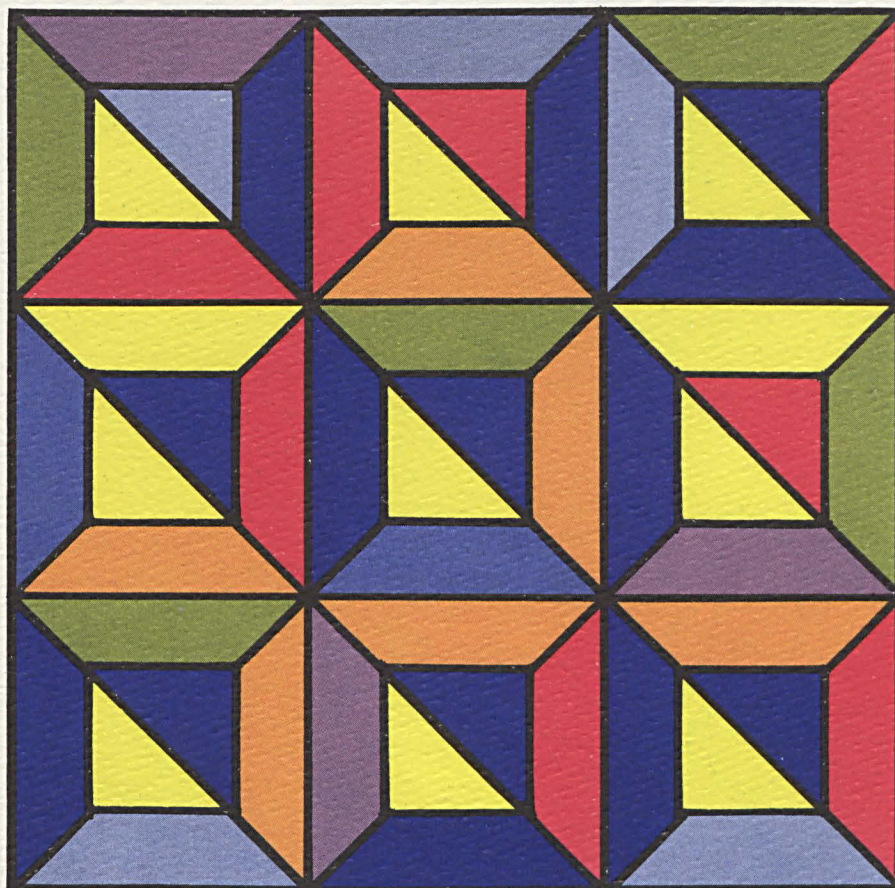


1971-1972 ANNUAL REPORT



THE ASSOCIATION OF
AMERICAN MEDICAL COLLEGES

1971-72 ANNUAL REPORT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
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Executive Council

Chairman

Russell A. Nelson

Chairman-Elect

Charles C. Sprague

President

John A. D. Cooper

Council Representatives:

Council of Academic Societies

Sam L. Clark, Jr.
Ernst Knobil
Jonathan E. Rhoads
James V. Warren

Council of Deans

Carleton B. Chapman
J. Robert Buchanan
Ralph J. Cazort
Clifford G. Grulee
William F. Maloney
William D. Mayer
Sherman M. Mellinkoff
Emanuel M. Papper
David E. Rogers*

Council of Teaching Hospitals

George E. Cartmill
Leonard W. Cronkhite, Jr.
Roy S. Rambeck

Organization of Student Representatives

James L. Holly

* Resigned January 1, 1972

Executive Committee

Chairman

Russell A. Nelson

Chairman-Elect

Charles C. Sprague

President

John A. D. Cooper

Chairman, Council of Academic Societies
Sam L. Clark, Jr.

Chairman, Council of Deans
Carleton B. Chapman

Chairman, Council of Teaching Hospitals
Secretary-Treasurer
George E. Cartmill

President's Message

The medical schools and the teaching hospitals have been catapulted into the national spotlight.

As a result of their central role in the education and training of health professionals, in biomedical research and in the delivery of health care, the schools are coming under increased scrutiny. Heavier and heavier outside pressures are being exerted as health concern advances on the list of national priorities. There are demands for more physicians with new aspirations and skills to match society's expectations for accessible health care; physicians who are willing to work within a system that can contain rapidly rising costs.

Direction of research efforts through targeted support threatens the ability of institutions to maintain program balance. Rules and regulations pertaining to reimbursement are compromising the organization and delivery of health services in the teaching setting. The inadequacy of traditional sources of support to meet inflation and swollen fiscal requirements of current programs and the need for additional funds to respond to society's demands have made Federal support critical to the continued viability of medical schools. With greater Federal support has come a requirement for greater institutional accountability for program effectiveness and the expenditure of funds. There is little to suggest that the requirements for accountability will not become even more demanding in the future. Although there may not be a national health policy, there are multiple health policies against which accountability and responsibility are being measured. Many believe the very nature of our society precludes an all embracing, comprehensive national health policy. But there will be a continuing development of policies and an opportunity which should be seized by the medical schools to influence the nature, scope and content of these policies.

There must be more agreement among institutions on the range, character, and structure of their academic programs, and the expression of goals with greater clarity if the medical schools are to protect the integrity of their programs and their freedom as institutions. For the setting of goals by others will be the resultant of the weakness of their own goals. To be believable the schools must arrange their governance, organization and operation to marshal their resources in the most effective way to achieve their goals in a way that demonstrates to society that they are responsible institutions.

The Association and its staff have an important role in achieving these objectives. With the help of the officers, Councils and the constituency, we have attempted to organize our programs and priorities to accomplish this task.

John A. D. Cooper, M.D., Ph.D.

Administrative Boards of The Councils

Council of Academic Societies

Chairman

Sam L. Clark, Jr.

Chairman-Elect

Robert G. Petersdorf

Secretary

William B. Weil, Jr.

Ludwig Eichna

Ronald W. Estabrook

Robert E. Forster, II

Charles Gregory

Ernst Knobil

Jonathan E. Rhoads

James V. Warren

Louis G. Welt

Council of Deans

Chairman

Carleton B. Chapman

Chairman-Elect

Sherman M. Mellinkoff

J. Robert Buchanan

Ralph J. Cazort

Clifford G. Grulee

William F. Maloney

William D. Mayer

Emanuel M. Papper

Harold C. Wiggers

David E. Rogers*

Council of Teaching Hospitals

Chairman

George E. Cartmill

Chairman-Elect

Leonard W. Cronkhite, Jr.

Immediate Past Chairman

Irvin G. Wilmot

Secretary

John H. Westerman

Robert A. Derzon

Arthur J. Klippen

David D. Thompson

Don L. Arnwine

Herluf V. Olsen, Jr.

Stuart M. Sessoms

Edward J. Conners

Joe S. Greathouse, Jr.

Sidney Lewine

Russell A. Nelson, ex officio

Roy S. Rambeck, ex officio

AHA Representative

Thomas H. Ainsworth, Jr.

* Resigned January 1, 1972

The Councils

The Councils of the Association have continued to concern themselves with national issues relating to the activities of the medical schools and teaching hospitals, the development of policy statements related to these issues and informing the public, the academic institutions, the Congress and the Federal agencies of their views and recommendations. The Councils have also given careful consideration to the governance of the Association and the appropriate representation of all groups within the medical school. The following areas highlight matters considered during the past year.

Greater faculty participation in the affairs of the Association has been a much discussed but unresolved issue. The Executive Council requested the three Councils to give careful consideration to establishing an Organization of Faculty Representatives (OFR), parallel to the Organization of Student Representatives, reporting to the Council of Deans. The Council of Academic Societies recommended that a Council of Faculties (COF) be established. The Council of Deans considered both an OFR and a COF at its regional meetings but delayed a final vote on the matter until the Fall 1972 meeting of the Council. In the interim, each dean was asked to provide an assessment of the proposal by the general faculty, the executive faculty and himself for guidance of Council action. The Council of Teaching Hospitals deferred to the other Councils more directly concerned with the issue.

The Councils endorsed a recommendation to eliminate free-standing internships which are not a part of a complete program in graduate medical education. This action was taken on the basis of a belief that modern medical education must be a well integrated continuum extending through the period of specialty training.

After discussing methods of bringing American students studying medicine abroad into approved residency programs, the Councils reaffirmed their position that the provision of an intervening year of supervised clinical experience by medical schools was a matter within the sole discretion of each institution.

THE EXECUTIVE COUNCIL

The Executive Committee and the Council held four meetings during the year. Informal discussions were held on the evening preceding the Council meeting with Assistant Secretary for Health and Scientific Affairs, Merlin K. DuVal; Dr. Robert Q. Marston, Director of the National Institutes of Health, and Dr. Vernon Wilson, Administrator of the Health Services and Mental Health Administration. The Executive Council also met with Dr. Edward David, Director of the Office of Science and Technology and Science Advisor to the President. The discussions focused on research policies which are placing increased emphasis on target programs and the long-range implications of these administrative policies on advancing knowledge in the biomedical sciences.

In a meeting with Mr. Paul O'Neill, Assistant Director of the Office of Management and Budget, the Executive Council discussed the implications of various policy decisions on the medical schools and their affiliated hospitals.

Except in cases where immediate action was needed all policy matters have been referred to the constituent Councils for discussion and recommendation before action was taken.

The Executive Council approved a two-part statement to form the basis of the AAMC response to the Harris Committee Report. The statement asserted that the educational program leading to the M.D. degree requires classroom instruction, biomedical research, and patient care, and that any determination of the costs of education must include the cost of each of these programs. The Association adopted the position that nonrestricted income must be allocable to cover the costs of any program requisite to quality education. The response to the report was sent to HEW Secretary Richardson.

The report of the Graduate Medical Education Committee was incorporated into a condensed position statement. This statement entitled "The Responsibility of Academic Medical Centers for Graduate Medical Education" was approved by the Assembly. The full committee report entitled "Im-

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plications of Academic Medical Centers Taking Responsibility for Graduate Medical Education" was published in the *Journal of Medical Education*, Vol. 47, February, 1972. Four academic medical centers have accepted the statement *in principle* and have begun its implementation.

The treasurer and the Executive Council considered and approved the budget of the Association and the recommendations of the Investment Committee, which is charged with administering the Association's investment fund.

THE COUNCIL OF ACADEMIC SOCIETIES

During the past year, CAS membership increased from 47 to 51 distinguished societies. New societies elected to membership were: The American Federation for Clinical Research, Association of Medical School Microbiology Chairmen, Society of Teachers of Family Medicine, and Southern Society for Clinical Investigation. The CAS voted to lift the moratorium imposed in 1970 on membership for the large professional colleges.

The Administrative Board of the CAS held four meetings during the year; the entire Council met at the 1971 Annual Meeting and at the Association's February meeting in Chicago.

At the February meeting, the CAS, after considering the various alternatives for increasing faculty representation, passed and forwarded to the Executive Council a recommendation to establish a Council of Faculties within the AAMC.

In May 1972, the CAS Administrative Board approved a resolution on the role of basic biomedical sciences in the medical school. The Executive Council approved the resolution in principle and referred it for consideration by the COD, COTH and the Liaison Committee on Medical Education.

The CAS program at the Fall 1971 meeting was entitled "A Colloquium on Measuring the Effectiveness of Physician Performance."

At the Winter 1972 meeting, the CAS and COD joined in a program entitled "Selection Processes for Medicine: Are Current Policies Rational?" The success of this initial cooperative effort of the two Councils has led to another joint effort for the Fall 1972 meeting on the interface between premedical and medical education with the theme "Colleges and Medical Schools — Approaches to Accomplishing Their Joint Mission."

An invitational workshop under CAS sponsorship in the spring of 1973 on "Individualizing Medical Education" is being planned. This workshop is intended to explore the existing experiences of flexible academic programming

with a particular emphasis on the evaluation of student achievement.

During the year, Dr. Sam Clark, Chairman of the CAS, and Dr. August Swanson were invited by 22 member societies to appear at national meetings where they discussed AAMC-CAS programs. The goal was to achieve improved understanding by the CAS constituency of the wide range of programs and services of the Association. The need for medical academicians to work together for their own as well as the benefit of their institutions was emphasized.

Increasing interest of the academic societies is indicated by the fact that nine will meet in conjunction with the AAMC Annual Meeting in Miami Beach.

COUNCIL OF DEANS

The Council of Deans (COD) held three national meetings and several regional meetings during the year. At its Fall meeting, the business session was followed by a well-attended open program focusing on the lessons to be learned about medical school out-reach activities from leaders of institutions which had engaged in such projects.

The Council's midyear business meeting was preceded by a joint program session with the Council of Academic Societies to which both the Group on Student Affairs and the Organization of Student Representatives were invited. The session was divided into two parts. Following the presentation of papers a panel and open discussion were held on each of the following topics: "Selection Processes for Medicine: Are Current Policies Rational?" And "Current Concepts of a Three Year Curricula." Papers presented by Carleton Chapman and Sam Clark, Chairmen of the two groups, challenged conventional wisdom on these subjects and were, in turn, tested by the reactions of the panel and the Councils.

The Spring meeting consisted of a two and one-half day retreat at which a series of papers and discussions explored various aspects of the theme: "The Demands of Our Dual Responsibility: Institutional Freedom and Public Accountability." These discussions led to the adoption of two resolutions which urged further Association efforts in the development of standards and priorities by which the quality of medical education and health care might be assessed and characteristics of excellence defined.

During the year, the Organization of Student Representatives reported to the Council on its concerns and activities. The COD approved the OSR Rules and Regulations. At the midyear meet-

ing, the two groups met in combined sessions to discuss their organizational relationship and methods of cooperation on matters of mutual concern.

COUNCIL OF TEACHING HOSPITALS

The COTH Administrative Board held four meetings during the year, developing the program interests of the teaching hospitals and providing input to the policy considerations of the Executive Council. Of particular concern to the COTH Administrative Board has been the need for a thorough analysis and evaluation of the existing criteria for COTH membership. A committee was appointed and charged with examining the institutional characteristics of COTH members and the criteria for membership, and with recommending changes in both the criteria and the process of selection. This committee will present its report to the Council at its Institutional Membership Meeting in November.

The Council of Teaching Hospitals reviewed several critical issues at its 1971 Annual Meeting. Of particular concern was the relationship of house staff to the development of long-range goals and objectives for the Council. These are issues of continuing interest to the Council and to the AAMC in general. In addition to these issues, the Council received and discussed a task force report on the higher costs of teaching hospitals.

In planning the COTH portion of the 1972 Annual Meeting, Administrative Board members agreed that the recent experiences with hospital reimbursement in Philadelphia and New York State are forerunners of what may happen elsewhere in the country and therefore would be of most current interest to the COTH membership and other attendees at the meeting. Mr. Robert Cathcart has agreed to describe events as they took place in Philadelphia and Dr. Thomas L. Hawkins, Jr. will relate the New York State experience.

It was with deep regret that the resignation of John M. Danielson, Director of the Department of Health Services and Teaching Hospitals, was an-

nounced. Mr. Danielson accepted the post of General Director of North Carolina Memorial Hospital at the University of North Carolina at Chapel Hill, effective April, 1972. At its meeting in February, the COTH Administrative Board expressed deep appreciation on behalf of the COTH membership to Mr. Danielson for his outstanding leadership and contributions to the Council of Teaching Hospitals.

ORGANIZATION OF STUDENT REPRESENTATIVES

Pursuant to the Guidelines for the Organization of Student Representatives (OSR) adopted by the COD in May 1971, the "Rules and Regulations" of the OSR were adopted by its members and approved by COD at the Annual Meeting in October. During the winter OSR activities were chiefly concerned with organizational matters and the establishment of an appropriate committee structure. In March, AAMC staffing responsibility for OSR was transferred from the Department of Institutional Development to the Division of Student Affairs (DOSA).

The OSR was well represented at the Southern, Western and Central regional Group on Student Affairs' meeting in the spring. Participating students contributed to the regular GSA and pre-medical advisor programs and met in separate groups to discuss OSR policy and issues. At the Western GSA meeting, the GSA members agreed with the recommendation of the OSR members that the individual medical schools help finance the attendance of OSR representatives at national and regional meetings of the AAMC.

In June, eight members of the OSR Administrative Board met in Washington for orientation and to evaluate goals of student participation in the AAMC. During the two-day meeting, the activities of the Association were described to the students. The student leaders also developed plans for the coming year. The DOSA plans to sponsor similar meetings for future OSR Administrative Boards.

The OSR's program at the 1972 Annual Meeting will focus on minority affairs at U.S. medical schools.

National Policy

During the year, the Association has continued to engage in major efforts to participate in developing national policies related to areas of concern to the medical schools and the teaching hospitals.

As a basis for recommending solutions to the increasing serious financial problems besetting medical centers as they strive to discharge their increasing responsibilities to society, the Executive Council formed a Committee on Financing of Medical Education, chaired by Dr. Charles Sprague, Chairman-Elect of the Association and President, Southwestern Medical School in Dallas.

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 mechanisms and structure of medical center support; and the appropriate distribution of the burden of medical education across the individual students, the institution, 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. The Committee has established four task force groups: on the Cost of Medical Education, chaired by Dr. John Gronvall, University of Michigan; on the Cost of Graduate Medical Education and Faculty Service Plans, chaired by Dr. William Anlyan, Duke University; on Biomedical Research, chaired by Dr. Donald Hanahan, University of Arizona; and on Facilities, chaired by Dr. Howard Bost, University of Kentucky.

Representatives of the Association's Executive Committee and the Association for Academic Health Centers met with officials of the Social Security Administration to discuss the provisions of H.R. 1, the Social Security Amendments of 1971, relating to reimbursement for Medicare patients in the teaching setting and rules and regulations to be promulgated if the bill was enacted.

The Association worked with other organizations to clarify the regulations published by the Secretary of DHEW on free care required of hospitals that received Hill-Burton funds and to seek less onerous reporting requirements.

An Association policy statement regarding the military conscription of physicians and medical students was approved by the Executive Council calling for a volunteer physician force by July 1973 and a limitation on the period of liability for doctors still eligible for call-up.

Requests from the Platform Committees of the Democratic and Republican parties to testify were accepted. Association spokesmen recommended that the platforms clearly state the importance of adequate support for education and biomedical research. The statement also urged a separate Department of Health to provide for more effective and coordinated health programs in the Federal Government and a stronger voice in policy determination and decision-making.

On invitation, the Association has testified before Congressional Committees considering legislation related to medical education and the delivery of health care. As a member of the Coalition for Health Funding, it played an important role in obtaining a more realistic appropriations bill for the health programs of the Department of Health, Education, and Welfare. The efforts were successful in getting an increase of \$958 million over the administration request for the health programs of the bill. President Nixon vetoed the bill and attempts to get the House of Representatives to override the veto failed. With the other Coalition members, the Association will continue to work for more adequate support of the medical schools in the second appropriations bill. A major policy victory was the insistence by Congress that Federal matching grants for construction be continued. The Administration proposed eliminating the program and replacing it with guaranteed loans.

In testimony before the House and Senate Committees considering Health Maintenance Organization legislation, Association witnesses urged that the organizations supported be required to evaluate the effectiveness and costs of this mode

of delivery of health care so that comparisons could be made with other methods. They also recommended that the benefits provided enrollees be more compatible with the resources available to deliver care and the level of probable financing of costs. Funds to support educational costs in HMOs were identified as necessary to permit medical schools to introduce students to this form of health care during a part of their clinical education.

Dr. Russell Nelson presented Association testimony on National Health Insurance before Representative Wilbur Mills' Committee in the House. The position statement adopted by the Assembly in 1971 formed the basis for the statement.

The Association opposed the proposal to establish a military medical school and suggested that the required manpower could be provided by improving the opportunities, status and benefits for physicians in the armed services. By expanding the scholarship program and, through closer affiliations between medical schools and military medical care facilities and with proper financial support, the schools could expand their class size to accommodate qualified students from the service academies.

The AAMC recommended that legislation to support the education and training of family practitioners be broadened to include all specialties providing primary care and it should not dictate the organization of programs within the medical schools.

A moratorium on the creation of new Institutes within the NIH pending a full review of the legislative basis for the agency was called for by the Association. Spokesmen testified in favor of the Emergency Health Service Bill and the extension of the Medical Library Assistance Act and the Emergency Health Manpower Act.

Through correspondence with DHEW Secretary Richardson, the Association was successful in having support of Area Health Education Centers limited to those that fell within the definition and description in the Carnegie Commission on Higher Education Report, "Higher Education and the Nation's Health."

Most of the issues in which the Association is engaged will continue to present challenges and opportunities. Some specific areas appear to be of high priority to study and make recommendations in the year ahead. Involvement in national policy issues will continue to be a major responsibility of the Association. The experience gained under the Comprehensive Health Manpower Training Act of 1971 will furnish a basis for developing new policy objectives which must be well formulated for review by the membership before legislative action is taken to renew the Act during the current fiscal year or early in the next fiscal year.

Developments in establishing some form of national health insurance will present important issues for the medical schools. Efforts will be increased to assure that whatever program is enacted will be compatible with the unique requirements of the medical schools and the teaching hospitals.

Policies on the distribution of research support between targeted and investigator-initiated projects and preserving the training grant approach for the preparation of biomedical research scientists and medical school faculty are certain to be of deep concern to the Association and its members.

Approaches for providing a better distribution of training opportunities among the medical specialties have great impact for the medical schools and their affiliated hospitals. These institutions now provide the great part of graduate medical education and there is every reason to believe they will have even a greater role in the future.

Ethical, moral and legal problems related to the clinical research activities in the medical schools will require careful consideration and the development of policies which can guide the institutions in their responsibilities to society. It is apparent that guidelines now mandatory only for Federally supported programs will be extended to all research activities. Although most schools have provided for review of clinical research by a group which is broadly representative, recent publicity on two research programs involving human subjects calls for a careful review of the ways in which assessment of protocols is being carried out.

Working with other Organizations

The AAMC realizes the importance of maintaining close ties with other health-related organizations. Close communications with these groups helps in achieving mutual goals.

The AAMC continues to work closely with the Association for Academic Health Centers (AAHC) on issues of concern to Vice Presidents for Health Affairs. Representatives of the AAHC attend all AAMC Executive Council meetings. Officers of the AAMC regularly attend meetings of the Board of the AAHC. The Executive Director of AAHC has participated in AAMC staff meetings. Of particular concern to both organizations is the effect provisions for Medicare reimbursement, which appear in the proposed Social Security Amendments Act (H.R. 1) would have on the academic health centers and their teaching hospitals. An ad hoc committee representing both associations met with officials of the Social Security Administration to seek clarification of the bill's potential impact on Medicare reimbursement and to reiterate the unique requirements of providing care in the teaching setting.

At the request of officers of the American College of Surgeons, the AAMC participated in a meeting to explore ways in which major health organizations might cooperate on issues of mutual concern. Represented were the AAMC, the American College of Surgeons, American Medical Association, American Hospital Association, American College of Physicians, and the AAHC. The meeting was cordial and informative and it was decided that the effort should be continued.

The Association has established an effective liaison with the Institute of Medicine of the National Academy of Sciences particularly relating to the study of the Cost of Medical Education which the Institute will conduct under a mandate from Congress in the Comprehensive Health Manpower Training Act of 1971. The Institute is very interested in coordinating efforts with the work of the AAMC Committee on the Financing of Medical Education, and the groundwork for an effective exchange of ideas has been laid. Both organizations agree that close cooperation is essential for the successful completion of this most difficult project.

The AAMC staff have worked with representatives of the Rand Corporation who are undertaking a study funded by the DHEW of the impact of Federal programs on the U.S. medical schools. Both the Rand staff and the approach they have taken in the study are impressive and the Association hopes to cooperate with them by serving as a source of data, assisting in the selection of schools for possible detailed study and participating in an overall advisory capacity.

The Association maintains an active liaison with the Veterans Administration in matters relating to the institutional relationships of medical schools and affiliated VA hospitals. The AAMC/VA Liaison Committee has discussed such timely issues as the appointment of hospital directors, the development of affiliation guidelines, and the establishment of a consultation mechanism to assist in improving relationships at the local level.

As a member of the Federation of Associations of Schools of the Health Professions, the AAMC meets regularly with members representing both the educational and professional associations of eleven different health professions on interdisciplinary and national issues. Ways have been explored to expand appropriate programs of one association which encompass other health professions. Concerted efforts have been carried out in minority affairs programs and in the development of audiovisual and other non-print material for education of health professionals.

The Association's Division of International Medical Education works closely with medical educators from other countries and with American agencies interested in furthering medical education throughout the world. During the past year, medical educators from thirty-three countries visited the Association hoping to gain valuable knowledge of the U.S. experience. Representatives of the AAMC participated in several international conferences and conferred with educators and officials in over a dozen countries.

The AAMC has sponsored several projects to assist medical education in Latin America. Under the terms of a W.K. Kellogg Foundation Grant, the AAMC has undertaken the following activities: site visits to Puerto Rico, Buenos Aires and Rio de

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Janeiro to assess the management training potential of the three centers; assessment of the present relationships in representative Latin American countries between medical education and social security; meetings have been held with experts of the National Library of Medicine, the Lister Hill National Center for Biomedical Communications, the Association for Educational Communications and Technology and the Pan American Health Organization with a view to the development of a program to extend the effective use of audiovisual materials in medical education in Latin America; in close consultation with the Pan American Federation of Associations of Medical Schools and Guatemalan Officials a plan has been developed for a Central American Conference on the delivery of rural health care, in late 1972, in the expectation that site visits and discussions will lead to an appreciation of the essential role of auxiliary personnel in the delivery of rural services and of the methods of selection and training of such personnel.

In Guatemala under the AAMC-AID Contract, the Association's implementation of the health technician training program as part of a deploy-

ment of a national health care system is well underway. The United Fruit Company Hospital in Quiriga, now converted to a health technicians school, was formally inaugurated by the President of Guatemala in late July and is now in full operation. Long term loans have been granted for the construction and the rehabilitation of existing facilities.

Informal liaison is maintained with numerous other groups in the health field. Representation on the boards, councils or committees of many other health organizations permits the Association to interact with others who share common interests. These organizations include the Council on Medical Education of the American Medical Association, the Institute of Medicine, the American Board of Medical Specialties, the National Board of Medical Examiners, Educational Council for Foreign Medical Graduates, the Council on Foreign Medical Graduates, the American Council on Education, the National Fund for Medical Education, the Pan American Federation of Associations of Medical Schools, and the Nutrition Foundation.

Education

The Graduate Medical Education Committee, chaired by Dr. William G. Anlyan, is exploring ways in which medical schools can ultimately take responsibility for graduate clinical education in a fashion analogous to that which they take for undergraduate education. This is in response to a policy statement adopted by the Assembly of the Association asserting that medical education must be considered a continuum and the academic planning for graduate medical education must not be artificially separated from undergraduate education.

The Association's role in facilitating sound and effective continuing education is also under study by a Committee on Continuing Education. This facet of the continuum of medical education is increasingly engaging faculties. The Association has also been involved with the emergence of the new category of health career, the physician's assistant or the physician's associate. There has been a great proliferation of these training programs in a variety of schools around the country, not only medical schools but at colleges and sometimes at the junior or community college level. Review of this matter has led to the conclusion that there may be a necessity to develop a separate category known as the physician's associate, to be trained by the faculty of medicine and in close parallel to the education of the physician. The AAMC recommended to the Liaison Committee on Medical Education, the development of a proposed set of essentials for a program of education of a highly skilled physician assistant or associate who would receive the baccalaureate degree or its equivalent at the end of his or her training. The first draft of these essentials has been referred by the Liaison Committee to the AAMC Executive Council and to the AMA Council on Medical Education for their consideration.

The Liaison Committee has under study possible accreditation of programs to prepare the most highly skilled physician assistant or associate leaving to others the supervision of more technical training programs where the product will have less independent responsibility in the delivery of health care.

A study has been initiated to determine how medical educators can respond to public concern about the lack of primary care. The major mission of this study will be to determine the past influence of medical education on the evolution of the pattern of current medical practice. The study will also seek solutions for providing the medical care consumer optimal primary care in a framework which also assures access to needed secondary and tertiary specialty care. In seeking these solutions, a committee charged by the Executive Council will examine the content, process and environment of undergraduate and graduate medical education. The influence of economic and professional status rewards and of socio-cultural factors on career decisions by physicians and their families will also be considered in the study.

In order to fill a much needed service, the AAMC has established a new Division of Curriculum and Instruction. The mission of this division is to facilitate the curriculum improvement, to promote new instructional program development and to provide for better exchange of information on educational programs among the medical schools. General objectives from the outset have been to serve as a useful resource in the problems of medical curricula and instructional technology. Activities for the first seven months have focused on a curriculum survey of the 112 US medical schools and the 16 Canadian schools. The data from these questionnaires will be tabulated and published in book form to make information available on national curriculum trends.

The Association has reactivated the Longitudinal Study of the class of 1960. The setting up of a computerized data bank including over 450 variables on 2,841 1956 freshmen in 28 medical schools and a proposal with specifications for future followup of the cohort in terms of their performance characteristics is supported by a contract with the National Center for Health Services Research and Development (HEW) and by collaborative efforts with the American Medical Association.

In preparation for the followup of the cohort, a systematic review of the literature on physician

performance measurement was conducted and an invited workshop on the topic was conducted. It is hoped that the Longitudinal Study can provide a better understanding of the personal and intellectual factors that influence success and career choice by medical students.

In addition to the Longitudinal Study, research efforts are continuing with the MCAT questionnaire. During the coming year, data collected on educational background and career choice are expected to yield several reports. A program of research related to disadvantaged students has also been initiated and plans have been prepared to expand activities in this area. The cooperative research with Educational Testing Service programs aimed at a study of the flow of talent from undergraduate colleges to advanced degree work and its implications for medical schools admissions is entering its final phases. A preliminary report has been prepared.

As a direct result of a report by the Association's Committee on Educational Technology for Medicine, headed by Dr. Eugene Stead and supported by the National Library of Medicine's

Lister Hill Center, a collaborative plan of the NLM staff and the AAMC staff to improve the quality and accessibility of modern educational resources has evolved. A contract has been negotiated which will permit the AAMC to expand its staff for an educational resource program. The objective is to make both print and nonprint educational materials more readily available to the faculties and to improve their utilization of flexible educational programs. This project will provide for close interaction with the National Medical Audiovisual Center in Atlanta and the National Library of Medicine. This year the AAMC also assisted the Lister Hill Center in planning for the trial use of an experimental, highly sophisticated communications satellite in the western region of the United States.

Representatives interested in the educational programs at the medical schools have worked together to promote cooperative approaches to the solutions of problems facing medical education. The group has arranged for a Conference on Research in Medical Education at the annual meeting of the Association.

Research

To increase its activities and involvement in the area of biomedical research and research training, the Association has named Michael F. Ball, M.D., Assistant Director for Biomedical Research and Faculty Development of the Department of Academic Affairs. Dr. Ball, who is the 1972 President of the American Federation for Clinical Research, will have the major responsibility for facilitating the advancement of biomedical research programs in the medical schools. A particular concern will be to assist in the development of programs which will assure an optimal flow of young, new faculty members required by increasing demands for enlarging the size of medical school classes. Close liaison will be maintained with Federation of American Societies for Experimental Biology and professional societies in the Council of Academic Societies with concerns in this area.

In terms of government activities in support of biomedical research, the Association was active in two areas: funding and the regulation of animal resources. Association testimony before the House and Senate Labor-HEW Appropriations Subcommittees stressed the importance of research support for new and competing research grants, for the NIH general research support program, and for the NIH fellowship and training programs. The testimony pointed out it is the new research grants that encompass the new ideas and the new men and women which are critical in pushing ahead the leading and innovative edge in biomedicine. The general support for the research and research training programs of medical schools provides funds which can be used at the discretion of the institutions in the development of new programs, providing initial support for young investigators, undertaking pilot projects and feasibility studies, and supporting centralized facilities and services needed by multiple investigators. These funds thus greatly multiply the value of appropriations specifically directed to the support of research projects. The testimony pointed out that the NIH fellowship and training grant programs constitute the basic national investment in training the young minds and ideas that will shape the future of medical education and research. Only through these programs will new investigators be available for

such expanded major national research efforts as the attack against cancer and heart disease. In a similar manner, the testimony stressed, the nation's efforts to expand medical education and the training of health personnel are almost completely dependent upon the additional faculty that will derive from these training efforts. In each of these fields, the Association urged appropriate Congressional action. It will monitor subsequent executive allocation of the funds.

Government regulation of animal resources used in biomedical research has become increasingly important since the enactment in 1970 of laboratory animal welfare legislation which the Association opposed. Late in 1971 the Agriculture Department, charged with implementing the legislation, issued final regulations for carrying out the new program. The Association had an opportunity for some participation in the development of the regulations. The Department has announced plans to consider additional regulations establishing exercise standards and minimum space requirements for confined animals. Consideration of these additional regulations is still pending Federal grants-in-aid to offset the costs of meeting the new animal standards are provided by the DHEW through the NIH Division of Research Resources. In its appropriations testimony, the Association called for increased funding of the animal resources program of the Division to help close the gap between the volume of assistance applications and the amount of actual awards. Furthermore, the Association plans to monitor the actual distribution of the appropriated funds.

In a related development during the year, the Association closely monitored the mounting Congressional interest in the broad issue of the ethics of biomedical research. There were a number of widely publicized incidents concerning major health research projects which raised serious questions about the ethics and supervision of certain kinds of clinical research. The Association adopted a policy statement which called for even greater efforts to assure that the rights of individuals were protected in all research projects, whether funded from Federal agencies or other sources of support.

Health Care

The growing participation of medical schools in the delivery of health care and in explaining more effective ways to provide accessibility to high quality care has brought about a greater involvement by the Association in the area of health services.

A Health Services Advisory Committee chaired by Dr. Robert M. Heyssel of The Johns Hopkins School of Medicine, was formed late in 1971. The Committee has held two meetings and has several subcommittees at work. It has guided the Association efforts in HMO Resource Development Activity as well as other program areas including health services in prisons and the National Health Service Corps. Major current interests of the Advisory Committee include the relationships of the regional medical programs (RMP) and Comprehensive Health Planning (CHP) and ambulatory care programs in the medical schools and their affiliated hospitals.

The award of a grant from HSMHA to study the feasibility of health maintenance organizations within or associated with the academic health centers led to a series of eight regional workshops throughout the country. These workshops focused on the critical issues faced by an institution with multiple goals of research, education and service. The more than 500 persons who participated in the workshops included 300 people from 109 medical schools. Among other attendees were university administrators and trustees, representatives of medical associations, hospital administrators, insurance company executives, students and consumers.

As a result of the workshops a report was prepared which highlighted the critical areas in HMO development, and discussed, among other

issues, the interrelationships of governance, skewed enrollment, fiscal integrity, and the requirement for subsidies for educational programs in academically related service programs. HSMHA has extended support to permit the Association to work with selected academic health centers in the development of prototype HMOs.

The Health Services Advisory Committee recommended that the Association study ways to improve ambulatory care programs in the academic setting both for their educational value and the delivery of health services. A program is being planned to carry out the recommendations of the Committee.

With the help of the Commonwealth Fund, the Association has studied the involvement of academic health centers in prison health care. An AAMC survey in December indicated that one half of the medical schools are currently providing service, and the remainder would consider developing a model health program providing that adequate funding were available. Dissemination of information, contract prototypes, benefit packages, manpower development and technical assistance capability for program development in prisons will be areas of future activity.

The AAMC is also undertaking an evaluation of the measurement of quality of health care. The rapid developments in the field, especially process and outcome measurement, and legislation calling for a Federal Commission on Quality of Care mandates Association interest. Dr. Robert Weiss, of Harvard Medical School, a member of the Health Services Advisory Committee, is chairman of the group charged with the responsibility for examining this area and making recommendations for future activities.

Faculty

Although the issue of faculty representation on an institutional basis in the AAMC is as yet unresolved, the interests of the faculty remain prominent in the Association's activities, both at the staff level and through the Council of Academic Societies. There has been increased involvement of faculty in Association committees, task forces and accreditation teams.

The Association's Faculty Roster project, financed under a contract with NIH, provides a thorough statistical record of the demographic and professional characteristics of all faculty appointees. The development of advanced computer techniques has improved the processing of data

and the retrieval capability. It is hoped that the improved data base formulated this year will permit development of analytical material on topics such as turnover and mobility, staffing patterns and ethnic origins of faculties of U.S. medical schools. The Association is also developing plans to establish a statistical record of volunteer faculty to provide information on the total resources devoted to medical education.

Annual surveys of faculty salaries are continuing to give a better understanding of trends in compensation. A more comprehensive study of medical service plans and the support they furnish to medical schools is being developed.

Students

With the involvement of the OSR in the governance of the AAMC, the student program of the Association has grown to reflect the interests of the students.

The Association has continued to expand its efforts in the areas of minority student affairs. The Association has played an active role in administering programs designed to guide minority students toward careers in the health professions. With support from the Office of Economic Opportunity and under the policy direction of the Federation of Associations of Schools of the Health Professions, 49 programs in neighborhood and university settings have been funded to increase the interest of students in health affairs. This program is being transferred to another member of the Federation to allow the Association to redirect its primary efforts toward assisting the minority offices of the individual medical schools to devise new and more effective programs and to satisfy specific needs which were identified in an institutional survey.

The Association continues to assist the Student Affairs officers of the medical schools by providing information on admissions, loans and scholarship programs and the Selective Service System as well as by providing organizational support to the Group on Student Affairs. Over the next four years, the AAMC will assist the Robert Wood Johnson Foundation in administering \$10 million in student aid funds to assist in the recruitment and retention of female, minority and rural students in medicine and osteopathy.

The Association has also continued to operate a number of special programs serving the students and the admissions programs of medical schools.

The American Medical College Application Service program which enables applicants to file one application and transcripts for processing, duplication and distribution to selected participating schools, served 28,215 individuals who filed a total of 165,882 applications. During 1971-72, 58 schools participated in the AMCAS program and the number increased to 70 in 1972-73.

The Association maintained application action reports on students applying to 108 medical schools in 1971-72. Detailed statistics will be

available from the Annual Applicant Study and will be published in the *Journal of Medical Education*. The Association also maintains matriculation, change of status, progress and graduation records on the 43,399 students enrolled in US medical schools in 1971-72. These records assist the Association in providing meaningful statistical surveys on enrolled medical students.

In 1971, COTRANS sponsored 580 applicants for participation in Part I of the National Boards. Of these, 437 took the examinations and 102 (23.3%) had a total passing score. Advanced standing admissions were granted by 31 of the 46 participating U.S. medical schools to 115 sponsored examinees. In addition, 29 transfers were accepted for 1971-72 through individual school sponsorship.

Significant increases in the number of Medical College Admission Test examinees continues. The estimate for 1972 is 55,000 examinations, up from 45,000 in 1971 and 33,000 in 1970. The Association has assumed responsibility for the construction of the test and reporting of scores. The administration and scoring of the test is carried out by Psychological Corporation under contract. The AMCAS program now includes official reports of MCAT scores to participating schools at no additional expense to the candidate.

Two new revised forms of the MCAT Science Sub-test have been delivered and utilized and three additional revised forms are in preparation. These revisions have been proceeding under the supervision of representatives from premedical and medical faculties across the country. The program is committed to the maintenance of the high, technical quality of the current test instruments with simultaneous efforts to initiate development of major modifications. In February, a proposal suggesting objectives for a revision of the Medical College Admission Test was widely distributed to all segments of the constituency. The structured and unstructured replies demonstrated overwhelming support for the general outline presented and clearly established the need to make the MCAT more responsive to the demands of today's admissions process. General goals of this revision of the MCAT are to broaden the basis for selection and thus to improve the test's useful-

The Biochemistry Special Achievement Test for advanced achievement testing in this discipline was initiated in the fall of 1970. Thirty-eight schools utilized the BSAT during the 1971-72 academic year and have responded favorably to the test. A revised addition of the test has been prepared for use in the 1972-73 academic year.

Institutional Development

At the request of the members of the Council of Deans, the AAMC has expanded its efforts to assist in the institutional management of the medical centers. With two-year funding from the Robert Wood Johnson Foundation, the Association has recently begun the first phase of its Management Advancement Program. Designed with the guidance of a steering committee composed of academic medical center executives and with the advice of outside consultants, the program has as its objectives strengthening the decision-making and problem-solving capacity of the medical schools and facilitating within the schools the ability to respond more effectively and selectively to the range of possibilities for change. The first phase of the program will be a series of management seminars for individual leaders and their teams and will be conducted by faculty from the Alfred P. Sloan School of Management at MIT. The first seminar was held on September 2-8, 1972 at Endicott House near Boston. The 22 deans who participated were enthusiastic about the seminar. The Steering Committee, chaired by Dr. Ivan Bennett, is planning additional seminars and subsequent phases of the program. Later phases will relate more directly to the study and implementation of institutional change processes in individual medical centers.

The AAMC is working to respond to the problems met by women in medicine and medical education and the needs of the schools for assistance in measuring their participation in the profession. Activities in this area include responding to the requests of schools for assistance in the preparation of their affirmative action plans, staff participation on the interagency Committee on Accreditation and Women in Higher Education and its consultation with schools facing legal action challenging admission committee decisions. The Association is currently developing a roster of women physicians in the U.S. as an information resource available to schools which are desirous of evaluating women candidates for available faculty positions.

The Liaison Committee on Medical Education (LCME) was organized in 1942 as a cooperative effort of the AMA and the AAMC to serve as the

national accrediting agency for programs leading to the M.D. degree. Already recognized as the official accrediting agency by both the National Commission on Accreditation and the Commissioner of Education, the LCME this year submitted substantial documentation in support of its petition for renewal of this recognition. The NCA has acted on the petition and has notified the LCME of its continued approval for the forthcoming five-year period. The Office of Education has deferred action until the fall.

Impressed by the ability of its present outside members to lend informed and broadened perspectives to its deliberations the LCME, which currently has one public and one Federal member, this year voted to expand its membership to include an additional public member.

During the year, the LCME completed a revision of its basic policy document, which serves as the standard on which accreditation decisions are based. "The Functions and Structure of a Medical School" has been approved by the LCME, the AMA Council on Medical Education and the AAMC Executive Council. A companion document setting forth LCME policy with respect to those medical education programs not culminating in the award of the M.D. degree has also been revised and is in an early stage of the approval process.

In preparation for final determination of the appropriate role of the LCME in the accreditation of physician's assistant programs, a task force of the committee has developed a draft document setting forth "Essentials" of a physician's assistant program which might fall within the purview of the LCME. This document focuses on programs conducted in an academic medical center which lead to a bachelor's degree or its equivalent.

Accreditation and women in higher education was the topic of some controversy during the year. The LCME responded to charges lodged with the Office of Education that it "condones and perpetuates discrimination on the basis of sex" by accrediting institutions which engage in such discrimination. An *ad hoc* committee representing the various agencies was established to develop recommendations to the agencies on an appropriate set of standards relating to this matter.

INSTITUTIONAL DEVELOPMENT

News of the prospective merger of the National Commission on Accreditation and the Federation of Regional Accrediting Commissions of Higher Education was responded to by the professional and specialized accrediting agencies including the LCME by a request that the proposed organization provide for adequate recognition of the legitimate needs and concerns of these agencies. As a result, those agencies have been represented on the committee drafting the bylaws for the merged organization and further consideration is being given to development of an interagency Council of Professional and Specialized Accrediting Agencies.

The LCME has been called upon to fulfill a new function by the provisions of the Comprehensive Health Manpower Training Act of 1971. It was asked to certify to the Federal Government that enrollment increases requisite to eligibility for bonus class capitation funds would not jeopardize the school's accreditation. This requirement stimulated the development of new procedures under which 72 schools were reviewed for this purpose.

Continuing negotiations among the agencies considering the proposal that the membership and function of the LCME be expanded to include graduate medical education within its cognizance took a new turn during the year. The five organizations involved include the AAMC, the AMA, the American Board of Medical Specialties, the American Hospital Association, and the Council on Medical Specialty Societies. The agreed upon solution creates a Liaison Committee on Graduate Medical Education parallel to the existing LCME to carry out the accreditation of all programs of graduate medical education. In addition, a Coordinating Council on Medical Education is established to coordinate and oversee the work of the two committees and to recommend accreditation policy to parent organizations. This realignment of the accreditation authority will unquestionably contribute to the philosophy of a continuum of medical education and makes institutional accreditation of all medical educational programs a future possibility.

Communications

The Association continues to improve its communications with its constituents, the Congress and the public.

The President's Weekly Activities Report which now goes to nearly 4,000 people, has provided a mechanism to keep the membership better informed on the Association's weekly activities. It not only reports on meetings and studies but attempts to give insight into the implications of these events. This report also periodically reviews health related legislation before the Congress so that the Association's constituents can be aware of the content of proposed health legislation before it is enacted into law.

The *Journal of Medical Education* continues to enjoy high academic respect. This publication received 335 manuscripts for consideration during the last year and accepted for publication 152 of them. The circulation of the *Journal* is nearing 7,000. The Editorial Board has been increased to 19 members and now has a student member. Mr. Merrill T. McCord was elevated from Managing Editor to Editor of the *Journal*, replacing Dr. John A. D. Cooper, President of AAMC, who requested the change.

The AAMC Bulletin, another Association vehicle for relating to its constituents, now circulates about 7,000 copies. The Bulletin covers news items from the schools, the Association, the Congress and related fields of education.

Additional publications of a more specialized nature are: The Advisor, COTH Report, DIME Dialogue, and Student Affairs Reporter. During fiscal 1972, the reports of the Biomedical Communications Network's steering committee and the Biomedical Research Policy committee were published as supplements to the *Journal*. Also during the year the *Journal* devoted special sections to student aid, family medicine, medical school admissions and foreign medical graduates. The annual Medical School Admissions Require-

ments publication with a slightly revised format and the AAMC Directory of American Medical Education were again published.

More and more news stories concerning the activities of the Association and key staff members are appearing in major newspapers around the country. Last spring the New York Times reported the Association's reaction to President Nixon's HEW Appropriation requests. The Association's statement was the only comment selected by the Times for insertion in their appropriations story from any group or association. The story included reaction statements from several members of Congress.

The Association has established contact and meets frequently with the editorial boards of several major national newspapers and has good relationships with their editorial writers. Reporters from specialized medical publications regularly contact the Association for interviews with staff members or to report on newsworthy activities.

The Coalition for Health Funding held several news conferences during the year. The AAMC cooperated by using its news contacts to insure good media coverage of the conference. The Association further assisted the Coalition in the writing and distribution of their press releases.

The Public Relations Section has become more active during the past year and the Association has worked closely with the officers of the Section in establishing regional workshops and in planning the Section's program for the Annual Meeting. The Section, through its many radio, television, and newspaper contacts around the country has assisted the Association in stimulating nation-wide coverage of events the Association considered important. Most of the stories are concerned with medical school curriculum innovation, improvement in health care delivery and Federal support for scholarships, construction and research.

Information Systems

The Association continues its operational studies and its examination of national trends bearing upon medical education, the operation of medical schools and health manpower needs. The collection of data will probably be expanded in the near future by the Association to assist in the studies which are now being conducted and those which are contemplated.

The Medical Center Cost Allocation Project is jointly sponsored by the AAMC and the Bureau of Health Manpower Education (BHME), and 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 functions of teaching, research, and patient services. Attention is now being directed toward the problem of aggregating functional costs into programs costs, such as the cost of the full program leading to the M.D. degree. Preliminary work is also being done on the comparison of reported costs in the major functional areas of medical centers operations. A special venture is being undertaken at the University of Florida to develop a planning, programming and budgetary system built upon the cost allocation methodology.

In addition to looking into the medical center costs, the Association is also examining medical school expenditures. The survey of medical school expenditures is one part of the Liaison Committee on Medical Education questionnaire. Intensive work was done by a task force directed at revising this questionnaire, with the objectives of adapting 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 in the education issue of the Journal of the AMA.

The Association continues to serve as a resource for information of particular importance to teaching hospitals including medical school affiliation arrangements, decisions concerning the taxability of stipends paid to house officers, and trends and development of house staff unionization.

In the spring of 1972 the fourth annual survey of House Staff Policy was initiated. The questionnaire was designed to obtain response on policy matters in the relationship between teaching hospitals and interns, residents and fellows as well as the stipends and fringe benefits paid to house officers. Preliminary results of the survey were released in June and the final report was published in September. The current year's salary shows an increase of five percent over last year, as opposed to last year's 13% increase over the previous year.

The fourth annual survey of executive salaries in teaching hospitals is being tabulated and results are expected in December.

The August issue of the JME printed the results of a special survey of 61 university-owned or teaching hospitals in the nation to determine sources of income for these hospitals and also to determine the nature of state appropriations awarded to them.

The American Hospital Association has shared the results of their annual survey of hospitals which are now incorporated in our computer-based data system. It is anticipated that this arrangement will occur annually. This data will be used for future statistical and analytical projects concerning teaching hospitals.

The Association has also integrated data relevant to applicants, admitted students, their programs, their progress and their ultimate careers. This data will be used primarily as a base for all studies and surveys being conducted by the Association. Much of this information will also be available to the constituency.

The Association has been involved in a series of negotiations with NIH-BHME aimed at working out a broad contractual arrangement in support of AAMC activities in the area of operational and management studies and student information. The objective has been to encompass in a single contractual arrangement AAMC activities previously supported under individual contracts, such as the Cost Allocation Study, the Faculty Roster, and also to secure additional support for expanding AAMC activities in the area of data analysis and management development.

Treasurer's Report

The Audited Statements and the Audit Report for the Fiscal Year ended June 30, 1972, have been carefully examined with the Association's auditors, Ernst & Ernst. At its meeting on September 15, 1972, in Washington, the Executive Council reviewed and accepted the final and unqualified audit report.

Total income increased 21% to \$5,416,315. Added volume of activity in special projects accounted for 65% of the increase, with contracts and grants providing 20%, membership dues 11% and sundry items 4%.

Expenditures and transfers to restricted funds for special purposes totaled \$5,219,576. 68% of the

increase in expenditures was in special projects, 13% in grants and contracts and 19% in other areas.

Residual funds available for general purposes increased \$241,000 to \$1,384,481 — a reserve equal to approximately 3.5 months operations at the 1972 level of expenditures.

With the continuing increase in the size of the operating budget, it becomes increasingly important that adequate reserves be maintained, particularly since an increasing proportion of the Association's income originates from soft money sources.

TREASURER'S REPORT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES BALANCE SHEET June 30, 1972

ASSETS

Cash	\$ 234,258
Investments in United States Government	
Short-term Securities, at cost and accrued interest	1,872,880
Accounts Receivable	425,948
Deposits & Prepaid Items	25,116
Investments in Management Account	772,480
	<u>\$3,330,682</u>

LIABILITIES AND FUND BALANCES

Liabilities	
Accounts Payable	\$ 175,695
Deferred Income	697,177
Fund Balances	
Funds restricted for special purposes	776,473
Funds restricted to investment in plant	296,856
General Funds	1,384,481
	<u>\$3,330,682</u>

OPERATING STATEMENT Fiscal Year ended June 30, 1972

SOURCE OF FUNDS

Income	
Dues & Service Fees from Members	\$1,216,141
Grants	196,500
Cost Reimbursement Contracts	1,363,554
Special Services	2,273,797
Journal of Medical Education	59,447
Other Publications	137,363
Sundry	169,593
	<u>\$5,416,395</u>
Restricted Fund Balances	43,975
	<u>\$5,460,370</u>

USE OF FUNDS

Operating Expenses	
Salaries & Wages	\$1,963,795
Staff Benefits	193,258
Supplies & Services	2,208,120
Equipment	81,930
Travel	322,473
Transfer to Restricted Funds	
for Special Purposes	450,000
Available for General Purposes	240,794
	<u>\$5,460,370</u>

AAMC Membership

<u>TYPE</u>	<u>1970-71</u>	<u>1971-72</u>
Institutional	95	97
Provisional Institutional	8	17
Affiliate	14	14
Provisional Affiliate	3	3
Graduate Affiliate	1	1
Academic Societies	47	51
Teaching Hospitals	404	387
Individual	2,728	2,848
Emeritus	72	78
Contributing	16	18
Sustaining	18	19
Non-members in Development	11	1

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