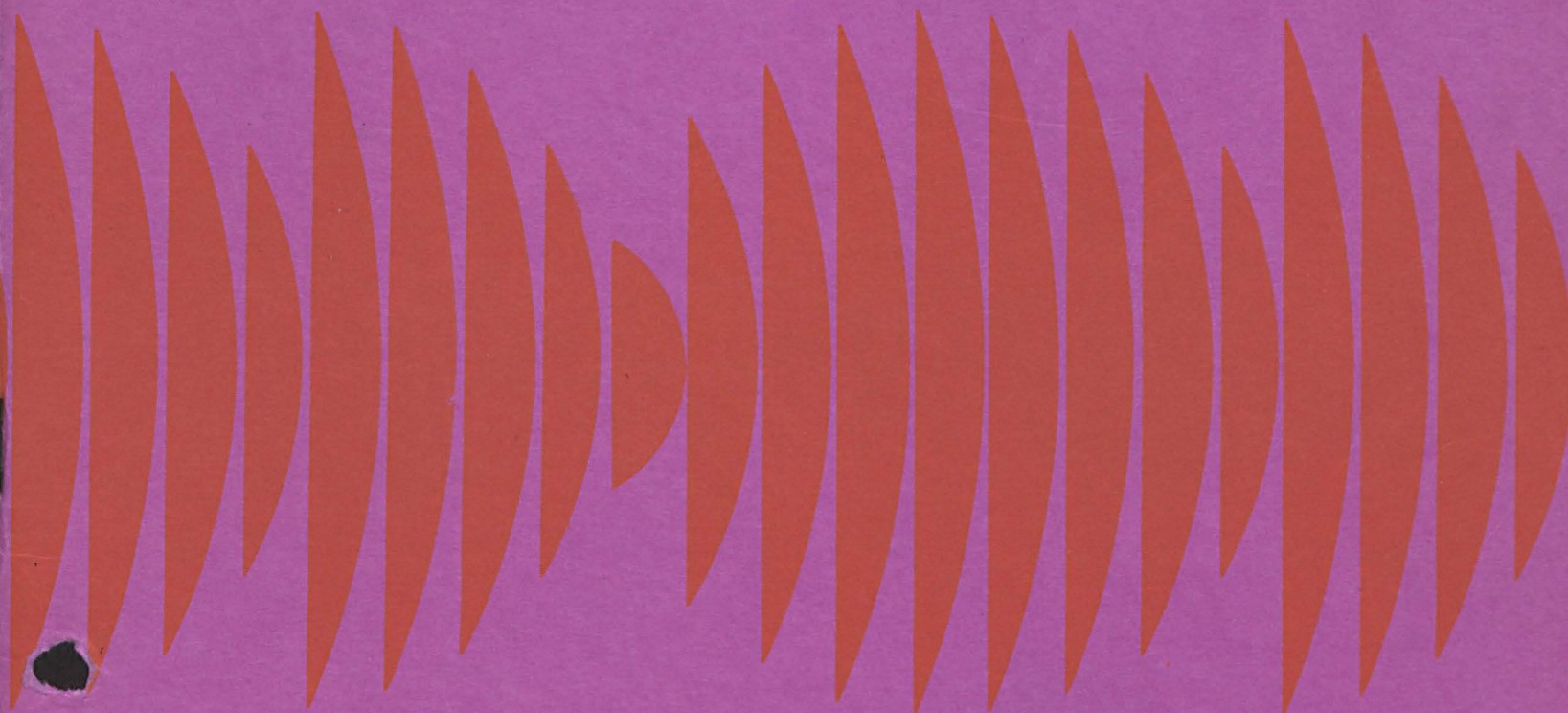


# 1970-1971 ANNUAL REPORT

The  
Association of  
American  
Medical  
Colleges









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William G. Anjyan  
Chairman-Elect  
Russell A. Nelson

The President's Message  
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Societies  
James V. Warren, M.D. for Report

Chairman, Council of Deans  
Martin K. Dwyer  
Chairman, Council of Hospital  
Kenneth R. Chiswell  
Chairman, Council of Teaching  
Clifford G. Grier

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Department of Academic Affairs  
James V. Warren, M.D.  
Department of Hospital Affairs  
Kenneth R. Chiswell  
Department of Teaching  
Clifford G. Grier

1970-71 ANNUAL REPORT

Interim Report

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Public Affairs

Publications

Financial Reports

Report of the Director of Academic Affairs

Report of the Treasurer

Committees and Staff

Committees

Staff

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#### Council of Deans

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William F. Maloney

Sherman M. Mellinkoff

David E. Rogers

Charles C. Sprague

#### Council of Teaching Hospitals

Irvin G. Wilmot

George E. Cartmill

Roy S. Rambeck

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\*Until July 1, 1971

\*\*Effective July 1, 1971

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William G. Anlyan

### *Chairman-Elect*

Russell A. Nelson

### *Chairman, Council of Academic Societies*

James V. Warren

### *Chairman, Council of Deans*

Merlin K. DuVal\*

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Roy S. Rambeck, ex officio

\*Until July 1, 1971

\*\*Effective July 1, 1971



## PRESIDENT'S MESSAGE FOR THE 1970-71 ANNUAL REPORT

Much has been written and discussed about what the decade of the 1970's holds for mankind. One trend seems to be coming into focus; a realignment of national priorities. With the winding down of the Southeast Asia involvement, and with the greater desire of the American people to turn to constructive rather than destructive action, the issues and problems of health now occupy an increasingly prominent position in public policy discussions. The AAMC is ready to face the many challenges this prospect presents. It seems clear that the 1970's will be the decade in which far-reaching national decisions on health will be made.

Although the Association is old, more than 80 years old, it is now entering its most productive and influential period. The determination to represent medical education and biomedical research in a thoughtful, constructive, and positive manner, reflected by the move to Washington and the reorganization slightly over two years ago, is now bearing fruit.

The Councils and Assembly of the Association have given serious consideration to the representation of the various segments of the medical centers in the AAMC. The development of the Organization of Student Representatives provides a mechanism for undergraduate medical students to become formally involved in the determination of policy and in the governance of the Association. Exploration of ways in which the faculty of an institution as a group can participate more effectively has been undertaken. The matter has been the subject of extensive discussion in the regional and national meetings of the Councils. A recommendation will be made to the Assembly for positive action at the 1971 Annual Meeting. Another Association Task Force with major representation from CAS and COTH is exploring how the AAMC can relate to the house officers.

The Council of Academic Societies has substantially increased its membership and incorporated an important segment of the profession by admitting four major colleges.

The Council of Teaching Hospitals has appointed a Task Force to review the criteria for membership to assure the most effective input of these important institutions to the Association.

Since last fall, the Association has been requested to testify twelve times before committees and subcommittees of the Congress. Each time the Association has taken advantage of the opportunity to set forth its views on pending legislation that had critical import for medical education, biomedical research, and the delivery of medical care. In the discussions with legislative committees, the Congress has been made more aware of the important contributions and the complex nature of academic medical centers.



A new concern with health has emerged in the Congress. Senator Edward Kennedy of Massachusetts and Representative Paul Rogers of Florida became chairmen this year of the major subcommittees dealing with health legislation. Under the enlightened leadership of these legislators, Congress is beginning to reflect a greater understanding of medical education and the issues involved. There is broader comprehension of the fact that medical education is no longer of principal concern only to the states and the private sector. That there is a major Federal role and responsibility for medical education is broadly accepted. The work of the Association has contributed substantially to this progress in public understanding.

This year we initiated regular meetings with the officers and the Executive Committee of the American Medical Association. The meetings have been very useful, not only in keeping the two Associations informed of each other's activities and interests, but also in providing an opportunity to exchange ideas in a face-to-face situation. We also have related closely with the American Hospital Association, Blue Cross/Blue Shield, the Federation of Associations of the Schools of the Health Professions, and the newly created Association of Academic Health Centers. It is fortunate that the AAHC is housed in the building we occupy, the National Center for Higher Education. This proximity facilitates closer contact and interaction. Working and communicating with organizations which share a common interest is essential and will be continued.

An AAMC-Veterans Administration Liaison Committee, whose members are drawn from the senior officers and staff of the two organizations, has carefully considered the present medical center-VA hospital relationships. The problems which have arisen because of the changing nature of the academic medical center, its educational programs, and the increasing sophistication of the medical care delivered in the centers have been identified in a paper prepared during a two-day retreat of the Liaison Committee. Positive and constructive steps to strengthen relations between the VA and our medical schools were proposed and are being implemented.

The Association played a key role in the Coalition for Health Funding. This group of 22 health-related organizations aimed at increasing Federal funding for health programs was formed last year, too late to be very effective. This year, with an earlier start, it was better organized and had a larger membership. The Coalition's purpose was to relate realistically the funding of Federal programs to the health needs of America and make known to the Congress and the people the measure of national effort needed. The Washington Post said the Coalition had scored a major victory when the Congress added one-half billion dollars to the budget request of the Administration for the Department of Health, Education and Welfare. Most of the meetings were held at the AAMC headquarters, and we contributed much of the staff work and leadership that were essential to the operation of the Coalition. We were successful in keeping the membership from becoming fragmented. Without solidarity of purpose and strong support from each organization in the Coalition, its existence would have been meaningless. We will continue to encourage the participants to



function as a whole so that even more can be accomplished next year. The Coalition must continue to be a major voice for health.

The financial requirements of medical education are a major concern. With more than one-half of the nation's medical schools experiencing some type of financial distress, we continue to seek means to provide financial stability. In the Congressional action on the extension of the Health Professions Educational Assistance Act, a new era of Federal concern for our nation's medical schools and for top quality medical education has been launched. We have worked closely with the Congress to achieve this progressive piece of legislation. There is a basis for real hope that the legislation, coupled with support by DHEW, will substantially ameliorate the conditions of financial distress that have harassed medical schools for so long and will permit them to make major contributions to the solution of the country's health care problems.

The increasing and broadening Federal support for medical education brings new challenges and demands to the medical schools. In the past, Federal support was provided largely through project grants for a definite project, limited to a specific activity in the medical center. Now that funds are being provided for general support, we will be required to propose means of distributing program costs for medical education between the student, the community, the state, and the Federal Government.

Our Cost Allocation Study is now in its fourth year, but it is only recently that the real issues underlying the effort toward a better measure of medical center costs have emerged. These issues relate more to the question of what constitutes the structure, process, and content of medical education than accounting methodology. Other work is being done in this area by the Sprague Committee on the Financing of Medical Education. Plans for detailed studies by Task Forces in three areas--one on the cost of medical education, another on construction financing, and the third on research--are being developed. Results of these studies should lead to a fuller understanding of the financial problems confronting medical centers as they strive to discharge their widening responsibilities to the student and society. The work of the Committee on the Financing of Medical Education will build upon and extend the AAMC's efforts in cost allocation.

The findings of the Council of Academic Societies' Biomedical Research Policy Committee, chaired by Louis Welt, and the Task Force on the Cost of Teaching Hospitals provide additional input to the considerations of the Sprague Committee.

The management of the academic medical center is rapidly becoming a more complex and difficult task. Profound alterations are occurring in educational programs, research efforts and the delivery of health services. The changes require a new order of managerial effort. The broadening and diffusion of power through the medical center and the need to involve more diverse abilities and skills working together to confront more complex tasks add to the difficulties. The making of decisions and their implementation require a wider consensus and



more intense collaborative efforts.

The traditional pyramidal structure of authority with the power concentrated in the hands of a few who ruled in an autocratic way is not the social arrangement most eminently suited to the current and future needs of the institutions. Administrative structures must be much more adaptable, ready at all times to confront specific tasks. Management must now be concerned with coordinating task-oriented groups which, as Bennis has said, "will be differentiated not vertically, according to rank and role, but flexibly and functionally according to skill and professional training." Deans and their staffs must have much greater understanding and capability in how to coalesce the interests of their faculty, students, university colleagues and community -- thus creating a climate for progressive change. These skills provide for optimal decision-making and program implementation.

More comprehensive and reliable data, coupled with more effective ways of bringing the data to bear on decision making, are needed to design alternatives and options for meeting goals and assessing the resources which are required. Planning must be more sophisticated and exact because decisions involve a much greater commitment of resources -- resources usually from multiple sources which are less stable and predictable than the traditional income of the university, less controlled by the institution and more dependent on the attitudes and actions of those outside the academic medical center. Inadequate planning and unwise decisions have more serious consequences for the viability of institutions than in the simpler times of a decade ago.

The broadening role of the Federal Government in providing general financial support for academic medical centers will require greater information reporting capability, to satisfy public requirements for accountability and to provide the information requisite to determining levels of future support required. Unless our institutions develop valid data concerning costs of their programs, continued willing participation in their support by the Federal Government will be endangered.

The AAMC has always exercised a major role in advancing the managerial capability of its member institutions. The Institutes on Medical School Administration conducted by the Association during 1963 and 1964 were very influential. These Institutes provided a valuable base of information and views on the general administrative, organizational and functional aspects of medical schools in the context of the issues and problems of that period.

The Association has expanded its effort in management development for academic medical centers to encompass these broad components:

- . . . the procedural, organizational and behavioral aspects of decision making and execution
- . . . quantitative management technology and its data base
- . . . the substantive issues and problems of program development and direction.



Task Forces on medical center management, headed by William Mayer, and a Committee on Medical Center Information Systems, chaired by Robert L. Thompson, have already provided advice and guidance in these areas. The latter committee has developed a preliminary base inventory of data on all aspects of medical center operations and a proposal to implement the system in three to five pilot centers.

The Association and its member societies and institutions have increasingly become involved in modernizing medical education. Our faculties have shown a great willingness to adapt their curricula and instructional programs to the talents of a new generation of students and the needs of an evolving system of health care. The Association has played a major role in facilitating this process of change.

With students coming to medical school from more diverse backgrounds and wider ranges of preparation in the sciences, the Division of Educational Measurement and Research has assisted the schools by developing an advanced placement examination in biochemistry. Similar examinations in other disciplines are under development. The Division is now studying intensively the development of noncognitive, predictive instruments to improve the selection system of students for medicine.

Premedical advisors are being apprised of the rapidly changing pattern of medical education through the establishment of conjoint regional meetings with Deans for Student Affairs. This improved liaison has also permitted improved recruitment of minority students and students with nontraditional premedical educational backgrounds. Minority student recruitment has been further facilitated through a contract with the Office of Economic Opportunity, permitting the AAMC to encourage innovative educational opportunities for minority students aspiring toward medicine. It is heartening that many of the proposals made by the AAMC Task Force on Minority Students are being implemented. The report of the Task Force has furnished the basis for legislation introduced in the Congress. It has been of importance to foundations and other private agencies in developing their programs to assist medical schools in implementing their plans to increase the number of minority students in medicine.

As curricula have been directed toward emphasizing interdisciplinary teaching, individualized student programs and earlier differentiation of students toward specialties, the Association has become involved in a reassessment of our measures of student achievement. The Division of Educational Measurement and Research is assisting schools and disciplines in the establishment of educational goals and objectives and the measurement of achievement. In this endeavor, the Association is cooperating with the National Board of Medical Examiners as that organization attempts to establish its long-range interdisciplinary plans and policies.

The trend toward interdisciplinary instruction, particularly in the first two years of medical school, has modified the traditional role of the basic science



department. At its meeting in February, the Council of Academic Societies began its exploration of the implications of this change.

Flexible curricula have opened opportunities for instructional innovations. Information about innovative developments is disseminated to our faculties through reports and exhibits at national meetings. The need to improve the effective use of modern communication techniques prompted the Association to undertake a study for the National Library of Medicine. This report, "Educational Technology for Medicine: Roles for the Lister Hill Center," was published as a supplement to the July issue of the Journal of Medical Education. Currently, planning is under way to explore how the Association can facilitate the development and production of high-quality multimedia instructional programs which will have wide acceptability.

Although the major changes in medical education have involved the traditional undergraduate programs of our institutions, the Association has taken cognizance of the need for developing a more rational continuum of education which extends from the student's first decision to study medicine through the completion of specialty training. The report of an ad hoc committee on the "Implications of Academic Medical Centers Taking Responsibility for Graduate Medical Education" has resulted in the preparation of a policy statement to be presented to the Assembly. This statement clearly specifies that graduate medical education is as much an institutional responsibility as is undergraduate medical education.

The public outcry for improved accessibility to medical care has generated great interest in what has come to be known as "primary care." Coincidentally, increasing stress is being placed on educating health care teams. The Council of Academic Societies has been particularly concerned with the concepts of primary care. As a result of the Council's meeting in the Fall of 1970, an ad hoc committee to study the implications of improved primary care is being established. Through the Liaison Committee on Medical Education and the Council of Academic Societies, studies have been made of the developing role of Physician's Assistants, and the relationship of their educational programs to those of the physician. Logically, physicians and physician's assistants should be educated together in the same environment by institutions accredited for both types of programs.

The intensity of interest in changing medical education has been balanced by a deep concern that the contributions of research by academic medical centers not be neglected. In the report of the Council of Academic Societies' ad hoc Committee on Biomedical Research Policy, the need for the continued development of faculty with strong research ability was heavily stressed. The Association is deeply concerned with the maintenance of an optimum balance between the research, education and service missions of its constituent institutions.

Developments relating to the expanding involvement of academic medical centers in health care have been reflected in the AAMC's activity. The newly created Division of Health Services, which is part of the Department of Health Services and Teaching Hospitals, will provide a focus for a broader commitment with the



delivery system. The Division received a \$127,000 DHEW grant for Health Maintenance Organization program development in the academic medical center. The major thrust of this effort will be to facilitate the development of HMOs in the academic medical centers by developing policies and guidelines for experimental prototype HMO projects.

Along with the Commonwealth Fund and the Kaiser-Permanente Medical Care Program, the Association sponsored a symposium on the Kaiser pre-paid health care plan. This was motivated by the Association's commitment to promote exploration into a better system for the delivery of health care -- one which guarantees access, insures quality, and contains rising costs. The academic medical centers will play an important role in determining the structure and organization of this system. They must assure that the physicians they educate will be able to work effectively and efficiently within an evolving new system.

A Task Force on house-staff relationships in the Hospital and the AAMC is developing policy in this area of rapidly emerging concern.

During the past year, the Association has been the recipient of five major grants, including one from the Andrew K. Mellon Foundation for general support. We also received six contracts which will enable us to continue our work on the faculty roster, to develop research and training programs for the U.S. Public Health Service, and to carry out other projects.

Utilizing a grant from the Markle Foundation, we have developed data system and computer capability that previously was unavailable. We now are able to use this for storing and analyzing information relating to the cost allocation study, LCME activities and COTH research, as well as the activities of MCAT and AMCAS.

We have received a W. K. Kellogg Foundation grant totalling \$220,000 for a five-year project to provide support for the advancement of medical education in Latin America. Particular attention will be paid to studying and developing the administrative and management aspects of medical education; the technical and teaching strength of multi-national centers for training; training of auxiliary personnel to meet community needs; and the expansion of effective use by medical schools of modern teaching methods, especially in the field of audio-visual education. This project will be carried out in close relationship with the Panamerican Federation of Associations of Medical Schools and other agencies active in medical education in Latin America.

We are planning studies of countries that have some type of national health insurance or health care system to assess their import for medical education. In Sweden and other Scandinavian countries, as well as in Western Europe and Great Britain, a national health service has been in operation long enough to provide information that is of interest and could affect our academic medical centers. We hope to develop knowledge from these countries that can be useful as well as knowledge that will enable us to avoid some of the pitfalls these countries have experienced.



A significant change occurred during the year at the Association's headquarters. A Division of Public Relations was created, and in the future will function autonomously from the Division of Publications. The Public Relations Division has been very active in stimulating press coverage of the Association. It has established valuable contact with the trade media, as well as with the general press, radio, and TV. We are attempting to achieve better general recognition of the Association by the public.

In conjunction with the President's office, the PR Division has taken on the responsibility of keeping our constituency better informed through the President's Weekly Activities Report. This now goes to almost 500 persons. It is intended to reflect not only the workings of the Association but also the reasoning and thinking on various issues which face the AAMC.

The Division of Publications has revised the Journal of Medical Education and the AAMC Bulletin. The Bulletin now carries news from the medical schools, which used to be printed in the Journal, and has started printing a Congressional box score on health legislation. This Division will continue to be responsible for special publications of the Association, as well as the AAMC Directory of American Medical Education and Medical School Admission Requirements.

This fall a major drive is being made to encourage both faculty and student membership in the Association. A brochure on the AAMC has been distributed to all faculty members and students. We hope to have greater involvement of the faculty and of students in the Association.

We are in a critical period in the formulation of a national health program that can meet rising expectations and new demands of society. As an association representing the institutions and organizations that have a major responsibility in the education of health professionals, the advancement of biomedical knowledge and the delivery of health care, the AAMC has an important role to play in the formulation of such a program. It is our job to see that the words of Horace come true: "Lightened grief with hopes of a brighter morrow."



## EXECUTIVE COUNCIL

Legislative Concerns and Federal Liaison -- Meetings were held to discuss particular legislation as well as to outline the complex and diversified programs of the medical schools and their teaching hospitals. Members of the Executive Council, Executive Committee, and staff have continued their efforts to inform members of the Congress and key administrative officials of the special needs of the academic medical centers.

Specific actions undertaken by the Executive Council in this pursuit include:

Discussion with Secretary Richardson -- The Executive Council and senior members of the Association staff met with Elliot Richardson, Secretary of DHEW; Roger Egeberg, Assistant Secretary for Health and Scientific Affairs; Jesse Steinfeld, Surgeon General, U.S. Public Health Service; and other DHEW staff to discuss options being considered by the Department for the support of academic medical centers. In response to the Secretary's request a document was prepared which elaborated on the views and opinions expressed during the meeting.

The Fight Against Cancer -- On recommendation of the Council of Academic Societies, the Executive Council adopted a resolution urging a major expansion of cancer research within the current integrated structure of the NIH and the National Cancer Institute. The resolution was subsequently adopted by the Assembly and distributed to its members, as well as to members of Congress and administrative officials.

National Service and the Physician Draft -- The Council approved a policy statement proposed by an AAMC ad hoc committee. The statement recommends continued deferment of premedical and medical students, an increased effort to meet physician requirements through voluntary recruitment, and a national lottery system coupled with alternative national service opportunities should conscription remain necessary. This statement was circulated to Assembly members, all members of the U.S. Congress, and relevant administrative officials.

National Health Care Legislation -- An ad hoc committee was appointed to develop a policy statement setting forth an AAMC position on national health plans and the special role of the



academic health centers. The statement expresses support for a national system of health insurance based on prepayment, and utilizing incentives for quality and cost control. In addition, the position calls for recognition of the academic health center as a national resource within the delivery system. The approved statement was transmitted to Assembly members, U. S. Congress, and administrative officials.

Internal Educational Concerns -- The Executive Council has discussed several areas of concern within the academic health centers, and has taken action to study the questions involved and formulate policy. These activities have centered around:

Biomedical Research -- Additional staffing was authorized to confront the problems related to maintaining an adequate and appropriate level of biomedical research in the academic medical centers and teaching hospitals.

Establishment of a Data Bank -- To avoid unnecessary duplication of data collection efforts, to provide a more comprehensive picture of the academic medical center and its component programs, and to assist in determining the feasibility of studies prepared, the Association is developing a data bank concerned with the programs, management, and resources of the academic medical center. The Executive Council has urged the Office of Management and Budget to work with AAMC staff in reviewing requests to approve questionnaires intended for data collection from the centers.

Medical Education of Minority Group Students -- To help implement some of the recommendations of the previously approved "Report of the Association of American Medical Colleges Task Force to the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks & Other Minority Students," a policy statement was developed, approved, and circulated. This statement urges medical schools to provide encouragement, opportunity, and guidance to minority applicants and students, and documents AAMC endeavors in this area.

Graduate Medical Education -- A report reflecting the implications of corporate responsibility for graduate medical education, and a Policy Statement of the Responsibility of Academic Medical Centers for Graduate Medical Education were approved for presentation to the Assembly for action at the 1971 Annual Meeting.



Foreign Medical Graduates -- A policy statement was developed and approved concerning foreign medical graduates who are foreign nationals. While the Council recognized the scientific value of an international flow of physicians, it expressed concern with the effects of large-scale movement on the quality and availability of medical care world-wide.

Analysis of Carnegie Commission Report -- The members of the Executive Council considered a detailed analysis of the Carnegie Commission Report developed by AAMC staff and adopted the document as expressing the views of the Association on this important topic.

### AAMC Organizational Concerns

Student Participation in AAMC -- The Executive Council approved guidelines relating to the Organization of Student Representatives (OSR), as well as plans to finance their activities. The OSR is expected to have formal representation at the 1971 Assembly meeting.

Faculty Participation in AAMC -- In keeping with the Assembly's directive, officers of the Association met with the administrative boards of the Councils and other faculty representatives to work out an organizational arrangement for additional faculty representation in the Association. After extensive consideration, the Executive Council approved two mechanisms and directed the Council of Academic Societies' Administrative Board, with the advice of legal counsel, to develop CAS rules and regulations to accommodate the mechanisms. A detailed report will be presented to the Assembly at their October 30, 1971 meeting.

Bylaws Revision -- The Executive Council approved extensive revisions to the Association Bylaws, including the addition of student representatives on the Assembly and membership for the Chairman of the Organization of Student Representatives on the Executive Council. On recommendation of the Executive Council the Assembly adopted the new Bylaws.

### Communication in the Field

Liaison with Other Health Organizations -- Association officers met with American Medical Association and American Hospital Association officials to discuss areas of mutual interest and concern, and to develop mechanisms for effective communications and coordination.



Expansion of the Liaison Committee on Medical Education -- The Executive Council approved a document prepared by the Liaison Committee on Medical Education to expand its functions to include graduate medical education, continuing education, and allied health. The Council also approved a report by the LCME Task Force on Graduate Medical Education on a method to expand the activities of the LCME into the area of graduate medical education.

Liaison with the Association of Academic Health Centers -- The Executive Committee had extensive discussions with the President and Executive Committee of the AAHC to discuss mechanisms for more effective communication and coordination between the two organizations. It was agreed that meetings would be held as necessary between the AAMC Executive Committee and the AAHC Board of Directors to consider matters of common interest. The arrangement to invite the AAHC President to attend AAMC Executive Council meetings will be continued and a senior officer of the AAMC will attend meetings of the AAHC Board of Directors. Three AAMC representatives will be invited to attend the quarterly AAHC membership meeting as participants.



## COUNCIL OF ACADEMIC SOCIETIES

During the past year, CAS membership increased from 35 to 47 distinguished societies. Included in the 12 new member societies were four major colleges. The American College of Physicians, the American College of Surgeons, the American College of Obstetrics and Gynecology and the American Academy of Pediatrics bring into the Council of Academic Societies physicians especially concerned with improving continuing education and the delivery of health care.

Biomedical Research -- The report of the Ad Hoc Committee on Biomedical Research Policy was submitted to the CAS Membership in March, 1971, and was published in the August Journal of Medical Education. Foremost among the recommendations was that support for biomedical research be considered a matter of highest priority for the Nation.

Results of the committee's survey of all U.S. medical schools on the consequences of the proposed cessation of research training grants were presented at the fall, 1970, meeting of the CAS Membership. The survey respondents were 4,000 predoctoral and postdoctoral fellows who were completing their research training in June, 1970. Two-thirds of these fellows indicated they would not have been able to continue their research training under a loan plan.

Acting upon a recommendation emanating from the committee, the AAMC Executive Council authorized the establishment of a Biomedical Research Desk.

A resolution formulated by the CAS Membership at its February, 1971, meeting was forwarded to the Executive Council of the AAMC. This resolution recommended that the establishment of a separate Cancer Authority be carefully studied. The Executive Council of the AAMC subsequently drew up a resolution which was then ratified by the AAMC Assembly. The resolution pointed out that the current state of knowledge of the cause of cancer is not sufficiently precise to vest all cancer research in one Federal organization, separate and distinct from the NIH. It urged that accentuated support of cancer research be managed by the National Institutes of Health and the Cancer Institute.

Graduate Medical Education -- The Ad Hoc Committee on Graduate Medical Education met on January 8, 1971, to revise its report on the corporate responsibility for graduate medical education. In accordance with recommendations made by the Councils at the February meetings, the Committee report was next revised to express the implications of corporate responsibility. An inter-Council committee was then established to review the revised report and to develop a policy statement. Both this revised report and the proposed policy statement were then circulated. Subsequent recommendations



were incorporated into a policy statement on the responsibility of academic medical centers for graduate medical education. The policy statement will be presented to the Assembly for action at the 1971 Annual Meeting.

Biomedical Communications Network -- The report of the Biomedical Communications Network Steering Committee, Educational Technology for Medicine: Roles for the Lister Hill Center, was filed with the National Library of Medicine (NLM) on March 31, 1971. The report was published as a Supplement to The Journal of Medical Education for July, 1971. The purpose of the study upon which this report was based was to inform NLM planners about needs of medical education which could be met by a biomedical communications network for the Nation.

At the invitation of the National Library of Medicine, the AAMC has expressed its intent to assist in studying how to implement the recommendations contained in the report. Dr. Eugene A. Stead, Jr., Senior Editor of the report and Chairman of the Steering Committee, will also head this new effort.

National Forums -- The CAS fall, 1970, meeting was devoted to the topic, "Education of Manpower for Primary Health Care." The morning session of the all-day meeting, held in February, 1971, considered "The Changing Role of Basic Science in Medical Education." The Afternoon program addressed "Future Challenges to the CAS."

The focus of the fall, 1971, meeting, jointly sponsored by the Group on Student Affairs and those in Research in Medical Education, is "Measuring the Effectiveness of Physician Performance."

Communications -- During this year, an effort to improve communications within the Council of Academic Societies resulted in the initiation of CAS BRIEFS. These communications appear at pertinent intervals and are distributed to the CAS representatives and the officers of member societies.



## COUNCIL OF DEANS

The Council of Deans (COD) consists of the dean of each AAMC Institutional and each Provisional Institutional Member. During the year the COD held three national meetings and several regional meetings at which a number of important issues were addressed:

Innovative Programs in Medical Education being implemented at five member schools were described and discussed at length. Several deans expressed pleasure at this respite from concerns relating to broad national issues and indicated the hope that a future program would be devoted to the role of the dean in the process of curricular change.

The Carnegie Commission Report, "Higher Education and the Nation's Health", and its implications for the future of medical and health education were considered extensively and on several occasions. The deans expressed broad general agreement with the Commission's conclusions and utilized the Report as a means of raising and developing a consensus on some of the more subtle issues addressed in it.

VA-Medical School Relationships. The COD began the year by hearing a report from Marc J. Musser, M. D., Chief Medical Director of the VA. Regionalization, faculty salary supplementation, tight budgets, prospects and plans for the future were topics addressed in the report. Other Association activities included the development of a VA-AAMC Liaison Committee, a three-day retreat on the relationship of the VA to the medical schools, and the presentation of testimony on the VA appropriations and legislative proposals affecting the VA.

Student Participation in Association Affairs and appropriate organizational arrangements to accomplish it were matters receiving considerable attention during the year. This included vigorous debate prior to the adoption of the Association Bylaw Revisions and the development and ratification of "Guidelines" to launch the Organization of Student Representatives (OSR).

Two-Year Schools and the problems of their graduates in transferring to institutions granting the M. D. degree were a concern of the deans. They adopted a policy encouraging institutions contemplating the development of a medical program to consider the totality of the program including the M. D. degree and entrance into residency programs.

The Cost Allocation Studies, their progress, problems, and implications for local and national policymakers were the main topics for one meeting and an item for consideration at several others.

Prerequisites for Institutional Membership and election procedures were recommended to the Executive Council for their adoption, as required by the new Bylaws.



Federal Programs received a good deal of attention from the deans as they learned of developments and made recommendations concerning the health budget, HPEA extension, the Cancer Bill, VA legislation, Medicare Amendments, research training grants and General Research Support grants.

COD Structure and Functions, including its relationship to parent and subsidiary bodies, was of continual concern during the year. The Council recommended against the formalization of additional groups until current relationships were clarified.



## COUNCIL OF TEACHING HOSPITALS

**Organization and Purpose.** The Council of Teaching Hospitals (COTH) is organized to provide special activities and programs relating to teaching hospitals. It holds educational meetings, conducts and publishes results of surveys and other research efforts, takes group action on various issues concerning the teaching hospital, and participates in policy-making of the Association through its elected COTH representatives. Membership is currently comprised of 398 hospitals.

**Major Activities.** Among specific COTH activities during the year were the following:

National Health Insurance -- The COTH is represented on the Association's Committee which is examining current legislative proposals and developing the Association's position on the issue of national health insurance to be presented at Congressional hearings.

Medicare -- COTH representatives in concert with members of the Councils continue to pursue a number of important issues with the Social Security Administration, the Senate Finance Committee, and the House Ways and Means Committee on the implications for teaching hospitals resulting from Amendments to Titles XVIII and XIX of the Social Security Act.

Liaison With American Hospital Association -- COTH Representatives are actively engaged with meetings of the AAMC-AHA Liaison Committee where such items as universal health insurance, financing of medical education, manpower training legislation, and health maintenance organizations have been discussed at length. There was agreement by both Associations that the meetings have been useful and should be continued.

Liaison With Blue Cross Association -- Because of the many problems relating to third party financing of health services provided by academic medical centers, as well as affiliated and nonaffiliated teaching hospitals, a liaison committee with the Blue Cross Association was formed in 1970. This committee has met to discuss reimbursement of teaching physicians and future financing of graduate medical education.

1971 Regional Meetings -- The COTH convened in the following regional meetings: Northeastern group in New York City, May 10; Midwest/Great Plains in Chicago, April 21; Southern in Atlanta, April 20; and Western in San Francisco, May 21. Major discussion at all four meetings focused on future financing of graduate medical education and the draft statement entitled, "Responsibility of Academic Medical Centers for Graduate Medical Education".



At the February 12, 1971 meeting of the COTH Executive Committee, two task forces and one ad hoc committee were appointed: Committee on House Staff Relationships to the Hospital and the AAMC, Task Force to Recommend Goals and Objectives for COTH as well as Future Criteria for Membership, and Task Force to Analyze the Higher Costs of Teaching Hospitals. Each of these groups have met, and interim reports will be presented for discussion at the COTH Annual Institutional Membership Meeting on October 29, 1971 in Washington, D.C.



## DEPARTMENT OF ACADEMIC AFFAIRS

Established July 1, 1969, the Department of Academic Affairs is still in development. The Division of Student Affairs and the Division of Educational Research and Measurement, which are units of the department, represent long-standing operations of the AAMC. Their activities are detailed below.

Developmental areas in the department are in curriculum and instruction and in biomedical research policy. The Coggeshall Report recommended the establishment of a greater capability for the AAMC in the area of curriculum and instructional program development. The Ad Hoc Biomedical Research Policy Committee in its recent report has emphasized the necessity of having a specific focus on the need for support of biomedical research within our constituent institutions. The Department of Academic Affairs is recruiting staff to provide support for these missions.

With curricular changes and instructional innovations occurring in our institutions at the greatest rate in modern times, the AAMC has an essential role in providing information on these changes, disseminating this information, and carrying forward the task of helping both the institutions and academic societies develop and evaluate optimal curricula and instructional programs. Efficient techniques for keeping a continuous record of the curricular changes and instructional innovations evolving in our medical schools are being identified.

Our medical schools have become major national resources for biomedical research. It is in the medical schools that young investigative talent is identified and trained. Schools also provide a diversified base of research endeavor directed toward both fundamental questions and the application of new knowledge to patient care. The environmental milieu which scientific inquiry provides for the professional development of young physicians is extremely important. These contributions have become obscured in the public haste to provide quick solutions to the medical-care problems of our citizenry. A carefully planned strategy for identifying clearly the relevance of research in our medical schools is needed. This must involve many members of the faculties of the Nation's schools.

The department has represented the AAMC on several occasions at major national meetings. The position of the AAMC on the doctor draft was presented to the National Health Resources Advisory Committee-National Advisory Committee to the Selective Service System on the Selection of Physicians, Dentists, and Allied Specialists in February. At the May meeting of the American Board of Medical Specialties, the position of the AAMC supporting expansion of the Association of American Medical Colleges Liaison Committee on Medical Education (LCME) in order to provide a capability for accrediting all of the educational and training programs of an academic medical center was made



clear. The eventual development of a single national accrediting agency for graduate programs either within or parallel to the LCME will be a major point of discussion next year.

**EDUCATIONAL RESEARCH AND MEASUREMENT** -- The major activities of the Division of Educational Research and Measurement include the following responsibilities: policy determination, distribution of scores, research and development in the Medical College Admission Test (MCAT) program; the Biochemistry Special Achievement Test (BSAT); the Annual Conference on Research in Medical Education (RIME); and Special Projects.

MCAT Program. Under the revised contract with The Psychological Corporation, effective February 1970, the Division assumed responsibility for the score distribution operation and research and development aspects of the MCAT. Research and development activities resulted in the final preparation and distribution of a position paper on the MCAT with a section devoted to plans for future development. In addition, a review and updating of the test outline for the Science Subtest of the MCAT has been completed. Accordingly, the Educational Testing Service was commissioned to prepare the updated versions of the subtest as a test maintenance provision. Further research and development activities involved efforts to identify areas of evaluation with the most potential for a future program of assessment. A major effort in this direction was the Conference on Personality Measurement in Medical Education, sponsored by the Division in concert with its Committee on the Measurement of Personality (COMP). Proceedings from this Conference are expected to be available in the late fall of 1971. Finally, the MCAT Questionnaire Study of the educational background and career plans of all examinees and the study of possible minority-group bias in the MCAT have been extended.

BSAT Program. This program for advanced achievement testing in bio-chemistry was initiated last year. Forty-three medical schools participated with over 5,500 examinations administered. A new form of the test has been prepared and is available on quite the same basis as last year. The expansion of the program into other areas is under investigation.

RIME Conference. Due to certain factors limiting total satisfaction with the RIME Conference, some format changes were made by the Program Planning Committee for the Tenth Annual Conference. The purpose of these changes was to effect greater audience participation in the discussions.

Special Projects. During the past year the Division has entered into a co-operative research program with two testing programs administered by the



Educational Testing Service, viz the Law School Admissions Test Program and the Graduate Record Examination Program. The test programs involved are studying the flow of talent from undergraduate institutions to the various professional and academic institutions. The implications of this three-year project are impressive for both the admissions process and the medical school environment.

The Division has also initiated the formation of a nationally representative group of medical educators involved with research on and the implementation and evaluation of the process of medical education. This group had its first organizational meeting in April.

Finally, the Division is cooperating with a group of medical education researchers and the AMA Division of Medical Education in a feasibility study of the potential for a standardized core of biographical items that would be of value to the medical education community in facilitating data collection and comparability.

**STUDENT AFFAIRS** -- This program is under the aegis of the Committee on Student Affairs and the Group on Student Affairs (GSA). During 1970-71 the GSA consisted of over 300 medical school admissions and student affairs officers in the United States and Canada.

**Applicant and Student Records.** AAMC maintains comprehensive records of all medical school applicants and undergraduate medical students. Based on these central records, AAMC continues to provide annually a substantial information exchange to all U.S. medical schools and to over 1,000 undergraduate colleges. For the 1970-71 entering class a total of 24,987 individuals filed 148,797 applications. Of these, 11,169 persons were enrolled for the first time. Repeating and other special students brought the total first-year enrollment to 11,348. Total undergraduate medical student enrollment during 1970-71 was approximately 40,300.

**Minority Affairs.** A supplementary allocation of \$505,000 to previous grants from the Office of Economic Opportunity brought the total amount of OEO funding to the AAMC for minority affairs activities to \$1,482,350. In addition to funding projects at the national level, this grant to date has been used to finance 33 subcontracts aimed at providing demonstration projects relative to the expansion of educational opportunities in the health professions for minority group students.

At the national level, major activities have included the development of a minority student information clearinghouse and the continuation and expansion of the medical minority applicant registry (MED-MAR).



Other significant minority activities during the year have included the continuation of the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks and Other Minority Students and the initiation, with funds from the Sloan Foundation and from AMA-ERF, of a Minority Opportunities Monitoring and Planning Project (MOMAPP).

American Medical College Application Service (AMCAS). AMCAS enables applicants to participating medical schools to submit only one application and one set of transcripts to the AAMC, which sends a copy of the application and a standardized, computerized transcript to schools designated by the applicant. During 1970-71, 22,801 applicants filed 137,841 applications through AMCAS for the 1971 entering class in the 56 participating medical schools. Fifty-eight schools are using AMCAS for their 1972-73 entering class.

Coordinated Transfer Application System (COTRANS). The Coordinated Transfer Application System (COTRANS) was continued to facilitate the transfer to U.S. medical schools of U.S. citizens studying medicine abroad.

Under COTRANS sponsorship, 505 individuals were eligible to take the June, 1971, Part I of the National Board Medical Examinations. AAMC distributed their results to the 43 participating medical schools. Analysis of last year's program showed that 29 percent of the 271 COTRANS-sponsored applicants passed NBME, Part I, during 1970 and that a total of 121 individuals (some of them not sponsored by COTRANS) transferred from foreign to U.S. schools, most of them to the third year.

Liaison With Student Organizations. The Division helped staff the activation of the new AAMC Organization of Student Representatives (OSR). It also maintained liaison with SAMA and SNMA, partly through its medical student fellows, Messrs. Charles Avery and Donald Henderson, who also participated in other AAMC activities, including minority affairs.

Liaison With the Federal Government. Active liaison with the Federal government in relation to the health professions scholarship and loan programs was continued, and frequent progress reports were made to medical school financial aid officers. Liaison was also maintained with the Department of Defense, with Selective Service, and with Public Health Service relative to the drafting of physicians, the deferment of medical students, and alternative national service.

Liaison With Colleges and Secondary Schools. Regional associations of health professions advisors have now been formed in three regions of the U.S., and the Southeast Region is planning to organize in August of 1971. Advisors



participated in preparing the Advisor, the AAMC Newsletter for Premedical Advisors, which was distributed three times during the year.

Other Activities. A program was established to facilitate the transfer from two-year U.S. medical schools to four-year U.S. medical schools. Also a new newsletter, the Student Affairs Reporter (STAR), was started in January, 1971, for GSA members and Deans. The Student Affairs Information Service (SAIS) handled approximately 4,000 inquiries during the year, largely from potential applicants and others interested in medical education.



## DEPARTMENT OF HEALTH SERVICES AND TEACHING HOSPITALS

The Department has published a monthly newsletter, the COTH REPORT, for the past five years, and distributes General Memoranda to COTH members. Both of these methods of communication are used to highlight issues and information of particular concern to teaching hospital directors.

The Department is responsible for staffing the Council of Teaching Hospitals as well as other Association endeavors. A concerted effort has been made to fully integrate the activities of the Council and the Department to coincide with the Association's objective of representing and dealing with problems of the academic medical center.

On May 25, 1971 the responsibilities of the Department were organized under two Divisions:

DIVISION OF TEACHING HOSPITALS -- Primary objectives of the Division have been the formulation of the official Association position on the issue of Medicare payments to attending physicians in teaching settings, and development of a position on national health insurance. The staff has also been meeting quarterly with a Steering Committee of Veterans Administration teaching hospital directors in order to more effectively relate the COTH program to these institutions.

DIVISION OF HEALTH SERVICES -- The new Division was effected May 25, 1971 with the announcement that Dr. Robert H. Kalinowski would become its first Director, August 1, 1971. Dr. Kalinowski was formerly Deputy Director for Health Affairs of the Office of Economic Opportunity.

As a preliminary to the establishment of its new Division of Health Services, the Department undertook a number of developmental activities to provide background data and information for program planning and development purposes. These activities were carried out through the Department Director's office with the assistance of Stephen J. Ackerman as a part-time consultant and included:

- Development of plans for a workshop-conference to bring together key staff from a selected group of medical schools for the purpose of developing insight and perspective concerning the appropriate participation of the academic medical center in the delivery of health services. While failure to secure funding curtailed action at this particular time, a foundation of basic data and plans was developed for possible future application.

- An analysis and synthesis was prepared of a number of recent major reports dealing with problems of health care delivery in our nation.



- A survey of the role, function, and future outlook of departments of Community Medicine was carried out and summary feedback supplied to all medical schools. A number of favorable comments concerning the value of this information have been received.
- An inventory of HMO-type activity among the medical schools was made. This survey produced some very interesting and valuable information concerning the nature and extent of the HMO trend in the university medical center environment; this information was also shared with all schools and teaching hospitals.
- The nucleus of a library of material relevant to the subject of health services and university medical center relationships in this regard has been set up and planning for its development instituted.
- An application and plan for "HMO Program Development in the University Medical Center" was developed which was the basis for an award of some \$127,000 from HEW to the new Division of Health Services. Major objectives include fostering the development of HMO's in the university medical center environment through policies and guidelines derived from a planned series of prototype HMO projects: improving the educational and research function of medical schools insofar as health care delivery is concerned; and advancing the effective integration of medical education and medical care. Dr. Robert H. Kalinowski is Program Director for the project.
- A Health Services Advisory Committee to provide policy guidance and expert advice with regard to the development of the Division of Health Services has been appointed by Dr. John A.D. Cooper, President of the AAMC. Their first task involved development of policy guidelines for the HMO project.
- Application has been made to the W.K. Kellogg Foundation for support for the initial organization and development of the Division of Health Services.

Effects of P.L. 89-97 On Teaching Hospitals -- On January 2, 1969, the AAMC was awarded a \$210,327 two year contract from the Bureau of Health Professions Education and Manpower Training, Division of Health Manpower, to study the influences of P.L. 89-97 on teaching hospitals. The specific focus of this study is the effect which the implementation of Titles XVIII and XIX have had upon training programs for medical students and house staff, medical research, and the delivery of services within the teaching hospital. In order to determine the cost and feasibility of obtaining extensive and precise data on the impact of Medicare and Medicaid on teaching hospitals, data were obtained from hospitals on a randomly selected basis. A final report has been completed and submitted to the contracting agency. A summary report has been distributed to the COTH membership.



Teaching Hospital Information Center -- On April 26, 1968, the AAMC entered into a fourteen-month contract with the National Center for Health Services Research and Development to establish a Teaching Hospital Information Center (COTHIC). The contract was extended for a third year on July 1, 1970 to continue development of the survey efforts in five major areas: house staff economics, role of the teaching hospital in community services, teaching hospital executive salaries, sources of capital financing for teaching hospitals, and financial analyses of university owned hospitals. The Teaching Hospital Information Center has also accumulated information and data on other subject matter of particular pertinence to teaching hospitals.

In January of 1971, this activity was transferred to the Division of Operational Studies because of its relationships to other programs in that division. However, the Division of Teaching Hospitals continues to be actively involved with the staff responsible for these study efforts.



## DEPARTMENT OF INSTITUTIONAL DEVELOPMENT

The Department of Institutional Development was organized in the fall of 1970 with the initial title Division of Program Liaison and Evaluation and was assigned primary responsibility for providing staff backup for the Council of Deans and the AAMC participation in the Liaison Committee on Medical Education. The Department maintains continual liaison with the NIH Bureau of Health Manpower Education and with the AMA Council on Medical Education. It serves as the Association's initial point of contact with organizations and groups engaged in the development of new schools, new medical education programs, and developments in graduate education; it serves as the primary point of contact for medical schools and academic institutions on general matters relating to broad institutional concerns.

The Department is now actively engaged in an examination of ways in which the AAMC can assist the schools to enhance their institutional managerial competence.

Accreditation - - During the year July, 1970, to July, 1971, the Department provided the Secretariat for the Liaison Committee on Medical Education (LCME).

The Liaison Committee on Medical Education was organized in 1942 as a cooperative effort of the AMA and the AAMC to serve as the national accrediting agency for programs of undergraduate medical education. In recent years, the Committee has been developing a proposal for the expansion of its activities to graduate and continuing medical education and allied health education. The proposal has been accepted by the AMA Council on Medical Education and the AAMC Executive Council as a working document. The American Board of Medical Specialties, the American Hospital Association, and the Council of Medical Specialty Societies have been invited to continue their participation in developing the proposal in order to resolve any impediments to their joining this effort. A related activity has been the continuation of the extended institutional accreditation surveys to eight medical schools. These visits review the total academic medical education program of the institution with a focus on the effect that the graduate medical education programs have on undergraduate medical education.

A major activity of the Committee during the past year has been the revision of the policy statement, "Functions and Structure of a Modern Medical School" by a task force chaired by Dr. Merlin K. DuVal. The task force has reviewed the "Essentials" and accreditation philosophy with special reference to new developments in medical education. In the revision, the Committee has worked to provide a framework for the accrediting activities which is responsive to current needs, encouraging maximum flexibility for innovation while providing for maintenance of standards of quality. The Task Force on Physician's Assistant Programs met twice this year to determine the appropriate involvement of the LCME in the accreditation of these programs. A report was presented to the LCME at its July meeting which recommended that the LCME accept the responsibility for such



accreditation. The Report has been referred to the parent Councils for consideration and possible ratification as LCME policy. In a parallel activity the AAMC is cooperating with the AMA on the development of essentials for physician's assistant programs.

Surveys Conducted: During the 1970-71 academic year either regularly scheduled or revisit surveys were conducted to twenty-four U. S. and Canadian medical schools: Bowman Gray, California - Irvine, California - San Francisco\*, Case Western Reserve, Emory\*, Georgia\*, Hahnemann, Harvard, Indiana, Iowa, Kentucky, Loyola, Maryland\*, Medical College of Wisconsin, North Carolina\*, Ottawa, Puerto Rico\*, Saskatchewan, South Carolina, Texas - Southwestern\*, Temple\*, Tufts, Washington, and Wayne State.

Nine developing medical schools were visited. Arizona and Pennsylvania State were recommended for full institutional membership in the AAMC and California - Davis, California - San Diego, Connecticut, Louisiana State - Shreveport, Massachusetts, the Medical College of Ohio, and Memorial were recommended for continued provisional approval.

Nine nonmember schools in development were also surveyed: East Carolina, Eastern Virginia, Florida State-Florida A & M, Minnesota - Duluth, Missouri - Kansas City, Nevada - Reno, Rush, South Florida and SUNY - Stony Brook.

Letters of reasonable assurance of accreditation or continued accreditation were provided to the Federal Government in connection with the grant applications of Alabama, Baylor, California - Davis, Creighton, Illinois - Urbana, Medical College of Wisconsin, Meharry, Minnesota - Duluth, Minnesota - Minneapolis, Mississippi, New Mexico, Northwestern, Rush, SUNY - Syracuse, Tulane, and Utah.

Surveys Scheduled: During the 1971-72 academic year, twenty-eight surveys are planned to established or developing U. S. and Canadian medical schools and five surveys to new schools planning to matriculate students in the fall of 1972.

\* extended institutional survey



## DEPARTMENT OF PLANNING AND POLICY DEVELOPMENT

The Department of Planning and Policy Development continued its examination of national trends bearing upon medical education, the operation of medical schools and health manpower needs, conducting operational studies and maintaining liaison with the Federal agencies and Congress concerning activities relating to medical education and research. The Department also provided staff support to a new major committee activity of the AAMC:

Committee on Financing of Medical Education. The Committee, chaired by Dr. Charles Sprague, Southwestern Medical School at Dallas, was formed by the Executive Council to coordinate the activities of the Association leading to a fuller understanding of the financial problems besetting medical centers as they strive to discharge their widening responsibilities to the student and to society. The first meeting of this group was in March of 1971. The Committee is engaged in examining the underlying causes and origins of medical education's financial distress situation; the sources of income, and the nature of expenditures essential for education, research, and service programs within medical centers and the quality of the reporting of these elements in studies of the costs and finances of medical centers; the present mechanisms and structure of medical center support; and the appropriate distribution of the burden of medical education across the individual student, the community, the state, and the federal government.

No time period has been set for the completion of the Committee's task; the Committee will provide its recommendations on these matters in a series of timely reports essential for deliberation of the issues involved in the formulation of public policy.

DIVISION OF FEDERAL LIAISON -- This Division, established in October 1970, carried out a broad range of activities to keep the Association abreast of current legislation and administrative policies and to keep the Congress and Executive agencies informed of the unique situation and requirements of medical education.

This new Division invested its efforts in an unusually important legislative year for medical education and medical schools. The most crucial matters were the formulation of the Health Professions Educational Assistance Act, the prior authorities for which expired June 30, 1971, and developing legislative proposals to implement the recommendations of the AAMC Committee on the Expansion of Medical Education. Two bills reflecting the AAMC proposals in these areas were introduced in both the House and the Senate. These legislative proposals contributed substantially to the final HPEA bills which passed the House and Senate.



In addition to the preparation of Testimony and extensive supporting materials for this HPEA legislative effort, the Division bore the burden of supporting the AAMC's response to other critical legislative issues upon which it was called to testify. These latter included the Conquest of Cancer legislation, the Senate Health Subcommittee review of the Health Care Crisis, the role of the Veterans Administration in medical education and health care, and testimony before the HEW and VA appropriations subcommittees.

**DIVISION OF OPERATIONAL STUDIES** -- The Division was reorganized into two units - Operational Studies unit and Research and Policy Studies unit. The Teaching Hospital Information Center was transferred into the Division. The primary activities, consisting of the medical center Cost Allocation Project, Faculty Roster Project, Liaison Committee Financial Survey, Faculty Salary Survey, and the Teaching Hospital surveys were continued. Coordination of work in several medical colleges on development of management information systems and on more sophisticated efforts in cost analysis was rendered. Staffing of the Business Officers Section and developmental work on a Planning Coordinators Section was continued, and staffing of the new Committee on Financing of Medical Education was undertaken.

Faculty Roster Project. This project is financed under a contract with NIH. An expanded questionnaire was used for 1970-71 and coverage was changed to include part-time salaried faculty as well as strict - and geographic full-time salaried faculty. The development of more advanced computer techniques has improved the processing of data and the retrieval capability. There was better cooperation from the medical schools and more rigorous follow-up by the Roster staff, and it is hoped that this improved base will permit prompter reporting and completion each year of the Roster. It is not contemplated that a full record will be established for Volunteer Faculty but further investigation of this component will provide fuller information of total resources devoted to medical education.

Survey of Medical School Expenditures. This survey is one of the two parts of the Liaison Committee questionnaires. Intensive work was done by a task force of the Business Officers Section directed at revising this questionnaire, with the objectives of adapting it better to the accounting procedures of the schools and improving its usefulness for analytical purposes. The revision will permit better presentation of financial information in the data published each year by the AAMC in the Education Number of the Journal of the American Medical Association.

Teaching Hospital Information Center. The contract with HSMHA for development of this service expired July 1, 1971, but the established surveys will be continued. These are:

The Directory of the Council of Teaching Hospitals  
Financial Report on COTH members  
Funding Sources for University Owned Hospitals



Funding Sources for COTH Capital Projects  
Survey of House Staff Policy  
The Executive Salary Survey of Teaching Hospitals

Each year a survey of projects preferred by COTH members is carried out. It is planned to create a computer-based data system for teaching hospital information.

Planning Coordinator Group. The Division of Operational Studies has continued to provide some staff support for a newly organized group of Health Center Planning Coordinators. Although not formally a section of the AAMC, the coordinators have been encouraged by the Association to maintain communication regarding mutual interests and concerns with their counterparts on a regional level. Further, the AAMC has provided staff assistance in the development of programs for the coordinators.

Medical Cost Allocation Project. This study, jointly sponsored by the AAMC and the Bureau of Health Manpower and Education (BHME), is now in its fourth year. To date, almost 75 medical centers have completed, or are in the process of completing, a cost allocation study.

Earlier efforts in this project were directed at developing and evaluating methodology for allocating a medical center's costs among the major function of teaching, research, and patient services. Attention is now being directed toward the problem of aggregating functional costs into program costs, such as the costs of the full program leading to the M.D. degree. Preliminary work is also being done on the allocation of income and the comparison of income and expenditures in the major functional areas of medical center operations. Special ventures have been undertaken at the University of Iowa, where the economic techniques of input-output analysis have been applied to the medical centers' activities, and at the University of Florida, where work is proceeding the development of a planning, programming and budgetary system built upon the cost allocation methodology.

Business Officers Section. The Business Officers Section (BOS) of the Association was organized in 1968. This section has provided a forum for discussion of mutual problems related to business, administration and fiscal management of medical schools.

Stated goals of the BOS are (1) improvements in financial reporting, cost allocation and program budgeting, (2) improvement in relationships with other organizations, and agencies, (3) professional development of medical school business and administrative officers, and (4) development of strong regional organizations.

The BOS leadership and its various committees have strongly supported the AAMC and the Division of Operational Studies in its attempt to collect, tabulate and disseminate financial and statistical information regarding medical school operations.



In 1969, a two-year grant of \$121,600 was made by the W. K. Kellogg Foundation to aid AAMC in developing an educational program for medical school business and administrative officers. During this period workshops have been developed on the following subjects:

- The role of the business officer in the medical center - Relations with the Teaching Hospital - Relations with the University.
- The Business Officer and Sponsored Programs.
- Medical Service Plans.
- An Integrated Medical Center Information System (The use of the computer).
- A Medical School Financial and Statistical Reporting System.



## INTERNATIONAL MEDICAL EDUCATION

Latin America -- Chief developments during the year have focused on Latin America while activities in other areas have been continued. The AAMC was awarded a grant by the W. K. Kellogg Foundation totaling \$220,000 over the next five year period to provide support to the advancement of medical education in Latin America, with particular attention to the study and development of the administrative and management aspects of medical education; the technical and teaching strength of multinational centers for training; training of auxiliary personnel to meet community needs; and the expansion of effective use in medical schools of modern teaching methods, particularly in the field of audio-visual education.

The Association will work in close relationship to other agencies active in medical education in Latin America, particularly the Pan American Federation of Associations of Medical Schools, of which the AAMC is a member. Discussions have been held with the Executive Director of PAFAMS and his staff in which priority has been assigned to the more effective mobilization of the resources available to the AAMC through its staff and members in support of programs to bring about a closer working relationship between social security hospitals and medical schools in Latin America; and to the training of personnel in administration and management.

In Guatemala, under the AAMC-AID contract, DIME's Field Director has initiated the development of a nationwide program to double the present 160 health posts in order to provide health and primary medical care to the total population. A fruit company hospital in Quiriga, idle for a decade, is now being rehabilitated as a training center for health technicians to serve in rural posts. A long term loan application has been developed and presented by the Government of Guatemala to the United States for construction of facilities.

Advisory Committee -- The Committee on International Relations in Medical Education met twice during the year under the Chairmanship of Dr. Frederick C. Robbins. The Committee recommended that more attention be directed to study of the interaction between medical care systems and medical education in Europe. The Committee drafted a policy statement, which has been approved by the Executive Council, expressing continuing AAMC interest in the impact of the international flow of physicians on both the countries of origin and on medical care in the United States. The Committee also sat as a panel at the Annual Meeting in Los Angeles at the annual international session, attended primarily by medical school Liaison Officers for International Activities.

The Consortium is completing the fourth year of a contract with the HSMHA to administer a program of 12-week fellowships for medical students financed by U.S. owned foreign currencies. During the period 42 medical students from 24 schools were sent to Yugoslavia and 56 medical students from 31 schools to Israel.



The programs were visited and evaluated by Robert G. Page, Chairman of the Selection Committee, H. Mead Cavert, Russell C. Mills, and F. C. Redlich.

International Liaison -- Representatives of the AAMC and members of its staff participated during the year in the following meetings overseas:

The Council on International Organizations of Medical Sciences (Geneva, September 1970)

The Third Pan American Conference on Medical Education (Buenos Aires, November 1970)

Executive Council of PAFAMS (Buenos Aires, November 1970)

The Second Conference on Medical Education in the Eastern Mediterranean (Teheran, December 1970)

Assembly of the Association of Medical Schools of the Middle East (Teheran, December 1970)

The Tenth Annual Meeting of the Indian Association for the Advancement of Medical Education (Tirupati, January 1971)

Conference of Directors of Macy Foundation Supported Pediatrics Programs (Medil-  
lin, February 1971)

PAFAMS Administrative Committee (Rio de Janeiro, March 1971)

Seminar on Training of Health Professionals for Social Security Hospitals (Mexico City, March 1971)

International Visitors -- DIME received visits during the year by medical educators from twenty-one countries: Argentina, Australia, Brazil, Colombia, Egypt, England, India, Iran, Israel, Japan, Netherlands, Norway, Philippines, Sieria Leone, Sweden, Switzerland, Thailand, Tunisia, Uganda, Venezuela, Yugoslavia.

Consultation Overseas -- Members of the DIME staff or consultants conferred during the year with medical educators and officials in Belegarde, Bogota, Copenhagen, Geneva, Jerusalem, Kampala, Krokow, London, Nairobi, New Delhi, Paris, Santiago, Stockholm, Teheran, Upsala, Warsaw.

Relations with AID -- Under the AAMC-AID contract, Dr. E. Croft Long has worked in Guatemala as DIME Field Director to serve as the medical and family planning consultant on the AID/Guatemala mission; plans were made for convening a Conference on the Teaching and Practice of Family Health Care, under the auspices of the Association of Medical Schools in Africa in October 1971. A report was made to AAMC on graduate programs in overseas schools known to be acceptable for training in selected disciplines.



Other -- The Director of DIME continues to serve on the ECFMG Board of Trustees and on the Commission on Foreign Medical Graduates.

DIME was represented on an AMA convened Task Force which has proposed the establishment of a national Council on International Health to serve as a broadly based reviewing and consulting body and to convene occasional national Conferences on International Health similar to the four convened by the AMA since 1962. DIME has recommended that AAMC accept the invitation to participate on the Council.



## PUBLIC RELATIONS

The Division of Public Relations was created late in March and Charles Fentress was appointed director.

Since its inception the Division has been actively engaged in establishing contacts with members of the press, radio and television, as well as medically-oriented publications.

The main purpose of the Division is to provide communication between the Association and the public. This is done through daily contact with members of the media - answering queries, arranging interviews with staff members of the AAMC and stimulating news stories.

There have been numerous press releases issued by the Association since March, and two press conferences have been held. The Division has generated coverage of Association activities in The Readers Digest, The New York Times, National Observer, The Washington Post, The Evening Star (Wash., D. C.), Harper's literary journal, The New Republic, The National Journal and on CBS network news as well as Associated Press and United Press International.

The Division also arranges for media coverage of key Association staff members who are away from Washington delivering speeches or participating in activities considered newsworthy.

Special projects are conducted by the Division. One such project was the Coalition for Health Funding. The Division prepared material and information kits for members of the Congress and arranged a press conference in order to bring to the attention of the public the existence and the aims of the Coalition.

Keeping key staff people of the Association informed of news and feature articles which appear in publications is another function of the Division.

Public Relations Section -- The Division of Public Relations has worked actively with the Public Relations Section of the Association. It has been in close contact with members of the Section and has kept them informed of the activities of the Association. The Division also has served as a consultant to Section members when requested.

The activities of the Public Relations Section this year have been directed toward organizing the section so that it can reach its full potential as a resource for the AAMC. Much was done this year to involve more members in section activity, expand membership, and organize the section properly for a more efficient effort. This work will lay the groundwork for two major, broad activities, each with many elements. The first of these is professional



development of section members; the second is to facilitate the AAMC's role as spokesman for medical education.

Ten committees of the section have been at work throughout the year. The results of the committees' work will provide the foundation for the section's future activities and priorities.

The membership committee has organized membership procedures, and will begin a drive to recruit new members from among the individuals whose primary assignment is in one or more aspects of public relations in a medical school, teaching hospital or medical center holding membership in the AAMC.

The professional development committee is developing a major professional development program for members. The program will be geared to individual needs, and its elements may include workshops, programs to develop members' understanding of national health issues, intensive week-long educational ventures for those new to the field, and possible formalized exchange of how-to-do-it information.

Other committees are looking at the desirability and feasibility of regional meetings as sites for educational programs, developing an awards program to provide incentive for excellent work and outlining ways the section can assist the AAMC in interpreting and communicating the objectives, programs and needs of medical education.

The section, through three other committees, has extended its hand to related organizations in order to promote cooperation and an exchange of ideas and to gain their understanding and support for medical education. These related groups are the American College Public Relations Association, the Academy of Hospital Public Relations, and the American Society of Hospital Public Relations Directors.



## PUBLICATIONS

The section responsible for most of the AAMC publications was separated from public relations and made an independent division.

Journal of Medical Education (JME) -- The monthly Journal of Medical Education is the official publication of the Association of American Medical Colleges. The Journal published 1,486 pages of editorial material during the period from July 1, 1970, to June 30, 1971.

Of 299 manuscripts received for consideration during the fiscal year, 106 were accepted for publication, 163 were rejected, and 13 were withdrawn. As the year ended, 17 were being processed.

During the fiscal 1971, a supplement on The Medical School Curriculum and two special issues, one honoring Dr. Ward Darley and one on medicine and law, were published. During calendar 1971, the reports of the Biomedical Communications Network Steering Committee and of the Biomedical Research Policy Committee were published as supplements, and special sections were devoted to student aid, family medicine, and medical school admissions. The addresses given at the Plenary Sessions of the 1970 Annual Meeting were all published in the Journal.

The JME Editorial Board, at its meeting in Chicago, February 14, 1971, made several major decisions that are being implemented. The Board voted to delete the entire news section from the Journal, to drop annotations and titles of new books (but continue reviews of major books), and to include "perspective" articles and more short pieces.

In May the Journal began to be published the first of each month instead of mid-month to assure that subscribers receive the book during the month of publication. (It sometimes takes subscribers up to two weeks to receive the magazine through the mail.)

The huge backlog of manuscripts, which had plagued the Journal in recent years, has virtually been eliminated.

AAMC Bulletin -- The Bulletin is on a firm mid-month publication cycle. It is not, however, published during July and August. The Bulletin in March began two new features: news from the medical schools (which formerly appeared in the JME) and a boxscore on Congressional action on health issues.

Medical School Admission Requirements -- The 1971-72 edition (340 pages) of the book was published on schedule in mid-April with a slightly revised format. Twenty thousand copies were printed.



AAMC Directory -- The 1971-72 edition (408 pages) was published on schedule in August with a revised format. Fifty-five hundred copies were printed. To reflect better its contents and to increase its sale potential, the title was broadened to: AAMC Directory of American Medical Education.

Newsletters and Special Publications -- The Association continues to publish several newsletters and special communications. These include The Advisor, COTH Report and memoranda series, DIME Dialogue, and a new publication, The Student Affairs Reporter.



## BUSINESS AFFAIRS

Details of the financial operation of the Association are contained in the Treasurer's report. The expanded activities of the Association during the year necessitated the leasing of additional space. The Association currently leases approximately 24,000 square feet at One Dupont Circle and 7,500 square feet at 1776 Massachusetts Avenue in Washington, D.C.

At June 30, 1971, the Association's employment totaled 138, consisting of 121 full-time and 17 part-time employees.

The following is a comparative listing of memberships and JOURNAL OF MEDICAL EDUCATION subscriptions for the last two Fiscal Years.

<u>Type</u>	<u>1969-70</u>	<u>1970-71</u>	<u>Increase (Decrease)</u>
Institutional	93	93	---
Provisional Institutional	10	10	---
Affiliate	13	13	---
Provisional Affiliate	4	4	---
Graduate Affiliate	2	1	(1)
Provisional Graduate Affiliate	1	1	---
Academic Societies	34	47	13
Teaching Hospitals	387	404	17
Individual	2,584	2,728	144
Contributing	21	16	(5)
Sustaining	21	18	(3)
Nonmember Institutions in Development	6	6	---
Paid Subscriptions			
<u>Journal of Medical Education</u>	6,085	6,234	149



## REPORT OF THE TREASURER

At its meeting on September 17, 1971 in Washington, the Executive Council carefully reviewed and accepted the final and unqualified audit report by Ernst & Ernst for the period July 1, 1970 to June 30, 1971. They were pleased with the way in which the fiscal matters of the Association have been handled.

A review of the consolidated income and expenses statement shows that the Association has continued to grow to provide additional services to the membership. The effects of the move to Washington and the reorganization were still evident during the past year. The buildup of staff to meet program requirements was not fully accomplished. The budget for the current year permits the achievement of the levels necessary to meet new challenges and demands.

Total income grew from \$2,884,066 in FY 1970 to \$4,481,539 in FY 1971, an increase of 55.4 percent. This growth was largely accounted for by income from grants, contracts and special programs. Dues and service fees in all membership categories increased from \$1,063,403 to \$1,114,012, an increase of only \$50,609 or 4.7 percent. On the other hand, income from other sources increased from \$1,546,864 to \$3,367,527 or \$1,820,663. This represents an increase in this category of 84.96 percent. This latter income should be considered a variable and less stable source of support, comparable to the "soft money" which is well known to our institutions.

In spite of continuing efforts to relate income to costs for the special programs, we can expect at some times a surplus and at other times losses. For this reason, it would be imprudent to build the income from these sources into the basic operating budget of the Association. The Executive Council and the staff will work with our auditors and the expertise available in our institutions to reexamine and develop fund accounting procedures which more closely describe the complex activities of the Association.

The growth in the size of operating budget and the increased variability of the sources of income require that adequate reserves be established to protect against the liability hazards of a larger operation and to continue the sound development of the Association and its activities. It is fortunate that at the end of the last fiscal year, we were able to establish reserves approximating four months of operations.



## BALANCE SHEET

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES

June 30, 1971

June 30  
1971

## ASSETS

Cash	\$ 840,342*
Investments in United States Government short-term securities, at cost and accrued interest	895,420
Accounts receivable	693,511
Supplies, deposits, and prepaid expenses	<u>12,061</u>
	<u>\$2,441,334</u>

## LIABILITIES &amp; FUND BALANCES

## LIABILITIES

Accounts payable	44,366
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## DEFERRED INCOME

FY 1971 dues and service fees received	567,003
Subscriptions and other publications	<u>18,974</u>

## FUND BALANCES

Funds restricted for special purposes	370,448
Funds restricted for investment in plant	296,856
General funds	<u>1,143,687</u>
	<u>\$2,441,334</u>

\* \$750,000 was subsequently invested by the Investment Committee established by the Executive Council in June 1971.



STATEMENT OF INCOME AND EXPENSE  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Fiscal Year  
ended June 30

	<u>1971</u>	<u>1970</u>
Dues and service fees from members	\$1,114,012	\$1,063,403
Grants	560,111	479,925
Cost reimbursement contracts	815,906	568,272
Special services	1,668,140	496,627
Journal of Medical Education	57,220	64,727
Other Publications	119,261	87,835
Sundry	146,889	107,992
Sales of furniture & equipment	<u>          </u>	<u>15,285</u>
TOTAL INCOME	4,481,539	2,884,066
Expenses:		
Salaries and wages	1,442,326	1,127,663
Staff benefits	153,920	143,823
Supplies and services	1,573,827	1,040,521
Equipment	86,497	55,348
Travel	342,354	232,674
Loss on sale of building	<u>          </u>	<u>196,856</u>
TOTAL EXPENSES	3,598,924	2,796,885
EXCESS OF INCOME OVER EXPENSES (EXPENSES OVER INCOME)	<u>\$ 882,615</u>	<u>\$ 87,181</u>



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\*Robert B. Howard served as Chairman until December 31, 1970. The Secretariat was held by Marjorie P. Wilson (AAMC) until June 30, 1971 and Glen R. Leymaster beginning July 1, 1971. Merlin K. DuVal resigned from the LCME effective July 1, 1971. Emanuel Suter was appointed to the position vacated by Dr. DuVal.



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1971-72

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\*Until July, 1971

\*\*Effective September, 1971



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\*\*Until August, 1971

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## DEPARTMENT OF PLANNING AND POLICY DEVELOPMENT

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Joseph S. Murtaugh

### *Administrative Assistant*

Rosemary L. Wilson

## Division of Federal Liaison

### *Director*

Prentice Bowsher

## Division of Operational Studies

### *Director*

Peyton Stapp\*

### *Assistant Director*

Thomas J. Campbell

### *Economic Analyst*

Joseph Rosenthal

### *Staff Associates*

Armand Checker

William C. Hilles

### *Assistant Project Director--*

*Faculty Roster*

Aarolyn Galbraith



NOTES

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Division of Student Affairs

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