

1968-69



ASSOCIATION OF
AMERICAN
MEDICAL
COLLEGES

ANNUAL REPORT

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October 30 - November 3, 1969
The Netherland Hilton &
Cincinnati Convention Center
Cincinnati, Ohio

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REPORT OF THE PRESIDENT, John A. D. Cooper, M.D., Ph.D.

Several major recommendations from the Coggeshall report were implemented as the result of the adoption on November 4, 1968 of revised Articles of Incorporation and Bylaws by the Institutional Membership:

A general assembly should be established as the constitutional governing body of the Association and to represent all members.

The senior officer of the Association elected annually should be designated the "chairman."

The full-time chief executive officer of the Association should be given the title of "president."

The executive council should serve as "board of directors" of the Association.

Three councils should be established: (1) council of deans, (2) council of administrators, and (3) council of faculty.

The Presidency and the Washington Headquarters

On February 10, 1969 before the Second Assembly of the Association, I was named its first permanent President and assumed this position full-time on July 1, 1969 with my office based in Washington.

Already located in Washington at that time were offices of the Executive Director, the Council of Teaching Hospitals, and the Division of International Medical Education. First to join my staff was Mr. J. Trevor Thomas, Director of Business Affairs. In his report Mr. Thomas describes the phasing out of the Evanston business operation.

Because of the delay in our occupancy of space in the new American Council on Education building at One Dupont Circle, the hoped-for consolidation of the operations of the Association in Washington has been delayed. Still remaining in Evanston are : Dr. Cheves McC. Smythe and his immediate staff; Dr. Dale E. Mattson and the Division of Educational Measurement and Research; Mr. Thomas J. Campbell, Assistant Director of the Division of Operational Studies; and Mr. John L. Craner and some other members of the Division of Business Affairs.

The following operations were moved during the summer from Evanston to the present facilities in the Dupont Circle Building: Dr. Walter G. Rice and part of the staff of the Division of Operational Studies; Dr. Davis G. Johnson and the staff of the Division of Student Affairs; and the editorial offices of The Journal of Medical Education.

We anticipate completion of the staff move to Washington shortly after the beginning of 1970.

New Departments

A number of organizational and staff changes have occurred during the year. Foremost among these was the creation of 2 new departments:

Department of Academic Affairs.--Following the recommendation of the Sprague Committee, a Department of Academic Affairs was formally established on July 1, 1969. Dr. Cheves McC. Smythe, Associate Director, was appointed Director of the new department.

As currently constituted, this department is composed of the Division of Student Affairs and the Division of Educational Measurement and Research. An additional staff member has been provided to the department to permit increased activity in the areas of curriculum and instruction and more support for the programs related to the interests of the Council of Academic Societies. Other major areas of responsibility of the Department of Academic Affairs are the Council of Academic Societies, the role of the Association in graduate medical education, the medical school accreditation program, and the special project on potential educational services from the National Library of Medicine.

Department of Health Services and Teaching Hospitals.--Mr. John M. Danielson joined the Association full-time in September 1969 to head the newly created Department of Health Services and Teaching Hospitals. He will also serve as Director of the Council of Teaching Hospitals, succeeding Mr. Matthew F. McNulty, Jr., who resigned effective July 1969 to become Vice President of the Medical Center, Georgetown University.

Mr. Danielson will have major responsibilities for the activities of the Association concerned with the broad area of health services and the teaching hospitals that are members of the Association. He will work closely with the medical schools and teaching hospitals, the federal government, and the health insurance carriers. His work will involve cooperation with other health-related groups and professional organizations in promoting more effective health care for all segments of society.

New Directions

Programs of the Association for 1968-69 are described in this Annual Report. Officers, councils, and committees in office in 1968-69, the period of the report, are shown, whereas staff are listed for the current year, 1969-70.

These programs should speak for themselves, but a one-year report cannot reflect the expanded focus that characterizes the new Association. The Association's broadened constituent base now has official representation to ensure that the many voices of those involved in medical education contribute to the policies and programs of the organization.

Over the past two years the Association has sponsored national conferences and meetings that have had significant impact in critical areas: pre-medical education, the medical school curriculum, medical education and

physician manpower, the role of the university in graduate medical education, minority group representation in medical schools, potential educational services from a national biomedical communications network, and medical education and family planning. The Association held its second management seminar for new medical school deans in September 1969. Forty-two representatives from 23 medical schools participated. The third seminar in this series is scheduled for March 1970. The charge to the Association from its standing Committee on Continuing Education appears in the Annual Report. In these many areas, the Association has been challenged to assume new responsibilities and to fulfill new roles.

I am moving forward as rapidly as possible to organize the staff to stimulate and facilitate better interaction among the Association. The overlap in responsibilities and interests of the deans, faculty, and teaching hospitals in the modern complex operations of our academic medical centers and major teaching institutions makes it imperative that we move in these directions. Each member of the professional staff will be given the task of serving as the major focus for specific activities of the Association. However, he will be expected to contribute broadly in all of the programs that are undertaken by the organization.

It is very clear that we must increase our interaction with the federal agencies and the Congress. The growing importance of federal support to medical education and the health services, and the precarious financial situation in which our institutions find themselves makes this interaction of prime importance. We can and must assume a greater leadership role to interpret to the Executive branch, the Congress, and the American public the objectives, programs, and needs of our complex medical center. I have already devoted a great deal of my time since I moved to Washington to these matters. I have found a warm reception in the agencies and on the Hill. The Association is held in high regard by all of the individuals with whom I have established contact. They welcome our ideas and are appreciative of the material we have provided them to assist in discharging their responsibilities.

The next year will be a challenging one for the Association. I hope we can consolidate the gains we have made and move forward to be of greater service to our members.

REPORT OF THE TREASURER, T. Stewart Hamilton, M.D.

The Audited Financial Statement and Auditor's Report have been reviewed with representatives of Ernst & Ernst. The Report highlights the one uncertain element--the amount to be realized from the conclusion of negotiations with Northwestern University for the soon-to-be-vacated headquarters in Evanston, Illinois. The Statement notes, as well, that funds are being reserved toward 1970 expenses for moving the headquarters to Washington and for rentals thereat. The Auditor's comments follow:

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, 1969, 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. It was impracticable to obtain confirmation of accounts receivable from agencies of the United States Government amounting to \$292,954 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 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, 1969, 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 4, 1969

BALANCE SHEET

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	June 30 1969	June 30 1968
ASSETS		
Cash	\$ 173,742	\$ 56,594
United States Government short-term securities - at cost and accrued interest	397,831	147,097
Accounts receivable	421,788	354,852
Accounts with employees	9,444	10,199
Supplies, deposits, and prepaid expenses	19,901	22,264
Inventory of publications - Note A	-	11,062
Land improvements and building - at cost - Note B	<u>296,856</u>	<u>296,856</u>
	<u>\$1,319,562</u>	<u>\$898,924</u>
LIABILITIES AND EQUITY		
Liabilities:		
Accounts payable	\$ 103,719	\$122,482
Salaries, payroll taxes, and taxes withheld from employees	<u>13,559</u>	<u>9,985</u>
	117,278	132,467
Deferred income:		
Institutional dues and service fees received in advance	206,251	88,905
Other dues received in advance	138,307	33,445
Subscriptions	<u>16,531</u>	<u>20,007</u>
	361,089	142,357
Equity:		
Restricted for special purposes	314,884	248,181
Invested in land and building - Note B	296,856	296,856
Retained for general purposes - Note C	<u>229,455</u>	<u>79,063</u>
	841,195	624,100
Lease commitment - Note D	<u></u>	<u></u>
	<u>\$1,319,562</u>	<u>\$898,924</u>

See notes to financial statements.

STATEMENT OF EQUITY
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Year ended June 30, 1969

	Restricted for Special Purposes	Invested in Land and Building	Retained for General Purposes	Total
Balance at July 1, 1968	\$248,181	\$296,856	\$ 79,063	\$624,100
Add income in excess of expenses	<u>69,191</u>	<u> </u>	<u>150,392</u>	<u>219,583</u>
	317,372	296,856	229,455	843,683
Deduct portion of prior year grant returned to grantor	<u>2,488</u>	<u> </u>	<u> </u>	<u>2,488</u>
BALANCE AT JUNE 30, 1969	<u>\$314,884</u> =====	<u>\$296,856</u> =====	<u>\$229,455</u> =====	<u>\$841,195</u> =====

See notes to financial statements.

STATEMENT OF INCOME AND EXPENSE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

	Year Ended June 30			1968 Total
	Special Purposes	General Purposes	Total	
Income:				
Dues and service fees from members		\$ 709,840	\$ 709,840	\$ 384,427
Grants	\$356,921		356,921	396,901
Cost reimbursement contracts	542,678		542,678	346,027
Services		456,221	456,221	358,968
Publications		144,671	144,671	133,258
Sundry		44,963	44,963	33,900
Transfers in-out**	<u>97,557**</u>	<u>97,557</u>	<u>-</u>	<u>-</u>
TOTAL INCOME	802,042	1,453,252	2,255,294	1,653,481
Expenses:				
Salaries	258,466	600,131	858,597	770,918
Other expenses	401,472	775,642	1,177,114	933,926
Transfers in-out**	<u>72,913</u>	<u>72,913**</u>	<u>-</u>	<u>-</u>
TOTAL EXPENSES	<u>732,851</u>	<u>1,302,860</u>	<u>2,035,711</u>	<u>1,704,844</u>
INCOME IN EXCESS OF (LESS THAN) EXPENSES	<u>\$ 69,191</u>	<u>\$ 150,392</u>	<u>\$ 219,583</u>	<u>(\$ 51,363)</u>

See notes to financial statements.

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NOTES TO FINANCIAL STATEMENTS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1969

Note A - Inventory of Publications:

In prior years, the Association followed the practice of including in inventory the cost of those publications which were ten years old or less and provided an allowance equal to the carrying amount of publications older than one year. The Association intends to dispose of substantially all of its inventory of publications upon relocation of its national headquarters (see Note B). Therefore, the cost of publications less than one year old, amounting to \$4,622, that would have been deferred at June 30, 1969, has been charged to expenses applicable to income available for general purposes for the year then ended.

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. The Executive Council of the Association has approved relocation of the Association's national headquarters to Washington, D.C. It is anticipated that the move will be completed prior to December 31, 1969.

Independent appraisals received recently indicate that the Association's proportionate share of the estimated proceeds to be realized from the sale of the land and building will range from \$130,000 to \$170,000. In the opinion of officials of the Association these appraisals are not necessarily indicative of the amount which the Association may ultimately realize from the sale of the building and land improvements. Accordingly, the carrying amount (\$296,856) of land improvements and building as of June 30, 1969, has not been reduced by any allowance for estimated loss on disposal.

Northwestern University has been notified of the Association's intent to relocate its national headquarters to Washington, D.C. and, in connection therewith, has indicated that, in its opinion, in addition to the aforementioned proceeds attributable to land, 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. No provision has been made in the financial statements for this possible additional loss.

NOTES TO FINANCIAL STATEMENTS (CONT'D)

Note C - Costs of Relocating National Headquarters:

As a result of the relocation of its national headquarters, the Association expects to incur certain extraordinary costs including moving expenses, employee separation pay and termination of lease agreements amounting to approximately \$105,000. No appropriation for these costs has been made out of equity retained for general purposes since the Association's budget for the year ending June 30, 1970 includes such an appropriation out of income available for general purposes.

Note D - Lease Commitments:

The Association is presently negotiating a lease agreement for space for its national headquarters in Washington, D.C. The agreement, to expire in five years, is expected to provide for annual rentals of approximately \$115,000.

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

At June 30, 1969, the Association had been notified by several grantors that it may expect to receive \$1,056,700 (including \$641,000 under cost reimbursement contracts with agencies of the United States Government) to be expended for special purposes within the next two years. It is the Association's practice to include grants in income when they are received and cost reimbursements in income when the costs are incurred.

REPORT OF THE DIRECTOR OF BUSINESS AFFAIRS, J. Trevor Thomas

Much effort has been expended in planning for the orderly transfer of business functions from Evanston to the Washington office. This transfer has been made more complex by the delay in the completion of the new ACE building in which the Association has leased space. Because of this delay and the severe limitations on the present Washington office space, it has been necessary to postpone the complete transfer of business functions. As long as this situation continues, a degree of duplication will exist in the Washington and Evanston offices with inefficiencies resulting from the split operation.

The lease on the Central Street Annex was terminated in September and all Evanston-based operations consolidated in the Ridge Avenue headquarters.

The lease of space in the Dupont Circle Building in Washington expired on June 30, 1969. Occupancy, however, will continue on a month-to-month basis until the new building is completed around January 1, 1970.

Accounting

The Association has contracted with the computer center to be located in the new ACE building for the processing of financial, budget, and payroll data. A system of accounting compatible with electronic data processing techniques has been developed and successfully tested during July and August. Transfer of all accounting and payroll processing to the Washington office is scheduled for September 30, 1969, with a complete phase-out of the Evanston accounting operation by November 1. The new accounting system is designed to control expenditures through program budgets and to provide improved and timely reporting for the benefit of management.

Membership and Subscriptions

Procedures instituted in the last several years for the handling of membership dues and subscriptions have been maintained without modification. Procedures now being used are as near peak efficiency as can be achieved with the current equipment. The feasibility of using electronic data processing equipment for the maintenance and billing of membership and subscriptions is being investigated.

The following summary reflects the change in the number of memberships in the Association between August 1, 1968 and July 31, 1969.

Type of Membership	1967-68	1968-69	Increase
Affiliate	13	13	-
Contributing	20	21	1
Council of Academic Societies	29	29	-
Council of Teaching Hospitals	332	357	25
Graduate Affiliate	2	2	-
Individual	2,509	2,397	(112)
Institutional	88	90	2
Provisional	13	11	(2)
Sustaining	22	21	(1)

Mailing, Reproduction, and Publications

Mailing.--Categories and numbers of addressograph plates the Association maintains are shown below:

Advertising	2,445
Bibliography:	
Dental Schools	48
Medical Societies	65
Pharmaceutical Schools	72
Universities	199
Bulletin Subscriptions	38
Contributing and Sustaining Members	42
Council of Academic Societies (CAS)	58
Council of Teaching Hospitals (COTH)	377
COTH Report Subscriptions	54
Datagrams	933
Deans and Vice Presidents	194
Emeritus Members	52
Foundations	37
Free <u>Journal</u> Subscriptions	186
Group on Student Affairs (GSA)	252
Individual Members	2,397
Institutional Subscriptions	1,211
<u>Journal</u> Subscriptions	2,157
Liaison Committee on Medical Education	31
Liaison Officers - Division of International Medical Education	100
Library	1,886
Premedical Advisers	1,776
Public Relations Press List	585
Smith Kline & French Press List	883
World Health Organization	592

Total Number of Plates 16,670

Reproduction.--A high-speed duplicating machine was leased to supplement equipment in the Mailing and Reproduction Department. This equipment proved most efficient in reproducing a wide variety of materials. Although its full potential was not realized until the last half of the year, this machine considerably increased duplicating speed and capacity.

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

	<u>1967-68</u>	<u>1968-69</u>
Number of jobs produced	961	1,187
Amount charged	\$85,474	\$60,682
Expense	<u>85,611</u>	<u>63,411</u>
	(\$ 137)	(\$ 2,729)

Publications.--Publications of the Association are physically housed in one location. The inventory of publications is no longer carried as a balance sheet item.

The Assistant Director of Business Affairs also functions as the Business Manager of The Journal of Medical Education. During 1968-69 subscriptions to The Journal increased from 1,632 to 2,157. Advertising sales for 1968-69 totaled \$26,822 as compared with \$32,803 during 1967-68. The advertising sales campaign has been carried out without staff oriented to the advertising field.

Arrangements have been made with the Williams & Wilkins Co. to manage advertising promotion and sales. The initial contract will be on a trial basis for one year commencing January 1, 1970. Williams & Wilkins publishes many professional journals and maintains a nationwide sales staff of 10 persons. With an upward adjustment of advertising rates and an organized sales campaign, an increase in net advertising revenue, as well as further increase in Journal distribution, is anticipated.

Meetings

Annual Meeting.--The 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 work-room, providing special equipment, and Annual Banquet arrangements and special meal functions. This Division has printed and disseminated Annual Meeting preregistration information and invitations and maintained data processed preregistration counts according to individual sessions.

Other meetings.--At the request of committees and staff, this Division makes arrangements for meetings throughout the year. Over the past year the Division arranged 73 such meetings for over 2,000 participants.

ERNST & ERNST

231 SOUTH LA SALLE STREET

CHICAGO, ILL. 60604

September 11, 1969

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, 1969, and have issued our report thereon dated August 4, 1969. As indicated therein, "it was impracticable to obtain confirmation of accounts receivable from agencies of the United States Government amounting to \$292,954; but we satisfied ourselves as to such 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 did not 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. The Executive Council of the Association has approved relocation of the Association's national headquarters to Washington, D.C. It is anticipated that the move will be completed prior to December 31, 1969.

"Independent appraisals received recently indicate that the Association's proportionate share of the estimated proceeds to be realized from the sale of the land and building will range from \$130,000 to \$170,000. In the opinion of officials of the Association these appraisals are not necessarily indicative of the amount which the Association may ultimately realize from the sale of the building and land improvements. Accordingly, the carrying amount (\$296,856) of land improvements and building as of June 30, 1969, has not been reduced by any allowance for estimated loss on disposal.

"Northwestern University has been notified of the Association's intent to relocate its national headquarters to Washington, D.C. and, in connection therewith, has indicated that, in its opinion, in addition to the aforementioned proceeds attributable to land, 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. No provision has been made in the financial statements for this possible additional loss."

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 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 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, 1969, 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. T. Stewart Hamilton, Treasurer. In that connection, we commented to him that the Association's present accounting procedures and system of internal control are generally adequate to provide for the reporting of meaningful financial information and for the safeguarding of the Association's assets. We understand, however, that new accounting procedures and internal controls are being developed for the national headquarters in Washington, D.C., and therefore we have not commented on possible revisions to the present procedures. We would be pleased to be of assistance to the Association in the development and implementation of the new system.

Very truly yours,

Ernst & Ernst

COUNCIL OF ACADEMIC SOCIETIES

The Council of Academic Societies (CAS) completed its third year of operation in November, 1969. Its membership now totals 29 distinguished societies.

Executive Committee

During the year the Executive Committee met on November 2-3, 1968, and on February 24, March 23, and June 24, 1969. The Committee felt that a more elaborate committee structure was indicated and activated a standing committee on graduate medical education, a steering committee for the project on bio-medical communications, and a committee on financial principles. A political action committee and a committee on curriculum, curriculum evaluation, and student evaluation have been suggested but have not been activated. A statement by the Federation of American Societies for Experimental Biology deploring the indiscriminate drafting of graduate students was endorsed and forwarded to the AAMC Executive Council for its support. The Executive Committee also served as program committee for planning the CAS 1968-69 Annual Meeting. Fashioning a proper role for a Commission on Medical Education and the relationship of AAMC to such a commission remains a primary concern of the Executive Committee.

A staff paper defining corporate responsibility for graduate medical education has been prepared. Active interrelationships with the other portions of the Association in working toward equitable administration of medicare/medicaid regulations at teaching hospitals occupied much of the committee's attention during the fall.

Conference on Graduate Medical Education

The report of the conference held October 2-5, 1968 on "The Role of the University in Graduate Medical Education" appeared as a special issue of The Journal of Medical Education for September, 1969. This report marks the official termination of Contract RFP No. PH 108-69-16 (P) with the Division of Physician Manpower, Bureau of Health Manpower. However, the Council's support of the concepts advanced at the time of the conference continues to be evidenced by its continuing role in the organization of a Commission on Medical Education and the support of institutionwide accreditation of graduate medical education.

Conference on Biomedical Education Network

On February 25-26, 1969, a conference was held at the National Library of Medicine. A report entitled Potential Educational Services from a National Biomedical Communications Network describing this conference was issued in July, 1969. The utility of further developing the contribution of potential consumers of services to be offered by the proposed biomedical communications

network and the planning for it was reaffirmed as a result of this conference. Consequently, the contract with the Library is being extended.

The Association is to work in conjunction with the staff of the Library in preparation of a definitive report to be used by the Library in their subsequent planning for a biomedical education network. A steering committee for this project has been appointed, and it is expected that the report will be ready for submission by September, 1970. It is proposed that the report be based on experiences in a selected sample of the nation's medical schools. From these, what is needed, wanted, and most likely to be consumed, will be decided.

COUNCIL OF DEANS

The Council of Deans (COD) was created on November 4, 1968 when the AAMC By-laws were amended to include 3 primary constituent bodies: the Council of Deans, the Council of Academic Societies, and the Council of Teaching Hospitals.

As defined in the Bylaws, the membership of the Council of Deans consists of the Dean of each Institutional Member and of each Provisional Institutional Member which has admitted its first class. Of the 16 elected members who serve on the AAMC Executive Council, one is the Chairman of the Council of Deans, and 8 are other members from the COD.

Meetings

The Council of Deans has met twice since its establishment: February 8 and May 9, 1969. It is also scheduled to meet on October 30, 1969.

In addition, the Executive Committee of the COD met on April 9-10 and on June 24. It plans to meet in conjunction with the Executive Council meeting on September 16 and 17.

The COD also convened in the following regional meetings: Northeastern Group on January 14; Western Group on January 27; Midwestern Group on January 29; and Southern Group on April 29-30, 1969. Chairmen of these groups reported on these meetings in the plenary meetings of the COD.

Bylaws

Bylaws of the COD were drafted by Drs. Robert H. Felix and Warren L. Bostick, reviewed by the COD Executive Committee, and circulated to the COD for discussion in regional meetings. It is hoped that Bylaws can be adopted in the COD fall meeting.

Health Manpower

Medical school enrollment.--In November, 1968 Drs. William G. Anlyan and William N. Hubbard sent a questionnaire on health manpower to all established and developing U.S. medical schools. The questionnaire was designed to determine the interest of medical schools in increasing their medical school classes and the extent to which this planning had progressed.

Responses were received from 82 of the 89 established medical schools and from all developing schools. Almost without exception the schools acknowledged the importance of expanding enrollments and of providing an opportunity for an increase in the number of students from disadvantaged backgrounds. The schools projected about a one-third increase in the size of their class by the mid-1970s, which would bring the entering class to approximately 12,000 students.

Medical school faculty.--The following resolution was unanimously passed by the Southern Group in its April 29-30 meeting: "In view of the problem of health manpower in the nation and the great demands placed on medical schools and in view of the marked reduction of research and training grants, support and faculty recruitment, and training and in view of the shortage of teachers for new and expanding medical schools, some ultimate mechanism should be developed promptly to support the training of medical educators in medical schools."

ACTION: In response to this resolution, the COD moved to undertake consideration of some ultimate mechanisms for supporting the training of medical educators in medical schools.

National Service Plans for Medical Graduates

In its May 9 meeting, the COD discussed a recommendation by the COD Executive Committee for a national service plan for medical graduates in lieu of military service. This national service could include work in such areas as urban ghettos or rural health vacuums. Mechanisms for implementation of such a system and difficulties that might arise were considered.

ACTION: The COD expressed a majority interest in further exploring this matter; the Executive Committee is to report back to the Council at each step.

Student Affairs

Student organizations represented in the May COD meeting were the Student American Medical Association, the Student National Medical Association, and the Student Health Organization. Spokesmen from each organization addressed the COD.

ACTION: Subsequent to these presentations, the COD went on record as: (a) indicating that the Council does give high priority to the need for federal student-assistance programs, both loans and scholarships, (b) urging members of the Council and their faculties to support this need by writing to members of Congress stating clearly

the problem presented by or which would be presented by a cutback in these programs, (c) supporting the efforts of student organizations to obtain information and to develop position papers on this issue, (d) attempting to enlist the support of other interested organizations and groups in a campaign to avoid a reduction in student aid funds, and (e) making the Council's position on this matter public record.

Federal Health Programs

A number of prominent governmental representatives brought the COD up-to-date reports on their activities in the May meeting. These included Dr. Robert Q. Marston, Director, National Institutes of Health; Dr. Leonard D. Fenninger, Director, Bureau of Health Professions Education and Manpower Training, and Dr. Frank McKee, Director, Division of Physician Manpower of the Bureau; Mr. Irving Lewis, Deputy Administrator, Health Services and Mental Health Administration; and Dr. Stanley W. Olson, Director, Regional Medical Programs. Dr. John A. D. Cooper reported for the AAMC Federal Health Programs Committee.

Medical Center Cost Study

Dr. Walter G. Rice reported that the 7 medical centers initially involved in the AAMC program cost analysis are continuing these studies. Also, negotiations are in the final stages to involve perhaps another 12 schools.

ACTION: The COD resolved to encourage the AAMC to continue their efforts in the program cost analysis study.

COUNCIL OF TEACHING HOSPITALS

The Council of Teaching Hospitals (COTH) completed its third year of operation October, 1969. Its membership now totals 358 hospitals.

Meetings

Executive Committee.--The COTH Executive Committee met 4 times during the year: January 9 and 10, February 8, May 8 and 9, and September 11 and 12. The committee continued to review COTH programs and committee activity.

Regional Groups.--The COTH convened in the following regional meetings: Northeastern Group on April 16 in New York; Midwestern/Great Plains Group on May 1 in Chicago; Western Group on April 18 in San Francisco; and Southern Group on April 29-30 in Atlanta.

Committee on Financial Principles for Teaching Hospitals

On March 11, 1969 the AAMC Committee on Federal Health Programs reviewed the issues of medicare and medicaid. It was the consensus of the Federal Health Programs Committee that responsibility for these issues should most effectively

be handled by an enlarged AAMC Committee on Financial Principles to include representation from the Council of Academic Societies, Council of Deans, and Council of Teaching Hospitals. This committee was duly constituted.

At its first meeting on June 27, 1969 the committee recommended that Dr. John A. D. Cooper establish a Presidential Ad Hoc Committee on Medicare Reimbursement of Physicians in a Teaching Setting composed of representatives of the 3 councils to develop a position on this issue. The committee met on July 24 and began drafting the statement.

Committee on Modernization and Construction Funds for Teaching Hospitals

This committee met on June 6, 1969. Included on the agenda was discussion of the AAMC testimony presented before the Subcommittee on Public Health and Welfare of the House of Representatives Committee on Interstate and Foreign Commerce in support of legislation to extend and expand the Hill-Burton Act and plans for the presentation of somewhat similar testimony before the Health Subcommittee of the Senate Committee on Labor and Public Welfare. Testimony before the House Subcommittee was presented by Dr. David E. Rogers, Dean, Johns Hopkins, and Richard T. Viguers, Administrator, New England Medical Center Hospital. Testimony before the Senate Committee was presented on June 19, 1969 by Fred J. Hughes, Member, Board of Regents, University of Minnesota; Dr. Robert B. Howard, Chairman-Elect, AAMC; and Ted Bowen, Administrator, Methodist Hospital, Houston, Texas.

AAMC testimony presented before the House of Representatives Subcommittee on Appropriations for Department of Health, Education, and Welfare was reviewed. Among supportive statements for authorizations contained in the Health Manpower Act and NIH programs was urgent recommendation for approval of \$258 million budgeted for the Hill-Burton program.

The position paper entitled, "Meeting Society's Expectations for Excellence in Service and Education," approved at the Institutional Membership meeting in November, 1968, was published and distributed to the membership and to members of Congress. This statement was also included in the testimony in support of Hill-Burton legislation presented before the House and Senate Committees.

This committee will continue with its efforts to identify and make more visible to the executive and legislative branches of the federal government, as well as to the public, the unique capital financing needs for modernization and construction of teaching hospitals.

Department of Health, Education, and Welfare Contracts

Teaching Hospital Information Center.--On April 26, 1968 AAMC entered into a fourteen-month contract with the National Center for Health Services Research and Development to establish a Teaching Hospital Information Center. Effective June 27, 1969 the contract was renewed for an additional twelve months to continue both development of the center and survey research efforts. An Advisory Committee for this project was appointed in December, 1968. The committee met in January and April, 1969. The information center has initiated survey efforts in 4 major areas: house staff economics, role of the teaching hospital in community services, teaching hospital executive salaries, and sources of capital financing for teaching hospitals. The center also has investigated and

accumulated information and data on other subject matter of particular pertinence to teaching hospitals. Both information and research results will be intended to serve as a documentary resource for teaching hospital directors and medical school deans.

Study to Determine the Effects of P.L. 89-97 on Teaching Hospitals.--On January 2, 1969 AAMC was awarded a \$210,327 two-year contract from the Bureau of Health Professions Education and Manpower Training, Division of Physician Manpower, to study the influences of P.L. 89-97 upon teaching hospitals. The specific focus of this study, referred to as COTHMED, will be the effect the implementation of Title XVIII and Title XIX has had upon training programs for medical students and house staff, medical research, and the delivery of health services within teaching hospitals. An Advisory Committee has been appointed to assist in developing and carrying out the study. To determine the cost and feasibility of obtaining extensive and precise data on the impact of medicare and medicaid upon teaching hospitals, data will be obtained from all COTH members by a survey questionnaire and by a detailed study of 9 representative teaching hospitals. Work on these phases of the study is now in progress.

ACCREDITATION

Accreditation of undergraduate medical education is the responsibility of the Liaison Committee on Medical Education which is a joint committee of the AAMC Executive Council and the AMA Council on Medical Education. This national accrediting agency was organized in 1942. Although accreditation remains its major function, the last year has seen it and subgroups derived from it broaden their areas of concern.

Dr. John Parks occupied the Chair of the committee until December 31, 1968, when it passed to Dr. William R. Willard. Dr. Cheves McC. Smythe served as Secretary until June 30, 1969, when this position rotated to Dr. Hayden C. Nicholson.

Surveys During 1968-69

During the 1968-69 academic year either regularly scheduled or revisit surveys of 21 medical schools were completed. The programs in undergraduate medical education of the following schools were approved and accredited: Alabama, Alberta, Baylor, California-Irvine, Chicago Medical, Cincinnati, Creighton, Dartmouth, Florida, Georgetown, Marquette, Minnesota, Mississippi, New York Medical, New York University, Pittsburgh, Rochester, Saskatchewan, Tennessee, Vermont, Western Ontario, and Yale.

Shorter visits were paid to 9 developing schools. The provisional accreditation previously accorded Arizona, California-San Diego, Connecticut, Sherbrooke, and Texas-San Antonio were continued until each graduates its first class of students. Brown University had taken a first class through the equivalent of a two-year curriculum. This was approved, and its full accreditation was recommended as well as its membership in the AAMC.

Initial or intermediate visits were paid to Louisiana State University-Shreveport, Memorial University, Ohio-Toledo, and South Florida. Provisional accreditation of the first 3 was recommended and approved, but it was recommended that the program at South Florida be reevaluated subsequent to further planning.

Letters of reasonable assurance in connection with major expansion of undergraduate medical school enrollments were provided to Albany, Cincinnati, Emory, Florida, Minnesota, and Washington-Seattle.

Meetings

During meetings held on July 9, 1968 and on January 7 and May 21, 1969, several significant actions were taken:

1. Guidelines will be formulated with the Bureau of Health Professions Education and Manpower Training to assist developing schools and expanding schools in establishing their accreditation status as well as securing fiscal support for their programs.
2. The Liaison Committee was enlarged to 14 members, 6 each from the AMA and AAMC, and one from the staff of each organization.
3. The annual financial questionnaire will be sent direct to medical school business officers. The questionnaire has also been enlarged, and data for more than one year's operation are being sought.
4. A new set of presurvey forms was drafted and is to be used on a pilot basis during 6 surveys in the 1969-70 academic year. These forms are designed to produce somewhat more detailed data which are more readily processed electronically.
5. A subcommittee was appointed to examine Liaison Committee accreditation procedures with the goal of making them more objective and more thorough.

Surveys Scheduled, 1969-70

During the 1969-70 academic year, regular visits are scheduled to the following medical schools: Boston University, British Columbia, Case Western Reserve, Illinois, Louisiana State University, North Dakota, Northwestern, Oklahoma, Oregon, Pennsylvania, Texas-Galveston, Utah, Medical College of Virginia, Washington-Seattle, West Virginia, Wisconsin, and Woman's Medical.

Other visits scheduled include Howard, Loma Linda, Manitoba, Meharry, New Jersey, Ottawa, Saint Louis, and Stritch.

Visits to developing medical schools include California-Davis, California-San Diego, Hawaii, McMaster, Michigan State, Mount Sinai, Pennsylvania State, and Texas-San Antonio. Visits are also scheduled to the developing programs at Nevada and SUNY-Stony Brook.

CONTINUING EDUCATION

Since the 1968 Annual Meeting the committee met on 4 occasions. In addition to planning the program for the Eighth Annual Conference on Continuing Medical Education to be presented on October 30, 1969, the committee formulated the following Resolution and Recommendations which were forwarded to the Association for consideration by the Executive Council. The Executive Council has considered this Resolution and the Recommendations and will report their initial deliberations on October 30.

Resolution and Recommendations

It is with a sense of urgency that the Committee on Continuing Education submits the following resolution and recommendations. The members of the committee, long experienced in continuing medical education, find that there is much evidence, nationwide, of new and increased interest in continuing education, not only for physicians, but for all members of the health care team.

The time has come for the Association to urge its member institutions to assume responsibility for continuing education as one of their primary educational activities. We believe the administration of the Association should take the initiative in developing mechanisms which will assist its member institutions with their programs of continuing education.

Following are the committee's recommendations. These are submitted for approval and adoption by the Association. They are presented as: (a) a resolution, (b) functions of the Committee on Continuing Education, (c) functions of the proposed Division of Continuing Education, (d) activities of the Committee on Continuing Education, (e) activities of the proposed Division of Continuing Education, (f) job description of the Director of the proposed Division of Continuing Education, and (g) Division of Continuing Education personnel structure and budget.

A Resolution

WHEREAS the primary duty of the physician is to provide the highest quality of medical care, and

WHEREAS medical knowledge is expanding constantly and it follows that the inescapable duty of every physician in practice is to keep his professional knowledge and skills up-to-date, and

WHEREAS the universities, being the primary medical education sources, have (a) the teachers, (b) the body of knowledge, (c) the understanding of the teaching-learning process, and (d) the experience in organizing these resources into effective educational programs, and

WHEREAS medical education is an endless continuum from undergraduate basic science and clinical education, through graduate and continuing education, the divisions between the various stages being artificial and often vague, and

WHEREAS the Association of American Medical Colleges is the national organization representing medical colleges and teaching hospitals, and

WHEREAS high quality health care often requires the participation of informed health professionals functioning together,

THEREFORE be it resolved that (a) the Association of American Medical Colleges assume a leadership role and place among its primary concerns the development of continuing medical education, (b) the Association of American Medical Colleges recommend to its member institutions that they recognize continuing education as one of their primary functions, and (c) the Association of American Medical Colleges establish a Division of Continuing Education, or other appropriate administrative unit, to assist in these roles of development and leadership.

Functions of the Committee on Continuing Education

Functions of the Committee on Continuing Education will be: (a) to recommend to the Executive Council continuing education policy; (b) to provide direction to the efforts of the Division of Continuing Education (To accomplish this, it is suggested that all major activities of the Division be presented to the Committee for its recommendations.); (c) to stimulate interest in continuing education by the Association and its membership (See suggested Activities of the Committee on Continuing Education.); (d) to serve as an information resource to the Association in its functions and interrelationships concerned with continuing education; (e) to foster the concept of self-motivated learning for the entire span of education and training for the medical profession and health sciences; and (f) to assist the Association in its search for financial support of the Division of Continuing Education.

Functions of the Proposed Division of Continuing Education

Functions of the proposed Division of Continuing Education will be: (a) to foster and carry out studies and research in continuing education (See items [a] and [b] under Activities of the Proposed Division of Continuing Education.); (b) to be prepared to receive advice and counsel from institutions, organizations, and governmental agencies involved in continuing education and to be prepared to provide advice and counsel to these groups; (c) to provide forums and other means of communication concerning education to the membership of the Association (See item [c] under Activities of the Proposed Division of Continuing Education.); (d) to provide consultation and advice in continuing education to the membership of the Association (See item [d] under Activities of the Proposed Division of Continuing Education.); (e) to serve as an information resource on continuing education for the staff of the Association; and (f) to carry out such staff functions as may be appropriate to support the activities of the Committee on Continuing Education.

Activities of the Committee on Continuing Education

Proposed activities of the Committee on Continuing Education include: (a) development of staff paper to define mutual benefits of continuing education programs to medical educational institutions and their service regions and (b) improvement of the Annual Meeting on Continuing Education of the Association of American Medical Colleges.

Activities of the Proposed Division of Continuing Education

Activities of the proposed Division of Continuing Education include: (a) establishment of an annual data base on continuing education functions and activities in medical colleges; (b) review of accreditation program activities as they relate to evaluation of medical school activities in continuing education, such as the Liaison Committee on Medical Education and the AMA Continuing Education Accreditation; (c) establishment of annual regional AAMC meetings for medical school directors of continuing education; and (d) consultation service for schools wishing to initiate, augment, or improve their efforts in continuing medical education.

Job Description of the Director of the Proposed Division of Continuing Education

The Director will be responsible to: (a) organize the "Office of the Division of Continuing Education"; (b) prepare detailed plans for accomplishing the mission of the Division; (c) delineate the duties of personnel of the Division and define the responsibilities and authority of each; (d) recruit and recommend to the AAMC, with the advice of the Committee on Continuing Education, candidates for the position of Assistant Director and Assistant Director for Research; (e) act as chief executive officer to the professional staff of the Division and cause to be kept appropriate minutes and transactions to be submitted to the Committee on Continuing Education and to his appropriate AAMC superior; (f) prepare an Annual Report of activities of the Division; (g) act as secretary to the Committee on Continuing Education; (h) assist the chairman of the Committee on Continuing Education in preparing its Committee agenda; (i) transmit to the Committee on Continuing Education all major matters affecting the Division including those originating in Division office, at other levels of AAMC, and from other sources; (j) implement decisions and facilitate activities of the Committee that have been approved by the Executive Council or that are otherwise in accord with established policies of the AAMC; and (k) develop and maintain liaison with the appropriate staff of institutions, organizations, and governmental agencies involved in continuing education.

Division of Continuing Education Personnel Structure and Budget

The proposed first-year budget is as follows: Director, \$35,000; one secretary, \$6,000; equipment, \$5,000; consumable supplies, \$4,000; travel, \$8,000; miscellaneous (telephone, mailings, etc.), \$8,000; and consultants, \$8,000. For the second year the budget provides: \$37,000 for a Director, \$26,000 for an Assistant Director, \$20,000 for an Assistant Director for Research, \$18,000 for 3 secretaries, \$12,000 for equipment, \$8,000 for consumable supplies, \$15,000 for travel, \$15,000 for miscellaneous, and \$15,000 for consultants. The total first-year budget has been set at \$74,000, and the second year at \$166,000.

EDUCATION ADVISORY COMMITTEE TO THE VETERANS ADMINISTRATION

The committee met on October 18, 1968 in Washington, D.C., on February 3, 1969 in New Orleans, and on May 17, 1969 in Washington, D.C. Since then, significant changes were made in the VA: on June 19, Mr. Donald E. Johnson took the oath of office as the Administrator of Veterans Affairs, and on May 29, Mr. Fred B. Rhodes became the new Deputy Administrator.

Functions

Exchange of medical information.--The first function of the committee relates to the responsibilities of the committee under P.L. 89-785. The law specifically provides for the establishment of an Advisory Subcommittee for Programs for Exchange of Medical Information (PEMI) of the Special Medical Advisory Group (SMAG). This subcommittee advises the Administrator and Chief Medical Director (CMD) regarding exchange of medical information. The purpose is 2-fold: (a) to encourage exchange of medical information and techniques between medical schools, hospitals, research centers, and individual members of the medical profession and VA hospitals and (b) to create, to the maximum extent possible, an environment of academic medicine at each VA hospital. This subcommittee 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 authorized appropriations not to exceed \$3 million for each of four fiscal years beginning in FY-68. Actual appropriations have amounted to \$900,000 in FY-68; \$974,000 in FY-69; and \$2,000,000 in FY-70. Under this program every nonaffiliated and remote VA hospital will be involved. The VA expertise in medical care, education, and research will reach into many communities through arrangements for local practitioners to share in this dissemination of knowledge.

Education Advisory Committee to VA.--As an Education Advisory Committee to the Department of Medicine and Surgery, the committee advises the Director, Education Service, and the CMD about all other aspects of VA's education and training program not directly related to the responsibilities of the committee under PEMI. This function of the committee is extremely important since the Congress gave the VA a powerful mandate for large-scale health manpower training. P.L. 89-785 specifies education as a function of the Department of Medicine and Surgery of the VA. "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, hospitals; and such other public or non-profit 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.

Liaison with AAMC.--The third function of the committee relates to its liaison activities between the AAMC, the VA, the Deans Committees of the VA hospitals, and the medical schools.

VA Education and Training Long-Range Projection

Fortified by recent legislation encouraging the agency to conduct education and training of health manpower, the VA has planned a marked expansion of existent training and the development of new programs adapted to the rapidly changing demands of American medicine.

The long-range objective of the VA by FY-75 is to expand its current training program of approximately 38,000 (June 30, 1969) professionals and allied health personnel to 87,000 persons annually. The largest increases will be in the training of allied health groups with more modest expansion of physicians, dentists, and nurses. The number of medical students assigned to VA hospitals will be increased as existing affiliations with medical schools are expanded. Additional training programs will be initiated as new medical schools are established in affiliation with VA hospitals.

Career Development Program

The purpose of this program is to train increased numbers of physicians and dentists to assume patient care, teaching, and research responsibilities in VA hospitals in the future. The program is designed to increase the interchange and intermingling of professional personnel between VA and affiliated medical centers, achieve optimal utilization of facilities and resources, and further academic excellence and maturity. All of these programs are administered through peer review. Outstanding consultants and VA personnel comprise the selection committees for these positions. The number of persons trained in the various career programs in FY-70 is: 6 senior medical investigators, 5 medical investigators, 60 clinical investigators, 134 research and education associates, and 160 research and education trainees.

Distinguished Physician Program

The Distinguished Physician Program has been established to bring physicians into the VA system who have made very significant contributions to medical science and have attained exceptional professional stature over long and distinguished careers.

Dr. William A. Castle, the first Distinguished Physician, appeared before the committee to discuss his experience and to share his concepts about the objectives of the program and ideas about selection procedures. Dr. Castle is stationed at VA Hospital, West Roxbury, Massachusetts, and serves on a VA-wide basis as consultant, lecturer, and in other teaching capacities.

The committee has assumed the responsibility for nominating and recommending physicians for the Distinguished Physician Program. It is anticipated that VA will be able to increase the number of physicians in this program from the current one physician to 10 or 20 by FY-75.

Educational Program

A number of programs that were approved by the committee and described in detail in last year's report, have now been implemented. Among these are (a) closed circuit 2-way TV communication linking the Nebraska Psychiatric Institute and 3 VA hospitals in Nebraska and teleconsultation between the Massachusetts General Hospital and VA Hospital in Bedford; (b) coordinated use of lectures and videotapes or 8mm cartridge-loaded films by 60 VA hospitals through arrangements with the University of California Medical Television Network; (c) development in cooperation with the National Medical Audio Center in Atlanta of a distribution system for audiovisual materials through the use of 53 VA hospitals in the eastern U.S.; (d) continuation of an extended educational leave system using the VA Hospital, Washington, D.C., as a base; and (e) affiliation of the VA Hospital in Muskogee with the University of Oklahoma Medical Center.

The utilization of computerized information has been incorporated into the following exchange of medical information pilot programs.

1. At the 1969 Annual Meeting of the American Gastroenterological Association, a series of 4 self-administered examinations were presented by means of computer-linked teaching machines. Development of this project was funded by the VA through the exchange of medical information program. Its principal objective was to demonstrate the capability of a self-administered examination to attract, challenge, and satisfy participants and accurately measure their knowledge of a restricted area in twenty minutes.

2. The University of Alabama, under a grant from the Veterans Administration, is in the process of establishing a complete and fully operational tumor registry encompassing the patient populations of the University of Alabama Hospital and the 4 VA hospitals in the state. The project will include automating and computerizing the registry mechanisms to achieve integration of all records and to carry out additional follow-up of patients. This project will be made available as a teaching demonstration and for structured training programs to practicing physicians as well as interns, residents, and undergraduate medical students.

Residents and Interns

The committee would like to emphasize to the members the status of several major concerns. More than a year ago, the committee indicated its great concern about the free movement of residents and interns in integrated programs. This had led to a series of steps beginning with the index hospital concept of establishing rates of pay for VA interns and residents. Three additional related matters are now in development: (a) establishment of a position of Chief Resident within the VA; (b) publication of guidelines for residents' involvement in such areas as teaching and community health services as part of their training and for which additional compensation might be allowable; (c) simplification of scheduling, bookkeeping, leave practices, and other administrative procedures. H.R. 11427 and S. 2363 have been introduced to provide legislative authority for the Administrator of Veterans Affairs to enter into

agreements with hospitals, medical schools, and medical installations for the central administration of training programs for interns and residents. Such central administration would eliminate the problems mentioned.

The committee believes these are meaningful, constructive steps toward implementing their resolutions reported last year.

EDUCATIONAL MEASUREMENT AND RESEARCH

Continuing activities in educational measurement and research are (a) the Medical College Admission Test (MCAT) program, (b) the biochemistry placement examination project, and (c) the Annual Conference on Research in Medical Education (RIME). Two special studies that were initiated during the year in connection with the MCAT program were on the educational background and career plans of all MCAT examinees and on the possibility of minority-group bias in the MCAT. Also, the use of personality measurement in the selection and evaluation of medical students was explored.

MCAT Program

The MCAT program is conducted under the aegis of the MCAT Advisory Committee. This committee deals primarily with operational aspects of the program.

Because of the relocation of the AAMC offices from Evanston, Illinois to Washington, D.C., the existing contract with The Psychological Corporation was extended through December 31, 1969, instead of being terminated on June 30, 1969. Beginning with the May, 1970 MCAT administration, AAMC will be responsible for reporting MCAT scores to medical schools and to MCAT examinees, while test administration and scoring will continue to be performed by extramural contract. At the same time, the American Medical College Application Service (AMCAS) will become fully operational with applications for the 1971 entering classes and will begin to furnish the data required for a major evaluation of the MCAT program.

A questionnaire to provide data concerning the educational background and career plans of all MCAT examinees was first administered in May, 1968. The same questionnaire was administered with the MCAT again in October, 1968, and a revised version was administered at the May, 1969 testing. This revised version added 3 questions regarding socioeconomic status to an existing question concerning racial background to elicit data on the qualifications of minority-group applicants. These questions were included as optional items.

Biochemistry Placement Examination Project

During the last year steady progress has been made in the development of a biochemistry placement examination. In March a preliminary test outline was circulated to biochemistry department chairmen at medical schools across the country for differential weighting and suggested revisions. Limited testing

of incoming medical students is planned for the fall of 1969 in a number of schools. Later in the year, students who are completing their first and second years at selected schools will be tested in order to obtain some normative data. The project will be fully operational in the summer and fall of 1970.

Conference on RIME

Seventy abstracts were submitted for the Annual Conference, 25 of which were selected for presentation. These papers were distributed into 8 sessions.

INTERNATIONAL MEDICAL EDUCATION

During the year activities in international medical education have been expanded. This program is under the aegis of the Committee on International Relations in Medical Education.

Programs and Projects Under AID/AAMC Contract

Under the AID/AAMC contract of 1966, which was renewed for a nine-month extension beginning in June, 1969, AAMC is undertaking the following specific projects.

The Institute on Medical Education and Family Planning.--This project was planned in order to bring outstanding U.S. and Canadian medical educators together with leaders in family planning movements abroad in order to deepen their understanding of world population problems and increase the sense of urgency of medical schools' commitments to educating medical students in all the aspects of the world's population problem and the role of physicians and medical schools in solving it. A total of 272 persons participated in the Institute. The final report of the Institute will be published in the Journal of Medical Education and in the Indian Journal of Medical Education.

Study of International Activities of U.S. Medical Schools.--AAMC continued its project begun in June of 1968 and designed to determine the attitudes and interests of U.S. medical schools in international medical education, the commitment of each school, and the nature of its involvement with the intention of ascertaining the availability and types of U.S. resources potentially available to support international medical education. To this end, 20 site visitors surveyed 7 medical schools in the West, 10 in the Midwest, 16 in the South, and 18 in the Northeast. This reference material has been compiled, and the first draft of the full report has been submitted to AID.

Support to Regional Associations of Medical Schools

Pan American Federation of Association of Medical Schools (PAFAMS).--The Pan American Federation, with 204 affiliated medical schools, includes 94 U.S. and 12 Canadian schools. AAMC played a major role in the creation of the Federation and is its largest contributing component. Sponsored by the PAFAMS

in conjunction with the Mexican Association of Medical Schools, the School of Medicine of the National University, and the Institute of Social Security, the Second Annual Conference on Medical Education in the Americas is scheduled to be held September 22-24, 1969. The theme for the conference will be "The Integration of Education in the Health Professions."

Association of Medical Schools in Africa (AMSA).--The Eighth Annual Conference of the AMSA was held in Abidjan, Ivory Coast, April 15-19, 1969. The Director of DIME attended this conference in which 14 African medical schools represented 11 countries.

Under its AID contract, AAMC undertook a project in October which included a November visit to the U.S. by Charles O. Easmon of Ghana. He came as an official representative of the AMSA and spent three weeks reviewing possible regional projects in medical education and health manpower with appropriate U.S. government and private officials. Although no formal commitments were made at that time, several projects related to those discussions are now pending.

It is contemplated that the African Bureau of AID and AAMC will also cooperate in a project involving an AMSA sponsored Conference on Family Health and Medical Education. This meeting is tentatively scheduled to be held in April, 1970 in Kampala, Uganda.

Middle East Association of Medical Schools (MEAMS).--The Director of DIME participated in preparatory meetings and in meetings of the deans of 31 medical schools from 10 countries in the Middle East which culminated in their signing the constitution of the Association of Medical Schools in the Middle East. The ceremony was held on December 12, 1968 in the Presidential Palace in Khartoum in the presence of the President of Sudan.

Missions

From September 30 through November 14, 1969, at the request of AID, AAMC will send a consultant group to Liberia. Their mission is to advise AID and Liberia regarding problems and solutions to the staffing and management of the John F. Kennedy Memorial Hospital. Specifically, the group will: (a) analyze factors recognized in current historical review, (b) make a field evaluation of the Medical Center status with particular reference to government's commitments, (c) discuss proposed recommendations with the ambassador and mission director, and (d) present to the government recommendations following discussions with the ambassador and the mission director.

In August, Thomas H. Hunter, Chancellor for Medical Affairs of the University of Virginia, made a fact-finding mission for AID to Yaounde, the Cameroons. His purpose was to obtain on-site information concerning the plans and development of the University Center for Health Sciences and to report his findings to AID.

AAMC/Public Health Service 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 third year, following two years 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 provided for 70 student fellowships at 3 Israeli institutions: the Tel Hashomer Government Hospital, the Hadassah Medical Center, and the Rambam 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.

In 1969 there were 89 applicants for the 70 fellowships available at the 3 Israeli institutions. Altogether since its inception the AAMC/PHS Fellowship Program has sent 89 Fellows from 48 U.S. schools to Israel.

The 3 proposals submitted to the Project Officer for programs in Yugoslavia were negotiated in May, each for a period of three years. The programs are to be under the direction of the Andrija Stampar School of Public Health, University of Zagreb; the Faculty of Medicine, University of Belgrade; and the Institute of Public Health, Republic of Serbia in Belgrade.

The 1969 programs will be carried out September 15 - November 22. The availability of the Yugoslav Fellowships was announced to the U.S. schools of medicine on April 29. Thirty Fellows were selected: 16 to participate in the program at the Andrija Stampar School of Public Health in Zagreb; 10 for the program under the direction of the Faculty of Medicine, University of Belgrade; and 4 for study at the Institute of Public Health, Republic of Serbia.

Negotiations continue at various levels with regard to future fellowship programs in India and Pakistan.

Smith Kline & French Fellowship Program

For ten years the AAMC has administered a fellowship program for the Smith Kline & French Laboratories (SK&F). The primary objectives of these fellowships are to provide students with the opportunity to benefit from unusual clinical experiences and to allow them to familiarize themselves with medical, cultural, and social problems that often differ radically from those prevailing in the U.S. These Fellows are usually assigned to mission hospitals or outpost medical facilities.

On March 20, 1969 the Selection Committee for the SK&F Fellowship Program met and reviewed 87 applications of third- and fourth-year U.S. medical students. It awarded 31 fellowships, 27 of which went to men and 4 to women. Eleven of the men received awards that permitted their wives, who were nurses, medical students, or laboratory technicians, to accompany them. The Fellows will spend at least ten weeks with their sponsors in developing areas of the world.

Miscellaneous

In September of 1968 a study to be used in future surveys that would assess the relation of health planning to the overall economic development plans in selected developing countries was initiated. Studies of Ghana and Kenya were completed during 1968-69, and an analysis of Brazil is currently being made.

The Director of DIME was invited to Varna, Bulgaria to present a paper on "Current Trends in Undergraduate Medical Education in the U.S.A." as a part of the technical discussions of the WHO's Regional Committee which met in Varna from September 23-29, 1968.

The 13th Annual Conference for Foreign Medical Scholars met from June 10-12, 1969 in Tan-Tar-A, Lake of the Ozarks, Missouri. The 14th Annual Conference will be held in Cleveland under the auspices of the Case Western Reserve School of Medicine.

The Director of DIME was an adviser to the U.S. Delegation to the World Health Assembly which met in Boston, July 8-25, 1969. There were 122 countries represented at this Assembly which was meeting for the second time with the United States as the host government.

OPERATIONAL STUDIES AND MANAGEMENT

AAMC analyzes and disseminates data collected from the medical schools with reference to financial management, faculty characterization, and facilities planning and design. This program is conducted under the aegis of the Advisory Committee for Operational Studies and Management whose membership includes representation from the 3 AAMC Councils and from the Business Officers Section.

Financial Information

Medical school.--Financial data are obtained annually from the medical schools through the AMA-AAMC joint liaison questionnaire. This questionnaire was revised to make the data more current and more relevant and to refine the questions in response to changing patterns of financial support, management, and accounting systems. The AAMC annually summarizes and publishes these data in the Education Number of the J.A.M.A.

Faculty Salary Study.--A total of 95 medical schools were included in AAMC's 1968 Faculty Salary Study. Median salary ranges for selected clinical disciplines and for the basic sciences were published in a "Datagram." The study was broadened to include administrative as well as academic appointments. Requests indicate the need for more accurate data with reference to supplementary or additional incomes and fringe benefits that are derived from private practice, and a preliminary survey of private practice plans was made.

Program cost allocation.--This year has seen the publication of 2 program cost allocation studies. The first of these, published posthumously, was the well-known "Carroll Study of Yale-New Haven." (CARROLL, A. J. Program Cost Estimating in a Teaching Hospital: A Pilot Study. Edited by Campbell, T. J., and Littlemeyer, M. H.)

The second study, Program Cost Allocation in Seven Medical Centers: A Pilot Study by Mr. Thomas J. Campbell, was jointly sponsored by the AAMC and the Department of Health, Education, and Welfare. Plans were laid for continued refinement of this program in the original 7 medical centers and for extension of the program to additional schools. A new contract was negotiated with the federal government during the latter part of the year, and the program will continue.

Faculty Roster

During the past year the development, refinement, and input of data for the Faculty Roster were revised. A subcontract filed with the Technetics Corporation supplanted the previous arrangements in the handling of the information retrieval and analysis system. A series of approximately 200 tabulations were transmitted to the federal government at the end of the year.

An advisory committee for the roster, consisting of an equal number of medical school representatives and NIH representatives, was initiated. Two meetings of this committee were held to formulate objectives and design future tactics. Initial steps were taken to evaluate objectives of this inventory of faculty. A major objective is a clear understanding of the sources, movement, and gain or loss of faculty. Future objectives will consist of an analysis of part-time participants in the functions of the medical school.

Business Officers Section

The Business Officers Section (BOS), formally organized on November 1, 1968, has successfully completed its first year of operations. To facilitate planning of the BOS activities, the following committees were named: Program, Bylaws, Nominating, and Relationships with the National Association of College and University Business Officers (NACUBO).

Regional meetings.--During the year, the 4 regional organizations each held 2 meetings which were devoted to workshops on problems of mutual interest and concern. Each region elected a coordinator to be responsible in liaison between the region and the national BOS organization. Elected as regional coordinators were: Northeastern Region, David A. Sinclair, SUNY-Syracuse; Southern Region, Hugh E. Hilliard, Emory; Midwestern Region, Gerald H. Gillman, Minnesota; and Western Region, William A. Zimmerman, Oregon.

Workshops.--A two-year commitment of \$121,600 from the W. K. Kellogg Foundation to assist the AAMC in the development of an educational program for medical school business officers will provide the support necessary to develop regional workshops for the BOS membership over the next few years. These workshops will provide a forum in which medical school business and fiscal officers can meet to discuss in depth subjects of greatest concern to them. The subjects for these workshops were selected through survey questionnaires.

Four topics have been selected to be developed in 1969 under this program. Workshop topics and those who will serve as chairmen of the committees to develop them are: Relations Within the Medical Center and the Role of the Business Officer, Warren H. Kennedy, Vanderbilt; Relations with the Federal Government, Gerald H. Gillman, Minnesota; Fiscal and Administrative Relationships with the Parent University, Erick K. Erickson, California-San Francisco; and Medical Service Plans, Bernard Siegel, Albany.

Future activities.--During the next two years, an attempt will be made to develop a more extensive file of information for medical center administrators on such topics as departmental programs and budgets, clerical staffing needs, including new and developing programs, computer services, and animal quarters.

Facilities

The proposal to study the planning, design, and construction of health education facilities which was approved by the Executive Council in the previous year was initiated. Permission was received to use unexpended funds provided by the Commonwealth Fund, and a workshop conference was held in Chicago in January. Attending the conference were representatives of governmental agencies, the American Institute of Architects, and faculty and administrators concerned with planning in representative medical centers. The conference concluded that such studies were indeed overdue and that the AAMC was the logical agency to carry out and lead such a program.

STUDENT AFFAIRS

The AAMC student affairs program is conducted under the aegis of the Committee on Student Affairs and the Group on Student Affairs (GSA). During 1968-69 the GSA consisted of over 250 medical school admissions and student affairs officers in the United States and Canada.

Applicant and Student Records

As a basic service to medical schools, AAMC maintains complete and accurate records of all medical school applicants and students. For the 1968-69 entering class, a total of 21,117 individuals filed 112,195 applications. Of these, 9,723 persons were enrolled for the first time. Repeater and other special students brought the total first-year enrollment to 9,848. The total enrollment during 1968-69 was just under 36,000.

Based on these central records, AAMC continues to provide a substantial information exchange to all U.S. medical schools and to over 1,000 undergraduate colleges annually. Major effort during the year was also given to increasing computerization of the basic record system.

Centralized Application Service

During 1968-69 approximately 20 percent of the applicants to Duke, SUNY-Brooklyn, Tennessee, Missouri, Iowa, Northwestern, and California-San Diego participated in the American Medical College Application Service (AMCAS) pilot study and developmental portion of the AMCAS program. Twenty other schools adopted the uniform application blank. During 1969-70 Stanford replaced Duke in the pilot study, and all 7 schools carried out their entire admissions programs through AMCAS. In addition, 39 other institutions adopted the uniform application blank. It is hoped that all medical schools will elect to participate in AMCAS for their classes entering in September 1971.

Conferences

AAMC either sponsored or played a significant role in a number of conferences during the year.

In February 1969 the Student American Medical Association (SAMA) conducted a Student Conference on Medical Education in Chicago. AAMC supported this SAMA effort by allocating \$2,500 from MCAT fees for this purpose and also by participation in the planning and program activities.

In March 1969 AAMC cosponsored with the Josiah Macy, Jr. Foundation a Border States Conference on "Liberal Arts Education and Admission to Medical School." Participants were primarily premedical advisors from traditionally Negro colleges and admissions officers from the medical schools of the region.

Also in March 1969, in conjunction with the GSA Western Region meeting, AAMC sponsored a regional conference on "Increasing Representation in Medical Schools of Afro-Americans, Mexican Americans, and American Indians."

In June 1969 a related regional meeting on "Articulation Between Medical and Premedical Education" was held under the auspices of the Western Region medical schools with financing from the USPHS Division of Physician Manpower.

The Northeast Association of Advisors for the Health Professions, which grew out of the 1968 Buck Hill Falls Conference, held its first meeting in June 1969 on Martha's Vineyard, Massachusetts in conjunction with the Northeast GSA.

Also activated at Cincinnati in May 1969 was a Midwest Advisors Association developed by a number of premedical advisors who met jointly with the Midwest and Great Plains GSA regional groups. Advisors in the Western Region have also indicated an interest in forming an association affiliated with the AAMC.

Other Projects and Activities

A number of special projects or continuing activities worthy of note are summarized as follows:

Communication with student organizations.--AAMC worked closely with SAMA, the Student Health Organizations (SHO), and the Student National Medical Association (SNMA) throughout the year. In addition to participation in the Student Conference on Medical Education, the Association focused on student participation in the AAMC and establishment of a student membership category in the AAMC.

Financial problems of medical students.--Liaison with the federal government in relation to the health professions scholarship and loan programs was maintained. All schools were encouraged to contact their legislators concerning reduction in the health professions student loan program. Potential uses of the College Scholarship Service in developing a financial need analysis for medical students was explored, and the advisability of using private loan collection agencies was reviewed.

Medical education of minority group students.--A \$324,213 grant was obtained from the U.S. Office of Economic Opportunity. In addition to funding projects at the national level, the grant will provide \$103,000 for sub-contracted programs at local and regional levels to encourage the preparation, selection, education, and graduation of minority group medical and osteopathic students. The grant also stipulates that the AAMC serve as a conduit for providing \$100,000 for similar purposes to dentistry and \$60,000 to specified allied health professions. Over 70 applications for approximately \$1.4 million were received from almost 100 organizations, since cooperative projects were encouraged. In conjunction with the SAMA Committee on Minority Group Students, a Medical Minority Applicant Registry (MED-MAR) has been initiated. Also, a publication describing minority student opportunities in U.S. medical schools was compiled.

Medical student health.--The survey of medical student health policies and practices in U.S. medical schools was published during the year. Uniform procedures both for health screening of applicants and establishment of acceptable medical school student health practices have been recommended.

Relations with colleges and secondary schools.--The January 15 deadline for nonrefundable admissions deposits was moved to March 1 in order to allow both the medical schools and their applicants more time to reach final admissions decisions.

Research on student affairs.--The following studies were sponsored during the year: (a) a characteristics study of admissions and student affairs officers, (b) an MCAT minority-group bias study, (c) a medical student-medical school legal relationship survey, and (d) a SAMA survey on medical school use of National Board examinations.

Student aspects of international medical education.--AAMC consulted with representatives from the AMA Council on Medical Education and with the National

Board of Medical Examiners in planning methods which might facilitate the application procedure for American students applying for transfer from foreign medical schools.

PUBLICATIONS

The Journal of Medical Education

The Journal published 1,077 pages of editorial material for the period from July 1, 1968 to June 30, 1969. There were no supplements or special issues. Of 305 manuscripts received for consideration, 122 were accepted for publication, 145 were rejected, 19 remained in the hands of reviewers, and 19 had been returned to the authors for revision at the end of the fiscal year.

An eight-year contract with Service Printers, Inc., Chicago, Illinois, was terminated with the December, 1968 issue. Publication with The Johnson Press, Inc., of Pontiac, Illinois, began with the January, 1969 issue.

Books

Books published by the Association and its staff during 1969 were:

AAMC Directory, 1968-69

Compiled by Suellen Muldoon. Published by AAMC. Paper. 394 pp.
\$5.00

Directory for Premedical Advisors, 1969-70 (5th ed.)

Compiled by Group on Student Affairs Committee on Liaison with Colleges and Secondary Schools. Published by AAMC. Paper. 83 pp. \$1.50

Extramural Summer and Elective Opportunities (1969 ed.)

Compiled by Suellen Muldoon. Published by AAMC. Paper. 48 pp.
\$1.00

Foreign Medical Graduates in the United States

By Harold Margulies and Lucille S. Bloch. Published by Harvard University Press. Cloth. 169 pp. \$5.75

Medical School Admission Requirements, U.S.A. and Canada, 1969-70 (20th ed.)

Compiled by Suellen Muldoon. Published by AAMC. Paper. 319 pp.
\$4.00

Minority Student Opportunities in United States Medical Schools, 1969-1970

Edited by Davis G. Johnson. Published by AAMC. Paper. 98 pp.
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From the Orientation Book for the Institute on Medical Education and Family Planning. By the Division of International Medical Education. Published by AAMC. Paper. 33 pp. \$.50

Potential Educational Services from a National Biomedical Communications Network

Edited by Cheves McC. Smythe. Published by AAMC. Paper. 108 pp. Free.

Preparation for the Study of Medicine

Edited by Robert G. Page and Mary H. Littlemeyer. Published by the University of Chicago Press. Cloth. 287 pp. \$4.95

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By Thomas J. Campbell. Published by AAMC. Paper. 99 pp. \$1.50

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Selected Papers in American Medical Education for Foreign Scholars, 1957-1968

Edited by John T. Logue. Published by the University of Missouri for the AAMC. Paper. 121 pp. \$3.00

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