of the CAS and the regional program have cost \$15,268.00 during the year. They have been supported by a grant from the National Fund for Medical Education. The CAS has not yet identified its own sources of support.

NOTES

NOTES

These recommendations were approved by the Executive Council and submitted to the Institutional Membership on February 12, 1967.

On April 20, 1967, the first meeting of the CAS was held. At this meeting the steps that had been taken in the formation of the CAS were reviewed. The present status of the CAS was discussed and a working document until a formal constitution was adopted, was agreed that the CAS hold an all day meeting on Friday, October 27, 1967, at which time a constitution should be adopted and officers and representatives of the CAS to the Executive Council should be elected.

The following additional societies were approved for recommendation to the Executive Council for membership in the CAS:

American Society of Biological Chemists, Inc.
American Academy of Microbiology
American Microbiological Association
American Ecological Society
American Association of Pathologists and Bacteriologists
American Pediatric Society

Three Committees were appointed at this meeting:

Executive and Constitutive Committee
Advisory Committee
Constitution and Bylaws Committee

On May 16, the Executive Council accepted the recommendation that the CAS be affiliated with the Council of Academic Societies. This action was ratified by the Institutional Membership on May 17, 1967.

The Committee on Constitution and Bylaws, Executive, and Constitutive Committees have all met during the year. A Constitution and Bylaws has been drafted by the committee and is to be submitted to the membership of the CAS on October 27, 1967.

The activities of the CAS and the regional program have cost \$17,500.00 during the year. They have been supported by a grant from the National Fund for Medical Research. The CAS has not yet identified its own sources of support.

NOTES

100000

100000