



**ASSOCIATION OF
AMERICAN MEDICAL COLLEGES**

**Annual Reports
of
Staff and Committees**

**Presented at the 79th Annual Meeting
October 31-November 4, 1968
Shamrock Hilton Hotel
Houston, Texas**

(Supplement No. 1)

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OFFICERS OF THE ASSOCIATION AND MEMBERS OF THE
EXECUTIVE COUNCIL, 1967-1968

President and Council Chairman: JOHN PARKS.....George Washington University
President-Elect: ROBERT J. GLASER.....Stanford University
Immediate Past-President: WILLIAM N. HUBBARD, JR.....University of Michigan
Secretary and Treasurer: ROBERT B. HOWARD.....University of Minnesota
Assistant Secretary: RICHARD H. YOUNG.....Northwestern University

Executive Council Members:

1970: MERLIN K. DuVAL.....University of Arizona
ROBERT H. FELIX.....Saint Louis University
T. STEWART HAMILTON.....Hartford Hospital, COTH*
1969: ROBERT M. BUCHER.....Temple University
FRANKLIN G. EBAUGH, JR.....Boston University
JOHN R. HOGNESS.....University of Washington
THOMAS D. KINNEY.....Duke University, CAS+
RUSSELL A. NELSON..... Johns Hopkins Hospital, COTH
JONATHAN E. RHOADS.....University of Pennsylvania, CAS
1968: EBEN ALEXANDER, JR.....Bowman Gray, CAS
WILLIAM G. ANLYAN.....Duke University
KENNETH R. CRISPELL.....University of Virginia
HAROLD H. HIXSON.....University of California Hospitals, COTH
DANIEL C. TOSTESON.....Duke University, CAS
Ex Officio: ROBERT C. BERSON.....AAMC

*Council of Teaching Hospitals.
+Council of Academic Societies.

COMMITTEES OF THE ASSOCIATION, 1967-1968

STANDING COMMITTEES

CONTINUATION EDUCATION

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Chairman
C. Wesley Eisele, Colorado
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Stanley W. Olson, Department of
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Association
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George A. Perera, Columbia
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the Aid of Crippled Children

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California Hospitals (San Francisco)
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William R. Willard, Kentucky

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STUDENT AFFAIRS

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Woodrow W. Morris, Iowa
Edward S. Petersen, Northwestern
Walter G. Rice, Georgia
Robert L. Tuttle, Bowman Gray
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Virginia

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C. J. Tupper, California (Davis)

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Hilliard Jason, Michigan State
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Vernon W. Lippard, Yale
J. Wendell Macleod, Association of
Canadian Medical Colleges

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California
David L. Everhart, Johns Hopkins
Hospital
Arnold Lazarow, Minnesota
William F. Maloney, Tufts
Carl V. Moore, Washington
(St. Louis)

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IN RELATION TO TRAINING FOR
FAMILY PRACTICE

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W. Reece Berryhill, North Carolina
James L. Dennis, Oklahoma
Stanley A. Ferguson, University
Hospitals of Cleveland
Leon O. Jacobson, University of
Chicago
C. J. Tupper, California (Davis)

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Virginia; Chairman
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Chicago
Lad F. Grapski, Allegheny General
Hospital, Pittsburgh

Thomas H. Hunter, University of
Virginia
Thomas D. Kinney, Duke
John H. Knowles, Massachusetts
General Hospital
Sherman M. Mellinkoff, California
(Los Angeles)
Frederick C. Robbins, Case Western
Reserve

WAYS AND MEANS

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Kenneth R. Crispell, University of
Virginia
Merlin K. DuVal, Arizona
Russell A. Nelson, Johns Hopkins
Hospital
Jonathan E. Rhoads, Pennsylvania
Vernon E. Wilson, Missouri

COUNCIL OF ACADEMIC SOCIETIES

OFFICERS AND EXECUTIVE COMMITTEE, 1967-1968

Chairman: THOMAS D. KINNEY.....Duke University
Chairman-Elect: JONATHAN E. RHOADS.....University of Pennsylvania
Secretary: HARRY A. FELDMAN.....State University of New York (Syracuse)

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SAM L. CLARK, JR.....Washington University
PATRICK J. FITZGERALD.....State University of New York (Brooklyn)
JOHN I. NURNBERGER.....Indiana University
DANIEL C. TOSTESON.....Duke University
RALPH WEDGWOOD.....University of Washington

AAMC Executive Council Representatives:

1969: THOMAS D. KINNEY.....Duke University
JONATHAN E. RHOADS.....University of Pennsylvania
1968: EBEN ALEXANDER, JR.....Bowman Gray
DANIEL C. TOSTESON.....Duke University

COUNCIL OF TEACHING HOSPITALS

OFFICERS AND EXECUTIVE COMMITTEE, 1967-1968

Chairman: LAD F. GRAPSKI.....Allegheny General Hospital, Pittsburgh
Chairman-Elect: LeROY S. RAMBECK.....University of Washington Hospital
Immediate Past-Chairman: STANLEY A. FERGUSON.....University Hospitals
of Cleveland
Secretary: MATTHEW F. McNULTY, JR.....AAMC

AAMC Executive Council Representatives:

1970: T. STEWART HAMILTON.....Hartford Hospital
1969: RUSSELL A. NELSON.....Johns Hopkins Hospital
1968: HAROLD H. HIXSON.....University of California Hospitals
(San Francisco)

Members:

1970: ERNEST N. BOETTCHER.....St. Louis University Hospitals
LEONARD W. CRONKHITE, JR.....Children's Hospital Medical
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CHARLES R. GOULET.....University of Chicago Hospitals and Clinics
1969: LeROY E. BATES.....Palo Alto-Stanford Hospital Center
CHARLES H. FRENZEL.....Duke University Medical Center
T. STEWART HAMILTON.....Hartford Hospital
1968: DAN J. MACER.....Veterans Administration Hospital (Pittsburgh)
LESTER E. RICHWAGEN.....Medical Center Hospital of Vermont
RICHARD D. WITTRUP.....Affiliated Hospitals Center, Boston

COUNCIL OF TEACHING HOSPITALS

STANDING COMMITTEES, 1967-1968

FINANCIAL PRINCIPLES FOR
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Chicago Hospitals and Clinics;
Chairman
Richard D. Wittrup, Affiliated
Hospitals Center (Boston);
Vice-Chairman
Vernon L. Harris, University of
Utah Hospital
Gerhard Hartman, University of
Iowa Hospitals
Reid T. Holmes, North Carolina
Baptist Hospitals
Arthur J. Klippen, Veterans Admini-
stration Hospital (Minneapolis,
Minnesota)
Bernard J. Lachner, Ohio State
University Hospitals
Robert E. Linde, American Hospital
Association
Lawrence E. Martin, Massachusetts
General Hospital
Roger B. Nelson, University Hospitals
(Michigan)
Francis J. Sweeney, Jr., Jefferson
Medical College Hospital
(Philadelphia)
Irvin G. Wilmot, New York University
Medical Center

COTH-AHA LIAISON COMMITTEE

LeRoy S. Rambeck, University of
Washington Hospital, Chairman,
COTH Section
Mark Berke, Mt. Zion Hospital and
Medical Center, Chairman,
AHA Section

Russell H. Miller, University of
Kansas Medical Center, COTH
Ernest C. Shortliffe, Wilmington
Medical Center, COTH
Howard R. Taylor, Aultman Hospital
(Canton, Ohio), AHA
David B. Wilson, University of
Mississippi Hospital, AHA

MODERNIZATION AND CONSTRUCTION
FUNDS FOR TEACHING HOSPITALS

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Medical Center Hospitals; Chairman
Lewis H. Rohrbaugh, Boston
University; Vice-Chairman
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Sciences Foundation
John W. Kauffman, Princeton Hospital
(New Jersey), AHA Representative
John H. Knowles, Massachusetts
General Hospital
David Littauer, Cedars-Sinai Medical
Center (Los Angeles)
Richard D. Vanderwarker, Memorial
Hospital for Cancer and Allied
Diseases
John H. Westerman, University of
Minnesota Hospitals

COTH Representatives to AAMC
Committee on Federal Health Programs

Charles H. Frenzel, Duke University
Medical Center
Harold H. Hixson, University of
California Hospitals (San
Francisco)
James T. Howell, Henry Ford Hospital

GROUP ON STUDENT AFFAIRS COMMITTEES, 1967-1968

STEERING COMMITTEE

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Chicago; Chairman

Hugh D. Bennett, Hahnemann

John H. Githens, Colorado

Woodrow W. Morris, Iowa

Edward S. Petersen, Northwestern

Robert L. Tuttle, Bowman Gray

COMMUNICATION WITH STUDENT
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William J. Cameron, Kansas

Robert D. Coye, Wisconsin

Arthur J. Kahn, New Jersey

John K. Robinson, Miami

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FINANCIAL PROBLEMS OF
MEDICAL STUDENTS

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Donald A. Boulton, SUNY (Syracuse)

David T. Graham, Wisconsin

Theodore H. Harwood, North Dakota

Hope Lowry, Colorado

MEDICAL STUDENT HEALTH

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Ellen T. Cook, SUNY (Syracuse)

John C. Herweg, Washington (St. Louis)

Thomas B. Hill, Michigan State

James A. Knight, Tulane

LeRoy A. Pesch, Stanford

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Chairman

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Merrel D. Flair, Northwestern

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Robert L. Thompson, Duke

NOMINATING

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Chairman

Roy K. Jarecky, Kentucky

Philip O. Nice, Dartmouth

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SCHOOLS

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Christopher C. Fordham, III,
North Carolina

G. Gordon Hadley, Loma Linda

Mary J. Henn, Nebraska

Evangeline T. Papageorge, Emory

George A. Perera, Columbia

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Chairman

Perry J. Culver, Harvard

Gerald A. Green, Southern California

Joseph M. Holthaus, Creighton

Charles E. Kiely, Jr., Cincinnati

Robert L. Tuttle, Bowman Gray

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MEDICAL EDUCATION

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Chairman

Richard J. Cross, Rutgers

William S. Curran, New Mexico

E. Croft Long, Duke

Horace N. Marvin, Arkansas

Ben Rubenstein, Wayne State

REPORT OF THE EXECUTIVE DIRECTOR

ROBERT C. BERSON, M.D.

The annual reports of AAMC committees and staff which follow summarize the intense and accelerating activities of the Association and the constructive participation of a large and growing number of people. I commend them to your attention and will indicate here other important developments they do not cover.

ORGANIZATIONAL DEVELOPMENTS

The development of the Council of Academic Societies, the further development and strengthening of the Council of Teaching Hospitals, and the reorganization of the Association decided upon at the May, 1968 meeting of Institutional Members, were highlights of the year and give the Association a much sounder base for considering and dealing with the pressing problems of the present and planning for the future. Concurrently, the pressure on the member institutions from rising costs, increasing demands, and tightening of the federal budget, increase the importance of cooperative action on many matters and sound planning.

FEDERATION OF ASSOCIATIONS OF SCHOOLS OF THE HEALTH PROFESSIONS

At the Business Meeting on October 30, 1967 the Executive Council strongly urged the development of a mechanism for bringing together all academic health science organizations, either as an expansion of the existing AAMC structure or through the creation of a new organization, and to explore with the representatives of the University Medical Administrative Group the possibility of bringing this group into the AAMC as a council. These 2 objectives had to be coordinated with the reorganization of the AAMC which was discussed at that Business Meeting and is described in the Report of the Ad Hoc Committee on Ways and Means.

Thorough discussions with academic associations in the other health professions by the Task Force chaired by Dr. George A. Wolf, Jr., and consideration by the Executive Council led to the conclusion that a federation in which the AAMC would be represented along with associations of schools in the other health professions which are university-based would be the optimal approach to this objective at the present time. This decision led to a series of meetings in which the Federation of Associations of Schools of the Health Professions was formed. The Bylaws of the Federation follow the Report of the Ad Hoc Committee on Ways and Means.

ORGANIZATION OF UNIVERSITY HEALTH CENTER ADMINISTRATORS

Exploration with the University Medical Administrative Group revealed that the people active in that informal organization did not wish to form a council within the AAMC, partly because most of the members of that group have administrative responsibility for schools in some of the other health

professions. The University Medical Administrative Group decided during 1968 to become a somewhat more formal organization with the title of Organization of University Health Center Administrators, anticipating effective liaison with the AAMC through the Federation as well as in other ways. This development was summarized by Dr. Kenneth E. Penrod. (Organization of University Health Center Administrators. J. Med. Educ., 43:936-937, 1968.)

MEETINGS WITH FOUNDATION OFFICERS

On October 31, 1967 the officers of the Association and a number of deans met for several hours with the officers of about 30 foundations. The active discussion which took place indicated a good bit of interest on the part of foundation officers and led the Council to decide to arrange another meeting with foundation officers during the Annual Meeting in 1968. The support of medical education by private funds is so very important that the Council continues to explore ways that it can be helpful in interpreting the needs to those who control the allocation of private funds.

LIAISON WITH OTHER ORGANIZATIONS

American Medical Association.--During the year the officers of the Association met on 3 occasions with the trustees of the American Medical Association and members of the Council on Medical Education. Broad agreement was developed on the urgent need for increased enrollment in established medical schools, the need for additional medical schools, and the importance of increased financial support. In addition to a joint statement which was widely circulated in the public press, it was agreed that both associations would make strong efforts to encourage increased financial support of medical education from physicians, corporations, foundations, and state, local, and federal governments and to strengthen and support the efforts of the National Fund for Medical Education.

Representatives of the Association are engaged in continuing discussion with representatives of the American Medical Association and other groups, of the desirability and feasibility of establishing a Commission on Graduate Medical Education and a Commission on Foreign Medical Graduates. These discussions are not yet definitive enough for the Executive Council to take a position on them.

National Fund for Medical Education.--During the year the National Fund for Medical Education reached the decision to make a substantial investment of the funds it has received through certain bequests to the development of an active program to educate the decision-makers in the private sector of our economy as to ways in which the investment of private funds in medical education can be so effective in helping to meet the needs of society.

It is anticipated that the Fund will develop appropriate staff for this program, which will make use of factual information already available through the AAMC and the Council on Medical Education and translate and condense that information for communication to the officers of corporations and foundations and other policy-makers in our society.

Carnegie Commission on the Future of Higher Education.--Liaison with the Carnegie Commission on the Future of Higher Education continues through joint interest in the Economic Analysis of Medical Education, which is being conducted by the Brookings Institution, relying heavily on data the AAMC has collected, joint interest in the Pilot Study of Cost Allocation in 7 Medical Centers, which the AAMC is conducting, and discussions between the Executive Director and Dr. Clark Kerr, the director of the Commission. The Commission expects to publish a position paper late in the calendar year.

REGIONAL MEETINGS

During the year the Great Plains and Midwest regions decided to merge. The conclusions and recommendations of the winter and spring meetings in each of the 4 regions were reported at meetings of Institutional Members, and it is anticipated that the fall meetings will be reported on at the Annual Business Meeting.

SERVICE PAYMENTS BY MEMBERSHIP

At its meeting in February, the Executive Council decided to ask the member medical schools to contribute one half of the total amount of increased payment for services (which was authorized at the 1967 Annual Business Meeting) in the fiscal year 1968-69 and the full amount authorized beginning in 1969-70. This was felt appropriate because of the severe financial pressure on medical schools at this time and to allow more time for planning by medical schools and program development by the AAMC.

REPORT OF THE TREASURER

ROBERT B. HOWARD. M.D.

On September 6, 1968 Mr. John L. Craner, Director of the Division of Business Affairs, and I met with representatives of the accounting firm, Ernst & Ernst, to review the audit of the financial statement of the Association of American Medical Colleges for the year that ended June 30, 1968. I am pleased to note that the auditors find our statements in order and that they accurately represent the financial position of the Association for the period in question. Mr. Craner and his associates in the Division of Business Affairs are to be congratulated on the effective way in which they oversee our financial affairs.

The auditors have called to our attention once again that the figure carried on our books as representing the value of the Evanston land and buildings, \$296,856, could be sharply affected by a number of circumstances, but in particular by the still dubious status of the \$125,000 that represents a grant originally made to Northwestern University that was utilized in the construction of the building. Whatever settlement is effected between Northwestern and the AAMC concerning this will obviously affect this figure.

Further definition of our "programs" and "activities" is indicated in order that we might further improve our accounting procedures. A salary administration program, with uniform policies with respect to compensation of clerical and other non-professional personnel, should be developed, especially in light of the proposed move to Washington, at which time a substantial turnover of non-professional personnel would be probable.

In conclusion I recommend that, since the office of Treasurer is about to be discontinued as an elective office of the Association, the Executive Council (board of directors) should establish an Auditing Committee from within its own membership in order to provide the kind of membership reviewal of the financial status of the Association that the current organizational pattern has provided.

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, 1968, 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 \$169,996 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, subject to the determination of amounts to be realized from the sale of land improvements and building upon the contemplated relocation of the Association's national headquarters as described in Note B to the financial statements, 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, 1968, 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.

Ernst & Ernst

Chicago, Illinois
August 16, 1968

BALANCE SHEET

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30
1968 June 30
1967

ASSETS

Cash	\$ 56,594	\$ 84,167
United States Government short-term securities - at cost and accrued interest	147,097	128,193
Accounts receivable	354,852	305,902
Accounts with employees	10,199	6,031
Supplies, deposits, and prepaid expenses	22,264	26,185
Inventory of publications, at the lower of cost or market - Note A	11,062	9,341
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><u>\$898,924</u></u>	<u><u>\$856,675</u></u>

LIABILITIES AND EQUITY

Liabilities:		
Accounts payable	\$122,482	\$ 38,075
Salaries, payroll taxes, and taxes withheld from employees	<u>9,985</u>	<u>7,417</u>
	132,467	45,492
Deferred income:		
Institutional dues received in advance	88,905	77,500
Other dues received in advance	33,445	38,283
Subscriptions	<u>20,007</u>	<u>11,947</u>
	142,357	127,730
Equity:		
Restricted for special purposes	248,181	272,798
Invested in land and building	296,856	296,856
Retained for general purposes	<u>79,063</u>	<u>113,799</u>
	624,100	683,453
Lease commitment - Note C		
	<u><u>\$898,924</u></u>	<u><u>\$856,675</u></u>

See notes to financial statements.

STATEMENT OF EQUITY
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Year ended June 30, 1968

	Restricted for Special Purposes	Invested in Land and Building	Retained for General Purposes	Total
Balance at July 1, 1967	\$272,798	\$296,856	\$113,799	\$683,453
Deduct:				
Portion of prior year grants returned to grantors	7,990		7,990	7,990
Expenses in excess of income	<u>16,627</u>		<u>34,736</u>	<u>51,363</u>
	<u>24,617</u>		<u>34,736</u>	<u>59,353</u>
BALANCE AT JUNE 30, 1968	<u>\$248,181</u>	<u>\$296,856</u>	<u>\$ 79,063</u>	<u>\$624,100</u>

See notes to financial statements.

STATEMENT OF INCOME AND EXPENSE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Year Ended June 30			1967 Total (Note F)
	1 9 6 8		Total	
	Special Purposes	General Purposes		
Income:				
Dues		\$ 384,427	\$ 384,427	\$ 368,995
Grants	\$395,759	1,142	396,901	365,932
Cost reimbursement contracts - Note D	346,027		346,027	317,646
Services		358,968	358,968	246,543
Publications		133,258	133,258	125,646
Sundry		33,900	33,900	27,742
Transfers in-out**	60,306**	60,306	-	-
TOTAL INCOME	681,480	972,001	1,653,481	1,452,504
Expenses:				
Salaries	263,598	507,320	770,918	681,277
Other expenses	357,861	576,065	933,926	758,063
Transfers in-out**	76,648	76,648**	-	-
TOTAL EXPENSES	698,107	1,006,737	1,704,844	1,439,340
EXPENSES IN EXCESS OF (LESS THAN) INCOME	\$ 16,627	\$ 34,736	\$ 51,363	(\$ 13,164)

See notes to financial statements.

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NOTES TO FINANCIAL STATEMENTS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1968

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:

	<u>June 30</u> <u>1968</u>	<u>July 1</u> <u>1967</u>
Carrying amount of publications	\$52,779	\$47,734
Less allowance for publications over one year old	<u>41,717</u>	<u>38,393</u>
	<u>\$11,062</u>	<u>\$ 9,341</u>

Note B - Land and Building:

The present national headquarters of the Association is located on land donated by Northwestern University. Agreements relating to the land grant provide that if the land is not used for the Association's national headquarters, title to the land will revert to the University and a trust will be established for the purpose of selling the land and building. The Association is to receive from the trust that amount determined to be the proportionate share of the total selling price allocable to building and land improvements.

On May 21, 1968, the Executive Council of the Association approved relocation of the Association's national headquarters to Washington, D.C. at an unspecified future date. The University has been notified of such intent, and, in connection therewith, has indicated that, in its opinion, it is entitled to a portion of the value of the building to the extent of a \$125,000 cash grant given to the Association at the time of construction. The Association has taken the position that the University's contention is not valid.

The amount which the Association may ultimately realize from sale of the building and land improvements in connection with the relocation of its national headquarters is presently not determinable.

NOTES TO FINANCIAL STATEMENTS (CONT'D)

Note C - Lease Commitments:

The Association occupies premises in Washington, D.C. and Evanston, Illinois under lease agreements, expiring in 1969 and 1970, which provide for annual rentals of approximately \$40,000.

Note D - Cost Reimbursement Contracts:

Charges for overhead under certain contracts with the Department of Health, Education, and Welfare and the Agency for International Development have been reviewed and accepted for periods through June 30, 1966, and June 30, 1967, respectively. The Agency for International Development previously had proposed to disallow approximately \$26,000; however, this matter was settled during 1968 without such disallowance.

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

At June 30, 1968, the Association had been notified by several grantors that it may expect to receive \$690,250 (including \$465,000 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.

Note F - Prior Years' Income:

The detail of 1967 income has been restated to conform with classifications used in 1968.

REPORT OF THE DIRECTOR OF EDUCATION

PAUL J. SANAZARO, M.D.

Responsibilities of the Director of Education have included consultations with medical schools, hospitals, and professional organizations on the design and evaluation of educational programs; organization and dissemination of educational programs and innovative information; and provision of staff support for special studies and accreditation visits. Activities of direct benefit to the medical schools have been financed by the AAMC and by an extended grant from the Carnegie Corporation of New York.

The projects which have been under the immediate supervision of the Director were described in detail in the Fifth and Final Joint Report of the Committee on Research in Education and the Division of Education (1).

STAFF

The Director has been assisted in his activities during the past year by Mrs. Jane McC. Huston, Project Director of the AAMC Study of Physician Performance, and by Mrs. Janet H. Nelson, Secretary.

Effective April 30, 1968, the Director resigned his position at the AAMC in order to become the Director of the National Center for Health Services Research and Development within the Department of Health, Education, and Welfare.

CORE PROGRAM

The Core Program, initiated in 1962 as an interdisciplinary effort in research directed to key issues in medical education, has been terminated. The status of the 4 projects is described below:

Project A. Projection of future needs for physicians.--Responsibility for the conduct of a long-range research plan to determine the future national requirements for physicians and for the establishment of guidelines to modify and expand the present medical education system has remained with the University of California at Los Angeles.

Project B. Criteria of performance of practicing physicians.--The purpose of this study was to develop systematic, detailed, and comprehensive criteria of effective performance in the practice of medicine as well as the information needed to improve methods for assessing physician performance.

Major expenditures of time and effort by the Director were devoted to the completion of this study. Two papers have been published, and the final report is currently in preparation (2,3).

The last year of this three-year grant was financed by the Bureau of Health Manpower of the U. S. Public Health Service (USPHS).

Project C. Joint study of teaching programs in comprehensive medicine.--The final report describing the outcome of the critical incident study based on teaching programs in 8 medical schools has been published (4).

Project D. Research in patient care.--Due to the interest generated by the Seminar on Health Services Research held in 1967, a second Seminar was conducted by the Department of Medical Care and Hospitals of the Johns Hopkins University on March 25-29, 1968. The Seminar was sponsored by the AAMC, the Division of Medical Care Administration, Bureau of Health Services, and the Division of Regional Medical Programs, National Institutes of Health of the USPHS.

STUDIES OF HEALTH SERVICES

Medical care in Hawaii.--A month-long survey of the status of medical care in Hawaii was undertaken by the Director in cooperation with and financed by the Hawaii Medical Association. A preliminary report has been submitted to the Hawaii Medical Association and is currently in press (5).

Health services research in Great Britain.--A 5-member team, under the chairmanship of the Director, visited Great Britain in order to study firsthand the present status of health services research in the National Health Service. This study was financed by the USPHS. The report summarizing the team's findings has been published (6).

OTHER

Annual Conference on Research in Medical Education.--The Sixth Annual Conference on Research in Medical Education was held on October 28 and 29, 1967. Proceedings of the Conference were published as a special issue of The Journal of Medical Education (7).

REFERENCES

1. RICHMOND, J. B., and SANAZARO, P. J. Fifth and Final Joint Report of the Committee on Research in Education and the Division of Education. J. Med. Educ., 43:630-638, 1968.
2. SANAZARO, P. J., and WILLIAMSON, J. W. End Results of Patient Care: A Classification Based on Physician Reports. Medical Care, 6:123-130, 1968.
3. SANAZARO, P. J., and WILLIAMSON, J. W. A Classification of Physician Performance in Internal Medicine. J. Med. Educ., 43:389-397, 1968.
4. SANAZARO, P. J., and BATES, B. A Joint Study of Teaching Programs in Comprehensive Medicine. J. Med. Educ., 43:777-789, 1968.
5. SANAZARO, P. J. Preliminary Survey of Medical Care in Hawaii. Honolulu, Hawaii: Hawaii Medical Association, (in press).

6. SANAZARO, P. J., et al. Health Services Research in Great Britain. Milbank Mem. Fund Quart., 46:9-102, 1968.
7. MAWARDI, B. H. (Ed.). Proceedings of the Sixth Annual Conference on Research in Medical Education. J. Med. Educ., 43:329-413, 1968.

REPORT OF THE
DIVISION OF BUSINESS AFFAIRS

JOHN L. CRANER
Director

The primary responsibilities of the Division of Business Affairs are for business and fiscal management, plant maintenance, and supporting services, 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. Anthony J. Serewicz, Chief Accountant, effective June 30, 1968. Mr. Serewicz served in this capacity from October 16, 1967.

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 that more exploratory work is necessary. The Accountants' letter from the Association's auditors, Ernst & Ernst, presented in the appendix to this report, indicates their 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. Concerted effort has been made by the staff of the Division of Business Affairs to promote advertising in The Journal in the limited amount of time available to them. The Division continues to operate its advertising campaign without staff oriented to the advertising field. It is felt it has been well worth the effort as shown by the excess of income over expense in the following summary:

	<u>1966-67</u>	<u>1967-68</u>
Gross income	\$30,974	\$32,803
Actual expense	<u>26,475</u>	<u>22,898</u>
Income over expense	<u>\$ 4,499</u>	<u>\$ 9,905</u>

All income in excess of expense is applied to the direct support of The Journal. From October 1, 1967 to August 1, 1968, paid subscriptions to The Journal of Medical Education increased from 1,577 to 1,632.

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 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, 1967 and August 1, 1968:

<u>Type of Membership</u>	<u>1966-67</u>	<u>1967-68</u>	<u>Increase</u>
Individual	2,734	2,509	(225)
Sustaining	21	22	1
Contributing	18	20	2
Institutional	88	88	--
Provisional	13	13	--
Affiliate	13	13	--
Graduate Affiliate	2	2	--
Council of Teaching Hospitals, Paid	294	332	38
Council of Academic Societies, Paid		24	24

MAILING AND REPRODUCTION DEPARTMENT

The categories of plates and numbers of plates in each is shown below:

Individual Membership	2,509
Journal Subscriptions	1,632
Institutional Subscriptions	1,170
Council of Teaching Hospitals (COTH)	355
Free Journal Subscriptions	182
Emeritus Members	52
Contributing and Sustaining Members	43
Foundations	34
Deans and Vice Presidents	194
World Health Organization	592
Group on Student Affairs (GSA)	229
Premedical Advisors	1,500
Library	1,886
Datagrams	1,004
Advertising	2,445
Smith Kline & French Press List	885
Liaison Officers - Division of International Medical Education	99
Bibliography:	
Universities	199
Medical Societies	65
Pharmaceutical Schools	72
Dental Schools	48
Public Relations Press List	988

Liaison Committee on Medical Education	31
COTH Report Subscriptions	<u>21</u>
Total Number of Plates	<u>16,235</u>

All equipment in the Mailing and Reproduction Department is now owned by the Association. The Division's program to educate staff on the high cost of crash printing has met with even less success than reported in earlier years.

The following summary shows the printing activity for the past two years:

	<u>1966-67</u>	<u>1967-68</u>
Number of jobs produced	1,572	961
Amount charged	\$108,189	\$85,474
Expense	<u>105,345</u>	<u>85,611</u>
	<u>\$ 2,844</u>	<u>\$ (137)</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.

The Directory is now published by another Division which has full-time editorial staff. With improved format and expanded content, the total cost of the Directory for 1967-68 was \$25,200.

PUBLICATIONS

Publications of the Association are physically housed in 1 location. Inventory controls are being maintained to safeguard the Association's equity in its publications as reported last year.

MEETINGS

Annual Meeting.--This Division continues to be responsible for all Annual Meeting hotel arrangements, exclusive of housing. This includes planning and allocating space for meetings, staffing and operating registration and workroom, providing special equipment, and Annual Banquet arrangements and special meal functions. This Division has printed and disseminated Annual Meeting pre-registration information and invitations and maintained data processed pre-registration counts according to individual sessions.

Other meetings.--At the request of committees and staff, this Division makes arrangements for meetings throughout the year. The extent of this activity over the past year is shown in the following summary:

MEETINGS ARRANGED AUGUST-DECEMBER, 1967

<u>Group</u>	<u>Site</u>	<u>Number of Participants</u>	<u>Date</u>
AAMC Family Practice Committee	O'Hare Airport Chicago	7	August 25
Cost Allocation Study Committee	O'Hare Airport Chicago	20	September 7
Cost Allocation Study Steering Committee	O'Hare Airport Chicago	10	September 15
Executive Council	Sheraton O'Hare Chicago	30	September 19-20
Student Records Committee	O'Hare Airport Chicago	10	September 30
Cost Allocation Study Steering Committee	O'Hare Airport Chicago	10	October 17
COTH Financial Principles for Teaching Hospitals Committee	O'Hare Airport Chicago	14	October 17
AAMC Midwest Region	O'Hare Airport Chicago	70	October 20
Allied Health Professions	O'Hare Airport Chicago	30	December 7
Executive Council	Sheraton O'Hare Chicago	30	November 30- December 1
Educational Studies and Programs Committee	O'Hare Airport Chicago	10	December 15

MEETINGS ARRANGED JANUARY-JULY, 1968

<u>Group</u>	<u>Site</u>	<u>Number of Participants</u>	<u>Date</u>
AAMC Staff	The Abbey Fontana, Wisconsin	25	January 4-5
Cost Allocation Study Steering Committee	O'Hare Airport Chicago	8	January 24

<u>Group</u>	<u>Site</u>	<u>Number of Participants</u>	<u>Date</u>
COTH Financial Principles for Teaching Hospitals Committee	O'Hare Airport Chicago	20	January 25
	(Holiday Inn (San Francisco	20	January 26
	(Biltmore Hotel (New York City	25	January 29
Faculty Roster, Regions	(Marriott Twin Bridges (Washington, D.C.	15	January 30
	(Air Host Inn (Atlanta, Ga.	22	January 31
	(O'Hare Airport (Chicago	30	February 1
<u>In conjunction with the AMA Congress on Medical Education:</u>	<u>Palmer House Chicago</u>		<u>February 8-13</u>
Annual Meeting Program Committee		17	February 8
GSA Student Records Committee		12	February 9
GSA Foreign Students Committee		12	February 9
GSA Student Finances Committee		12	February 9
Educational Studies and Programs Committee		12	February 9
AAMC South Region		30	February 9
GSA Relations with Colleges and Secondary Schools Committee		12	February 9
GSA Medical Student Health Committee		12	February 9

<u>Group</u>	<u>Site</u>	<u>Number of Participants</u>	<u>Date</u>
Cost Allocation Study Steering Committee		10	February 9
Executive Council		30	February 9-10
COTH Membership Hospitality Hour		30	February 10
Institutional Membership		200	February 10
Council of Academic Societies (CAS)		250	February 10
Division of Operation- al Studies Steering Committee		12	February 10
Annual Conference for Foreign Medical Scholars Advisory Committee		10	February 10
Journal Editorial Board		14	February 11
GSA Communications with Student Organi- zations Committee		12	February 11
GSA Research on Student Affairs Committee		12	February 11
International Relations in Medical Education Committee		12	February 11
Student Affairs Committee		15	February 11
CAS Executive Committee		8	February 11
MCAT Advisory Committee		12	February 12
Smith Kline & French Selection Committee		9	February 13
Allied Health Professions	O'Hare Airport Chicago	4	February 22
COTH Financial Prin- ciples for Teaching Hospitals Committee	O'Hare Airport Chicago	8	February 23

<u>Group</u>	<u>Site</u>	<u>Number of Participants</u>	<u>Date</u>
Allied Health Professions	O'Hare Airport Chicago	7	March 7
Public Relations Section Planning Committee	O'Hare Airport Chicago	10	March 8
AAMC Midwest and Great Plains Region	O'Hare Airport Chicago	75	March 15
Allied Health Professions	O'Hare Airport Chicago	35	March 18
Executive Council)		32	March 28-29
CAS Executive Committee)	Washington Hilton Washington, D.C.	14	March 28-29
Ways and Means Committee)		7	March 28-29
COTH Midwest and Great Plains Region	O'Hare Airport Chicago	70	April 19
COTH South Region	Hilton Inn Atlanta, Ga.	50	April 30
New Deans Seminar	Savannah Inn & Country Club, Savannah, Ga.	50	April 28- May 1
Centralized Application Service Planning Group	O'Hare Airport Chicago	12	May 10
AAMC South Region)		20	May 21
Division of Operational Studies Steering Committee)		13	May 21
Executive Council)	Shoreham Hotel Washington, D.C.	25	May 21
Institutional Membership)		175	May 22
Business Fiscal Officers Section Steering Committee)		10	May 23

<u>Group</u>	<u>Site</u>	<u>Number of Participants</u>	<u>Date</u>
COTH Financial Principles for Teaching Hospitals Committee	O'Hare Airport Chicago	15	June 6
Executive Council	Sheraton-O'Hare Chicago	30	June 13
Conference on Research in Medical Education Program Committee	Sheraton-O'Hare Chicago	8	June 20
AAMC-AMA Liaison Committee	Marriott Motor Hotel, Chicago	20	July 9
Federation of Schools of the Health Professions*	O'Hare Airport Chicago	35	July 10
COTH Financial Principles for Teaching Hospitals Committee	LaGuardia Airport New York City	6	July 24

*Formerly Allied Health Professions

BUILDING SERVICES

This Division supervised the repair, maintenance, and cleaning of the headquarters office and the Annex. Maintenance has been decreased due to budgetary limitations.

ERNST & ERNST

231 SOUTH LA SALLE STREET

CHICAGO, ILL. 60604

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, 1968, and have issued our report thereon dated August 16, 1968. As indicated therein, "we were unable to confirm accounts receivable from the United States Government amounting to \$169,996; 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.

With respect to the Association's investment and equity in land and building, the following disclosures were made in Note B to the financial statements:

The present national headquarters of the Association is located on land donated by Northwestern University. Agreements relating to the land grant provide that if the land is not used for the Association's national headquarters, title to the land will revert to the University and a trust will be established for the purpose of selling the land and building. The Association is to receive from the trust that amount determined to be the proportionate share of the total selling price allocable to building and land improvements.

On May 21, 1968, the Executive Council of the Association approved relocation of the Association's national headquarters to Washington, D.C. at an unspecified future date. The University has been notified of such intent, and, in connection therewith, has indicated that in its opinion, it is entitled to a portion of the value of the building to the extent of a \$125,000 cash grant given to the Association at the time of construction. The Association has taken the position that the University's contention is not valid.

The amount which the Association may ultimately realize from sale of the building and land improvements in connection with the relocation of its national headquarters is presently not determinable.

ERNST & ERNST
100 NORTH LA SALLE STREET
CHICAGO, ILL. 60604

The land improvements and building are carried on the balance sheet of the Association at cost. As indicated in the aforementioned note, it is not possible to determine the amounts that will be realized upon the disposal of these assets in connection with the contemplated relocation of the Association's national headquarters to Washington, D.C. As a result of the uncertainty as to realizable value, it was necessary for us to comment upon this in the opinion paragraph of our report as follows:

In our opinion, subject to the determination of amounts to be realized from the sale of land improvements and building upon the contemplated relocation of the Association's national headquarters as indicated in Note B to the financial statements, 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, 1968, 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.

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. Except for a proposal to change the Association's method of allocating certain expenses, the matters discussed with Dr. Howard are summarized in this letter.

PROGRAM AND ACTIVITY ACCOUNTING

In our letter to you dated September 8, 1967, we made the following comments:

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 principally using manual methods. 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 basis, we concur with the staff of the Association that implementation of the entire system is not practicable or economically feasible unless a substantial portion of the procedures are changed and converted so that electronic data processing equipment may be 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 is certainly an integral part of the overall operation of the Association.

We have observed that no additional work in the area of program and activity accounting has been undertaken since the issuance of our September 8, 1967 letter.

SALARY AND PERSONNEL ADMINISTRATION

In our letter to you dated September 8, 1967, we suggested that the reports we submitted to the Association during 1965 entitled "Position Description" (an outline of organization structure and responsibilities and reporting relationships of persons in the Association's employ) and "Proposed Salary Administration Program" (a basis for determination and control of payroll costs)

be reviewed and revised annually in order that they may be utilized effectively. No action has been taken pursuant to our suggestion. We continue to believe that the Association will benefit from the utilization of these reports, and again suggest that they be reviewed and revised on a current basis.

MINUTES OF THE EXECUTIVE COUNCIL

In our letter to you dated September 8, 1967, we also suggested that, in order to provide the Association with a permanent and official record of all grants accepted and contracts entered into, it is advisable to indicate formal recognition and approval in the minutes of the Executive Council. We observed that our suggestion has been acted upon.

DISBURSEMENTS FROM WASHINGTON, D.C. OFFICE

We noted that the suggestion made to you in our letter dated September 8, 1967 concerning the establishment of an imprest bank account for the Washington office has not been implemented even though you have authorized the establishment of the account. We continue to believe that internal control over cash disbursements will be enhanced by the utilization of an imprest account for the Washington office.

REPORTS TO GRANTORS

Most grantors of funds to the Association request annual and/or final reports of expenditures made from their grants. We noted several instances where such reports were not submitted on a timely basis or were not submitted at all. We suggest that every effort be made to submit expenditure reports to grantors in accordance with their requests.

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 generally are adequate to provide for the safeguarding of the Association's assets and continue to provide management with meaningful information. However, in view of the contemplated

relocation of the Association's national headquarters to Washington, D.C. we believe that immediate consideration of the foregoing suggestions is advisable so that changes which are determined to be feasible may be implemented so as to coincide with the relocation. We will be pleased to be of further assistance to the Association in these matters.

Very truly yours,

Ernst & Ernst

Chicago, Illinois
September 8, 1968

REPORT OF THE
DIVISION OF DATA PROCESSING

RAYMOND W. RATHBURN

Director

On January 18, 1967 application was made to the John and Mary R. Markle Foundation for a grant to enhance the data processing capabilities of the Association of American Medical Colleges. In April 1967 an award of \$195,000, to be divided into 3 annual installments of \$65,000, was made by the Markle Foundation.

For eight years the data processing activities of the Association were a part of the Division of Business Affairs under the direction of Mr. John L. Craner. Mr. Raymond W. Rathburn was in direct charge of the day-by-day operation of the unit. The increased demand for data processing and the increased support from the Markle Foundation occasioned a reexamination of the role of data processing in the Association. The need for the direction of this unit to be as closely related as possible to the overall direction of the Evanston office became apparent. It was decided that the director of the unit should participate in the planning of the activities of the Association, have free access to all division directors, and at the same time the division directors should have free access to him. It was furthermore decided that the organizational changes called for by these considerations should be implemented at the initiation of the growth of activities expected to occur as a result of the major outside funding of Markle Foundation.

For these reasons, the Division of Data Processing was activated on July 1, 1967. Mr. Daniel J. Walter was recruited from the Systems Development Corporation to be its director and joined the Association's staff on August 21, 1967. The Division was assigned a budget, and plans were utilized for securing proper space for staff which was needed. First steps were taken to obtain time on computer of the necessary capabilities. These plans were well underway by September 1967.

PROJECTS

The proposal for organizing the Division outlined a number of projects in which the Association was actively engaged and a number of areas needing development. The relation of data processing to all of these was discussed. Progress made toward each of these objectives and projected activity are summarized below:

Student studies and services.--The Applicant Study for 1967-68 was processed by computer. The data pertinent to a number of reports, the tables of the applicant study, and the competitive school report were also handled by the computer. Appropriate programs have been written and are now available. Programs have been prepared to convert applicant information from prior years from card to tape for subsequent retrieval of this information if called for.

Faculty Roster.--This project has absorbed most of the Division's time and energy. The Association's contract with the National Institutes of Health (NIH) has been renewed for one year, ending February 25, 1969. Programs have been prepared which control inputs into the master file, appropriate updating as newer information on individuals already in the file is received, and as new names accrue to the file. Programs controlling the preparation of tables and reports requested by the contracting officer are already prepared or in preparation. A general type program has been prepared to facilitate extraction of special tables by providing easy access to file organization and procedure, divisions of the accumulated data bank.

Neither the accumulation of the data nor the programs for their manipulation have been easy. Problems remain in the system involving everything from the role of the individual member in updating data through the optimal utilization of the material. However, now that the Faculty Roster is computerized, it should become more readily useful.

Updating the Faculty Roster and continuing attention to perfecting its administration will absorb a significant portion of the Division's energy during the coming year.

National Intern and Residency Matching Program.--Rapid changes of staff precluded development of programs in time to handle the 1968 matching by computer. Since the program is so well-known to the Division, the systems analysis aspect of the task has been completed. Detailed programming is underway and as a first step, these programs will be tested on a trial basis utilizing the 1968 data. This will allow pretesting so that all steps will have been "debugged" well in advance of the 1969 matching, which is now scheduled to be handled by computer. Conversion of data from previous years from cards to tapes is now feasible.

There was no substantial increase in the volume of resident matching during 1968 and none is expected during 1969. However, in some form or another, residency matching continues as a probability. Computer programs are being developed which will provide the capabilities to process residency matching. This is being done in conjunction with the work of the national intern matching.

Centralized Application Service.--This project is developing rapidly. A director joined the staff in August 1968. Pilot schools have been selected and the whole development of the plan scheduled through 1970. Forms and procedures for the pilot study have been provided to the 7 participating schools. The Division of Data Processing Division has been an integral part of the planning from the beginning and has been providing the necessary systems work and forms. The finer details of the actual programs will be written subsequent to August 1 in conjunction with the Project Director. Continuing rapid development of this plan is expected during the coming year.

Medical College Admission Test.--During 1968 Medical College Admission Test (MCAT) scores were first distributed to MCAT examinees. The contract with The Psychological Corporation was altered in such fashion that the Association was responsible for the distribution of the scores. Programs to handle this clerical task, as well as to prepare various statistical reports concerning

the tests, were prepared on the basis of a contract with an outside programming agency. Individual names and addresses have been recorded and each individual has been provided with a copy of his test scores. Programs have been prepared to convert all previous MCAT master cards to computer tape file, and this card-to-tape conversion is in process at the present time. This is being done in time available on an IBM 360-30, for which the Association has contracted. This editing of previous MCAT masters is being done to select duplicate tests for individuals and for inserting cross reference test numbers. Such procedures are being developed with an eye toward their potential application in the validation of tests.

Medical school profile.--The original thought that a profile on each medical school might be prepared has been expanded. Appropriate individuals from the Division of Data Processing, the Division of Operational Studies, and the Office of the Associate Director are now involved in working through the requirements for a medical school profile. The data now being collected from each medical school in routine fashion is being taken as a starting point.

Information which is recorded in numerical fashion is to be programmed first. This includes data from the AAMC Applicant Study, the data from the AAMC Faculty Roster, financial data from the joint AAMC-AMA Annual Liaison Committee Medical School Questionnaire, and data gathered in connection with medical school surveys.

The continuing development of the medical school profile is expected to occupy a significant proportion of the Division's effort. As data on each school are collected they will be converted from such individual reports and tables to a large data bank-type information retrieval system. This will require a precise definition of both the scope of the data to be stored for retrieval, the most likely uses to which it is to be put, and the methods and techniques necessary for its retrieval and/or manipulation from and within the bank. It has been recognized that all of this can be accomplished in stages by adding on various types of data as it becomes available from various divisions of the Association.

Information service.--It is apparent that methodology must be found for the storage and retrieval of now numerical data on either medical schools and/or selected topics in medical education. Such information is either sent to or collected by the Association in considerable volume. The presence of capabilities for the organization of and manipulation of such material and the fact such ability would greatly enhance the potential service of the Association to its constituent members has brought the need for creating such a capability into the forefront. This is under active study by the Association with the assistance of the Division of Data Processing.

Miscellaneous.--The unit will continue to handle such annually recurring items as the Applicant Study, Medical College Admission Test, National Intern and Residency Matching Program, the faculty salary study, and miscellaneous association business reports, as it has for the last many years. As available energy and demand permit, these small projects will be converted from punch card to computer systems.

STAFF AND ORGANIZATION

As mentioned above, Mr. Daniel J. Walter became Director of the Division in late August 1967. Mr. Don Shigio, a senior programmer, joined the staff in November 1967. In February 1968 Mr. Walter left the Association and was replaced by Mr. Raymond Rathburn as Director of the Division. Upon the completion of his training as a programmer, Mr. William Jamison, who had been assigned the Faculty Roster project, left the Association in January 1968. Mr. Bernard J. Towns, who has had extensive experience both in systems analysis and programming, joined the staff in May 1968. His particular strengths lie in organization and programming of data banks and information retrieval systems. The permanent staff of the Division now consists of the Director, a systems analysis-programmer, a programmer, 1 machine operator, a control clerk, and 1 keypunch operator. In addition to the full-time staff, additional keypunch operators and programmers are employed from outside from time-to-time on an ad hoc part-time or contractual basis. It is expected that additional strength will have to be added to the programming staff to bring about effective activities of the Centralized Application Service, the medical school profile, and the information system.

The Division Director relates to the other Division Directors and reports to the Associate Director of the Evanston office.

EQUIPMENT

The equipment of the Division now consists of 2 keypunch machines, 1 verifier, a complete IBM 407 unit record system consisting of 1 model 407 printer, 1 sorter, 2 collators, and 1 interpreter. In December 1967 the Association entered a contract with TRW Electronics, Inc. The terms of this contract allow the Association access to an IBM 360-30 computer for twenty-five hours per month. In addition, the Association is allowed to purchase up to fifty hours per month at agreed upon rates. This arrangement provides a satisfactory solution to the problem of access to a computer of great capability by the staff of the Division for the time being. No decision has been reached and no recommendations have yet been made concerning either equipment capabilities or the sort of access the Association should have to such equipment subsequent to 1970.

SPACE

In December 1967 the Division moved from cramped and scattered quarters in the Association's main building to rented space approximately 1 mile west. This building provides the unit with adequate office space for its director and programmers, an enclosed area for its clerks and keypunch operators, and adequately air conditioned and sound-proofed space for its equipment.

REPORT OF THE
DIVISION OF EDUCATIONAL MEASUREMENT AND RESEARCH

DALE E. MATTSON, Ph.D.

Director

The Division of Educational Measurement and Research was established with the appointment of Dr. Dale E. Mattson as Director in July, 1967. The responsibilities of the Director were outlined as follows:

1. Further development of the Medical College Admission Test (MCAT) and other tests pertinent to the selection of medical students along at least 3 lines: (a) improving or strengthening the capabilities of the test in its current form, (b) research in and development of instruments capable of measuring achievement in fields such as biochemistry, and (c) research in and development of instruments designed to measure nonintellectual characteristics of medical college applicants.
2. Research in aspects of medical education within the capabilities of the Division and the AAMC.
3. Direction of research in the general areas of applicant testing and in other aspects of psychological characteristics of those persons involved in programs of the medical center with which the AAMC deals directly.
4. Direct or indirect responsibility for the administration of the MCAT.
5. Development of a division of the Association capable of assisting other units, especially in such areas as research design and data analysis.

Activities of the Director during the year have been directly related to these responsibilities. Two major additional responsibilities assumed during the year have been the staff support for the Ad Hoc Committee on Educational Studies and Programs and the Seventh Annual Conference on Research in Medical Education.

MCAT PROGRAM

Program Analysis

One of the primary reasons for the establishment of the Division of Educational Measurement and Research was to allow the Association to devote more attention to the operation and further development of the MCAT program. Accordingly, 1 of the initial tasks of the Director was to make a thorough review of the history of the MCAT as well as to analyze its current operation. Based upon information obtained from minutes of MCAT committee meetings, publications, a feasibility study conducted under the direction of the MCAT Advisory Committee, and conferences with numerous individuals having a direct interest in the program, a detailed proposal containing a set of recommendations regarding the

future operation of the program was developed and reviewed by the MCAT Advisory Committee. As a result the Committee passed the following 2 motions:

1. The MCAT Advisory Committee recommends to the Executive Council that prior to June 30, 1968, the responsible officers of the AAMC notify The Psychological Corporation that the AAMC desires to terminate its present contract with The Psychological Corporation; this action is to become effective June 30, 1969.

2. The MCAT Advisory Committee recommends to the Executive Council that the AAMC negotiate with The Psychological Corporation to effect a contractual agreement which will allow the AAMC to assume reporting and research and development functions of the MCAT program beginning January 1, 1969, with The Psychological Corporation continuing to carry out the functions of administration and scoring. This contractual agreement should be for a two-year period of time, automatically renewable under terms similar to those expressed in the current contract.

These motions were considered and acted upon favorably by the Executive Council at its March 29, 1968 meeting, and the required steps toward implementing this decision are now being carried out.

Reporting of Scores

After having been discussed on numerous occasions over a period of several years, the issue of reporting MCAT scores directly to examinees was resolved when GSA representatives at the 1967 regional meetings voted 81 to 3 in favor of releasing scores beginning with the May 1968 testing period. Subsequently an official action permitting the release of scores was taken at the Institutional Meeting held in conjunction with the 1967 Annual Meeting. Following this action an agreement was reached with The Psychological Corporation which amended the contract for administering the program to allow the Association to distribute scores directly to examinees and their premedical advisors. In conjunction with this action The Psychological Corporation also agreed to allow the test fee to be increased to pay the costs of direct reporting of scores and to permit additional research and development regarding the program.

Following the May 1968 testing period 2 reports of scores and accompanying explanatory materials were sent to each examinee. These reports contained both the scaled scores reported to schools and percentile scores based on the performance of current examinees. All score reports were computer produced from the basic record card supplied by The Psychological Corporation and an address card punched for this purpose. This allowed a prompt mailing of scores once the information was received by the AAMC. Although some modification in the process of reporting scores may be required in the future, based upon present experience it can be reported that the decision to report scores to examinees has been well received by virtually everyone having an interest in the program.

Questionnaire

Another activity of the Division has been the revision of the questionnaire that was originally developed in conjunction with the Spring 1967 Conference on Preparation for the Study of Medicine to be administered to MCAT examinees. As currently revised, the questionnaire calls for information concerning the educational background and the future plans of all MCAT examinees. It also gives each examinee the option of identifying his racial background in order that information regarding the number of racial minority group applicants and their qualifications might be available.

Following the October 1968 testing period, the information from this questionnaire will be analyzed and summarized in a report which will be submitted for publication in The Journal of Medical Education. Much of this information will have major significance for future research on the MCAT program.

PLACEMENT TESTING PROGRAM

For some time various individuals have expressed an interest in the development of a placement testing program for medical students. In a questionnaire survey conducted in 1967, a total of 45 schools expressed an interest in participating in such a project. At the October 1967 meeting of the GSA, it was unanimously decided to initiate a pilot study in the area of biochemistry. Dr. James W. Bartlett (Rochester) and the Director were asked to proceed with this pilot study to determine whether there are now students who enter medical school with a knowledge of biochemistry comparable to that possessed by the average medical student at the completion of the first two years of study.

It was proposed that an examination developed by the National Board of Medical Examiners (NBME) be used for the pilot study and that testing of selected students be carried out for the entering class in the fall of 1968. Subsequent discussions revealed that it would not be possible to use an examination developed by the NBME during the pilot study of this project. The NBME has agreed, however, to assist the Association in constructing an examination for this purpose by making available a pool of test items in biochemistry and by providing information regarding the content outline of current National Board Examinations.

Suggestions for persons who might provide guidance in the development of a test and its validation are being sought. It is hoped that test construction can be completed during the 1968-69 academic year, so that extensive testing may be undertaken during 1969-70.

STUDENT AFFAIRS ACTIVITIES

In order for the Division of Educational Measurement and Research to serve its purposes, close coordination of its activities with those of the Division of Student Affairs is essential. During the past year the 2 divisions have worked jointly on a number of projects. Two projects which involved considerable staff time from both divisions were the applicant studies for 1966-67 (1) and 1967-68 (2) and the development of a pilot study project for a

Centralized Application Service.

Applicant Studies

One of the initial efforts of the Director of the Division of Educational Measurement and Research was the preparation of a narrative to accompany the tables summarizing applicants to the class of 1966-67. Work on this report with the assistance of Drs. Johnson and Sedlacek proved to be a valuable introduction to problems relating to medical student admissions.

In 1 way, the 1966-67 applicant study was unique in that this was the first time that the data were handled by computer. This practice was carried over into the preparation of the 1967-68 applicant study in which the Director also participated. It is expected that development of computer procedures will facilitate publication of the annual applicant study.

Centralized Application Service

During the fall of 1967 the staff of the Division worked closely with the staff of the Division of Student Affairs in the preparation of a proposal for a project to evaluate the feasibility of a centralized application service for medical students. The proposal was approved by the Steering Committee of the Group on Student Affairs and by the Executive Council. A pilot study is now in progress for the 1969 entering class at 7 representative medical schools located in various regions of the United States.

If the pilot study indicates that a national centralized application service is both possible and desirable and the system becomes fully operational, an applicant will fill out only 1 basic application form and will provide only 1 set of transcripts to the AAMC. The application will then be duplicated, and the transcripts will be computerized and standardized. These materials for use in preliminary screening will be sent to each medical school designated by the applicant, along with IBM cards, rosters and statistical summaries of each school's applicant pool. After students are enrolled, the AAMC will send comprehensive reports to the medical schools and to undergraduate colleges concerning their accepted and unaccepted applicants.

During the pilot study phase, the Director of the Division of Educational Measurement and Research will continue to serve in an advisory capacity regarding the project. Once operational, the system will provide important data for use in research relating to the MCAT program.

AD HOC COMMITTEE ON EDUCATIONAL STUDIES AND PROGRAMS

Perhaps 1 of the most important assignments of the Director of the Division during the past year has been the responsibility of providing the required staff support for a special Ad Hoc Committee on Educational Studies and Programs. This committee, appointed in the fall of 1967, was given the responsibility of making a study and then preparing recommendations concerning the Association's role in the area of medical education. The committee held

4 meetings. Prior to each meeting, the Division Director prepared background material relating to the issues which were to be discussed.

In completing its assignment the committee prepared an extensive report containing recommendations regarding the Association's future role in the area of educational studies and programs. The major conclusion was that "activities in the area of education constitute an extremely important part of the mission of the Association and as such deserve additional attention in the years ahead."*

SEVENTH ANNUAL CONFERENCE ON RESEARCH IN MEDICAL EDUCATION

Since the establishment of the Division of Education in 1962, Dr. Paul J. Sanazaro served as staff coordinator for the Annual Conference on Research in Medical Education. With his resignation effective April 30, 1968, the staff of the Division of Educational Measurement and Research became responsible for the planning and administration of the Seventh Annual Conference.

The program for the 1968 Annual Conference was planned at a meeting held at the O'Hare Inn, June 20, 1968. The format of the meeting was modified from that of previous meetings with the intention of allowing a more systematic consideration of major areas of interest and more discussion of problems encountered in attempting to do research in each area.

Before adjourning it was decided that at the next meeting of the committee, held in conjunction with the Annual Conference, consideration should be given to the future status of the committee. The proposed reorganization of the Association's efforts in the area of education as recommended in a report of the Ad Hoc Committee on Educational Studies and Programs would need to be included in this discussion.

CONSULTATION AND CONFERENCES

During the past year the Director has attended a number of conferences relating to various aspects of medical education. These have included the various national GSA meetings, the Northeast GSA Buckhill Falls Conference, Josiah Macy, Jr. Conference on the Liberal Arts Education and Admission to Medical School, the annual meeting of the Informal Group of Directors of Offices of Research in Medical Education, a Seminar on Problems of Evaluation in Medical Education sponsored by the Office of Research in Medical Education of the University of Illinois, and the meeting of the Southern Association of American Medical Colleges. At several of the conferences the Director had a major part on the program while at others he was not on the program but participated actively in the informal discussion.

The Director also was called upon often during the year to provide help regarding data analyses both by staff of the Association and by individuals from medical schools.

*The full text of the report appears on pages 95-98.

STAFF

The Division is fortunate to have recruited Dr. Jack G. Hutton as Assistant Director. Dr. Hutton, who earned his Doctorate in educational psychology from the University of Connecticut, has previous experience in the assessment of noncognitive aspects of the personalities of professional students. He joined the staff in September, 1968. Miss Ann Marie Clark, who was awarded a Bachelor of Science in psychology from Iowa State University, joined the staff as Research Assistant in June, 1968. Miss Eilene Charlet who has had several years of prior experience as a secretary and office manager joined the staff as secretary to the Division Director in August, 1968.

Implementation of the actions recommended in the proposal for the future operation of the MCAT program and the development of several other projects such as the advanced placement testing program will call for significant staff expansion in the year ahead.

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JOINT REPORT OF THE STEERING COMMITTEE
AND
THE DIVISION OF OPERATIONAL STUDIES

WILLIAM F. MALONEY, M.D.
Chairman of the Committee

WALTER G. RICE, M.D.
Director of the Division

This, the tenth Annual Report of the Division of Operational Studies (DOS), summarizes the activities and accomplishments of the Division over the past year.

STAFF

Dr. Walter G. Rice is Director of the Division; Mr. Thomas J. Campbell is Assistant Director; Mrs. Rosemary Buckley is Research Associate; Miss Marian Weber and Mrs. Sylvia Mussche are secretaries; and Miss Eleanor Dougherty is statistical clerk.

Until July 1, 1968 the activities of the Division of Operational Studies were under the direction of Dr. Lee Powers who resigned to become Director of the newly-established Division of Allied Health Sciences at the Bowman Gray School of Medicine. Dr. Walter G. Rice succeeded Dr. Powers as Director of the DOS.

In January 1968 Mr. Thomas J. Campbell joined the staff as an Assistant Director. Mr. Campbell's main area of responsibility is to direct the Medical Center Program Cost Allocation Study which is being sponsored jointly by the Department of Health, Education, and Welfare (DHEW), the W. K. Kellogg Foundation, and the AAMC.

Mr. Harry Wiesenfelder resigned his position with the DOS in January 1968. Mrs. Rosemary Buckley replaced him as Research Associate.

We regret to announce the death of Mr. Augustus J. Carroll, Assistant Director, on April 10, 1968. Associated with the AAMC since 1958, Mr. Carroll made many valuable contributions to the application of accounting procedures to the fiscal problems of medical centers.

ACTIVITIES OF THE DIVISION

Medical Center Financial Support

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. A report of the effectiveness of this procedure as field tested at the Yale-New Haven Hospital has been reviewed by a committee composed of representatives of the American Medical Association (AMA), the American Hospital Association (AHA), and the AAMC. Publication of the report is scheduled for 1968 (1).

Program costs in medical centers.--The Division represented the AAMC in a study conducted jointly with the W. K. Kellogg Foundation and the Division of Grant Administration Policy of the DHEW. The Cost Allocation Study examined 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 was made in the following 7 medical centers: Bowman Gray School of Medicine of Wake Forest University; University of Iowa; Jefferson Medical College of Philadelphia; University of Michigan; New York University; Ohio State University; and the University of Utah. A report will be made available in October 1968. The objectives of this study were described in the last Annual Report of the Division (2).

Medical school expenditure data.--The Division for the seventh consecutive year provided an analysis of expenditures for 1965-66 as reported by U. S. medical schools. These data were published (3).

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 1965-66.

Medical Center Staff

Faculty Roster.--In cooperation with the National Institutes of Health the DOS continues to maintain and update its file on U. S. medical school faculty members. Computer technology has been adopted for current and future processing of the Faculty Roster data. The 1965-66 Faculty Roster data has been converted to tape in accordance with plans to establish an historical file. This file will be updated on an annual basis. All operations for the 1966-67 updating were completed.

Prior to the mailing of the 1968 updating forms, 5 regional meetings were held for the medical school personnel responsible for coordinating the Faculty Roster Study. The 1968 Full-Time Medical Faculty forms were completely revised.

Faculty staffing characteristics.--A study was made of the faculty staffing characteristics as reported in the 1965-66 Faculty Roster Study. Tabulations were prepared of the number of full-time faculty with the rank of instructor and above who were employed by basic science, clinical, and administrative or other departments of 78 U. S. medical schools. This study was distributed first to the deans of the medical schools and at a later date to department chairmen.

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 sixth 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 1966-67 academic year detailing both the ratios of medical students to faculty and full-time student equivalents to faculty.

WOMEN IN MEDICINE STUDY

The final report of the study of women in medicine is in press (4). This study was made possible by a grant from the Josiah Macy, Jr. Foundation.

BUSINESS AND FISCAL OFFICERS SECTION

Medical school business and fiscal officers met informally during the AAMC's 1967 Annual Meeting. The interest of this group in meeting within the framework of the Association led to the establishment of a Business and Fiscal Officers Section in 1968. At present, the Section is formulating tentative bylaws and a plan of organization. A report of the current status of the Section is made elsewhere in the Annual Reports.

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. Published monthly since July 1959, the Datagrams are a useful and popular means of communication from the DOS to over 4,000 readers. A nine-year index was compiled and distributed in the fall of 1968. The DOS continues to maintain the reference reprint file and library as a service function to the AAMC. 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 By-laws.

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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 review, the Division of International Medical Education (DIME) of the AAMC continued to expand the Association's international program, increased its emphasis on the development of active relationships with regional associations of medical schools abroad, and introduced a monthly newsletter, DIME Dialogue. In addition, significant new project activities were initiated under contract with the Agency for International Development (AID) and the U. S. Public Health Service.

ADMINISTRATION

The DIME staff during 1967-68 has been comprised of 8 individuals. The Director of DIME has also served as Acting Project Director for the AID contract with a project staff consisting of 1 research assistant, 1 secretary, and 1 administrative assistant. Working under the AAMC/Public Health Service contract have been 2 staff members: a Training Officer and a secretary. The Smith Kline & French Foreign Fellowships (SK&F) program is administered with the assistance of 1 secretary. From time to time various consultants have been employed to assist with special projects. On October 1, 1968 Dr. Robert W. Babione joined DIME as Associate Director and AID Project Director.

SUPPORT OF REGIONAL ASSOCIATIONS OF MEDICAL SCHOOLS

Pan American Federation of Associations of Medical Schools.--The Pan American Federation, with 204 affiliated medical schools, includes 94 U. S. and 12 Canadian schools. AAMC leadership played a major role in the creation of the Federation. The AAMC is the largest contributing component of the Federation, with annual dues being assessed at \$25 for each institutional and provisional member, plus \$100 from the AAMC itself for a total annual cost to the AAMC of \$2,500.

Chief support for the Federation's expanding program comes from the Rockefeller Foundation, the W. K. Kellogg Foundation, the Milbank Memorial Fund, the Josiah Macy, Jr. Foundation, the Commonwealth Fund, the Ford Foundation, and recently AID through the Population Council. The Pan American Health Organization (PAHO) has also been generous in its support through cash, services, and professional talent. In addition, the Governments of Colombia, Chile, Panama, Peru, and Mexico have offered annual contributions in the order of \$10,000 each for a Federation-administered Pan American Fund for Medical Education.

In pursuit of its major objectives to raise the professional level of education in medicine and health sciences and to furnish technical and financial assistance to national associations of medical schools, the Federation has undertaken a variety of projects. Those currently underway include: (a) strengthening national and regional associations of medical schools; (b) collaborating with PAHO on textbook programs; (c) establishing a Documentation Center designed to strengthen medical school library resources in collaboration with the National Library of Medicine; (d) convening seminars in Latin American countries and a hemispheric conference in Bogota, Colombia from June 23-26, 1968 on the "Teaching of Demography in Medical Schools"; (e) developing selected medical departments and schools which are outstanding in critical areas of basic and applied research into regional centers of faculty training; (f) conducting studies and providing consultant services to improve the quality of medical teaching and administration of medical schools: a special studies program began in January 1968 under a grant from the W. K. Kellogg Foundation; (g) organizing a seminar on curriculum to be held in 1969; and (h) supporting the Brazilian and Argentine Associations in plans for human resources studies.

Dr. John A. D. Cooper continues to serve as a member of the Administrative Committee of the Federation, and as its Treasurer. Dr. Robert C. Berson, Dr. Thomas H. Hunter, and Mrs. Lucille S. Bloch attended the Conference on the Teaching of Demography in Medical Schools in Bogota in June of 1968.

Second Conference on Medical Education in the Americas.--The Conference will be held in Mexico City, November 24-29, 1968, in conjunction with the Second General Conference of the Pan American Federation of Associations of Medical Schools. The Conference is being hosted by the Mexican Association of Medical Schools, the School of Medicine of the National University, and the Institute of Social Security.

The theme of the Conference, "The Medical Schools and the Health of the Community," will be analyzed under 4 headings: concepts, content, mechanisms, and effects. Each day a new topic will be introduced in plenary session by 2 major speakers and then examined in panels and round table discussions.

The AAMC has invited the deans of its member schools to participate in the Conference. Deans seminars, each listed to 20 deans or designated representatives, will be a special feature.

On the recommendation of the AAMC Committee on International Relations in Medical Education (CIRME), DIME has organized a meeting of the medical school Liaison Officers for International Activities in conjunction with the Conference. This is being arranged to give maximum opportunity for Liaison Officers to meet with their colleagues from Latin America.

The Director of DIME is serving as Counselor to the Executive Committee of the Conference.

Association of Medical Schools in Africa.--From April 1-5, 1968 the Director attended the Seventh Annual Conference of the Association of Medical Schools in Africa (AMSA) in Lagos, Nigeria. The Conference was the second to be financed by the African schools themselves, the first 5 having been convened

under a 1961 grant from the Rockefeller Foundation to Ibadan University.

Eleven of the 16 medical schools in mid-Africa that have an enrolled student body were represented at the Conference. Major consideration was given to a review of teaching methods, a survey of progress, adoption of resolutions to encourage exchange of faculty, examiners, students, the teaching of family planning, and a call for international support.

In response to a resolution put forth at the Sixth Conference held in Kinshasa, Congo to hold a meeting of medical school deans, the World Health Organization (WHO) Regional Office for Africa (AFRO) has invited the deans to its new headquarters in Brazzaville in September to devise new means to strengthen AMSA and its cooperative programs.

In addition, a \$10,000 WHO project (Project AFRO 213) has been established to finance intra-African exchange of faculty, in response to a 1967 AMSA resolution. Hopefully, this will provide the impetus for growing world support in the struggle to supply the indigenous medical leadership needed so urgently in all of Africa.

DIME is assisting the AMSA in its efforts to obtain support for regional programs in Middle Africa under its AID contract and has invited representatives of AMSA to visit the United States for three weeks to discuss potential sources of support.

The Eighth Annual Conference of AMSA will be held in Abidjan, Ivory Coast in April 1969.

Middle East Association of Medical Schools.--The Director of DIME participated in a WHO special group meeting on Medical Education in Baghdad, November 17-26, 1967, and was appointed as a consultant to the group which is active in establishing a Middle East Association of Medical Schools. An organizational meeting for the Association met in Alexandria, June 24-25, 1968, and the Director of DIME participated in his consultant capacity.

Approximately 35 medical school deans are being invited to Khartoum for a meeting December 9-13, 1968 called by the WHO Eastern Mediterranean Office to sign a constitution of the Middle East Association, elect an interim executive, and establish temporary headquarters.

PROJECTS

DIME Dialogue.--DIME established a clearing house operation in the fall of 1967 to facilitate the exchange of information pertaining to international medical education. The vehicle through which this information flows is DIME Dialogue, a monthly newsletter (published during the academic year), which began publication in January 1968. The DIME Dialogue provides current information on international programs of medical schools, government and inter-government agencies, private foundations, and fellowship and exchange programs; personnel announcements; international and national conferences on medical education; relevant legislation, data on foreign medical graduates; and publication releases of interest to medical educators.

DIME Dialogue has a circulation of over 1,600. It is distributed to Liaison Officers for International Activities, deans, interested faculty members in the U. S. and abroad, medical school libraries, and national and international organizations and agencies.

Agency for International Development.--Since May 31, 1962 DIME has been working closely with AID. It currently has a three-year contract with AID which was signed in May 1966. Under the original terms of that contract, DIME was responsible for providing technical advice and assistance primarily in the broad areas of international medical education and health manpower. In February 1968 after extensive conversations and project discussions with appropriate officials in the Office of the War on Hunger of AID, DIME took on 4 specific projects which it is committed to accomplish within the terms of the existing contract: (a) an Institute on Medical Education and Family Planning, (b) a survey of the international activities of U. S. medical schools, (c) a study of health and health manpower planning as it relates to the overall national economic plans of selected developing countries, and (d) continued support and advice to regional associations of medical schools which are developing throughout the world.

In addition to these 4 specific projects, the DIME project staff continues to work with various regional bureaus of AID in matters related to health manpower and medical education. It also provides secretariat services necessary to the work of the AID Advisory Committee on International Health.

Institute on Medical Education and Family Planning.--The AAMC will hold an Institute on Medical Education and Family Planning in Washington, March 23-26, 1969. DIME is responsible for planning the Institute, with additional staff assistance being provided by the George Washington University School of Medicine and the Georgetown University School of Medicine. The Institute will explore the responsibilities and role of the medical education community in the broad field of family planning.

On May 9, 1968 an ad hoc committee met with the DIME staff to establish the preliminary plans for the Institute. A Steering Committee was thereafter appointed with the responsibility for devising a format, selecting speakers, and in general overseeing the Institute. Its members include: Drs. Richmond Anderson, Allan C. Barnes, and John Z. Bowers, General William H. Draper, Jr., and Drs. Philip M. Hauser, Oscar Harkavy, Thomas H. Hunter, Colin M. MacLeod, John Maier, Margaret Mead, John Parks, and Chester M. Pierce. Deans George James, Frederick C. Robbins, and Charles C. Sprague are also members of the Steering Committee in their capacity as Subject Committee Chairmen.

The Institute will consider 3 major subject areas: biology and the family, the community aspects of family planning, and the medical school and family planning.

The dean, vice president, and Liaison Officer for International Activities from each U. S. medical school will be invited to attend the Institute. Under the contract with AID, the AAMC will invite approximately 20-25 foreign experts in medical education and family planning. Leaders in other disciplines related to the subject will also be invited.

Study of the international activities of U. S. medical schools.--DIME is undertaking a major survey of the international activities of all U. S. medical schools. The basic purposes of the study are to determine the nature, extent, and limits of both the actual involvement and the potential resources for activities in international medical education of each school.

Responses by Liaison Officers for International Activities to an initial DIME inquiry led to the establishment of a Survey Group of 8 Liaison Officers (2 from each AAMC region). The Survey Group met on June 20, 1968 and recommended that a preliminary study of the facts and attitudes be accomplished through site visits to 4 schools representing each AAMC region. The results of this test led DIME to schedule an additional 20 site visits to schools with active international programs.

Specific information being obtained from the survey includes: student and faculty participation, nature and scope of current activities, funding, organization of programs and curricula, identification of resource people within each school, and the impact of existing programs.

The goal of the survey is the publication of a report cataloging international activities, by school, with appropriate summaries and analyses.

Health planning and national economic planning in developing countries.-- In September, DIME began constructing a study design to be used in a future survey of the relation of health planning to the overall economic development plan in 1 or 2 developing nations. The study design will be framed in order to show what effect, if any, health planning has on the economic plans of developing countries, in addition to providing the framework for assessing the relation and importance of health manpower planning to the entire economic program in any developing area. This study will have as its major objectives the collection and analyses of data which will form the basis for understanding health and health manpower requirements of individual countries, their special assistance needs, and AID's role in providing such assistance.

The Project Director will be in charge of this study, assisted by a consulting physician who is familiar with the economic planning processes within certain developing nations.

Staff support for AID Advisory Committee on International Health.--Formerly the AID Advisory Committee on Health Manpower, this Committee was given an expanded role and a new name at its meeting in Washington on April 25-26, 1968. The Committee has met 4 times since it was established on March 30, 1966, and each time DIME has been engaged in supplying secretariat services both prior to and during the Committee's deliberations. For the April meeting the DIME project research assistant prepared a comprehensive background document which contained a survey of AID's worldwide health manpower activities in fiscal years 1967 and 1968 and projected activities for fiscal year 1969. In addition, the project staff assisted the Health Manpower Coordinator of AID during the Committee's discussions and with the preparation of the minutes and report from the meeting.

AAMC/Public Health Service International Fellowship Program.--In July 1967 the AAMC entered into a contract with the Public Health Service to administer a program of international fellowships in medicine, at the student and young

faculty level, to be carried out under U. S.-owned excess foreign currencies available in certain countries. The program is now entering its second year, following a year of concentrated planning and intensive negotiations.

In the first year, a pilot project for 20 U. S. students at the Government Hospital, Tel Hashomer, Israel, paved the way for a program in 1969 that will provide 72 student fellowships at 3 Israeli institutions: the Tel Hashomer Government Hospital, the Hadassah Medical Center, and the Ramban Government Hospital.

Designed for students who have completed a major clinical clerkship, the projects provide for research training in medical care techniques with emphasis on problems relating to public health, diagnosis and treatment of disease problems unique to Israel, and the structure of medicine in Israel. The projects are of three months' duration, and the fellowship provides all travel expenses and a stipend for each participating U. S. student.

Negotiations have been underway with Indian and Yugoslav representatives, and it is hoped that pilot projects can be initiated in these countries during 1969.

DIME is being assisted in its efforts by a Group of Consultants and a 6-member Selection Committee. Dr. Russell C. Mills serves as Project Director.

Studies of foreign medical graduates.--DIME has long been involved in studies and activities related to foreign medical graduates (FMGs). It has helped to sponsor the annual "Foreign Medical Scholars" Conferences for the past thirteen years. The AAMC is also represented on the Board of Trustees of the Educational Council for Foreign Medical Graduates (ECFMG).

The recommendations of the Panel on Foreign Medical Graduates of the National Advisory Commission on Health Manpower (1) were based upon extensive background work by DIME staff members, and a national random survey which measured the professional competence of FMG interns and residents was conducted by DIME in 1967. The results of this study have been published (2).

Dr. Harold Margulies, the former AAMC/AID Project Director, and Mrs. Lucille S. Bloch, Project Research Assistant, have coauthored a monograph on FMGs which will be published by the Harvard University Press later this year (3). This publication is being financed by a grant from the Commonwealth Fund.

CONFERENCES

Annual Conference on International Medical Education.--The Fourth Annual Conference on International Medical Education was held October 28-29, 1967 in conjunction with the AAMC Annual Meeting in New York. Reports of this Conference have been published elsewhere (4,5).

Conference on Medical Education for Foreign Scholars.--The Annual Conferences on Medical Education for Foreign Scholars in the Medical Sciences were initiated by Dr. Alan Gregg of the Rockefeller Foundation twelve years

ago. They continue to afford selected scholars from abroad an opportunity for gaining an understanding of U. S. medical education and the environment that shapes it.

Fifty-seven scholars, primarily from Asia with a stimulating mix from Latin America and Europe, attended the 1968 Conference. The Conference was held at Airlie House near Warrenton, Virginia and was hosted by the School of Medicine of George Washington University. Supplementing Dean John Parks, Dr. Clayton B. Ethridge, and other George Washington University staff were Drs. John L. Caughey, Jr., Hans Popper, Clarence E. de la Chappelle, Kenneth R. Crispell, K. Albert Harden, and Kinloch Nelson.

The next Conference, scheduled for June 1969, will be held at the University of Missouri Medical Center. Drs. Vernon E. Wilson and William B. Mayer will host this Conference, and Dr. John Logue will serve as coordinator.

FOREIGN FELLOWSHIPS PROGRAM

The Selection Committee, under Dr. Thomas H. Hunter as Chairman, awarded Foreign Fellowships to 31 medical students selected from 85 applications received from 60 medical schools under the program financed by Smith Kline & French Laboratories. Funds were also provided for 9 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 follows:

Student	School	Station
Baehler, Richard W.	Marquette	Cameroon
Blume, Howard W.	Wayne State	India
Brand, Douglas L.	Columbia	Liberia
Fitzgerald, Faith T.	California (San Francisco)	Malaysia
Georgeson, Keith E. and wife	Loma Linda	Nepal
Giles, Richard D.	Virginia, Univ. of	Philippines
Glesne, Robert and wife	Iowa	East Pakistan
Harellick, Marjorie A.	Ohio State	Kenya
Hart, Kenneth W.	Loma Linda	New Guinea
Heiser, Sister F. Annette	St. Louis	India
Hirschler, Richard A.	Nebraska	Sierra Leone
Hochstedler, Rowen M.	New York University	Vietnam
Jacobs, William E. and wife	Pennsylvania, Univ. of	Kenya
Johnson, Gordon T. and wife	Albany	Indonesia
Kanakis, Charles D.	Illinois	Ethiopia
Kavalier, Morton A.	Jefferson	India
Koopman, James S.	Michigan	Chile
Lauer, Brian A.	Tulane	Peru
Marcus, Leonard C. and wife	Albert Einstein	Uganda
Maynard, Alice K.	Case Western Reserve	Turkey
Messman, Kenny W.	Vanderbilt	Rhodesia
Miller, Ronald A. and wife	Washington (Seattle)	Madagascar
Mumm, Alan H.	Mississippi	Thailand
Pitman, Roger K. and wife	Vermont	Nepal

Student	School	Station
Sandilands, John R. and wife	Oregon	Cameroon
Seligson, David	Duke	Madagascar
Shaffer, Lauren C.	California (Los Angeles)	Rhodesia
Simon, Michael R.	New York University	Honduras
Smith, James W.	George Washington	Honduras
Spilseth, Paul M.	Minnesota	Madagascar
Stiller, Ernest W. and wife	Chicago	Philippines

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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 1,704 pages of editorial material (including supplements) for the period from July 1, 1967 to June 30, 1968.

SPECIAL ISSUES

February, 1968.--Medical Education in the Service of Mankind. Proceedings of the Third World Conference on Medical Education.

March, 1968.--Proceedings of the Sixth Annual Conference on Research in Medical Education.

SUPPLEMENTS

July, 1967.--Medical Ventures and the University: New Values and New Validities. Report of the Third Institute on Administration, 1965 (Thirteenth AAMC Institute), Association of American Medical Colleges.

August, 1967.--The Health Sciences Library: Its Role in Education for the Health Professions. Report of the Library Study Committee of the Association of American Medical Colleges to the National Library of Medicine.

June, 1968.--Bibliography on Medical Education for 1967.

EDITORIAL BOARD AND STAFF

Dr. Merlin K. DuVal and Mr. Ray E. Brown were appointed to five-year terms on the Editorial Board as of November 1, 1967.

Dr. John A. D. Cooper continued as Editor of The Journal, Mrs. Rosemarie D. Hensel as Managing Editor, Miss Carol A. Spears as Assistant Editor, and Mrs. Leah Simon as Editorial Assistant.

JOINT REPORT OF THE COMMITTEE ON STUDENT AFFAIRS
AND
THE DIVISION OF STUDENT AFFAIRS

JOSEPH CEITHAML, Ph.D.
Chairman of the Committee

DAVIS G. JOHNSON, Ph.D.
Director of the Division

An AAMC Standing Committee on Student Affairs (COSA) was established in 1961 and an AAMC Office of Student Studies and Services was activated in August, 1962. In July, 1967 that Office was elevated to the Division of Student Affairs (DOSA) and continued to provide staff support for, and to receive policy guidance from, this 9-man committee.

Accordingly, it was decided to combine the annual reports of these 2 closely cooperative entities.* This report also summarizes the activities of the AAMC Group on Student Affairs (GSA), which is composed of approximately 250 individuals appointed by the deans of member medical schools as their official representatives in the areas of admissions and student affairs. By-laws adopted by the GSA and approved by the Executive Council have been published (1).

The COSA, DOSA, and GSA share the common objective of advancing medical education through the avenues of admissions and student affairs. Specific goals include the encouragement of optimum medical student development by improved recruitment, selection, placement, orientation, evaluation, counseling, financial aid, health services, and morale.

The Committee on Student Affairs ordinarily consists of the GSA national officers, the GSA regional chairmen, and 1 or 2 medical school deans. The Director of the DOSA, in his capacity as GSA national secretary, meets with and provides staff services to COSA. In addition to serving as a policy advisory body for the DOSA, the committee also helps plan the activities of the GSA. Furthermore, the committee reports directly to the AAMC Executive Council, and the committee chairman, as the national chairman of the GSA, serves as an ex officio member of that council.

The GSA Steering Committee has a similar but somewhat broader membership consisting of the 3 GSA national officers, the 5 GSA regional chairmen, and the chairmen of the 8 GSA standing committees as ex officio members. The GSA Steering Committee serves as the executive committee for the GSA.

The major activities of the Committee on Student Affairs, the Group on Student Affairs, and the Division of Student Affairs are summarized below under

*In the past, separate annual reports have been submitted for the AAMC Committee on Student Affairs and for the predecessor of the AAMC Division of Student Affairs, namely, the Office of Student Studies and Services of the AAMC Division of Education.

the major headings of (a) Committee on Student Affairs, (b) Group on Student Affairs, (c) GSA Standing Committees, (d) Applicant and Student Records, (e) Recurring Projects and Special Studies, (f) Recurring Publications, and (g) Staff.

COMMITTEE ON STUDENT AFFAIRS*

The Committee on Student Affairs and the GSA Steering Committee held joint meetings on October 26 and 29, 1967 in New York and on February 11, 1968 in Chicago. At the October 29 meeting the following recommendations from the GSA (2) were formally approved and subsequently implemented as indicated:

1. The recommendation of the GSA Committee on Financial Problems of Medical Students that the GSA support a position of a separate health professions financial aid program was transmitted informally to the federal aid administrators and was accepted by them.
2. The recommendation of the GSA Committee on Research on Student Affairs that the AAMC sponsor a national Institute on the Assessment of Student Performance was transmitted to the AAMC Executive Council which recognized the importance of the topic but deferred action because of divided opinion as to the value of such a national institute at this time.
3. The following recommendations of the GSA Committee on Student Aspects of International Medical Education are being carried out by AAMC staff wherever feasible: (a) that the study of the experience of U. S. schools in sending medical students abroad for short periods of study be continued and expanded; (b) that the AAMC gather information regarding educational opportunities abroad for medical students, and that this information be published and disseminated for use by the medical schools; (c) that ways be sought to use the resources and good offices of the AAMC to facilitate arrangements for experience in the U. S. for exchange medical students from other countries; and (d) that the AAMC work to facilitate liaison with U. S. student organizations whose aim is international cooperation and exchange.
4. The recommendation of the GSA Committee on Communication with Student Organizations for cooperation with the Student American Medical Association (SAMA) in studying student participation in curriculum planning and evaluation has been implemented.
5. The recommendation of the GSA Committee on Medical Student Records that a pilot study be authorized on a Centralized Application and Transcript Service, with the study design to be approved by the Steering Committee of the GSA before implementation, was transmitted to the AAMC Executive Council. This body authorized the GSA to proceed with the development of a definitive proposal for a Pilot Study and Demonstration Project and such a proposal was prepared and subsequently approved by the GSA Steering Committee. The pilot study is now being conducted in 7 medical schools.

*This section also includes activities of the GSA Steering Committee since these 2 committees met jointly throughout the year.

6. The request of Dr. Perry J. Culver, Harvard, that the question of a possible change of the January 15 deposit deadline be considered was referred to the GSA Committee on Relations with Colleges and Secondary Schools. This committee promptly studied the issue and subsequently recommended a shift to March 1. After discussion at the GSA regional meetings, the question is to be acted upon officially at the national GSA meeting in November, 1968.

7. The recommendation of Dr. James W. Bartlett, Rochester, that a medical student placement testing program for biochemistry be developed under the auspices of the AAMC was reported to the AAMC Executive Council and is now being implemented by the AAMC Division of Educational Measurement and Research.

The joint committees also approved Chairman Joseph Ceithaml's recommendation that each of the GSA Standing Committees be enlarged from 5 to 6 members. The purpose of this recommendation was twofold (a) to permit broader representation on these committees from the larger regional groups and (b) to allow the annual rotation of 2 committee members.

In addition, the joint committees suggested agenda items for the GSA regional meetings and helped plan the program for the 1968 GSA National Meeting. In other action, the committees recommended that the GSA cooperate with the American College Health Association in their Fifth National Conference in Boston in 1970, including active participation on appropriate task forces.

The joint committees also recommended that the AAMC cosponsor, through the GSA, 1 or more conferences on preparation and guidance for medical education in the traditionally Negro colleges, with financial support of the conferences to be provided by the Josiah Macy, Jr. Foundation. This recommendation was subsequently approved by the AAMC Executive Council and a number of GSA members participated actively in both the February 1968 Atlanta Conference (3) and in the June 1968 Fort Lauderdale Conference.

Among the other broad policy questions considered by the joint committees were: (a) recommendations of the National Advisory Committee on Health Manpower (4), (b) the transfer of osteopathic students to schools of medicine, and (c) the statement on externships issued by the Joint Commission on Accreditation of Hospitals (JCAH).

Relative to the manpower recommendations, the AAMC Executive Council was queried, and it indicated it would welcome reactions from the GSA. These recommendations were, therefore, considered at the GSA regional meetings.

Concerning osteopathic students, widespread transfer was considered to be inappropriate, and recommendations were made to the Executive Council that more opportunities should be opened up to graduate osteopaths at the internship and residency levels. Finally, with regard to externships, all GSA members were informed of the December 9, 1967 policy statement of the JCAH (5), and this topic was considered at several GSA regional meetings.

GROUP ON STUDENT AFFAIRS

As indicated above, most of the activities of the Group on Student Affairs (GSA) were planned and initiated at the joint meetings of the Committee on Student Affairs and the GSA Steering Committee. Much of the implementation of these plans was handled by the staff of the Division of Student Affairs as described below.

National activities.--At the national level, major staff efforts focused upon preparing for the GSA Annual Meeting. National GSA representation on the National Internship and Residency Matching Program (NIRMP) Board of Directors was achieved by the appointment of GSA Chairman Joseph Ceithaml as 1 of the 3 official AAMC representatives to this body. This provides direct channels of communication between the GSA representatives and the NIRMP for comments, criticisms, and suggestions.

Regional activities.--At the regional level, the Division staff prepared and distributed to all GSA members informational materials for consideration at the 5 GSA regional meetings. Staff representation was provided at each of these meetings.

Among the items considered at the 1968 GSA regional meetings were: (a) a possible shift in the deadline for nonrefundable deposits from January 15 to March 1, (b) Negroes in medicine, (c) women in medicine, (d) the possible development of uniform methods of rating senior medical students for internship positions, (e) the Centralized Application Service Pilot Study and Demonstration Project, (f) the distribution of Medical College Admission Test (MCAT) scores to applicants, (g) the evaluation of applicants with a substantial portion of their undergraduate work taken on a pass-fail basis, (h) the cooperative handling of registrations, fees, credits, and so forth, for students who go from 1 school to another for elective work, (i) placement tests for medical students, (j) Selective Service regulations, and (k) the reorganization of the AAMC.

A spontaneous development at the Buck Hill Falls Premedical Conference (6) sponsored by the GSA Northeast Regional Group and subsequently at several of the GSA regional meetings was the proposed establishment of regional, and possibly national, groups of premedical advisors. Serious explorations of such proposals have been initiated in both the Northeast and Midwest regions, and preliminary considerations have been conducted in the other regions.

Local activities.--At the local level, the Division staff corresponded and consulted with many individual members of the GSA as well as with appreciable numbers of applicants, premedical advisors, and others with regard to matters of medical school admissions and student affairs. Local presentations were also made by the Division Director at the Chicago Medical School, Wayne State University School of Medicine, SUNY-Buffalo, and SUNY-Syracuse. At SUNY-Syracuse, the Director delivered the 14th Herman G. Weiskotten Lecture (7).

GSA STANDING COMMITTEES

The 8 GSA Standing Committees were all active during the year. Much of the staff work for these committees was provided by this Division.

1. The Committee on Relations with Colleges and Secondary Schools conducted an extensive study concerning the January 15 deposit deadline reported above. It also helped plan the issues of The Advisor, the AAMC newsletter for premedical advisors (8,9).

2. The Committee on Financial Problems of Medical Students continued to be very active in maintaining close liaison with the federal government in relation to the health professions scholarship and loan programs. In addition to recommending the maintenance of a separate health professions financial aid program, this committee helped develop guidelines for the determination of medical student financial need. It also helped plan the 1967-68 U. S. Public Health Service-AAMC study of medical student financing to update the similar study of 1963-64 (10).

3. The Committee on Research on Student Affairs completed a pilot study of rejected applicants. A summary report has been published (8).

4. The Committee on Student Aspects of International Medical Education sponsored a questionnaire study of U. S. medical students going abroad for short-term study and research and results were distributed at the 1967 GSA Annual Meeting (11). The committee also cooperated with the SAMA in the development of a booklet, International Medical Programs Available to American Medical Students (12). The committee also conferred with representatives of the American Medical Association relative to AMA studies of (a) U. S. graduates of foreign medical schools, and (b) U. S. students in foreign medical schools who transfer to U. S. medical schools.

5. The Committee on Communication with Student Organizations cooperated with SAMA in developing a questionnaire on medical student participation in curriculum planning and evaluation. The results of this study will be reported at the 1968 GSA Annual Meeting by Carl Slater, M.D., University of Colorado Medical School, 1968.

6. The Committee on Medical Student Health participated in preparing a combined report of its 1966 questionnaire survey of medical student health policies and practices in U. S. medical schools and its 1967 survey of medical student mortality (13). Preliminary summaries of both surveys were distributed (14,15).

7. The Committee on Medical Student Records was extremely active in the development of a Centralized Application Service Pilot Study and Demonstration Project. The pilot study, initiated early in 1968, is being carried out primarily with the 7 schools represented on this committee. Nineteen additional schools elected to start using immediately the Uniform Application Blank. By means of the pilot study, procedures are being developed and tested whereby each applicant to a participating medical school will submit only 1 application and 1 set of transcripts to the AAMC. An exact copy of the application plus a standardized computerized transcript will be sent to each participating

medical school designated by the applicant. The AAMC will also provide each participating school with IBM cards, rosters, and statistical reports concerning its applicant pool.

8. The Nominating Committee presented the following slate of national officers to the GSA membership for consideration at its annual business meeting of November 2, 1968:

Chairman: Joseph Ceithaml, University of Chicago
Vice-Chairman: Robert L. Tuttle, Bowman Gray
Secretary: Davis G. Johnson, AAMC

APPLICANT AND STUDENT RECORDS

The Student Records Section of the Division of Student Affairs continued to maintain complete and accurate records of all medical school applicants and students as a basic service to medical schools. For the 1967-68 entering class, 18,724 individuals filed 93,332 applications; of these, 9,702, or 52 per cent, were accepted and 9,314 enrolled for the first time. Repeater and other special students brought the total first-year enrollment to 9,473. The total enrollment for all 4 classes during 1967-68 was 34,539.

Based on these central records, a substantial amount of information exchange continued to be provided to all U. S. medical schools and to over 1,000 undergraduate colleges annually. Major effort during the year was also given to planning increased computerization of the basic record system and to coordinating it with related aspects of the AAMC's activities, including the MCAT program and the proposed Centralized Application Service.

RECURRING PROJECTS AND SPECIAL STUDIES

Recurring projects carried out during the year by Division staff included the annual reports of applicants (16,17) and the annual Datagrams on application activity (18,19).

Special studies included an analysis of the characteristics of MCAT examinees (20) and one on the medical career plans of National Merit Scholarship semifinalists (21). The latter study (22) and a detailed analysis of the comparative characteristics of premedical and other college students (23) are in press.

In preparation for the February 1968 Conference on Preparation for Medical Education in the Traditionally Negro College (3), special analyses were made of available AAMC data on Negro applicants and students, particularly as related to the MCAT (24). As 1 outcome of that Conference, a survey was conducted of medical school efforts to recruit, admit, and graduate individuals from racial minority groups (25).

The Director of the DOSA continued to serve as an ex officio member of the MCAT Advisory Committee and under their auspices prepared a book review of How to Pass the MCAT (26). Throughout the year, close liaison was maintained

between the DOSA and the new Division of Educational Measurement and Research which now has primary responsibility for the MCAT program.

RECURRING PUBLICATIONS

In addition to the publications already cited, the Division also continued to play a major part in the production of several recurring publications.

GSA Directory.--During 1967-68, the annual GSA Directory (27) appeared for the first time as a special section in the AAMC Directory. The DOSA collected and summarized the GSA information for this publication.

The Advisor.--The Division Director continues to serve as Editor of The Advisor, which was distributed to approximately 1,500 premedical advisors in some 850 undergraduate colleges. The 2 issues of The Advisor published during the year highlighted the release of MCAT scores (8) and the improvement of recommendations by premedical advisors (9).

Other books.--Additions and corrections to the Directory of Premedical Advisors, 1967-68 (28) were distributed during the year, and plans are underway for a complete revision of this Directory for 1969-70. As in the past, the Division Director and the Committee on Student Affairs participated in the annual revision of Medical School Admission Requirements, U. S. A. and Canada (29).

Finally, the year saw several favorable reviews (30-32) of Doctor or Dropout?: A Study of Medical Student Attrition (33).

STAFF

Dr. Davis G. Johnson, Assistant Director of the AAMC Division of Education from 1962-1967, served as Director of the new Division of Student Affairs. A new Assistant Director of the DOSA, Dr. Frank T. Stritter, joined the Division on August 1, 1968. Although Dr. Stritter's primary responsibility is the Centralized Application Service, he is participating actively in all aspects of the Division's activities as his time permits.

Mrs. Dorothy A. Klaub, Ph.B., continued her able supervision of the Student Records Section. She was assisted by Mrs. Genevieve Gilbertson, Mrs. Ethel Savage, and Mrs. Evelyn George.

Mrs. Helen Noble joined the DOSA in August 1968, succeeding Mrs. Dolores Timmer who resigned from her position as secretary to the Division. Mrs. Evelyn McVey, B.A., also joined the DOSA in August as assistant Division secretary.

For approximately a month during the spring of 1968, Dr. Roy K. Jarecky, Associate Dean for Admissions and Student Affairs at the University of Kentucky Medical Center, participated informally as a member of the Division while on special leave from Kentucky. During this time he made major contributions in conducting the survey on racial minority group applicants (25) and in serving

as senior author of the 1967-68 Applicant Study (17).

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REPORT OF THE
COUNCIL OF ACADEMIC SOCIETIES

CHEVES McC. SMYTHE, M.D.

Associate Director

The Council of Academic Societies (CAS) completed its second year of operation in November 1968.

OCTOBER 1967 MEETING

During the annual meeting of the Association on October 27, 1967, a formal Constitution and Bylaws for the Council of Academic Societies were adopted. These were published in the Association Proceedings for 1967 (1). At this meeting, the Council was addressed by Drs. William N. Hubbard, Jr., Lowell T. Coggeshall, and Ivan D. Bennett, Jr., all of whom turned their attention to potential roles for the Council. This meeting has been reported (2).

FEBRUARY 1968 MEETING

The next meeting of the Council took place during the annual Congress on Medical Education on February 10, 1968. At this meeting, the membership of the Council discussed some of the implications of the reorganization of the Association and the place of the Council in that reorganization. The Council decided to develop its program initially concentrating on the issues involved in changing patterns of graduate medical education.

NEW MEMBERS

On May 22, 1968 the Institutional Membership ratified CAS membership of 7 distinguished societies recommended by the CAS. These societies were: Association of Chairmen of Departments of Physiology, Society of Academic Radiology Chairmen, Association of University Cardiologists, Society of University Urologists, American Association of Neurological Surgeons, Joint Committee on Orthopaedic Research and Seminars, and Academic Clinical Laboratory Physicians and Scientists.

During the year, the American Gynecological Society resigned.

SPECIAL PROJECTS

Workshop on graduate medical education.--In keeping with the wishes of its membership, the Executive Committee of the Council spent its energies during the year developing a workshop entitled, "The Role of the University in Graduate Medical Education." This workshop was held in Washington, D.C.

on October 2-5, 1968. After a keynote address on The Role of the University in Graduate Medical Education, special presentations were made on the following topics: Orthopedics and the Impact of Learning Theory; Pediatrics: The Relation of Training to Multiple Tracks of the Future; Patterns of Training for Internal Medicine; Neurological Surgery and the Assessment of Accomplishment; Physiology; Basic Science Input into Training: Its Nature and Content; Financing Graduate Medical Education; The Evolutionary Functions of American Medical Specialty Boards; What Can University Graduate Medical Education Do Better to Meet the Demand of the Community for Medical Care?; and The National Library and Medical Education. A report of the workshop will be published.

Major impressions from the workshop were:

1. The role of the university in graduate medical education must grow. The major force behind the need for this development is increasing acceptance of medical education as a continuum from the last years of high school to the beginning of practice, rather than as a fragmentation of at least 5 separately administered educational sequences. The amalgamation of these educational sequences for the optimum use of each student's time will require the influence of some one agency. The only agency in our society equipped for this task is the university.

2. The American Specialty Boards serve an enormously useful purpose in American medicine. Their functions should evolve from those of regulatory agencies determining such aspects of training as duration and specific requirements year by year to those of examining or certifying agencies. The content of the educational cycle should be left to the university or hospital sponsoring the students. The Boards should develop as a primary function examination and certification of individuals whose level of accomplishment has been spoken for by their sponsoring institutions. The model of the relationship of the National Board of Medical Examiners to the curriculum content of medical schools was frequently cited as the type of relationship which should exist between the Boards and graduate medical education centers.

3. The internship as a separate and independent free-standing entity is no longer necessary. There are major reasons for retaining the name and any departure from it should be gradual. However, the work that interns do can be absorbed into the terminal clinical experience in medical school and into the initial experience in that area of medical concentration which each man selects upon his graduation.

4. There was broad support for the concept of a national agency responsible for overseeing the broader policies of graduate medical education. The exact form that such a commission should take will have to be determined by careful examination of specific proposals advanced by those agencies by which it will be supported and through which it will work.

The workshop was supported by Contract RFP No. PH 108-69-16 (P) with the Division of Physician Manpower, Bureau of Health Manpower, National Institutes of Health, Public Health Service, and by the National Fund for Medical Education.

Conference on optimal implementation of a medical educational network.-- During the year, the Council was invited by the National Library of Medicine in conjunction with the Association to develop a conference designed to examine optimal methods for the implementation of a medical educational network. The general purposes of the program envisioned are to make available to all medical schools the great resources which exist in the country for enriching the teaching of undergraduate medical students. The Council accepted this invitation and is scheduled to hold such a meeting under the auspices of the National Library in December 1968.

FUTURE REPRESENTATION

On May 22, 1968 the Institutional Membership approved the reorganization of the Association of American Medical Colleges. In the new structure of the Association, which is expected to be adopted at the time of the 1968 Annual Meeting of the Association, the Council of Academic Societies will be represented by 35 places in the assembly, 4 places on the Executive Council, and 1 place on the Executive Committee.

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REPORT OF THE COUNCIL OF TEACHING HOSPITALS

MATTHEW F. McNULTY, JR.
Director

This second annual report of the Council of Teaching Hospitals (COTH) is identified thematically with the concept of a continued emphasis on the program development of the Council within the overarching framework of the AAMC. This has been a year of significant progress for COTH, marked by a number of events that serve to emphasize its vibrant nature. The Institutional Membership of the AAMC has approved a reorganization of the Executive Council to include representation from COTH and from the Council of Academic Societies (CAS).

This spirit of encouraging change has permeated throughout the organization and has provided COTH with an excellent opportunity to continue its growth pattern and to participate meaningfully in the dialogue on major issues in the current process of medical education.

STAFF

Matthew F. McNulty, Jr., is Director; Dr. Fletcher H. Bingham is Assistant Director; Dr. Richard M. Knapp is Project Director; and Grace W. Beirne is Staff Associate.

COORDINATION OF ACTIVITIES WITH OTHER DIVISIONS

The COTH Executive Committee and staff are pleased to report the continued growth in rapport with all Divisions of the AAMC. Especially noteworthy is the joint endeavor of the Director of COTH and the Director of the Division of International Medical Education (DIME) through which invitations were extended to COTH hospital administrators to attend the Second General Conference of the Pan American Federation of Associations of Medical Schools, to be held November 24-29, 1968 in Mexico City. The theme of the Conference stresses the Medical Schools and the Health of the Community.

COTH staff is interested in exploring other areas of mutual interest with the various Divisions of the AAMC. Discussions are continuing to determine the most appropriate mechanism for such opportunities.

HOSPITAL ADMINISTRATORS' PARTICIPATION IN MEDICAL SCHOOL ACCREDITATION VISITS

As further evidence of the involvement of hospital administrators in the process of medical education, the AAMC-AMA Liaison Committee on Medical Education has authorized the inclusion of a hospital administrator on survey teams to those medical schools in which their participation would be particularly helpful.

EXPANDING MEMBERSHIP

As of July 31, 1968 COTH membership totaled 337. Of this number, 221 were nominated by a Dean. A total of 116 that had fulfilled the internship and residency criteria for membership joined COTH on the basis of self-nomination. Of particular significance was the admission to COTH membership of the first military hospital: Wilford Hall U. S. Air Force Hospital, Lackland Air Force Base, San Antonio, Texas. Although the Veterans Administration hospitals and U. S. Public Health Service (USPHS) hospitals have been represented in COTH activities since its inception, this was the first military hospital to join COTH.

The Council of Teaching Hospitals Rules and Regulations are presently being reviewed. One area of concern is the possibility of broadening the COTH membership base to afford increased opportunities for membership.

MEMBERSHIP SERVICES

The single most rewarding opportunity afforded COTH is its responsibility for providing needed services to its membership. This service responsibility is the *raison d'etre* for any national association. The COTH Executive Committee and staff have been particularly careful to insure that the direction of policy and its subsequent implementation reflect this awareness.

Additionally, these services have included a volume of mail, telephone conversations and personal visits to COTH headquarters. Although increasing almost exponentially, these demands have served as an indication of the opportunities available to COTH staff for service to its membership. COTH staff has continued to be extremely mindful of the needs of its membership, for it recognizes fully that its service obligations to the membership are its most meaningful contribution to the community of the nation's teaching hospitals.

EXECUTIVE COMMITTEE ACTIVITY

The COTH Executive Committee has met 5 times during the administrative year: October 30, 1967, January 11-12, May 9-10, September 5-6, and October 31, 1968. Serving under the chairmanship of Lad F. Grapski, the Executive Committee, among other accomplishments, was particularly mindful of the need for continued organizational growth. On the recommendation of the Executive Committee, Chairman Grapski appointed a 3-member ad hoc Committee on COTH Programs and Development: Dr. Leonard W. Cronkhite, Jr., Children's Hospital Medical Center, Boston, Chairman; Stanley A. Ferguson, University Hospitals of Cleveland; and Dan J. Macer, Veterans Administration Hospital, Pittsburgh. The committee has met and carefully examined the current and projected needs for COTH program development. An additional charge to this committee involved the presentation of recommendations on the means of providing additional revenues to support these enlarged program responsibilities. Their recommendations to the Executive Committee are expected to appear on the agenda of the COTH Business Meeting, November 4, 1968.

OTHER COMMITTEE ACTIVITY

As reported in last year's annual report, the Executive Committee approved the establishment of 2 additional committees: the Committee on Financial Principles for Teaching Hospitals and the Committee on Modernization and Construction Funds for Teaching Hospitals.

Committee on Financial Principles for Teaching Hospitals.--This committee has met 3 times during the year: January 25, June 6, and July 24, 1968. A subcommittee has been appointed by Chairman Charles R. Goulet to develop a statement of guidelines for program cost allocation in teaching hospitals. Members of this subcommittee include: Richard D. Wittrup, Affiliated Hospitals Center, Boston, Chairman; Bernard J. Lachner, Ohio State University; and Irvin G. Wilmot, University Hospital of New York University Medical Center.

In addition to its responsibility for developing a statement on guidelines for program cost allocation in teaching hospitals, the committee has examined other issues of a financial nature that are unique to teaching hospitals. Items have included the indirect costs of research training growths, the projected funding levels for general clinical research centers, and other items of a similar nature.

Committee on Modernization and Construction Funds for Teaching Hospitals.--This Committee was reported last year as the Subcommittee on Modernization and Construction Funds for Teaching Hospitals, operating as a subcommittee of the COTH standing Committee on Government Relations. This latter committee was subsequently abolished when its members joined the AAMC Committee on Federal Health Programs. The former subcommittee is now identified as a full committee of COTH.

This committee has also met 3 times within the administrative year: December 12, 1967, February 19, and June 28, 1968. The primary emphasis of this committee has been directed toward the development of a rational approach to the urgent need for modernization and construction funds for teaching hospitals. The vehicle for the expression of the need has been a position statement, developed by this committee, that identifies the unique responsibilities of teaching hospitals and the immediate funding needs that accompany these responsibilities. Serving as primary source data for this committee's deliberations are the results of 2 questionnaires on funding needs distributed by the COTH office. The COTH staff would like to thank the membership for their excellent response to these questionnaires. In the development of a position statement, there is no substitute for current, documented data on which projected need can be forecasted.

COTH REGIONAL MEETINGS

The pattern reported on in last year's annual report of regional meetings for the COTH membership was continued this year. For this administrative year, meetings were held for the Western Region, April 4, San Francisco; the Midwest-Great Plains Region, April 19, Chicago; the Northeast Region, April 25, New York; and the Southern Region, April 30, Atlanta. COTH staff has been encouraged by the attendance and the lively participation at these meetings.

It is believed that these meetings provide an excellent forum opportunity which serves as the essential purpose of COTH.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE CONTRACT

On April 26, 1967 COTH entered into a contract with the new National Center for Health Services Research and Development of the DHEW to investigate the feasibility of establishing a Teaching Hospital Information Center. The contract will allow the COTH to develop a methodology designed specifically for the accumulation, evaluation, and dissemination of a constantly changing body of information pertinent to those involved in teaching hospital administration.

Effective July 15, 1968 Dr. Richard M. Knapp joined the COTH staff as Project Director for this study. Dr. Knapp received his doctorate degree in hospital and health administration from the University of Iowa in June 1968. His early activities involved the development of the form and direction which the feasibility study would assume.

The COTH staff continues to be alert to other possibilities that would allow the development of a sophisticated research capability to provide better identification of the particular responsibilities of teaching hospitals.

LIAISON WITH OTHER HOSPITAL AND HEALTH ORGANIZATIONS

In addition to organizational opportunities afforded through representation in the AAMC and the attendant opportunity for frequent dialogue with medical educators, COTH has been meeting with other national organizations in the hospital and health care field. The elected executive officials and chief executive officers of the AHA and COTH met once this year for an exchange of information relating to twin mutual activities and interests.

COTH has also met formally and informally with several other organizations that have a national interest in health affairs. These meetings have served a 2-fold purpose: (a) they provide COTH with the opportunity to become knowledgeable of the particular interests and activities of other organizations, and (b) they allow COTH to have some measurable input into discussions of national policy issues that are of widespread concern to all involved in the health care field.

FUTURE ACTIVITIES

Although the purpose of the annual report is to identify the accomplishments of the past year, it is appropriate to concentrate a portion of the report to the anticipated activities of 1968-69.

The growing complexities of postgraduate medical education necessitate that COTH expand its current range of service and representation activities immediately. The traditional forces that have been influencing the organizational design and direction of teaching hospitals are presently being joined

by new forces. These new forces will make necessary the development of more effective means of defining the role of teaching hospitals in the delivery system of health services. From careful articulation of responsibilities and opportunities, it is anticipated that the many "publics" of the teaching hospital would have a thorough understanding of the capabilities for service, education, and research inherent in the organization.

COTH staff recognize the need for special studies and data collection relating specifically to teaching hospitals. With the continued growth of staff, many of these programs are now gaining the necessary form and substance and will be reported to the membership through the various communication media and at the regional meetings. The Council has gained much visibility during the past year, but it has not been able to capitalize on the many available opportunities for leadership because of limitations of staff imposed by certain financial constraints. A certain element of frustration accompanies any situation in which recognition of the need for leadership is evident, the capability of providing that leadership is known and identified, but the many other demands for similar leadership opportunities in other areas are considered to have higher priority. Such situations have occurred during this past year. COTH staff and the Executive Committee are mindful of these opportunities and will continue to evaluate carefully COTH's responsibilities to its membership and how these responsibilities can be translated into action.

REPORT OF THE
COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

WILLIAM S. STONE, M.D.
Chairman

The AAMC Committee on Medical Education for National Defense (MEND) in cooperation with the Federal MEND Committee continued to foster within medical education an appropriate attitude or awareness toward the practice of medicine under adverse, emergency conditions or within a hostile environment. Specifically, this has reference to the education and training of physicians in the principles of medicine and surgery as they are applied within a military or civil disaster situation. This includes the provision and delivery of medical services, including preventive medicine. It continues to be the policy for the teaching of MEND subjects that each school, within the framework of overall MEND policies, works out its own program in light of its own educational philosophy.

During 1967-68, 90 medical schools and 2 graduate medical schools participated in the MEND program.

ACTIVITIES FOR 1967-68

In addition to the local programs of medical schools, the following overall activities were provided by the federal agencies:

Symposia.--The attendance of students and faculty at MEND symposia was as follows: (a) Military Medicine in Vietnam (231 students); (b) Human Response to Disasters (95 faculty); (c) Burns (131 faculty); and (d) Environmental Stresses (80 faculty).

Conference.--In addition to the symposia, a MEND Coordinators Conference was held at El Paso, Texas on January 9, 1968. Attending were 116 participants from 84 schools. A review of the MEND program from its beginning was developed during the exchange of ideas between federal officials and medical school representatives.

AUDIT OF MEND ACTIVITIES

During this discussion it became evident that there was some opposition to the program in the Office of the Assistant Secretary of Defense for Manpower. This followed an audit of MEND activities by the Comptroller General of the United States at the request of the Honorable George H. Mahon, Chairman, Committee on Appropriations, House of Representatives. According to the Assistant Secretary of Defense (Health and Medical), the conclusions of this audit were:

In the sixteen years during which the MEND program has been sponsored by the Government, there was a minimum degree of program direction and evaluation, and there were no financial audits of activities conducted under the program.

We believe that the lack of specific performance criteria in MEND contracts and the absence of critical evaluations by Government agencies created a climate in which participating schools were free to exercise individual philosophies and unlimited latitude of operation and effort without any requirements as to (a) the relevancy of activities or expenditures, (b) demonstrating achievements, or (c) making meaningful contributions to MEND objectives. Although many of the matters discussed in this report could have been questioned and resolved at an early date by Government officials responsible for management, it was not until the present National Coordinator was assigned that we found efforts being made to strengthen controls by improving the reporting requirements, issuing some guidelines on expenditures, and eliminating the carry-overs of annually appropriated funds.

We interviewed representatives of the Deputy Assistant Secretary of Defense (Health and Medical), the Chairman and available members of the Federal MEND Committee, and the National MEND Coordinator in Washington, D.C. Also, we examined contractual, financial, and other related documents in the office of Naval Research and the Bureau of Medicine and Surgery, Department of the Navy. In addition, we visited 13 medical schools located in 7 States and the District of Columbia. MEND related information was also obtained from the United States Public Health Service, the Atomic Energy Commission, and the Director of Civil Defense.

PROPOSED REDUCTION IN MEND BUDGET

As a result of these findings and impressions, as well as the forced economies due to the Vietnam activities, it was proposed that the 1968-69 MEND budget be reduced to an average of \$6,800 per medical school participating in the MEND program.

The AAMC MEND Committee strongly rebutted the stand of the federal agencies on MEND activities. It pointed out that the MEND program was initiated by the federal agencies to improve professional medical preparedness in subjects found in World War II to be greatly needed. These professional areas were: (a) the medical care of battle casualties due to trauma or the trauma experienced in disasters, including atomic explosions; (b) the medical handling of casualties due to stress as experienced during the war, including the preventive aspects; (c) the preventive aspects and care of communicable disease problems that occur in primitive areas where war may be conducted and under conditions where civil health agencies are not effective or nonexistent; and (d) the medical and environmental problems that occur in the use of equipment in the Army, Air Force, Naval activities, and those that are encountered

in extreme cold, altitude, tropics, and desert environments.

The medical schools agreed to cooperate with the federal agencies in teaching these subjects in an integrated way in their curricula and special subjects, provided support for this educational effort could be given by the federal government. This support was to cover the part-time services of a coordinator in each medical school, faculty travel to federal agencies and short courses for orientation and education of faculty, support for a part-time secretary, teaching aids and honoraria for visiting lecturers where pertinent.

The AAMC MEND Committee has pointed out to the Deputy Assistant Secretary of Defense (Health and Medical) that the support provided for the MEND program has been minimal and in many instances inadequate. The medical schools are not in a position to subsidize MEND activities for the federal government. The proposed reduction of the MEND support to \$6,800 for 1968-69 would force the medical schools to consider dropping this program unless funds could be restored to a level essential to carry the program.

The AAMC MEND Committee and the Federal MEND Committee met in the Office of the Deputy Assistant Secretary of Defense (Health and Medical) on July 17, 1968. At that meeting, he agreed that the MEND program was an essential program in medical preparedness for national defense and that his Office would seek an adequate budget for the MEND program in the next fiscal year.

ELIMINATION OF MEND BUDGET

On August 8, 1968 a telephone call was received from the Office of the Deputy Assistant Secretary of Defense (Health and Medical), and it was reported that the MEND budget for 1968-69 had been eliminated from the Department of Defense budget by Congressional Committee action. This writes "finis" to MEND activities in the medical schools.

REPORT OF THE EDUCATION ADVISORY COMMITTEE

TO THE VETERANS ADMINISTRATION

S. RICHARDSON HILL, JR., M.D.
Chairman

The committee met on October 27, 1967 in New York City in conjunction with the AAMC Annual Meeting, on January 23, 1968 in New Orleans, and on April 22, 1968 in Washington, D. C. This summary of these meetings has been prepared at the request of the committee by Mr. Clyde J. Lindley, Executive Secretary, Special Medical Advisory Group (SMAG), Veterans Administration (VA).

Representatives attending these meetings from Veterans Administration were: Drs. H. M. Engle, Chief Medical Director; Lionel M. Bernstein, Director, Research Service; Thomas C. Chalmers, Professor of Medicine, Tufts University; Chester W. DeLong, Chief, Training Grants and Career Development in Education, Education Service; Edward Dunner, Special Assistant to ACMD for Research and Education in Medicine; Charles A. Rosenberg, Assistant Director, Education Service; Harold M. Schoolman, Director, Education Service, and Mr. Clyde J. Lindley, Executive Secretary, SMAG.

CHANGES IN COMMITTEE MEMBERSHIP

Membership of the committee constituted for the academic year 1967-68 was revised as follows: Dr. Sherman M. Mellinkoff, Dean of the School of Medicine of the University of California at Los Angeles, and Dr. Vernon E. Wilson, Executive Director for Health Affairs at the University of Missouri School of Medicine, were appointed to the committee effective July 1, 1968 to replace Dr. Hayden C. Nicholson, who resigned March 14, 1968 when he became Director of the Department of Undergraduate Education of the American Medical Association (AMA), and Dr. Roger O. Egeberg, who became Chairman of SMAG in the VA effective July 1, 1968. Selection of committee members is coordinated with the Executive Director of the AAMC.

FUNCTIONS OF THE COMMITTEE

The first function of the committee relates to the responsibilities of the committee under PL 89-785. The law specifically provides for the establishment of an Advisory Subcommittee for Programs for Exchange of Medical Information (PEMI) of SMAG. This subcommittee advises the Administrator and Chief Medical Director (CMD) regarding exchange of medical information as contemplated under the law.

This subcommittee, under authority of PL 89-785, makes recommendations to the Administrator and CMD relative to grants to medical schools, hospitals, and research centers about the exchange of medical information. The law authorizes an appropriation of \$3 million for this purpose for each of four fiscal years effective July 1, 1967. In the apportionment process the

President's budget for fiscal years 1968 and 1969 provided approximately one-third of this amount.

The second function of the committee relates to its responsibilities as an Education Advisory Committee to the Department of Medicine and Surgery. In this capacity the committee advises the Director, Education Service and the CMD about all other aspects of the education and training program not directly related to the responsibilities of the committee as provided by law (pilot programs and grants). In this connection, it was noted that PL 89-785 authorized training and education of health service personnel. The law states:

In order to more effectively carry out the functions imposed on the Department of Medicine and Surgery.....the Administrator shall carry out a program of training and education of health service personnel, acting in cooperation with schools of medicine, dentistry, osteopathy, and nursing; other institutions of higher learning; medical centers, hospital; and such other public or nonprofit agencies, institutions, or organizations as the Administrator deems appropriate.

Although the VA has engaged for a number of years in the teaching of health personnel, this activity had never before received statutory recognition. When functioning as an Education Advisory Committee, the committee advises the Director, Education Service and the CMD about the total program of training and education of health service personnel.

The third function of the committee relates to its liaison activities with the AAMC. In carrying out this function the committee brings before the VA certain problems or other conditions that might exist between the deans committee of the VA hospital and the medical school. Conversely, it serves as a vehicle for the VA to bring information and new developments to the attention of the deans. It is obvious that the preceding 2 functions are interrelated with the third function of the committee. By means of this liaison function with the AAMC, membership of the AAMC would be informed about all significant aspects of the VA health manpower training program.

VA AND HEALTH MANPOWER

VA's Expanding Role

The long-range objective of the VA by 1973 is to expand its current training program from 26,000 professionals and allied health personnel to 81,000 annually. The largest increases will be in the training of allied health groups. The number of medical students assigned to VA hospitals will be increased, however, as existing affiliations with medical schools are expanded, and additional training programs will be initiated as new medical schools are established in affiliation with VA hospitals. Increases in the number of persons trained in the allied health disciplines will be dramatic. Thus, the VA will continue to expand its VA training for medical and dental residents, medical and dental students, medical rehabilitation therapists, nurses, psychologists, social workers, and so forth.

In cooperation with the manpower development and training programs, the VA has made its clinical facilities available to train hospital and clinical personnel such as nursing, housekeeping, and clerical aides, food service, and laundry personnel. The numbers trained in VA facilities through these other federally sponsored programs is currently about 8,000 and VA has indicated that its facilities can accommodate up to 26,000 trainees.

Allied Health Programs

The training of allied health personnel has been considered from 4 points of view. The first is the recognition that there is a growing shortage of personnel in all categories, and even though the need cannot be defined specifically, it is definitely real. Here the question is how to increase the output. The VA approaches this problem by (a) expansion of those VA training programs already in existence and (b) development of similar programs in hospitals that have potentials, but which have no existing program. The emphasis here is on increase of output of existing programs. About one million dollars is available for minor alterations and/or equipment and supplies. The VA is surveying its current potentials for increasing its output of current training programs.

The second approach relates to what new types of personnel should be developed to relieve the critical shortages of health manpower. The VA is proceeding selectively in a number of areas such as pathologist's assistant, dental assistant, and social work assistant. There are many problems related to new types of personnel: quality control, legality, career development, lateral movement, and so forth. VA has a committee mechanism in education, whereby a number of subcommittees are charged with pursuing each of the problem areas mentioned. These subcommittees are made up of representatives from all the professional services in the VA Central Office.

The third general approach relates to the problems of changes and delivery of health services and the type of personnel that will be needed for the future. Will the medical technologists of tomorrow, for example, in an automated laboratory bear any resemblance to today's training programs in medical technology? This type of information is very important for long-range planning efforts.

The fourth approach relates to a reorganization of the delivery systems of health care. There is little likelihood that this can be accomplished in the traditional hospital-based concept of the delivery of health care services and that some form of a progressive type of health screening device will have to be adopted. It is conceivable that the first screening will be made for the care of the healthy rather than for the care of the sick.

There is relative paucity of proposals from medical schools and the VA hospitals concerning the last approach. It is extremely difficult to get deans of medical schools to think of conjoint programs of which both the medical school and the VA participate. It was recognized that there is a real education task needed in this area.

The committee expressed the opinion that the expansion of medical education into these allied fields is most important. It recognizes the need for continuing education and new concepts for the delivery of medical services. The VA is in a unique position to make contributions in all of these areas. Suggestions were made that the methodology of expanding programs should have a high priority.

NEW VA OFFICIAL

Dr. Engle announced the appointment of Dr. Thomas C. Chalmers, formerly Professor of Medicine at Tufts University and Director of Medicine at the Lemuel Shattuck Hospital in Boston, as Assistant CMD for Research and Education in Medicine. He joined the staff on a full-time basis August 5, 1968. Dr. Chalmers was recommended by an Ad Hoc Search Committee which considered candidates on a nation-wide basis. The committee consisted of: Chairman, Dr. Stewart G. Wolf, Jr., Chairman, Department of Medicine, University of Oklahoma School of Medicine; Members, Drs. Robert J. Glaser, Dean, School of Medicine, Stanford University; Robert H. Williams, Professor, Department of Medicine, University of Washington School of Medicine, Seattle; J. Englebert Dunphy, Chairman, Department of Surgery, University of California School of Medicine; Richard V. Ebert, Chairman, Department of Medicine, University of Minnesota Medical School; and Merlin K. DuVal, Jr., Dean, College of Medicine, University of Arizona.

PARTICIPATION IN REGIONAL MEDICAL PROGRAMS

PL 89-785 also authorizes the Administrator of Veterans Affairs and the Secretary of Health, Education and Welfare to coordinate to the maximum extent practicable programs carried out under the Heart Disease, Cancer, and Stroke Amendments of 1965 (Title IX of the Public Health Service Act). Involvement of VA hospitals in the Regional Medical Programs (RMP) can contribute to the missions of both. The described goals of the RMP may be regarded as an expanded version of similar goals toward which the VA hospital system has moved during the last twenty years. By affiliation with medical and dental schools, the VA has sought to extend the highest quality of the interrelated research, education, and patient care activities of academic centers into its hospitals. The recent extension of the VA mission, through the exchange of medical information section of PL 89-785, emphasizes the need to extend these medical center qualities into the remote unaffiliated VA hospitals as well. The committee expressed the opinion that many common goals of the VA and the RMP warrant closely related programs.

GRANTS AWARDED FOR EXCHANGE OF MEDICAL INFORMATION

Four grant proposals recommended by the committee have been approved by the Administrator and awarded during fiscal year 1968.

University of Nebraska Medical Center-Nebraska Psychiatric Institute.--
This is a 2-way closed circuit audiovisual communication link between 3 VA hospitals in Nebraska: Omaha, Lincoln, and Grand Island. These 3 hospitals

in turn would be linked by a 2-way closed circuit television to the Nebraska Psychiatric Institute. The Nebraska Psychiatric Institute currently has such a link between its facilities and the Norfolk State Hospital, 110 miles away. This facility, which is used for both teaching and consultation, as well as hospital management, has been very successful in achieving the objectives for which it was instituted. The 3 VA hospitals indicate a multiplicity of areas in which such a 2-way hookup would be beneficial to them.

Jefferson Medical College and VA Hospital, Coatesville.--This proposal involves the purchase and maintenance of a bus specially equipped for educational purposes to optimize teaching personnel time. The traveling bus will be an educational laboratory specially outfitted for the conduct of educational activities such as lectures and programmed instruction for the benefit of resident students, house staff, and other trainees who would commute on a regular schedule between the medical center and the Coatesville VA Hospital. The time involved is roughly three hours daily for a round trip. The hospital is geographically isolated with totally inadequate transportation connections with its medical school affiliate.

Duke University and VA Hospital, Durham.--Duke University Medical Center proposes a closed circuit television link between its medical school and the Durham VA Hospital. The project is directed toward enhancing medical education in the medical community within a 25-mile radius of this medical complex and to groups of practicing physicians and other hospitals (VA and community) outside the 25-mile radius, utilizing videotape facilities. This network will be utilized by all areas of medical education. Broadcasts will be initiated at both the VA hospital and the Medical Center. This broadcast and production facility would eventually become part of a national network for dissemination of medical education by audiovisual means.

University of Oklahoma Medical Center and VA Hospitals, Oklahoma City and Muskogee.--The University of Oklahoma Medical Center and the Oklahoma City VA Hospital with which it is affiliated have proposed an integral affiliation between their institutions and the Muskogee VA Hospital. The latter hospital is presently unaffiliated, and geographically remote. It is proposed to bring the Muskogee VA Hospital into the academic fold of the Oklahoma City Medical Center by an intensive educational program which includes rotational educational assignments, in both directions, as well as many other educational aids such as television linkage and computer assisted instruction. This proposal is an initial phase of an effort to evolve, over a period of time, a complete integration of the Muskogee Hospital into the medical center complex.

LIAISON WITH AMERICAN MEDICAL ASSOCIATION

Dr. Hugh H. Hussey, Director, Division of Scientific Activities of the AMA, contacted Dr. Engle urging that the VA Education Advisory Committee also effect liaison with the AMA. It was agreed to postpone final action until the next meeting of the committee in October 1968 when 2 new members of the committee would be present.

DEANS COMMITTEES AND MEDICAL ADVISORY COMMITTEES

Since the provisions of PL 89-785 as it affects the deans committee seem still to be subject to misinterpretation in some quarters, it was again reviewed. The legislative history of this law indicates no design to alter or dilute the long established role and responsibility of the deans committee. Rather, the purpose was to give statutory recognition to the deans committee as the effective focal point for cooperation between the VA and schools of medicine. It did not change the method of appointing members. It did not change the role or responsibilities of the committees. The deans committee, concerned with the totality of medical care, research, and education in the VA hospital, remains as the core committee at affiliated hospitals. This applies also to the medical advisory committees where such exists or is established at a non-affiliated hospital.

These committees will still serve the purpose of assuring the most knowledgeable decisions and actions with respect to education and training in any particular medical discipline. In effecting representation of other health professions, the deans committee or medical advisory committee may choose (a) to expand its membership to include representation of all of certain disciplines from institutions which are cooperating with the VA hospital in health professions training; (b) to create subcommittees or ad hoc committees representing 1 or more disciplines from 1 or any combination of these institutions; or (c) to employ any combination of the 2 above-cited devices. This interpretation of the statute was approved and accepted by the committee.

VA SALARY SCALES

The question of VA's relatively low salary scales and the difficulties occasioned by schools trying to recruit and maintain adequate staffs for VA hospitals was reviewed. The VA has been attempting to meet this situation by redistributing funds within its system, giving acknowledgement to the higher costs of research and education, and providing more money for staffing in its teaching hospitals. Personnel policies have been revised to include more liberal promotion policies, advancement for achievement, and adjustments in grades. VA has also modified its regulations to permit part-time personnel to receive the same employee benefits as full-time personnel (leave, insurance, and so forth). The VA has recently changed its regulations permitting VA physicians to receive payment for teaching and consultation. The committee agreed that this was a tremendous step forward. It was agreed that contractual arrangements can provide desirable flexibility, especially in some service areas, although it was acknowledged that this mechanism cannot be used as a means of circumventing usual appointment authorities simply to give specific individuals higher rates of pay. VA believes the contracting authority cannot legally be extended to cover total responsibility for a hospital or all aspects of medical programs.

The VA and the committee do recognize the disparity between VA and medical school salaries but believe that any resulting difficulties can be resolved without straining VA-medical school relationships through arrangements between VA and individual schools developed on the basis of the situation peculiar to the particular school.

Among others, the University of Alabama and Duke University seem to have worked out arrangements mutually satisfactory to them and to VA. Drs. Hill and Anlyan have expressed a willingness to discuss with any individual dean the type of relationship each has developed with VA and its possible adaptability to the particular dean's circumstances. In VA's Central Office, the Office of the Assistant CMD for Research and Education will also be happy to work with any dean to help resolve this problem as it affects his school.

The hope was expressed that the anticipated raise in VA salaries scheduled for July 1, together with the fact that VA will soon be in a position to pay residents on a basis comparable to that in effect at the index hospital in any area, may prove of significant help in alleviating these concerns.

OUTSIDE ACTIVITIES OF RESIDENTS (SUNLIGHTING)

The committee was advised that VA was developing a proposal to authorize remuneration for residents for those activities which because of their educational nature would contribute to the overall education of the resident. Such activities would have to be approved by the residency review committee sponsored by the American Board for the particular specialty and the Council on Medical Education of the AMA. Such activities would also have to be approved by the department head at the medical school and the deans committee. Outside activities that would not be related to the overall education of the resident would be prohibited.

The type of activity contributing to a resident's educational program for which outside remuneration may be received is not necessarily restricted to teaching. As an example, subject to the appropriate approvals, participation in the work of community health centers of planned parenthood clinics might be considered educational activities not available in the hospital for which remuneration might be received from those sources.

The committee approved this proposed change and indicated that the VA is merely reflecting changes that are occurring outside the VA.

DISTINGUISHED PHYSICIAN

The committee was pleased to learn that Dr. William B. Castle has been appointed "distinguished physician" of the VA, a new position based on professional excellence. The number of distinguished physicians assigned within the VA probably will never number more than 5 at any 1 time. Nominations for distinguished physicians are not solicited as recommendations for selection are handled by a selection committee of eminent non-VA medical educators. Dr. Castle will be stationed at VA Hospital, West Roxbury, Massachusetts, and will serve on a VA-wide basis as consultant, lecturer, or in other teaching capacities.

VIDEOTAPE GUEST LECTURE PROGRAM

An educational program has been developed which will bring a series of 36 selected videotapes and 4 lectures to each of 30 nonaffiliated hospitals in the western U. S. over a period of fifty-two weeks. Most of these hospitals are located in areas remote from medical teaching centers. This program will enhance the academic environment at these VA hospitals.

The tapes will deal with medical and nursing subjects of current interest to the professional staffs at each installation. The subjects of the lectures will be coordinated with those of the tapes and will provide the basis for extended interchange between staff members, guests, and lecturers. This program also establishes a Veterans Administration-California Medical Television Network (VA-CMTN) library of tapes on medical and nursing subjects which will be available on call from any of the participating stations. To further carry out the concept of exchange of medical information, as stated in PL 89-785, members of the local medical communities will be encouraged to attend and participate in these programs.

These educational information activities will be conducted through the facilities of the CMTN of the University of California. The Network will handle all duplicating and distribution of tapes as well as arrangements with the lecturers.

NATIONAL DISTRIBUTION SYSTEM FOR DISSEMINATION OF MEDICAL INFORMATION

Through an agreement with the National Medical Audiovisual Center (NMAC) of the National Library of Medicine (NLM), the VA has initiated a pilot program to investigate systems and media for dissemination of medical information on a nationwide basis. One of the major problems in this area relates to uniformity of equipment and compatibility with later developed technologies. The NMAC has reproduced programs covering a broad range of medical subjects which will be distributed to selected VA hospitals in the eastern part of the United States. Four media of dissemination will be employed, namely 8mm cartridge loaded projectors, audiotapes with film strips, 35mm carousels with sound equipment, and closed circuit television using videotapes. The evaluation of these methods of delivery will influence the future cost of distribution of educational materials on a regional and national basis. It is planned to invite other organizations to participate in this project such as the AAMC, American Hospital Association, AMA, and other federal agencies.

EXTENDED EDUCATIONAL LEAVE PROGRAM

This is a 2-part program. The first provides the opportunity for a specialist in an unaffiliated VA hospital to update his knowledge and skills in a medical center. VA hopes to have physicians and dentists participating in this program as soon as possible. The second part, which has not been implemented, provides fundamental updating in some general broad field of medicine not now offered. There was general agreement that this would be regionalized in order to utilize the benefits of VA relationships with medical schools, rather than trying to create educational programs independent of

medical schools.

It is expected that people involved in the Regional Medical Programs would be very interested in continuing medical education, or joining with the VA in this. VA could support expenses for VA physicians in such educational endeavors. The committee was asked to assist in informing local Regional Medical Program people about this.

RESIDENT AND INTERN STIPENDS

The committee reviewed proposed changes in the residency and intern stipend program and considered the following resolution:

The subcommittee is conscious of the fact that the geometric advances of medical science are moving beyond the capacity of the single hospital to provide all that is required to produce the best educated resident. Thus, with increasing frequency, the residency is becoming an educational endeavor shared by a group of hospitals. Each participating hospital must be convinced that the individual resident "belongs" to all and not just to the hospital in which he is physically present at the moment. For this reason, the VA is urged to do all in its power to create mechanisms which will provide the utmost flexibility in the scheduling and movement of residents between VA hospital and non-VA hospital. There should be no limitations of movement based upon distinctions of being on duty at the VA hospital or away from the VA hospital. Similarly, every effort should be made to minimize differences in pay scales and in fringe benefits among hospitals grouped for residency training, to assure a total income to the resident commensurate with his education and provision of valuable service as a by-product of his training as a resident. It is recommended, therefore, that in each VA hospital-non-VA hospital(s) combination, local VA hospital management be permitted the utmost discretion and capability to establish pay rates and to make scheduling arrangements appropriate for the local situation. This local adaptability will produce many individual variations in patterns of operation throughout the nation, but this diversity will undoubtedly serve to "graduate" the type of residents which the VA and the nation needs critically.

The committee approved the resolution in principle and recognized the need for flexibility in this program. It also stated that the ideal goal was to achieve a truly integrated program. When this is not possible, consideration could be given to increased monetary recognition. The committee recommended that the local conflicts and inconsistencies be reconciled.

The committee was informed in subsequent meeting that action had been taken by VA to implement this proposal by designating for each VA hospital an "index hospital" in the university medical center complex which would be used in determining the stipends. If no medical center exists in proximity to the VA hospitals, the average of the 5 nearest university affiliated hospitals will be used as the index. The maximum stipend would be determined by (a) the

cash stipend of the index hospital plus (b) up to 20 per cent of this stipend in lieu of fringe benefits. The committee was pleased to learn that this change was implemented July 1, 1968.

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 the activities of this committee from September 6, 1967 through August 31, 1968. Membership of the committee is shown in the section on AAMC Standing Committees.

Dr. C. H. William Ruhe served as Secretary of the Liaison Committee from January 1, 1967 through December 31, 1967, and Dr. Cheves McC. Smythe as Secretary from January 1, 1968 throughout the year. Mrs. Nancy P. DeVries, who had been responsible for the stenographic and clerical support of the committee died suddenly and unexpectedly on Tuesday, June 25, 1968. She had occupied this position for seven years. It is with regret that her death is noted.

SURVEYS DURING 1967-68

During 1967-68 regular surveys of 9 medical schools were completed. All of these programs were approved.

Albert Einstein College of Medicine of Yeshiva University
University of Colorado School of Medicine
Columbia University College of Physicians and Surgeons
Jefferson Medical College of Philadelphia
Johns Hopkins University School of Medicine
University of Kansas School of Medicine
University of Michigan Medical School
Vanderbilt University School of Medicine
Washington University School of Medicine (St. Louis)

Somewhat shorter visits were paid to assess the progress of developing programs, and the course of development was approved in each instance. These schools were:

University of Arizona College of Medicine
University of California at Davis School of Medicine
University of Hawaii School of Medicine
Michigan State University College of Human Medicine
University of New Mexico School of Medicine
Rutgers--The State University, Rutgers Medical School

In addition, visits were paid to the newly-developing medical schools at the Louisiana State University Medical Center, Shreveport School of Medicine and the University of South Florida College of Medicine at Tampa. No visits

were paid to groups interested in developing new schools. No detailed staff consultations were held.

During the year an extension grant application was reviewed and approved for the Albany Medical College of Union University.

Meetings of the Liaison Committee were held on February 28 and July 9, 1968. Significant actions taken at these meetings:

1. The Liaison Committee voted to support the actions of a special committee of the Council on Medical Education and of the Executive Council of the Association of American Medical Colleges in advising the formation of a Citizens' Commission to bring in objective recommendations for more effective integration of the graduates of the schools of osteopathy into the American health care system.

2. The Liaison Committee voted to modify the present procedures concerning public and confidential probation. In the future the Liaison Committee will classify medical schools as approved, approved for a limited term, probation for stated reasons, or disapproved. This practice was instituted on July 1, 1968.

SURVEYS SCHEDULED, 1968-69

For the academic year 1968-69, regular visits are scheduled to:

Medical College of Alabama
University of Alberta Faculty of Medicine
Baylor University College of Medicine
University of Cincinnati College of Medicine
Dartmouth Medical School
University of Florida College of Medicine
Georgetown University School of Medicine
Marquette School of Medicine
University of Mississippi School of Medicine
New York University School of Medicine
University of Rochester School of Medicine and Dentistry
University of Tennessee College of Medicine
University of Western Ontario Faculty of Medicine
Yale University School of Medicine

Other visits scheduled are:

Chicago Medical School
Creighton University School of Medicine
New York Medical College
University of Saskatchewan College of Medicine
University of Vermont College of Medicine

Visits to developing medical schools include those scheduled to:

University of Arizona College of Medicine
Brown University Program in Medical Science
University of California at San Diego School of Medicine
University of Connecticut School of Medicine
University of Hawaii School of Medicine
Louisiana State University Medical Center, Shreveport
School of Medicine
Michigan State University College of Human Medicine
Pennsylvania State University College of Medicine,
Milton S. Hershey Medical Center
University of Sherbrooke Faculty of Medicine
University of South Florida College of Medicine at Tampa
University of Texas Medical School at San Antonio

REPORT OF THE MCAT ADVISORY COMMITTEE

JOHN L. CAUGHEY, JR., M.D.
Chairman

DALE E. MATTSON, Ph.D.
Secretary

Members of the Medical College Admission Test (MCAT) Advisory Committee during the past year were: Drs. James W. Bartlett, Rochester; Joseph Ceithaml, University of Chicago; Roy K. Jarecky, Kentucky; Schuyler G. Kohl, SUNY-Downstate; Woodrow W. Morris, Iowa; John L. Caughey, Jr., Chairman, Case Western Reserve; Dale E. Mattson, Secretary, AAMC; and Davis G. Johnson, AAMC, ex officio.

Committee meetings were held on October 28, 1967 and on January 20 and February 12, 1968. Major committee actions and activities during the year included:

1. The committee reviewed and revised plans for providing individual score reports to each MCAT examinee. It was decided that percentile scores should be provided along with the usual scaled scores and that these percentile scores should include a constant representing the standard error of the test scores. The system which was developed was successfully initiated following the May 1968 test period.

2. The committee reviewed a staff proposal for the future operation of the MCAT program and reached the following conclusions: (a) to assure more consistent control, basic standards for testing centers and their operation should be a part of future contracts for operation of the MCAT program; (b) a better system should be developed to preclude the possibility of "substitutes" or "sit-ins" during MCAT examinations; (c) the responsible officers of the AAMC should notify The Psychological Corporation prior to June 30, 1968 of their desire to terminate the present contract effective June 30, 1969; (d) negotiations should be undertaken to effect a contractual agreement which will allow the AAMC to assume responsibility for reporting and research and development functions of the MCAT beginning January 1, 1969 with an outside agency carrying out the administration and scoring of the test; and (e) the proposed research relating to the MCAT program should be implemented at the earliest opportunity.

3. The committee developed a revised MCAT questionnaire to obtain information on educational background and career plans from MCAT examinees. An optional question calling for racial information was added to the questionnaire along with a question regarding participation in other standardized testing programs. The final version of the questionnaire was administered by The Psychological Corporation at the May 1968 and October 1968 testing sessions.

4. The committee reviewed a study by Dr. Perry Culver of Harvard Medical School on the relationship of the College Entrance Examination Board and the MCAT and noted with interest that the suggestions made by Dr. Culver corresponded directly with part of the research plans outlined in the staff

proposal for the future operation of the MCAT program.

5. The committee discussed the possibility of changing the present period for summaries of MCAT examinee performance by undergraduate colleges. It was felt that it would be advantageous to report on the basis of a two-year period for the schools that produce the most examinees rather than on the basis of four years as is presently done. Staff were asked to investigate the feasibility of this change.

6. The committee unanimously supported the decision to initiate a pilot study for placement testing in biochemistry. A plan was developed whereby, with the assistance of the National Board of Medical Examiners, an examination will be constructed during the 1968-69 academic year.

7. The committee reviewed reports of The Psychological Corporation concerning the May and October 1967 administrations. A rise in the science subtest score with the other subtests remaining fairly stable was reported to the committee. It was also reported that for each test period parallel forms of several of the subtests were administered on an experimental basis.

In addition to considering these several items relating directly to the MCAT program, the committee once more discussed its status within the committee structure of the AAMC. Authorized by the Executive Council on October 26, 1962, the MCAT Advisory Committee has functioned as a subcommittee of the Committee on Research in Education (CRIE) and has been appointed annually by the CRIE. With the termination of the Division of Education, which operated under the aegis of the CRIE, in 1967, the CRIE was discharged.

For this reason, in 1967 the MCAT Advisory Committee recommended to the Executive Council that it be made a standing committee of the AAMC. During 1968 the ad hoc Committee on Educational Studies and Programs recommended that an advisory committee for the Division of Educational Measurement and Research be formed. Action on the recommendation of the MCAT Advisory Committee that it be made a standing AAMC committee will be deferred pending a decision on the recommendation of the Ad Hoc Committee on Educational Studies and Programs.

REPORT OF THE CURRICULUM STUDY AD HOC COMMITTEE

WILLIAM N. HUBBARD, JR., M.D.
Chairman

The committee was formed at the request of the AAMC at its Annual Meeting in October 1967. The charges to the committee were as follows: (a) to study the curricular developments occurring in the United States and Canada at this time; (b) to study the mechanisms of change, including how changes were brought about and factors that inhibited or stimulated changes; (c) to document and elucidate the goals of change; (d) to determine the direction of evolution of medical curricula; (e) to view these changes in terms of major problems confronting medical education; and (f) if possible, to determine the optimum direction of future evolution.

Frequent meetings of the committee were held in the subsequent months. Application was made to the Commonwealth Fund for financial support of this study; this support was received in April 1968. In anticipation of adequate support, plans had been made for a 4-step program. The first step was the development of the survey questionnaire, which was sent to the medical schools of Canada and the United States. Ninety per cent of the questionnaires were returned. This extensive questionnaire contained questions concerning the status of the curricular revision, the nature and goals of the change, and the inhibiting and supportive factors in the change. Factual information in the composition of the curricula was requested as well as narrative reports of selected items, such as how the changes were made, the limitations to change, and so forth.

The second step was the site visit to 12 schools in the United States and Canada for studies of their curricular evolution. The schools were chosen for one of the following reasons:

1. They were new and evolving institutions.
2. They were institutions which had marked changes in their curricula.
3. They were established schools which had chosen not to alter their curricula extensively.
4. They were schools which had conducted self-studies under the aegis of the AAMC's Division of Education.

Since the total number of schools in these categories far exceeded the number that could be visited, random selections were made. Specific information was obtained not only about the questions included in the questionnaire, but also about the attitudes of the faculty, the administration, and the students about the curricular changes, the goals that should be met, and the process of change. These reports were then summarized and correlated.

The third step in the fulfillment of this committee's responsibility was a workshop on medical school curriculum held in Atlanta, Georgia, on September 18-22, 1968. Workshop presentations included the factual and

and perceptual data gathered in the first and second steps; introductory presentations of some of the major problems confronting medical education; and information in perspective of the long-term goals of medical education and the social evolutionary stage of the United States.

Finally, a summary report of this workshop will be prepared and distributed during the AAMC's 1968 Annual Meeting. Proceedings of the workshop, including data analyses, will appear as a special issue of The Journal of Medical Education.

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

EDMUND D. PELLEGRINO, M.D.
Chairman

The Report of the ad hoc Committee on Medical Schools and the AAMC in Relation to Training for Family Practice was published as a Communication under the title, "Planning for Comprehensive and Continuing Care of Patients through Education," in The Journal of Medical Education (43, Part 1: 751-759, 1968).

REPORT OF THE

AD HOC COMMITTEE ON EDUCATIONAL STUDIES AND PROGRAMS

CHARLES C. SPRAGUE, M.D.

Chairman

Appointed in the fall of 1967, this committee was charged to make a thorough study of AAMC activities in the area of education and to recommend to the Executive Council the programs which should exist in the future. Upon completion of the first part of this assignment, the committee submitted the following report and recommendations to the Executive Council. At its meeting held June 13, 1968, the Executive Council accepted the report as submitted.

At its initial meeting, the role of the committee and the reasons for its appointment were explained to committee members. It became apparent that productive deliberations would only be possible when all committee members had a clear idea of the Association's past activities in this area. Also needed would be a description of staffing patterns and budgets of the Division of Education for the recent years.

Staff were asked to prepare and distribute to members a detailed description of all of the Association's recent efforts in the area of education. The resulting statement was then considered in detail at the second meeting of the committee. In discussing each activity in turn, the committee considered whether the activity should be continued in its present form, whether more or less attention should be devoted to the activity, or whether it should be discontinued. After reviewing all of these past activities, the committee then devoted its attention to new activities which the Association might initiate.

On the basis of the discussions of activities which in the opinion of the committee the Association should sponsor, staff were then called upon to develop a proposal for staffing, organization, and a budget which would make possible the implementation of the activities assigned various degrees of priority by the committee. The resulting proposal was then reviewed and amended at the third and fourth meetings of the committee in arriving at the recommendations which were forwarded to the Executive Council.

RECOMMENDATIONS

The following recommendations to the Executive Council represent a general conclusion of the committee that activities in the area of education constitute an extremely important part of the mission of the Association and as such deserve additional attention in the years ahead. The recommendations made include 4 general areas: programs, staff positions, staff organization, and budgets.

Programs

After discussing the many past activities of the Division of Education and the current activities of the Division of Student Affairs and the Division of Educational Measurement and Research, the committee identified a number of programs to which the Association should devote major efforts. These programs included the following: (a) continued support and expansion of the current service and research activities of the Division of Student Affairs, (b) development of a centralized application service for applicants to medical schools, (c) closer coordination of the MCAT program including an "in-house" operation for some functions, (d) development of a program of placement tests for medical students, (e) continued responsibility for the review and possible further development of the Longitudinal Study, (f) continued responsibility for the organization and functioning of the Annual Conference on Research in Medical Education, (g) continued capability to aid individual schools in programs of self-study, (h) resumption of the responsibility for the sponsorship and coordination of short seminars on the process of medical education, (i) development of an informational resource in the area of curriculum development, curriculum changes, and curriculum evaluation, (j) establishment of a Group on Curriculum and Instruction to parallel and supplement the existing Group on Student Affairs, and (k) increased involvement in matters relating to premedical and postgraduate education.

This listing of major program areas is not intended to be an exhaustive listing of all of the educational activities in which the Association might well become involved. Each major program area will include numerous related activities, some of which are currently being carried out and others which are now in the planning stage.

Staff Positions

The Association should immediately establish a budget and begin recruiting for the following staff positions:

1. A medical educator with an interest in studying educational systems and processes. In addition to developing a program aimed at remaining abreast of curriculum development in the medical schools, such an individual should also have primary responsibility for the accreditation program and for the further development of the Council of Academic Societies. As such he should be an M.D. and have major administrative and teaching experience in a medical school. All other things being equal, preference should be given to an individual who is clinically oriented.
2. An educational specialist with a primary interest in innovations in curricula and instruction, and in the evaluation of resultant learning. An individual with experience in some phase of medical education should be employed.
3. An individual to help develop and to oversee the day-to-day operation of the Centralized Application Service. Ideally, he should be an individual who is knowledgeable in data processing and has had relevant experience in student admissions.

4. An individual to oversee the day-to-day operation of the MCAT program. The committee is essentially in agreement with a staff proposal relating to the future operation of the MCAT program and believes that staff should be employed as soon as necessary in order to implement the recommendations of the proposal. The individual who is appointed should be sophisticated in measurement statistics and theory.

5. Secretarial and clerical personnel to staff the following operations: an "in-house" operation of the MCAT, the development of a Centralized Application Service, and an expanded program concerned with examining the medical curricula and teaching programs at medical schools. An additional 6½ secretarial-clerical positions would need to be budgeted for 1968-69.

6. An individual to serve as Assistant Director of the Division of Student Affairs. This person would be employed to provide professional depth in this Division and to enable the Division to expand its consulting and other services to member institutions. Accordingly, this individual should have considerable experience in student personnel. If all positions cannot be established in a single year, this position is the one which should be held over until the following year.

Staff Organization

The Association should establish a new Department of Academic Affairs to succeed the Division of Education which existed for the five-year period, 1962-1967. The Department of Academic Affairs would consist of 3 divisions: 2 existing divisions and 1 division to be established. The 2 existing divisions are the Division of Student Affairs and the Division of Educational Measurement and Research. The newly-formed division would be a Division of Curriculum and Instruction. The roles of the 2 existing divisions are rather well defined at present. The Division of Curriculum and Instruction would become responsible for teaching institutes, intramural seminars, curriculum studies, the Longitudinal Study, and to an increasing extent staff support for the medical school accreditation program and for the Council of Academic Societies.

The committee members are convinced that the success of the proposed Department of Academic Affairs will depend on continual communication with appropriate individuals at the medical schools. The establishment and development of the Group on Student Affairs into a successful forum for interchange of ideas is viewed by the committee as an appropriate model for a method of assuring this same kind of communication for each of the other divisions. The members of a new Group on Curriculum and Instruction might be assistant deans for educational affairs, chairmen of curriculum committees, and others. The Division of Educational Measurement and Research might begin with an Advisory Committee, rather than a nationally representative group, since this area does not yet have the natural school-based identity which is available to the other groups. The initial Advisory Committee would include individuals who have an interest in research in medical education and in the problems of measurement related to medical education.

The primary purpose of placing the 3 divisions together in a Department of Academic Affairs is to assure a coordination of efforts. It is recommended that this be accomplished through the establishment of an Advisory Committee for the Department, with representation from each of the areas of interest of the 3 divisions. While there would be close coordination of activities with some overlapping in staff assignments, it is recommended that each division director be given considerable autonomy in the operation of his division, including budgeting and personnel administration. This recommendation is based on the belief that optimal development of each division can best be achieved through this means. The Department Director might be the medical educator (described in Paragraph 1 under "Staff Positions") who might also serve as Director of the Division of Curriculum and Instruction. An alternate arrangement would be for the current Associate Director for the Evanston office of the AAMC to serve as Director of the Department. This latter arrangement appears logical in that most of the duties associated with the proposed position of Department Director are now being carried out by that individual.

Although the committee was not charged with the responsibility of considering areas other than educational studies and programs, consideration was necessarily given to how this recommended Department of Academic Affairs would fit within the Association as a whole. In this regard it seemed reasonable to assume that at some future date the Division of Operational Studies might undergo a similar evolution into a Department of Operational Studies with separate divisions concerned with finances, facilities, faculty, and so forth.

Budget

The foregoing recommendations regarding staff positions and an organization of staff in the area of educational studies and programs would require an increased financial commitment by the Association to this effort. In approximate figures, implementation of the recommendations would require a total annual budget of about \$325,000 for the entire Department of Academic Affairs. This total would be divided approximately as follows: Division of Student Affairs \$125,000, Division of Educational Measurement and Research \$110,000, and Division of Curriculum and Instruction \$90,000.

Since the activities of the Department which are of direct benefit to medical school applicants are supported largely by funds available from the MCAT program, only a portion (\$60,000) of the \$325,000 will have to be made available from general funds of the Association.

REPORT OF THE
AD HOC COMMITTEE ON WAYS AND MEANS

WILLIAM G. ANLYAN, M.D.
Chairman

At the December 1, 1967 meeting of the Executive Council, President John Parks asked the Ways and Means Committee to review carefully the organization of the Association and its future with reference to the recommendations contained in Planning for Medical Progress Through Education and the expanded functions which the Executive Council and the Institutional Membership has prescribed and to develop proposals for the future organization of the Association.

PRELIMINARY RECOMMENDATIONS

At a meeting on December 19, 1967 the Ways and Means Committee developed preliminary recommendations for the reorganization of the Association which were discussed in regional meetings and by the Executive Council and presented to the Institutional Members for discussion on February 10, 1968. The modified preliminary recommendations were then discussed in meetings of all 4 regions during the spring.

RECOMMENDATIONS TO INSTITUTIONAL MEMBERSHIP

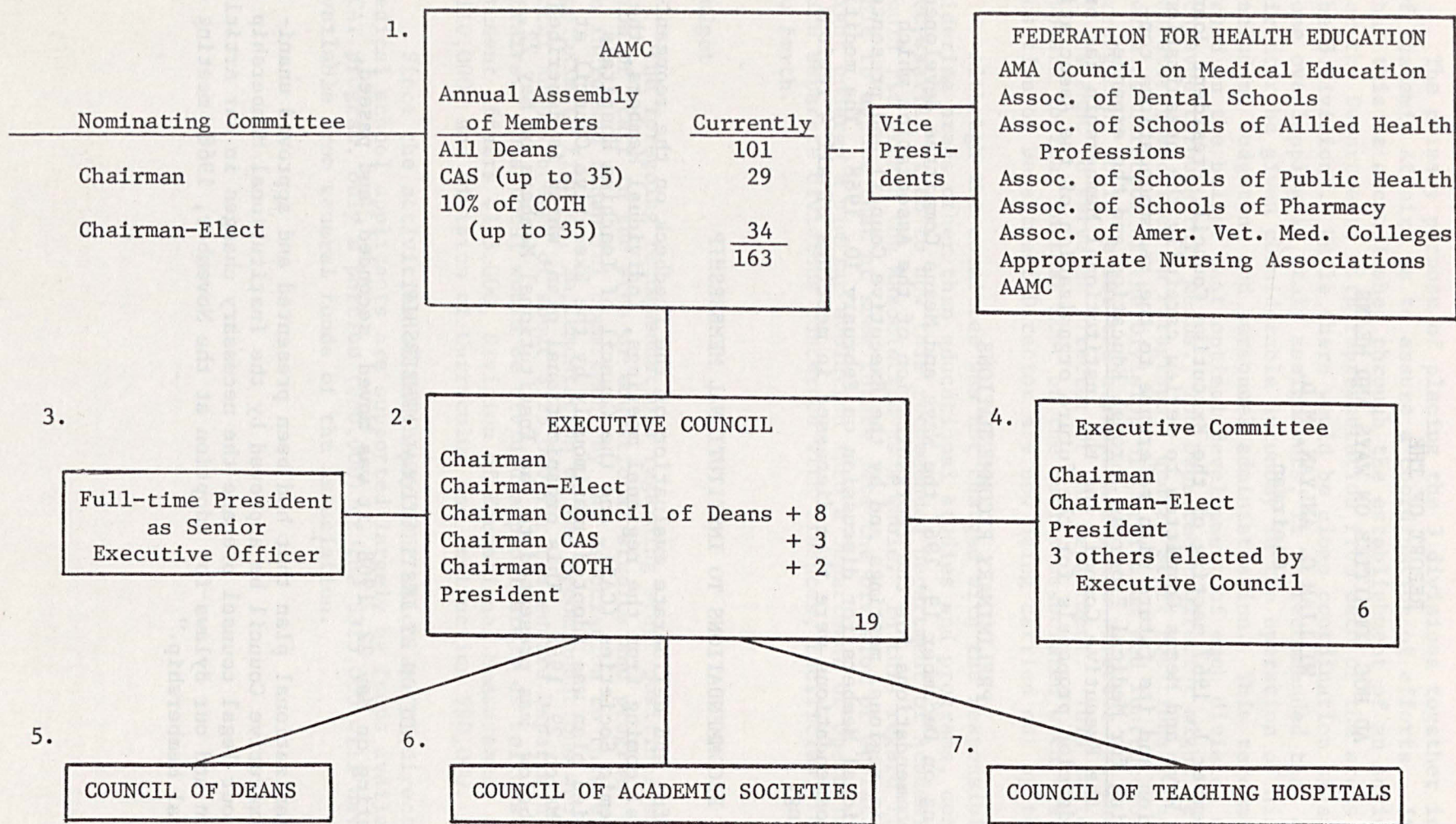
After careful and deliberate evaluation of the feedback on the reorganizational proposal coming from the regional meetings, Individual Members, the Council of Academic Societies (CAS), and the Council of Teaching Hospitals (COTH), a modified plan was adopted unanimously by the Executive Council at its meeting on March 29, 1968. This organizational plan, which is described and diagrammed below, was presented to the Institutional Members on May 22, 1968.

ACTION BY INSTITUTIONAL MEMBERSHIP

At the meeting on May 22, 1968, it was moved, seconded, and passed, that,

"The reorganizational plan that had been presented and approved unanimously by the Executive Council be approved by the Institutional Membership today and that our legal counsel prepare the necessary changes in our Articles of Incorporation and our Bylaws for adoption at the November, 1968 meeting of the Institutional Membership."

ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) ORGANIZATIONAL PLAN*



*As presented to the Institutional Membership on May 22, 1968.

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1. Annual Assembly

Function.--This is the final policy-making body of the Association.

Meetings.--It is expected to meet annually at the time of the annual meeting.

Membership.--Members of the Assembly are to be the dean of each medical school which is a member of the Association (currently 101); a representative of each academic society which is a member of the Council of Academic Societies (CAS), up to a total of 35 (currently 29); and representatives of 10 per cent of the teaching hospitals which are members of the Council of Teaching Hospitals (COTH), up to a total of 35 (currently 34).

Officers.--The Chairman of the Assembly will be the senior elected officer of the Association and shall serve as Chairman of the Executive Council and the Executive Committee but not necessarily as the Chairman of the constituent council of which he is a member. The Chairman of the Assembly shall serve for a term of one year and be succeeded by the Chairman-Elect. The Nominating Committee shall make nominations for Chairman-Elect, who shall be elected by the Assembly.

2. Executive Council

The Executive Council shall be composed of the Chairman and Chairman-Elect of the Assembly; the Chairman plus 8 representatives of the Council of Deans; the Chairman plus 3 representatives of the Council of Academic Societies; the Chairman plus 2 representatives of the Council of Teaching Hospitals; and the President. The 3 Councils are expected to make nominations for membership on the Executive Council and will be elected by the Assembly. It is expected that the Executive Council will meet three or four times a year.

3. President

The President will be the senior full-time executive officer of the Association. He will be appointed by the Executive Committee for an indefinite term, much as the President of a university is appointed by the Board of Trustees.

4. Executive Committee of the Executive Council*

The Executive Committee of the Executive Council shall be the Chairman and Chairman-Elect of the Assembly, the President, plus 3 other members of the Executive Council, elected annually by the Executive Council. The Chairman of the Assembly shall be the Chairman of the Executive Committee.

*With a growing organization encompassing broader responsibility, a growing staff and a large Executive Committee, an active Executive Committee is essential.

5. Council of Deans

The Council of Deans will be composed of the dean of each medical school that is an Institutional or Provisional Institutional Member of the Association. It will elect its own Chairman and Chairman-Elect and is expected to meet three or four times a year, usually during the AAMC Annual Meeting, at the time of the AMA Congress on Medical Education, and in the late spring.

6. Council of Academic Societies

The Council of Academic Societies will be composed of those societies applying for and elected to membership in the Council in accordance with the Bylaws of that Council and the Association. It will elect its own Chairman and Chairman-Elect and is expected to meet during the annual meeting and at such other times as its activities indicate.

7. Council of Teaching Hospitals

The Council of Teaching Hospitals will be composed of those teaching hospitals applying for and elected to membership in that Council according to the Bylaws of that Council and of the Association. It will elect its own Chairman and Chairman-Elect. It is expected to meet during the annual meeting and at such other times as may be indicated.

RELATIONS WITH OTHER ORGANIZATIONS CONCERNED WITH EDUCATION IN THE HEALTH PROFESSIONS

The Ways and Means Committee recommended, and the Executive Council has approved, the Association's actively stimulating and being a member of the Federation for Health Education. After a series of exploratory meetings, it has been decided that the appropriate title will be the "Federation of Associations of Schools in the Health Professions." The Federation has tentatively adopted a set of Bylaws which are appended for information.

The Committee also recommended and the Council approved that representatives and the staff of the Association maintain good communications with the Vice President's organization which has adopted the name of the Organization of University Health Center Administrators, as well as with other organizations interested in education in the health fields as opportunities are presented.

BYLAWS OF THE FEDERATION OF ASSOCIATIONS OF SCHOOLS
OF THE HEALTH PROFESSIONS*

Objectives

The objectives of this Federation are:

1. Improve communications among health professional educational groups and to arrange effective liaison among member organizations.
2. Effect liaison with the organizations specified below as well as to any and all professional organizations as indicated. Search for a consensus on the needs of society from the standpoint of education in the health professions.
3. Search for a consensus in planning future health professional educational programs.
4. Search for a consensus in planning for education for future organizational patterns of health care.
5. Encourage the education of health professionals to the end that they will work more effectively as members of a team throughout their careers.

Membership

The original members of the Federation will be the Association of American Medical Colleges, the Association of Schools of Public Health, the American Association of Dental Schools, the Council of Baccalaureate and Higher Degree Programs of the National League for Nursing, the Association of American Veterinary Medical Colleges, the American Association of Colleges of Pharmacy, the Association of University Programs in Hospital Administration, and the Association of Schools of Allied Health Professions.

Additional associations of the university-based schools educating health professionals may be taken into membership by affirmative vote of two-thirds of the representatives of member associations present and voting at any meeting.

Liaison with Other Organizations

The American Medical Association, the American Nurses' Association, the American Dental Association, the American Public Health Association, Inc., the American Veterinary Medical Association, the American Pharmaceutical Association, the American College of Hospital Administrators, and the

*As revised September 24, 1968.

Organization of University Health Center Administrators, as professional organizations with an active interest in the field, will be invited to have representatives present at any meeting for the purposes of liaison and discussion.

Representatives of federal agencies directly concerned with education in the health professions will also be invited to be present at each meeting for purposes of liaison and discussion.

Representatives of other organizations will be invited to participate in the discussions from time to time as the subject matter indicates. Each member of the proposed Federation will maintain liaison with its own student groups.

Representation from Member Associations

Each member association shall name 2 representatives, 1 of whom, where possible, should be its chief full-time staff member. The representatives should be chosen so as to have continuity of at least three years. Each member association shall have 1 vote.

Officers

The Chairman of the Federation will determine the time and place of the annual meeting and will prepare the agenda. He will be elected for a one-year term or until replaced by a successor who shall be elected by a vote of two-thirds of the representatives of member associations present and voting.

The Vice Chairman of the Federation will be elected in the same manner as the Chairman and will be expected to succeed the Chairman in the following year.

A Secretary of the Federation will be elected in the same manner as the Chairman and Vice Chairman and will be responsible for preparing and distributing a report of the proceedings, the agenda, and supporting material in advance of each meeting.

Executive Committee

The Executive Committee of the Federation will consist of the Chairman, the Vice Chairman, and the Secretary of the Federation.

Meetings

There will be an annual meeting at such a time and place as the Chairman shall determine. Additional meetings will be held at such times and places as the Executive Committee elects.

It is expected, also, that each member association will be responsible for the expenses its representatives incur in attending the meetings.

Amendments to the Bylaws

These Bylaws of the Federation can be amended at any meeting by a majority of the voting members provided notice of intent to change the Bylaws, together with the proposed amendment, has been sent to each member organization in advance.

REPORT OF BUSINESS OFFICERS SECTION

THOMAS J. CAMPBELL

Following a very successful informal meeting of business officers at the 1967 Annual Meeting, the Executive Council approved the formation of a Business Officers Section (BOS) at its meeting in December, 1967.

STEERING COMMITTEE

Through the efforts of the late Augustus J. Carroll, Assistant Director of the Division of Operational Studies, a Steering Committee of business officers was formed to organize this new Section. Its members are:

Mr. Joseph A. Diana, Secretary to the Faculty, University of Michigan Medical School (Chairman)

Mr. Hugh E. Hilliard, Controller and Associate Treasurer, Emory University School of Medicine

Mr. William C. Hilles, Executive Assistant to the President, New York Medical College

Mr. George M. Norwood, Jr., Vice President for Business and Administrative Affairs, Jefferson Medical College of Philadelphia

Mr. David A. Sinclair, Vice President of Business Affairs, State University of New York, Upstate Medical Center

Mr. C. N. Stover, Jr., Assistant Dean for Financial Affairs, University of Utah Medical Center

Mr. William A. Zimmerman, Associate Dean for Business Affairs, University of Oregon Medical School

REPORT OF SPECIFIC ACTIVITIES

Activities planned and implemented by the Steering Committee were:

1. To request that the dean of each U. S. medical school nominate a representative to the BOS. This request was met with a very enthusiastic response from the deans.

2. To hold regional meetings of the southern business officers in Atlanta in May, 1968 and of the northeastern region in New York City in July, 1968. Various items of interest to business officers were discussed including the Joint AAMC-AMA Annual Liaison Committee Medical School Questionnaire, the AAMC Faculty Salary Questionnaire, the AAMC Faculty Roster, and the developing BOS organization. The members of the Steering Committee attended these meetings, as well as a very high percentage of the business officers in the

regions.

3. To meet in Washington in May at the time of the AAMC Institutional Membership meeting. A proposed set of Bylaws, very similar to the Bylaws of the Group on Student Affairs, was tentatively approved. These Bylaws were circulated to the membership and will be voted upon by the BOS at this Annual Meeting.

4. To name a Program Committee for the purpose of planning the first formal BOS meeting to be held in conjunction with the AAMC Annual Meeting on October 31 and November 1. Included in this program is the first A. J. Carroll Memorial Lecture. This lectureship was established by the Steering Committee in honor of their long time friend and colleague.

CONTINUED ORGANIZATIONAL DEVELOPMENT

Areas of concern projected by the Section for next priorities are:

1. To establish a mechanism for funding the operation of the Business Officers Section activities.

2. To organize a program for professional development and information exchange in seminars and institutes, as well as in regional meetings.

3. To find a mechanism by which members of the BOS can become more helpful in providing information to AAMC through development and control of the various questionnaires required during the year. In addition to helping the AAMC develop and complete questionnaires, the BOS representatives support the suggestion that the AAMC approve all questionnaires which originate from other agencies or individuals.

REPORT ON SEMINARS FOR NEW MEDICAL SCHOOL DEANS

CHEVES McC. SMYTHE, M.D.
Associate Director

Managerial pain is not foreign to the academic medical centers. They are well aware of the swelling demand for better, more flexible, more imaginative, more creative, or more responsive management of these major institutions. Through the generosity of the John and Mary R. Markle Foundation the AAMC in 1968 was able to initiate a program designed to acquaint newly appointed medical school deans with some aspects of modern management practice and theory.

FIRST SEMINAR

The first in what is expected to become a series of management seminars was held in Savannah, Georgia on April 28 through May 1, 1968. To it came 18 new deans, 12 with their wives, to spend 2½ days with a team from the Institute for Social Research of the University of Michigan.

Among the goals of the seminar was to exhibit to and to involve the individuals attending it in some aspects of group behavior. An effort was made to draw distinction between the process through which groups communicate and the content around which they communicate. Management of conflict, roles played around the committee table, sources of power in institutions, the responsiveness of linked management systems, the conscious planning and engineering of change, frank discussion of the demands and rewards of medical school deaning were all touched upon during the seminar.

An analytic approach to the function of a medical school dean based on a unified concept of an organization as a social system appeared to be a new concept to virtually all the men attending the seminar.

A detailed description of the seminar is to be submitted to The Journal of Medical Education for publication shortly.

PLANS FOR NEXT SEMINAR

Plans for another such training session are being formulated. It is expected that methods of working towards solution of problems common in medical centers or attention to the conscious management of organizational change will be the focus around which the next meeting is planned.

REPORT OF THE
PUBLIC RELATIONS DEPARTMENT, EVANSTON OFFICE

MICHAEL H. ANDERSON

Director

This Department was established in December 1967. Its staff consists of the Director and 1 secretary.

NEWS DISTRIBUTION

To insure the widest possible distribution of news from the AAMC, mailing lists have been set up to include deans, vice-presidents, and public information officers in U. S. and Canadian Medical Schools; representatives of AAMC's Group on Student Affairs, Council of Teaching Hospitals, and Council of Academic Societies; foundations, Advisory Board for Medical Specialties, medical associations and publications, key medical and education writers, radio and TV news directors, and local and out-of-town news media and press associations.

LIAISON WITH MEDICAL SCHOOL PUBLIC INFORMATION OFFICERS

High priority has been placed on the establishment and maintenance of channels of communication with the public information officers of the member schools. Continuing emphasis is placed upon the development of stories in all appropriate media on national, local, and regional needs for health manpower and on problems universities face in securing the needed legislative support to meet these needs.

PUBLIC INFORMATION SECTION

In establishing an AAMC Public Information Section, the following activities are being explored with a view to implementation:

Newsletter.--While editorial content of a public information newsletter would stay with the Section, printing and distributing might be undertaken by the AAMC. The prototype for this newsletter is already being published informally under the editorial direction of Mr. David R. Branch, University of Rochester School of Medicine and Dentistry, and Mrs. Georgia A. Chotas, University of Florida College of Medicine.

Publications exchange.--The AAMC Public Relations Department might serve as a central repository for a publications exchange which could, in time, become the basis of a medical school public information resource library. It would then be possible for the AAMC to assist public information officers in the medical schools by providing information upon request. A current and ongoing file on public activities and new developments as reported in medical

school brochures and pamphlets would be maintained.

Specific topics for such an AAMC public information resource library and, possibly, for a set of case histories might include the following items: communications, both internal and external, press relations, hospital relations, alumni relations, special events, career activities, publications, both internal and external, community relations, professional relations, such as how to work with your medical association, development, such as deferred giving or trusts, long-range planning, and instructional aids, such as Speakers' Bureau.

Section members would send appropriate material to the AAMC office.

Interpretation of significant developments.--In considering such subjects as the health manpower shortage, anti-vivisection and the delivery of health care in teaching hospitals, the AAMC would be able to give guidance as to the directions long-range public information efforts should take in view of the current health legislation climate in Washington. With such guidelines in mind, the public information officers could then tie in these broad subjects with the pertinent local aspects of their own situations.

Public information code.--A medical school public information code could be formulated as a model guide to press relations for faculty and medical center staff members. Such a model has been under study in the Section and preliminary drafts prepared.

PROGRAM FOR 79TH ANNUAL MEETING

The topic of long-range planning will be considered from the points of view of the role of the faculty and administration, the role of the architectural consultant, and the role of the public information and development officer.

