# 1972-1973 ANNUAL REPORT

THE ASSOCIATION OF
AMERICAN MEDICAL COLLEGES

# Executive Council

*Chairman*
Charles C. Sprague

*Chairman-Elect*
Daniel C. Tosteson

*President*
John A. D. Cooper

*Council Representatives:*

**Council of Academic Societies**
Robert G. Petersdorf
Ronald W. Estabrook
Ernst Knobil
Sam L. Clark, Jr.

**Council of Deans**
Sherman M. Mellinkoff
Emanuel M. Papper
Ralph J. Cazort
William F. Maloney
Robert S. Stone*
Robert L. Van Citters
William D. Mayer
J. Robert Buchanan
Clifford G. Grulee

**Council of Teaching Hospitals**
Leonard W. Cronkhite, Jr.
Robert A. Derzon
George E. Cartmill

**Organization of Student Representatives**
Kevin J. Soden

**Resigned June 1973*

# Executive Committee

*Chairman*
Charles C. Sprague

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Daniel C. Tosteson

*President*
John A. D. Cooper

*Chairman, Council of Academic Societies*
Robert G. Petersdorf

*Chairman, Council of Deans*
Sherman M. Mellinkoff

*Chairman, Council of Teaching Hospitals*
*Secretary-Treasurer*
Leonard W. Cronkhite, Jr.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1 Dupont Circle, N.W.
Suite 200
Washington, D.C. 20036

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# President's Message

The medical schools and teaching hospitals of this country are concluding what has been a most tumultuous year.

Rising public expectations for the training of more and better qualified physicians have been coupled with an increasing unwillingness on the part of some government officials to spend federal dollars in support of this national goal. Efforts to expand our knowledge of disease and the life processes and to train young researchers toward the goal of preventing infirmity and alleviating suffering similarly have been hampered by a diminishing federal commitment. The provision of high-quality medical care to all America regardless of income, long a goal of our university-owned and affiliated hospitals and of our federal policymakers, now is being compromised by new legislative authorities which may force our medical centers to treat elderly and low-income patients differently than they would treat other patients.

The medical schools and teaching hospitals must now choose between the abandonment of these important national goals and the certainty of financial crisis. The institutional stability promised by the Comprehensive Health Manpower Training Act of 1971 has not become reality. Instead, the failure of the national administration to fulfill this promise, combined with decisions to substantially reduce funds for related research and patient care activities, threatens the viability of the institutions and the quality of their programs. The effects of this shift in philosophy on the appropriate role of the federal government in supporting health programs undoubtedly will become more severe as existing legislative authorities expire during the coming year.

Concurrent with these reversals of previously established policy has come a major overhaul of the federal health bureaucracy. Without the counsel or concurrence of the Congress or other interested parties, the health programs of the Department of Health, Education and Welfare were reorganized among a new array of federal agencies. New appointments were made to virtually every decision-making position within the Department's health structure. While this bureaucratic face-lift may have been designed to break the ties to previously held positions and allegiances, it is too early to assess the real effect of this discontinuity on the administration of federal health programs.

In the midst of this tumult, the schools have a responsibility to protect the quality and integrity of their programs and to respond progressively to the changing needs of society. We are proud that all of our institutions serve their communities well in spite of their precarious financial straits. Many of our centers of excellence have assumed leadership roles in providing health care to their local communities and to outlying underserved populations through the use of new and innovative methods. But the pioneering efforts of these institutions in utilizing pre-payment mechanisms and a team approach in the ambulatory setting can only achieve wider application if new sources of support appear. At a time when the very foundation of educational support is in jeopardy, few schools can commit their limited resources to experimentation and innovation.

The setting of goals and priorities by the schools must demonstrate a commitment to excellence and an ability to marshal their resources responsibly to achieve these goals. On the national level, the setting of goals and consequent strategies to achieve those goals cannot be done unilaterally by any health agency.

To be effective, this determination of a national health policy must integrate the experience and wisdom of the major voluntary health organizations, the federal government and the public. To provide exactly such a forum, the Coordinating Council on Medical Education has been chartered.

Through the Coordinating Council as well as through less formal cooperative efforts with the other major health organizations and the federal government, the AAMC, its officers, its Councils, and its staff will continue to play an active role in the determination of goals and strategies at the national level, while providing every assistance to our membership to allow better definition of these elements at home.

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

# Administrative Boards of The Councils

### Council of Academic Societies

*Chairman*
Robert G. Petersdorf

*Chairman-Elect*
Ronald W. Estabrook

*Secretary*
William B. Weil

Robert M. Blizzard
David R. Challoner
Ludwig Eichna
Robert E. Forster, II
Charles F. Gregory
Rolla B. Hill, Jr.
Sam L. Clark, Jr.
Ernst Knobil

### Council of Deans

*Chairman*
Sherman M. Mellinkoff

*Chairman-Elect*
Emanuel M. Papper

Ralph J. Cazort
William F. Maloney
Robert S. Stone*
Robert L. Van Citters
William D. Mayer
J. Robert Buchanan
Clifford G. Grulee

### Council of Teaching Hospitals

*Chairman*
Leonard W. Cronkhite, Jr.

*Chairman-Elect*
Robert A. Derzon

*Immediate Past Chairman*
George E. Cartmill

*Secretary*
John W. Westerman

Daniel W. Capps
Sidney Lewine
Charles B. Womer
David H. Hitt
Arthur J. Klippen
David D. Thompson
Herluf V. Olsen, Jr.
Stuart M. Sessoms
Eugene L. Staples

*AHA Representative*
Thomas H. Ainsworth, Jr.

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**Resigned June 1973*

# 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 and operation of the Association and the appropriate representation of all groups within the medical school. The following areas highlight matters considered during the past year.

An ongoing concern has been the participation in AAMC affairs of various professional segments within the medical schools. After considerable debate over a period of two years, the Assembly defeated a proposal to establish a Council of Faculties. The Council of Academic Societies has become increasingly active in bringing the faculty perspective to bear on issues through its disciplinary representation. Faculty members have played important roles on the committees and task forces of the Association.

During the past year, the Executive Council has extended formal recognition to five AAMC Groups, each of which provides a national forum for staff responsible for a particular area of the medical school's operations. The Groups, which now have a formal relationship to the staff of the AAMC include: Group on Business Affairs, Group on Medical Education, Group on Public Relations, Group on Student Affairs, and the Planning Coordinators Group.

The Councils approved Guidelines for Academic Medical Centers Planning to Assume Institutional Responsibility for Graduate Medical Education. The Guidelines were developed by the AAMC's Committee on Graduate Medical Education following Assembly adoption of a statement recommending this assumption of corporate responsibility. The document is under active consideration by other associations and groups. It provides a rational approach to the development of a true continuum of medical education.

On the recommendation of the Councils, the AAMC Assembly approved a document setting forth general principles for the accreditation of undergraduate medical education. "Functions and Structure of a Medical School" has since been approved by the AMA House of Delegates and replaces a 1957 accreditation document.

In response to growing public interest and concern, the Councils adopted a Policy Statement on the Protection of Human Subjects, which in part supports Department of Health, Education and Welfare guidelines on the ethical conduct of biomedical research. A Policy Statement on Professional Standards Review Organizations urged the involvement of medical schools and teaching hospitals in developing PSROs and the incorporation of quality-of-care assessment into clinical educational programs.

The Councils extensively discussed the final report of the Sprague Committee on the Financing of Medical Education. The report, which will make a definitive statement on the elements, objectives and costs of undergraduate medical education, will be released this fall. It will form the basis for further studies and recommendations of the Committee on the financial support of the medical schools.

## THE EXECUTIVE COUNCIL

The Executive Council held four meetings during the year. Deliberation at these meetings covered a wide range of matters, from supervision of the Association's internal affairs to the consideration of policies on a variety of matters affecting the medical schools and teaching hospitals. The Council acted on a number of issues arising from discussions of the constituent Councils or referred for action by the membership. Except in cases where immediate action was needed, all policy matters were referred to the constituent Councils for discussion and recommendation before final action was taken.

In addition to acting on policy relating to educational matters, the Executive Council has regularly reviewed and established AAMC policy on national issues concerning federal programs in the health field. Whenever possible, the Executive Council has reviewed

Association testimony on legislative issues and made recommendations to guide AAMC spokesmen. This year, particular attention has been devoted to issues concerning the Executive branch of government and the Administration's policies toward federal health spending, the impoundment of Congressionally-mandated health funds, and the reimbursement of teaching physicians under the Social Security Amendments of 1972.

The Council's Executive Committee met preceding each Executive Council meeting, and held additional special meetings to consider matters requiring immediate attention. The Committee met with high-ranking Administration officials during the year to discuss developing federal health policies. Two meetings were held with Caspar Weinberger, Secretary of Health, Education and Welfare, to discuss the particular problems faced by the schools in view of shifting federal commitments and the Administration's attitude toward research training, peer review, and institutional support of medical education. Similar discussions were held with White House health advisor James Cavanaugh, HEW Assistant Secretary for Health Charles C. Edwards, and Office of Management and Budget Assistant Director Paul O'Neill. The Executive Committee, acting in a liaison capacity, also met with officers of the American Medical Association, the American Hospital Association, and the American Academy of Family Physicians at various times during the year. The officers of the Association have also arranged for meetings on a monthly basis with Assistant Secretary for Health Edwards to provide Association input on the development of Administration policy.

The annual retreat of the elected officers was held in November to review the ongoing activities of the Association and to recommend high priority areas for future action. The activities targeted for immediate attention, reaffirmed by the Executive Council, included the development of a primary care program, the launching of the Coordinating Council on Medical Education, a feasibility study of a medical school applicant matching program, and the stimulation of the schools and hospitals to become more involved in quality-of-care assurance programs.

The Executive Council, along with the AAMC Secretary-Treasurer, Finance Committee and Audit Committee, maintained vigilance over the fiscal affairs of the Association, and approved a moderately expanded general funds budget for fiscal year 1974.

## COUNCIL OF DEANS

The Council of Deans held two national and several regional meetings during the year. At its fall meeting it received and endorsed a report on medical school admissions problems prepared by an ad hoc committee established at the request of the COD. The Council adopted several of the committee's recommendations. These urged that the feasibility of a medical school admissions matching program be explored and that the Association's work with pre-medical advisors be continued with emphasis on developing background information on and advising students of the range of potential careers available in the health field.

In response to the COD resolution, adopted at its Spring 1972 meeting, urging the Association to assume a leadership role in developing standards and priorities by which the quality of health care services might be assessed, the AAMC Health Services Advisory Committee established a subcommittee on Quality of Care. The Committee presented a report at the Council meeting presenting the results of its investigations and calling particular attention to the implications of the sections of the 1972 Social Security Amendments calling for the establishment of Professional Standards Review Organizations.

Dr. Ivan Bennett, Chairman of the Management Advancement Program Steering Committee, reported at the fall meeting, on the progress of that program. He indicated that the first seminar was viewed as a useful and profitable experience for the 19 deans in attendance with a high degree of interest in the follow-up seminars planned.

Prior to its fall business meeting, the COD held a joint meeting with the directors of affiliated Veterans Administration Hospitals and representatives of the VA Central Office. The theme of this meeting was, "The VA Medical School Relationship: Current Concepts and New Directions." Items covered included the selection and appointment of hospital directors, chiefs of staff and service chiefs; the extension of VA educational programs; and new VA programs for providing health care.

The Council of Deans joined with the Council of Academic Societies in sponsoring a half-day program at the annual meeting on the theme "Colleges and Medical Schools—Approaches to Accomplishing Their Joint Mission." The well-attended program consisted of the presentation and discussion of six papers dealing with educa-

tional programs at the interface between colleges and medical schools including such matters as undergraduate education, collaborative programs, entrance requirements, A.B.-M.D. programs, and medical student course work in other colleges of the university.

The Spring Meeting of the Council was held in San Antonio on the theme: "The Influence of Third Party Payers on Medical Education and Patient Care in the Teaching Setting." Three program sessions explored such matters as the sources of funds for academic medical center operations and the projected impact of The Social Security Amendments of 1972, the policy questions related to the growing dependence on faculty practice income as a source of medical center financing, and the educational implications of forces tending to move medical education in the direction of the ambulatory setting. The events of this meeting stimulated two resolutions: one urging that the Association carry out strategic planning in a more formal way and the second expressing the Council's appreciation to the Veterans Administration and its current leadership for the positive contributions which have been made to medical education.

## COUNCIL OF ACADEMIC SOCIETIES

During the past year, the Council of Academic Societies has focused much of its effort on improving communications between the AAMC and the medical school faculty members.

A CAS directory, published for the first time this year, lists the 51 member societies, their officers, and official representatives and includes information regarding the AAMC, its governance, and the way in which CAS relates to its overall mission and goals. The Directory is updated bimonthly.

The Administrative Board of the CAS held four meetings during the year; the entire Council met in conjunction with the 1972 Annual Meeting in Miami Beach and in a special meeting held in Washington, D.C., in March 1973.

At the 1972 Annual Meeting the CAS sponsored a joint program with the Council of Deans on "Colleges and Medical Schools—Approaches to Accomplishing Their Joint Mission."

In March, a four-day meeting of the CAS was held in Washington, D.C. The first day was devoted to the CAS Business Meeting and the second day was a Conference on the Impact of Large Center Categorical Grants on the Academic Health Centers. Speakers from the institutions and the Government presented issue papers that were discussed by the participants. A Workshop on Individualized Medical Education comprised the final two days of this special spring program. With the financial support of the Commonwealth Fund, this meeting brought together over 100 faculty members to discuss experiences and problems growing out of the increasing flexibility in undergraduate medical education. A report of the proceedings has been distributed to the Council of Academic Societies, Council of Deans, Group on Medical Education and workshop participants.

The CAS has been involved in a major way in developing an AAMC position on the FY 1974 Federal budget. Results obtained in an AAMC survey of the probable impact of the proposed FY 1974 Federal budget on the departments of pediatrics, biochemistry, medicine, microbiology, physiology and psychiatry were distributed to the CAS and to those who participated in the survey in early July. Additional data were collected subsequently for a more extensive analysis.

The CAS plans a fall program on "Certain Ethical Aspects of Biomedical Research." The 1974 spring program will deal with faculty tenure, problems of the rotating chairmanship, departmental review, governance, and early retirement plans.

## COUNCIL OF TEACHING HOSPITALS

The COTH Administrative Board held four meetings during the year, developing the program and interests of the teaching hospitals, and providing input to the policy considerations of the Executive Council. Of particular concern were increasing attention to the cost of educational programs and the expansion of external control and regulation. At least seven types of control phenomena are at some stage of implementation:

- control of capital input better known as the certificate of need concept;
- control of planning—how much institutional planning must be done, and to how many public bodies it must be reported;
- control of costing and pricing, for example, rate setting commissions;
- control of quality of care;
- control of the data base and method of outcome measurement;
- control of the health benefit package;
- control of manpower output.

At the COTH portion of the 1972 Annual Meeting some of these issues were addressed as they have been experienced in New York State and Philadelphia. The theme for the 1973 COTH general session will be "The Economic Stabilization Program and Other Health Industry Controls."

The COTH Administrative Board approved the establishment of two COTH $2500 research support grants to doctoral candidates in the organizational and/or behavioral sciences, e.g., programs in hospital and health administration or departments of economics. The applicants will be full-time doctoral candidates who have passed their comprehensive examination and who have a formally approved dissertation proposal. The subject matter addressed in the research proposal must be directly related to the financing, organization, or delivery of health services in an academic medical center environment. Proposals will be screened by the AAMC staff, and the final selection of award recipients will be chosen by the COTH Administrative Board.

COTH spring regional meetings were held in Pacific Grove, California, Atlanta, Chicago and Boston. At the western meeting John Kasonic of Arthur Young and Company discussed "The Implications of H.R.1 on the Provision of Professional Services in the Teaching Setting." In Chicago, Al Whitehall and Thomas McConnell described the New Mexico Foundation Plan under the title, "Quality of Care and the Teaching Hospital." Vernon Weckworth presented an analysis of the issues involved in quality assurance proposals. Additionally, Robert Laur, Acting Director, Office of Policy Development and Planning, DHEW, set forth his observations on implications of federal program shifts on teaching hospitals.

At the southern meeting in Atlanta, John Lynch of North Carolina Baptist Hospitals discussed probable federal cutbacks in medical school funds as they will affect teaching hospitals. George Stockbridge, Executive Secretary, Health Planning Council for Central North Carolina, described the recent North Carolina Supreme Court decision which declared the North Carolina "Certificate of Need Law" unconstitutional. Larry Martin, Comptroller and Associate Director of Massachusetts General Hospital presented the implications of rate review legislation for teaching hospitals. Featured speaker at the northeastern meeting was John D. Twiname, Executive Director for Health of the Cost of Living Council, who discussed the control of health care costs under Phase III of the Economic Stabilization Program.

## ORGANIZATION OF STUDENT REPRESENTATIVES

The interest and participation of medical students in the Organization of Student Representatives grew rapidly during the year. Over 100 students participated in OSR activities at the 1972 Annual Meeting in Miami Beach. During these sessions students voiced concern about a wide range of issues including the doctor draft, health maintenance organizations, the geographic maldistribution of physicians, and the National Intern and Resident Matching Program. OSR also sponsored a successful Annual Meeting program about the problems of racial minorities in medical schools.

OSR was well represented at four regional spring meetings held in conjunction with the Group on Student Affairs. Students participated actively in joint meetings with GSA, and student views on various aspects of the admissions crisis were incorporated in GSA actions on the Early Decision Plan and the adoption of uniform dates for notification of acceptance to medical school. The OSR also played a primary role in developing a program for monitoring the procedures of NIRMP and for reporting violations of these procedures to appropriate national authorities.

The OSR Administrative Board met in December and June. The first Board meeting was largely devoted to an orientation about the organization and activities of AAMC. In June the student leaders evaluated the results of the OSR regional meetings and outlined the issues to be considered by OSR at the 1973 Annual Meeting. A third Administrative Board meeting was planned for early September.

After a two year period of organization and growth, the OSR has become an effective vehicle for bringing student views to the development of policy and programs in the Association, through participation in the Executive Council, Assembly and most committees.

# National Policy

The national policy interests of American medical schools and teaching hospitals commanded major attention by the Association in the past year. The Association's activities ranged across the fields of biomedical research, medical education and patient care. It participated actively in seeking adequate federal funding for key health programs as well as in suggesting approaches for the development of overall national health strategy.

Without question, the dominant issue of the year was the level of federal funding for national health programs. President Nixon vetoed two successive appropriations measures for the activities of the Department of Health, Education and Welfare during the year ending June 30, 1973; as a result, the Department operated a full year without specific, Congressionally approved appropriations. In each case, the Association urged the President to sign the legislation so that national goals and objectives in health, as determined by existing federal programs, could be supported with adequate funds.

Release in January 1973 of the President's budget for the year ending June 30, 1974, showed clearly that the funding issue was to remain important. Proposed decreases in the levels of funding for research, for medical education assistance, and for numerous health service programs were so sharp that the impact on the schools would be serious. To measure the impact, the Association undertook a detailed survey of the effect of the budget cuts on the schools. The results confirmed that the proposed budget levels would lead to faculty cutbacks, smaller enrollments, fewer community services, and possibly irreversible dismantling of research programs. With the survey results in hand, the Association itself, and in cooperation with the Coalition for Health Funding and the Federation of Associations of Schools of the Health Professions, testified before both House and Senate appropriations subcommittees urging increased levels of funding. Congress responded and restored many of the sharp cuts to previous levels. The President's Office of Management and Budget also was kept informed of the survey and its results. In related appropriations action, the Association worked vigorously through testimony and correspondence to secure adequate funding for the medical activities of the Veterans Administration, as they relate to VA-medical school relationships.

Another important issue this year was the setting of overall national health strategy. Opportunities to do this arose because of the simultaneous expiration of legislative authorities for 12 key federal health programs, and the need to consider legislation modifying and extending the programs. Included were authority for health services research and development, national health statistics, migrant health, comprehensive health planning and services, assistance to medical libraries, Hill-Burton hospital construction aid, allied health and public health education assistance, regional medical programs, family planning services, community mental health centers, and aid for persons with developmental disabilities. The Association has deep interests in a number of these programs as they relate to medical schools and teaching hospitals, as well as a deep and continuing concern with the absence of a coherent national health policy. Since the Congressional committees could not devote sufficient time to consider separately the many important programs whose legislative authority was expiring, the Association supported legislation to extend the expiring programs for one year. Such legislation was enacted. Later, separate legislation on which the Association testified was considered, dealing with health services research and development, national health statistics, medical library assistance, and allied and public health education assistance. Additional legislation was to be considered later. In testimony and in correspondence, Association spokesmen supported recodification of the Public Health Service Act, the basic federal health statute, as a first step toward reorganizing federal health programs into a more rational administrative structure, and establishment of a Presidentially appointed commission to undertake a study of all federal health programs and to recommend appropriate restructuring of them. The Association continued to support legislation to establish a

separate, Cabinet-level Department of Health, but no Congressional action occurred.

Different issues dominated the Association's activities in research, teaching and patient care. In research, the key issues were the research training programs of the National Institutes of Health and the safety of human subjects in experimentation. In teaching, the key development was the completion of the report to the Executive Council of the Committee on Financing of Medical Education and the many and complex issues that the report raised. In patient care, the dominant issue was the implementation by the Social Security Administration of provisions of the Social Security Amendments of 1972 dealing with the reimbursement of physicians in the teaching setting. In each of these areas, the Association through its officers and senior staff exerted constant efforts to inform key members of the Legislative and Executive Branches of the needs of the schools and hospitals in meeting national health objectives and the likely effects of varying federal approaches toward meeting those needs.

Proposals included in the President's fiscal 1974 budget to begin phasing out the existing programs of research training grants and fellowships triggered intense Association activities. The Association's budget survey documented the serious adverse effect such a move would have on the development of new biomedical researchers and medical school faculty and on the financial stability of schools which were heavily engaged in research training. The Association cooperated with interested members of Congress in developing legislation to retain the present research training programs and supported the legislation in testimony and through other appropriate means. The Association stressed the need for increasing numbers of researchers and faculty and the efficiency of training grants and fellowships in meeting that need. The Association's arguments were further supported by favorable reports from the National Institutes of Health and the President's Science Advisory Committee. Where appropriate, meetings were arranged with key officials of the Department of Health, Education and Welfare and the Office of Management and Budget.

The issues of research training and protection of human subjects in experimentation were linked by legislation considered in the Senate which included in the same measure provisions dealing with both issues. Public concern had been mounting over the issue of research ethics, and the Association earlier had adopted a policy statement, based on the DHEW Guidelines for the Protection of Human Subjects, which declared that ensuring respect for human rights and dignity is integral to the educational responsibility of the institutions and their faculties. The Association testified in support of the ethics provisions of the Senate bill, which call for establishment of a National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The Commission would develop guidelines for research involving human subjects.

Completion of the Association's report on the financing of medical education marked an important development in preparation for upcoming consideration of legislative proposals to modify and extend the federal program of aid to undergraduate medical education. The report was prepared under the direction of Dr. Charles Sprague, AAMC Chairman and President, University of Texas Health Science Center at Dallas. The report focuses upon the problems and issues surrounding the measurement of the cost of undergraduate medical education, a matter of long concern to the Association, the federal government, and the medical education community. Determining the cost of medical education has become increasingly important as federal assistance has shifted to capitation support, which provides a given amount of aid per student. In fact, the legislation establishing the present capitation-grant support program, the Comprehensive Health Manpower Training Act of 1971, also called for a study by the National Academy of Sciences of the cost of educating medical students and other health professionals. Information from the Association's report and further work of Dr. Sprague's committee in developing methods of financing undergraduate medical education are certain to play critical roles in the preparation of new health professions education assistance legislation.

Meanwhile, the Executive Council has appointed a Committee on Health Manpower to review the authorities of the 1971 legislation, which expire June 30, 1974, and to recommend appropriate modifications which the Association should support in working with Executive and Legislative officials on the extension of the authorities.

In other health manpower developments, the Association worked closely with the Veterans Administration in implementing a new VA program of aid to new state medical schools and to

expanding schools presently affiliated with a VA hospital. The new programs were authorized in legislation enacted late in 1972. The Association watched with concern the government's initial efforts at setting up a Uniformed Services University of the Health Sciences, in effect a federal, military medical school, which was authorized by legislation enacted, despite Association opposition, late in 1972. And the Association monitored closely an administrative reorganization of the DHEW which saw, among other changes, the Bureau of Health Manpower Education shifted from the National Institutes of Health to a newly created Human Resources Administration. The Bureau is the agency which administers the federal program of aid to undergraduate medical education.

The Association's concern with reimbursement of teaching physicians under Medicare deepened over the past year as regulations were prepared by the Social Security Administration for carrying out the 1972 Social Security legislation which modified the previous reimbursement methods. The legislation shifted reimbursement from a fee-for-service basis to a cost basis in many instances. Regulations specifying details of the new reimbursement method appeared certain to result in sharp drops of revenue for most schools from the practices of their clinical faculty members and demands for increased support for the schools from other sources. To assess the impact on the schools of the legislation and the regulations the Association established an ad hoc committee to review the issues and also conducted a survey of the schools for their estimates of possible revenue effects. The Committee held a number of meetings with SSA officials who were drawing up the regulations. Frequent efforts were made to explain the complex interrelationships existing between a medical school and a teaching hospital. Once regulations were issued, the Association successfully requested an extended period to prepare the results of its survey and to comment as forcefully as possible on the impact of the regulations.

The 1972 Social Security legislation was an omnibus bill and several other provisions also have attracted the attention of the Association. It has been particularly concerned with the development of Professional Standards Review Organizations and with requirements for increased review of teaching hospital activities by health planning agencies.

The Association continued to support legislative efforts to provide federal support for the establishment and expansion of emergency medical service systems and for the establishment of health maintenance organizations. Also, the Association has followed with concern the various developments affecting hospital costs and charges in connection with Phases II, III, and IV of President Nixon's economic stabilization program.

# Working with other Organizations

The AAMC realizes the importance of maintaining close ties with other health-related organizations to pursue mutual goals and objectives more effectively.

This year marked the formal organization of the Coordinating Council on Medical Education, a joint undertaking of the five major voluntary organizations having responsibility for medical education. The stated purpose of the CCME is to provide a forum for the members of the agencies represented to discuss and develop policies on all issues related to medical education and to initiate the necessary steps for their consideration by the five parent organizations. Membership on this important deliberative body consists of the AAMC, American Medical Association, American Hospital Association, American Board of Medical Specialties, Council on Medical Specialty Societies, as well as federal and public representatives. In its first year, the CCME has begun to address the issues of the relationship of accreditation to federal programs, institutional responsibility for graduate medical education, institutional accreditation, professional and geographic distribution of physicians, and foreign medical graduates.

The Liaison Committee on Medical Education, now under the supervision of the CCME, continues to serve as the nationally recognized accrediting agency for programs of undergraduate medical education. A cooperative effort of the AAMC and the AMA, the LCME conducted twenty accreditation surveys during the 1972-73 academic year and has expanded its services to universities contemplating the development of a medical school. This year a new document, "Functions and Structure of a Medical School," which sets forth the general principles of accreditation of undergraduate medical education was formally adopted by the AAMC Assembly and the AMA House of Delegates.

A second liaison committee charged with overseeing the accreditation of graduate medical education was established this year under the supervision of the CCME. This Liaison Committee on Graduate Medical Education has been defining its appropriate relationship to the five parent bodies and to the twenty-two residency review committees. As these efforts progress and the LCGME begins to deal in greater depth with the substantive issues facing graduate medical education, it is becoming apparent that this coordinated approach holds great promise for the realization of medical education as a continuum.

The AAMC continues to work closely with the American Medical Association and the American Hospital Association on issues of common interest. Major collaborative efforts were undertaken this year to develop a joint position on new regulations proposed by the Social Security Administration to reimburse physicians in the teaching setting under Medicare. In addition, the AAMC Executive Committee has met with the officers of each of these important national organizations to discuss other issues and to facilitate collaboration in the future.

The Association has maintained its close working relationship with the staff of the Institute of Medicine of the National Academy of Sciences, particularly relating to the Institute's study of the cost of medical education. The resources and capabilities of the AAMC in this area have been made available to the IOM staff to assist them in successfully meeting their Congressional mandate.

An active liaison with the Veterans Administration in matters relating to the institutional relationships of medical schools and affiliated VA hospitals is maintained by the Association. The AAMC/VA Liaison Committee has discussed such timely issues as the appointment of hospital directors, the development of affiliation guidelines, regulations for establishing VA-supported medical schools, and the role of the VA in supporting basic and clinical research.

As a member of the Federation of Association 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 the education of health professionals. Last year, for the first time, a Federation spokesman presented testimony on health manpower appropriations for the membership. The growing unity among the members of the Federation has led to the development of a proposal under which the Federation would establish a small central office to coordinate specific programs of interests to its members. Areas of broad interest to the various health groups include the education of health professionals as a team, improving the management capabilities of the health centers, and a re-assessment of the present pattern of accreditation.

The Coalition for Health Funding, which the Association helped form four years ago, continues to grow in size, now having more than forty non-profit health related associations in its membership. The Coalition also enjoys the respect and confidence of most members of Congress. A Coalition document analyzing the Administration's proposed health budget for Fiscal Year 1974 and making recommendations for increased funding is widely used by Congress and the press.

The AAMC continues to assist the Association for Academic Health Centers on issues of concern to the Vice-Presidents for Health Affairs. Representatives of each organization are invited to Executive Council and Board meetings of the other. The AAMC keeps the Vice-Presidents informed of developments on the national scene through its distribution of newsletters and memoranda.

Through the Division of International Medical Education, the Association has continued to support the Pan American Federation of Associations of Medical Schools in its aim to strengthen medical education in the Americas. Several projects this past year were initiated with PAFAMS through the sponsorship of the W. K. Kellogg Foundation. Two of these projects were particularly successful. One concerned the initiation of a faculty training program in Latin American medical schools on preparing and using self-instructional materials. The other was an analysis of the relationship between social security institutions and medical schools in Latin America for the purpose of determining the extent to which the health resources of social security institutions could be employed for the benefit of medical education.

With similar objectives in mind the AAMC has provided support to the Association of Medical Schools in Africa by developing and conducting three regional seminars on the Teaching and Practice of Family Health. The meetings brought together representatives from African medical schools, nursing and other allied health professional training institutions, observers from WHO regional offices, ministers of health, and local government representatives interested in the general field of population and family planning.

The AAMC has also provided administrative and logistical support to the newly constituted World Federation for Medical Education, a voluntary, non-governmental, non-profit organization representing medical schools and medical educators on a world wide basis. The AAMC, a constituent member of the WFME through the Panamerican Federation of Associations of Medical Schools, is giving specific program support for the planning of an international conference on the role of the physician in population change to be held during the World Population Year (1974) and to be planned in conjunction with the World Medical Association.

The AAMC's Division of International Medical Education has undertaken assignments for specific educational needs as well. Assistance was provided in the recruitment of faculty members for a four-man teaching team to work at the University Center for Health Sciences in Yaounde, Cameroon. This has led to a contract between the U.S. Agency for International Development and Harvard Medical School which will provide technical and logistical support to the team working in Yaounde, and will have responsibility for the evaluation phase of the project.

The Association as a sponsoring agency has taken an active role in furthering closer collaboration between the Educational Council for Foreign Medical Graduates and the Commission on Foreign Medical Graduates. It is expected that these efforts will lead to a fusion of the two organizations and stronger representation by the sponsors in the development of national policies and programs for foreign medical graduates. Realizing the critical nature of these issues, the Association has appointed a special task force to review the general problems associated with the FMG. Specific recommendations for policy and action on the part of the Association are expected from the task force in the coming year.

# Education

The AAMC's Group on Medical Education is completing its first full official year. The four regions of the GME have initiated projects which include information site visits for programmatic evaluation, and identification of non-print educational materials for evaluation and indexing. This latter activity is in cooperation with a project directed by the AAMC's Division of Educational Resources under a contract with the National Library of Medicine. The GME is also supporting AAMC efforts to establish policies and guidelines for the collection and dissemination of academic data. The GME is deeply involved in the activities of the AAMC Department of Academic Affairs and has become an increasingly valuable mechanism for ensuring the relevancy of AAMC staff efforts to constituent needs.

The Continuing Education Study Committee, chaired by Thomas C. Meyer, M.D., submitted a report to the Executive Council setting forth certain recommendations as the basis for developing a new thrust in the continuing education of physicians. The Committee will continue work this year to implement new strategies to carry out these recommendations.

The *1972-1973 AAMC Curriculum Directory* was distributed in November, 1972 to all medical schools in the United States and Canada. As a resource for basic information about medical curricula, the Directory has filled an important need for dean's offices, curriculum committees, offices of research in medical education, foundations, government offices, medical students and applicants. The *1973-1974 AAMC Curriculum Directory* has been generously supported by a grant from the Josiah A. Macy, Jr. Foundation.

*AAMC Education News,* a newsletter supported by the National Fund for Medical Education, has been initiated to describe current activities in student assessment, curriculum change, and instructional innovations. Brief program descriptions will be written for the medical faculty member with the goal of providing useful information on education to teachers in the medical school. The first issue will appear in October, 1973 and then every other month through June, 1974—a total of five issues the first academic year. The publication will be mailed to all medical school deans and full-time faculty members.

Data from the MCAT Questionnaire for the years 1968-1970 and 1972 have been accumulated and partially analyzed. Reports on the data will be published. Beginning in May 1973, the administration of the MCAT and all related areas of security, confidentiality, irregularities and score reporting became the responsibility of the American College Testing Program.

Three new revised forms of the MCAT Science Sub-test have been delivered and are being utilized. These revisions were developed 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 with simultaneous efforts to initiate the development of an expanded program of pre-enrollment assessment.

This effort to expand pre-enrollment assessment has been formalized as the AAMC's Medical College Admission Assessment Program (MCAAP). During this year, a program director was appointed and an extensive communications program started with the various constituent groups and related organizations, including the regional organizations of the Council of Deans, Organization of Student Representatives, Group on Student Affairs, Group on Medical Education, and the Association of Advisors for the Health Professions. The Committee on the Measurement of Personality and the GSA Committee on Minority Affairs have had extensive involvement as well. Representatives from all these organizations met to consider position papers containing recommendations for program development. From the recommendations of the Task Force, specifications were developed for presentation to the membership at the AAMC Annual Meeting in 1973.

Special attention has been directed to the non-cognitive needs of the MCAAP. The MCAAP advisory groups hope that non-cognitive assessment will be of assistance to schools in broadening their admissions requirements to

meet societal health care needs. Since currently available personality tests are not completely appropriate for use in the medical school admissions process, research is being encouraged in this area, along with efforts to improve currently used non-cognitive techniques such as the biographical questionnaire, the autobiography/essay and the admission interview.

The AAMC Longitudinal Study of the Class of 1960 is the focus of research related to the career development of physicians, identifying both cognitive and non-cognitive variables that might be related to performance criteria. The study has been funded by the National Center for Health Services Research and Development for Phase II of its follow-up stage. Using the computer data bank, the archive of previous research, and the tentative follow-up strategy generated in Phase I, current activity involves the generation of a detailed protocol for collecting data on the performance criteria and relating these to the early characteristics of the physicians.

To facilitate more efficient utilization of biomedical communication technology by the medical school faculties, the Association has developed a program related to non-print educational resources. These include such multimedia educational materials as motion pictures, videotapes, filmstrips, slide sets, audiotapes, models, simulation equipment and computer-assisted instruction. As a result of continuing cooperative efforts with the National Library of Medicine and the Bureau of Health Resources Development, a contract was awarded to the AAMC to permit the development of specific projects in: 1) the identification, acquisition, assessment, indexing and cataloging of currently available educational materials in the health sciences; 2) the design of a Health Sciences Test Item Library; and 3) a feasibility study of retrieval of learning materials by educational objectives. These initial projects will implement some of the recommendations made by previous AAMC committees.

A survey of existing educational materials found to be effective by the AAMC constituency is currently in progress. Steps planned in the development of a Health Sciences Test Item Library include a national survey of test item pools available, followed by the establishment of a small core staff and advisory teams.

During this past year the Association has worked with U.S. medical schools in helping to provide broad health educational experiences for students with unusual career interests. The AAMC has been particularly interested in the potential contribution an educational program in international health could make to the present efforts of U.S. medical schools in providing their students a broader health care experience. Toward this end, the Association's Division of International Medical Education has discussed with regional groups of schools the development of a structured academic pathway in international health.

The Association became convinced of the need to support such a broadened health education pathway as a result of its successful five-year experience with the Public Health Service in running a ten-week foreign fellowship program for U.S. students. First in Israel and then Yugoslavia, this program has provided public health clerkships and investigative situations for 46 students each year under the direction of foreign medical and public health schools. A study to ascertain the influence of foreign fellowship experiences on the future career practices of U.S. medical students is currently underway.

The AAMC has worked extensively on some of the problems involved in coordinating international health experiences with the academic requirements of U.S. schools. These problems relate both to communication and to the content of the experience itself. Through the development of close ties with the Yugoslav fellowship schools this year, it has been possible to make some adjustments in the methods used to evaluate students so that the information obtained is more usable for U.S. institutions. In addition, the fellowship instruction has tended to stress those aspects of Yugoslavian health and life which have been shown to be the least familiar but most informative to U.S. students. Students' project reports have been made available upon request. Information about these reports is provided through the publication of abstracts in *DIME Dialogue*.

Through an extended communication network, the Division of International Medical Education has established close working relationships with the Liaison Officers for International Activities, who serve as the focal point for programs of international health at their respective institutions. In several instances these relationships have resulted in arrangements for consultation on international health projects. Together with the staff of the Fogarty Center for International Health, the AAMC is preparing plans for a workshop on the role of academic medical centers in international health.

# Research

As part of its increased activities in the area of biomedical research, the Association has established a Committee on Biomedical Research and Research Training. Eugene Braunwald, M.D., of Harvard Medical School, is Chairman of the Committee which initially has been charged with determining the cost of the contribution of biomedical research to undergraduate medical education. The Committee has also been examining the impact of possible termination of Federal research training grant programs while evaluating alternate methods of ensuring an optimal flow of new, young biomedical research personnel.

The Committee has also been concerned with the adequate support for investigator-initiated biomedical research programs which have built an impressive momentum in the attack against the diseases and impairments of man. The principal effect of the Administration's FY 1974 budget on the conduct of biomedical research would be to accelerate recent Administration policy to diminish investigator-initiated research and increase the level of targeted research funded through contracts. Further, the increased Federal support for heart and cancer research proposed in the FY 1974 budget clearly draws funds away from research in other fields. This would thwart the synergistic efforts of a balanced, coordinated national program of research into the physical and mental impairments of man. The Association has emphasized that biomedical research in any single field is related to and supported by simultaneous research and investigation in every other life science. It has repeatedly pointed out that to reduce the research activity in other fields while increasing activity in a highly targeted field, such as cancer, may in fact foreclose important unforeseen advances in the national effort to conquer cancer.

In testimony before the Appropriations Committees and both the Senate and House Health Subcommittees, the Association emphasized that the proposed phase-out of the Federal support for biomedical research training could not be justified by either the past performance of these programs or the potential merits of alternate mechanisms to meet the need for new biomedical research personnel. Training grant and fellowship programs have been highly successful in producing career researchers and teachers. They have assured the constant flow of people with advanced training in the biomedical sciences to provide new faculty and staff for university health centers. These training programs are particularly valuable because they provide both student and institutional support. The student support is essential in off-setting the attractions of the more lucrative clinical specialties. The institutional support component is necessary to ensure training capabilities of high excellence and to provide for the further development of the structure of graduate education in the biomedical sciences. To phase out training grant programs would reduce support which has made it possible for medical schools to develop formal educational programs to prepare students with the advanced knowledge which has permitted rapid progress in the national effort to conquer disease. The Association also indicated that the general research support program of the NIH provides funds which medical schools can use at the discretion of the institution for the development of new programs, providing initial support for young investigators, undertaking pilot projects and feasibility studies and supporting generalized facilities and services needed by multiple investigators. These funds thus greatly multiply the value of appropriations specifically directed to the support of other research programs.

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.

In discussions with key Administration and

Congressional representatives, the AAMC lent strong support to the system of peer review of proposals for Federal research support. Reportedly under attack from within the Federal Administration, the peer review system allows eminent scientists in a particular field to judge which research projects are most worthy of support. This scientific review reduces the potential influence of politics on the granting of research funds and assures scientific determination of where the funds will do the most good. Administration officials have agreed that the peer review system must be retained.

# Health Care

Early in 1973, the AAMC's Division of Health Services was given departmental status, a reflection of the growing emphasis being given to health care issues within the Association. Under the advice and guidance of the Health Services Advisory Committee, chaired by Dr. Robert Heyssel, the Department continued to expand its programs in various critical areas related to the health care activities of the medical schools and teaching hospitals.

The first phase of the HSMHA-supported project studying the implications of health maintenance organizations for academic medical centers was completed and a final report with findings and recommendations was submitted. In addition, a selected group of papers from the eight regional HMO workshops was published as a supplement to the April 1973 issue of the *Journal of Medical Education* under the title "HMO Program Development In the Academic Medical Center." This document has stimulated a great deal of interest among medical centers throughout the country. In line with the recommendations contained in the final report on Phase I, contractual support was received from HSMHA under which the Association undertook the planning and coordination of the development of a series of prototype HMOs at five of its constituent institutions. The participating institutions selected by HSMHA include Children's Hospital of San Francisco, Creighton University, the University of Michigan, University of Pennsylvania and Wayne State University. All HMO prototype projects are proceeding with technical assistance programs developed in concert with the AAMC staff and a group of primary project consultants who provide a continuous source of expert advice and consultation for each project.

The Subcommittee on Quality of Care of the Health Services Advisory Committee, under the leadership of Dr. Robert Weiss, has been actively concerned with emerging developments in this important area. Its program has included two major meetings as well as consultation with key congressional and HEW officials concerned with professional standards and quality review as well as authorities concerned with the methodology of quality assessment. As a result of its work, an AAMC policy statement on Professional Standards Review Organizations was developed and approved by the Executive Council at its March 1973 meeting.

The major new area of emphasis in the Department of Health Services is that of primary care. In response to the direction of the Executive Council that a primary care initiative be high among the new priorities established for the Association, the Health Services Advisory Committee was charged with the implementation of a program to carry out such an initiative. Drs. Thomas Piemme and Steven Schroeder, both of the George Washington University School of Medicine, were engaged as special consultants. Their first task involved the development and distribution of an extensive questionnaire surveying the interests and activities of medical schools in health services delivery and primary care education. Response has been received from more than 70 schools and it is contemplated that valuable data will soon be available which will provide a basis for developing Association policy and plans. A parallel development involves the appointment of a Task Force on Primary Care composed of physicians from academic medical settings having expert knowledge and experience in this field.

A significant reflection of the impact of these activities is the commitment by the AAMC of a half-day program at the November 1973 Annual Meeting on the subject of Primary Care and Quality Assurance.

# Faculty

During the past year a major part of the Association's activities has been devoted toward increasing the participation of the medical school faculty members in the affairs of the Association through the Council of Academic Societies. Association staff and members of the CAS Administrative Board have met with both the governing boards and the full membership of many of the academic societies to encourage faculty participation. In addition, there has been an increased involvement of faculty members on Association committees, task forces and accreditation teams.

The Association's Faculty Roster project, financed under a contract with the Bureau of Health Resources Development, has become increasingly useful in answering questions raised by the Federal government relative to the merits of various manpower development programs such as Research Training Grants and Health Manpower legislation. The Faculty Roster project was initiated in 1965 in order to assess the intellectual capital of medical education, to study the sources of faculty and the circumstances of their training, and to characterize the flow of persons from one institution to another and the reasons for departure from medical academia. It is the only comprehensive study of its kind and has been particularly concerned with the development of manpower to staff new and expanded medical schools. More recently, the roster has been used to measure the progress of the schools in increasing the representation of women and under-represented minorities.

Although the primary purpose of the project remains the support of this national study, the activity has a number of useful by-products for both the schools and the faculty members. The schools are now being provided systematic and organized copies of their own data so that they will be able to use the system as a faculty data base at the school. Since faculty roster information contains all pertinent education and employment data, only lists of publications need to be added in order to supply resumes of faculty members to accompany grant applications. Some schools will also use rosters to keep track of tenure and promotion schedules and to supply faculty lists required for accreditation site visits.

Because of the comprehensive nature of this faculty roster system, it is possible to discourage the conduct of additional surveys which would duplicate part or all of this effort. Thus, the project relieves the schools and faculty members of a clerical burden, while providing the government and the public with a locus of information on the medical school faculty.

Annual surveys of faculty salaries are continuing to give a better understanding of trends in compensation. This program permits schools to adjust their faculty compensation system in order to compete more effectively in the recruitment of new faculty.

The Graduate Medical Education Committee, chaired by William G. Anlyan, M.D., completed the development of Guidelines for Academic Medical Centers Planning to Assume Institutional Responsibility for Graduate Medical Education. This document address the entire spectrum of graduate medical education and in particular, states that faculty should be responsible for policy development and program review of all facets of graduate medical education. Faculty from both basic and clinical academic departments should expect to contribute to the teaching programs of the various disciplines. In most institutions, mechanisms for ensuring that the faculty exercises this responsibility have been well developed for the undergraduate program leading to the M.D. degree. Because of the greater complexity of graduate education, it is particularly important that full participation of members of the faculty, ranging from basic scientists to practicing clinicians, be engaged in setting standards for student selection, reviewing and approving curriculum plans, assessing the validity of resident evaluation procedures, and ratifying the graduation of residents from various graduate medical programs. The guidelines developed by the committee and approved by the Executive Council are designed to facilitate this assumption of responsibility.

The Association conducted two studies to evaluate the impact of the proposed Federal budget for fiscal year 1974 on medical edu-

cation. The first study evaluated the impact on the medical school as an institution and the second study evaluated the impact on six disciplines: physiology, microbiology, biochemistry, medicine, pediatrics, and psychiatry.

Data from the 78 schools participating in the institutional survey indicate that the number of full-time faculty supported from Federal grants and contracts would decrease from 8,785 in FY 1973 to 7,364 in FY 1974 as a result of the anticipated decrease in Federal funding of institutional support grants, research training grants, research grants and regional medical programs. Data from the departmental survey indicate that clinical departments planned to increase their patient care activities to compensate for the curtailment in both Federal and non-Federal research grants and contracts. Department chairmen indicated that this would moderately compromise their ability to teach. Psychiatry predicted the greatest effect from the changing patterns in Federal funding. Psychiatry chairmen anticipate a 17% decrease in the number of faculty members who could be supported in FY 1974 with the phase out of the training grant and reduction in other programs. The information gained furnished the basis for informing the Administration and the appropriation committees on the serious consequences of inadequate funding of programs.

# Students

The Association has devoted considerable effort to examining medical school admissions problems generated by the three-to-one ratio of applicants to available first-year places. Although a feasibility study indicated that an admissions matching plan would be technically possible and relatively inexpensive, AAMC staff and advisory panels were less optimistic about the universal acceptance of such a plan. Accordingly, a four-stage plan was recommended to encourage: 1) more detailed admissions information about each school; 2) more widespread use of the Early Decision Plan; 3) uniform dates for notifying applicants of their acceptance by a medical school; and 4) prompt mailing of "rejection letters" to allow maximum time for alternate plans. The Early Decision Plan will be used by 51 schools and Uniform Acceptance Dates by 69 schools in selecting their 1974-75 entering class.

The Group on Student Affairs has remained closely involved with the AAMC's student programs. The Association worked closely with the GSA's Committee on Financial Problems of Medical Students to secure information from medical school financial aid officers about the importance of the Federal Health Professions Scholarship Program, which is scheduled for termination. Over 80 medical schools responded to the request for data detailing scholarship support provided for low-income students. The AAMC continued to administer the $10,000,000 Robert Wood Johnson Foundation Student-Aid Program as well as the Transfer Program for two-year medical schools. Liaison was maintained with the Selective Service System, and administrative support was provided for the Association of Advisors for the Health Professions and the Organization of Student Representatives.

This past year has seen the further strengthening of the Office of Minority Affairs in the AAMC. A major concern of this office has been to work directly with AAMC member institutions in efforts to expand the applicant pool of minority students.

Experiences and approaches to the expansion of the applicant pool and to the admission and retention of minority students in medical schools were shared with 800 participants at the 1972 AAMC Annual Meeting in Miami. The AAMC, through the Office of Minority Affairs, also presented two workshops on Simulated Minority Admissions Exercises. These exercises were offered in workshop settings to help admissions and minority affairs officers to identify new and positive criteria for selecting minority applicants. The workshops highlighted some eight variables which include realistic institutional attitudes toward the disadvantaged student. A simulated structured interview with a minority candidate using the "latent image" process provides a method for institutions to assess their admission criteria.

The Office of Minority Affairs continued to provide information on opportunities for minority medical students through its information clearinghouse operation as well as the biannual distribution to medical school admissions officers of the Medical Minority Applicant Registry (Med-MAR).

The OEO-funded program entitled "Efforts to Increase Minorities in the Health Professions," administered by the AAMC, was successfully concluded on June 30, 1973. Through this program, financial and technical assistance was provided to a total of 50 community and school based projects.

The COTRANS program continued to expand in 1972. Eight hundred and seven applicants were sponsored for participation in Part I of the National Board of Medical Examiners' test in June and September. Of the 676 who took the examination, 215 (31.8%) achieved an overall passing score. In addition, 50 COTRANS sponsored examinees achieved scores in anatomy, biochemistry, and physiology that were high enough for second-year acceptance consideration. Advanced Standing admissions were awarded to 214 COTRANS sponsored students (36 for 2nd year, 167 for 3rd year, and 11 for 4th year places) representing an increase of 99 (86.1%) over 1971. An overview of the COTRANS experience from 1970 through 1972 was published in the Datagram, "COTRANS: A Progress Report," in the May 1973 issue of the *Journal of Medical Education.*

Significant increases in the number of Medical College Admission Test examinees continue. The estimate for 1973 is 58,000 examinations, up from 51,500 in 1972 and 45,000 in 1971.

The Biochemistry Special Achievement Test for advanced achievement testing in this discipline was initiated in the fall of 1970. During the 1972-73 academic year, 38 schools participated in the testing program. Seventeen schools tested a small number of students for advanced placement and 21 schools administered the test to the entire freshman class. Nine of the participating schools administered the test to more than one group of students. A revised edition of the test has been prepared for use in the 1973-74 academic year.

To meet the growing demand for studies relating to students, a decision was made to establish a new Division of Student Studies in the Department of Academic Affairs. The new division is expected to make more effective use of the growing collection of data on characteristics of applicants, students, graduates and their medical education.

The formation of the Division of Academic Information during 1971-72 furnished the organizational base for securing applicant and medical student data. The major responsibilities of this unit were to strengthen and expand the American Medical College Application Service (AMCAS) program, reorganize and integrate the various files of applicants and enrollee information, and to expand the Association's capability to provide appropriate information to its constituency and the public. In order to better coordinate all of the activities related to admissions and student affairs, the Division of Academic Information and the Division of Student Affairs were discontinued and their functions were assigned to a new Division of Student Programs and Services.

A recent agreement initiated between the Association and the Bureau of Health Resources Development provides for development and analysis of student data. This past year has been devoted to a review of existing files and the definition of items of information which will comprise the integrated medical student information system.

Work is continuing on a cooperative research project with the Educational Testing Service studying the flow of talent from undergraduate colleges to advanced degree work with implications for medical school admission and environment. A report, *The Graduates*, has been published by ETS with AAMC support, describing the characteristics and plans of approximately 20,000 college seniors taking part in the 1971 survey. Work is now in progress to analyze the data obtained from a follow-up survey of the same individuals one year later. A series of reports focusing on the group of seniors who planned to enter medical school is being prepared. The first of these reports appeared as a datagram in the *Journal of Medical Education.* Studies are also being made of the feasibility of matching the ETS data with data derived from the MCAT Program for this particular group of students.

The AMCAS program, which provides a centralized application service for medical school applicants has grown from 58 participating schools in 1971-72, to 75 which will participate in 1973-74. During 1972-73, a total of 33,853 individuals submitted a total of 224,647 applications through AMCAS, compared to 28,215 applicants who filed 165,882 applications in 1971-72. MCAT questionnaire data from non-AMCAS applicants is combined with AMCAS applicant information to produce summary reports covering all applicants.

Student record files for all students who entered medical school since 1965 have been consolidated into a single data base. The Accomplishment Report for currently enrolled students has been produced under the new title of Class Roster.

A pilot information service for undergraduate preprofessional advisors was initiated this year on the recommendation of the Council of Deans. This service will be provided for a minimum fee to 199 institutions which will participate during 1973-74. The information will consist of aggregrate data about the characteristics of the national applicant pool as well as information about the candidates from the subscribing institution. Individual data is released only with the written consent of the student.

# Institutional Development

The Management Advancement Program has been in operation a full year, with the third Executive Development Seminar (Phase I) being conducted in August 1973. This program, maturing with the deep involvement of representatives of the Council of Deans under the direction of a Steering Committee chaired by Dr. Ivan Bennett, has sought to enhance the leadership qualities and skills requisite to the task of creative institutional development.

The program consists of two seminars. The first, an Executive Development Seminar (Phase I) for deans or the principal executive officer of the medical schools, is a one-week workshop on management technique and theory conducted for a maximum of 25 participants by faculty from the MIT Sloan School of Management. The second, a follow-up Institutional Development Seminar (Phase II), is conducted three months to a year following the Phase I seminar. The dean, who has completed the Phase I seminar, selects a group of colleagues to join him in Phase II. He and his colleagues review some of the concepts and informational input from the first seminar and have an opportunity to apply some of these concepts to a problem of concern to the institution. In addition to the faculty, which provides the formal education presentations, individual consultants are assigned to work during the seminar with each school.

Underlying the design of the program is the perception that the leadership of the academic medical center and component institutions can benefit greatly from an enhancement of their technical managerial skills and a refinement of their human relations or behavioral skills. This is coupled with a recognition of the necessity of broadening the base of interest in improving the managerial quality within individual schools. Thus, not only the principal manager or executive is involved, but a whole group of those concerned with the development of the institution and its programs. Finally, the need for follow-up and reinforcement is recognized and accounts for the iterative nature of the program.

With the third Phase I, 70 deans will have participated in the Executive Development Seminars. The follow-up seminars have involved 17 institutions and over 100 individual participants. The individuals have included, in addition to the deans, 31 department chairmen, 9 hospital administrators, 4 vice presidents, and one chancellor, as well as program directors, business officers and planning coordinators.

Funds for the planning and implementation of the first seminar were awarded by the Carnegie Corporation of New York and the Grant Foundation. A major grant from the Robert Wood Johnson Foundation permitted the full implementation of the program for a two-year period.

Closely associated with the activities of the Management Advancement Program, the Management Systems Development and Analysis Program was established to review the extent to which academic medical centers are utilizing tools of management science in their operations and to assist in the implementation of such tools as management information systems and simulation planning models. With the guidance of the Management Systems Development Liaison Committee, chaired by Dr. Jane G. Elchlepp, the AAMC is seeking to coordinate the development of data sets, tools and processes used in academic medical centers. Such coordination must assure that external data sets are useful for internal management and that internal information systems are designed to meet external information requirements as well as meeting internal management requirements.

Fundamental to institutional development is the professional development of the administrative support staff at the health center. Primarily for this reason, two sub-council groups have been formed within the AAMC, the Group on Business Affairs and the Planning Coordinators Group. Specifically, the Group on Business Affairs has as its main purpose the advancement of "medical education particularly in the areas of business, fiscal and administrative management of medical schools and to facilitate direct interaction of the AAMC staff and councils with institutional representatives charged with responsibilities in business affairs." De-

veloped some five years ago, the GBA in addition to assisting the AAMC in the collection of financial data from its constituency has excelled in the development of strong continuing education programs around such topics as financial reporting, resource management, medical service plans, and fiscal planning.

The Planning Coordinators Group was established to advance the state-of-the-art of professional planning in academic health science centers and to establish better communication among its members by a fruitful exchange of information through regional and national conferences. This group was formally approved by the AAMC last December. Plans are proceeding to develop a series of workshops relating to a key problem—coordination of academic plans, physical resources, organizational and administrative plans, and fiscal plans.

Also directed toward the goal of institutional renewal is the establishment of a new AAMC Division of Institutional Studies. This division will undertake a series of descriptive and analytical studies of the academic medical centers, their structure and the process of governance and decision-making. The objective is to provide medical school managers with a coherent body of information on alternate forms of organization and their implications for institutional effectiveness.

As currently envisioned, the studies will examine such matters as the characteristics, role and interrelationships of boards of trustees, the vice presidents for medical affairs, deans, hospital administrators, faculty members, students, and support personnel. In addition, such issues as the implications and future of academic programs will be explored. Finally, work is progressing on the collection and analysis of material on educational programs on management-related topics appropriate for medical center executives and managers; consultants available to provide assistance in such fields as management, financial affairs, and organizational behavior; and an annotated bibliography of current literature of relevance to medical center management.

In response to the numerous requests for information about women in medicine from students, faculty, medical school administrators and professional and scientific organizations, the AAMC's Department of Institutional Development is attempting to organize data available on this subject. Drawing on the existing and extensive AAMC sources including Student Information, Faculty Profile Studies, and the Longitudinal Study, this office will coordinate the pooling of information pertaining to women. A special effort has been made to gather information from a wide variety of resources outside the AAMC and to represent the AAMC to the extent possible on an ad hoc basis at meetings and conferences which deal in a significant and relevant way with the subject of women in medicine. Additionally, the Association will focus on the special problems encountered by women who choose medicine as a career.

# Communications

Through a variety of publications, news releases, press conferences and personal interviews, the Association communicates its views, studies and reports to its constituents, interested federal representatives and the public. The major news story generated by the Association this year concerned the release of the results of a survey the AAMC conducted of the medical schools to assess the impact of the Administration's proposed fiscal year 1974 Federal budget on the institutions. This survey was made public at a news conference held at AAMC headquarters on May 21, 1973. The conference attracted 25 newspaper and magazine reporters plus network radio and television crews and, as a result, the story received wide use across the country.

*The President's Weekly Activities Report* is the AAMC's major communications vehicle for keeping the constituents informed. This weekly publication is designed to report on Association activities and attempts to give insight into the implications of these events. It also makes an effort to keep its readers abreast of Federal activities in the health area. More than 30 schools, at their request, now receive this report in bundles of 50 copies for internal distribution.

The *Journal of Medical Education* expanded its operation slightly during fiscal year 1972-73. The *Journal* published 1,288 pages of editorial material during this period compared with 1,159 pages the previous year. Two supplements were printed: "Educational Technology for Medicine: Academic Institutions and Program Management" and "HMO Program Development in the Academic Medical Center." A total of 151 papers were published; special sections were devoted to career choices, development of new medical schools, and sex education. Plenary addresses from the AAMC 1972 Annual Meeting and the 1972 AAMC Proceedings and Annual Report were also published in the *Journal.* The publication received 359 manuscripts for consideration during the 1972-73 year. Of these, 130 were accepted for publication, 153 were rejected, 19 were withdrawn, and 57 were pending as the year ended. The circulation of the *Journal* is about 6,000 copies a month. At the annual meeting of the *Journal* Editorial Board in November, Dr. Edmund D. Pellegrino succeeded as Board Chairman.

The *AAMC Bulletin,* which contains news items from the schools, the Association, the government, and related fields of education, circulates almost 7,000 copies a month. In addition to the *Bulletin,* other newsletters of a more specialized nature were produced by various offices: *The Advisor, COTH Report, DIME Dialogue, Student Affairs Reporter, The DEMR Report,* and the *MCAAP Report.* Almost 35,000 copies of the annual *Medical School Admission Requirements,* and 4,500 copies of the *AAMC Directory of American Medical Education* were distributed. The *AAMC Curriculum Directory,* issued for the first time, provided information on the changing scene of medical education.

Three AAMC publications won awards for excellence in the annual national competition conducted by the Educational Press Association of America. The publications were the *Journal of Medical Education* for its special issue on career choices, the *AAMC Bulletin,* and the *1971-72 AAMC Annual Report.*

The newest of the AAMC newsletters will be the *AAMC Education News,* which will make its debut about October 1. This eight-page publication will be circulated free to all the full-time medical school faculty members. This five-times-a-year publication will be primarily concerned with reporting on changes and innovations in medical school curriculum. It is being made possible through support from the National Fund for Medical Education.

The Association continues to meet with editorial boards of major national newspapers. In addition, Association staff members are frequently interviewed by newspaper and magazine reporters.

The Group on Public Relations, representing the public information officers of the medical schools, received official status in the Association this year. The GPR has worked closely with the Association staff in stimulating nationwide coverage of important events through the use of media contacts at the local level.

Two important projects have been undertaken by the Group during the year. A committee has

been formed and charged with the responsibility of formulating national guidelines for use by the teaching hospitals in providing information to news media, particularly in cases involving patients of national prominence. The guidelines are intended to offer suggestions for accommodating the news media and, at the same time, protecting the privacy of the patient.

This committee will be working with representatives of the national wire services, the National Radio and Television News Directors Association, American Medical Association, American Hospital Association, Veterans Administration, and the American Bar Association in order to receive a wide spectrum of input to the preparation of procedures to be submitted to the Councils of the Association for review and suggestions.

The second major committee formed by the GPR will undertake a national public relations campaign, which has been named Project Med-Aware, to inform the public of the medical schools' contributions to the community. This campaign will focus primarily on biomedical research conducted by the medical schools, and will attempt to point out the need for sustaining the present level of research and how society can benefit from increasing these efforts. This program will require the production of television and radio spot announcements which will be used as public service announcements by network radio and television, as well as by local stations. In addition, a fifteen-minute film will be produced for the use of speakers, who will be recruited from medical schools and the practicing community, to show to interested groups throughout the country. Coupled with these efforts will be the publication of posters and literature for distribution.

# Information Systems

The Association collects data on applicants, students, faculty members and institutions to provide a data base for analytical studies and statistical reports. The reports permit our institutions to view themselves in a regional or national perspective and provide support for institutional planning activities. Analytical studies are aimed at the identification of significant trends and new problems, and at the illumination of policy alternatives for the schools, the Association, and state and federal governments.

The sources of data are the MCAT and AMCAS questionnaires, the faculty roster questionnaire and change report, and Parts I and II of the questionnaire of the Liaison Committee on Medical Education. These are supplemented by annual surveys of medical school faculty and administrative salaries.

The Association has begun an ambitious effort to integrate its many data files into a comprehensive information system, with the aim of improving access and reliability and reducing redundancy and inconsistency in the data base. The effort in information systems development is supported in part by the DHEW Bureau of Health Resources Development, encompassing in a single contract activities such as the Faculty Roster and the Cost Allocation Study, previously supported individually.

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 collective bargaining trends.

In the spring of 1973 the fifth 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 August. The current year's salary shows an increase of 4.7 percent over last year, as opposed to last year's 5 percent over the previous year.

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

The September 1973 issues of the *Journal of Medical Education* contained the results of a special survey of 60 university-owned or operated teaching hospitals in the nation to determine sources of income for these hospitals, particularly through state appropriations.

The American Hospital Association has shared the results of their annual survey of hospitals. These results are now incorporated in the AAMC data system. It is anticipated that this arrangement will continue. This data, which will be updated on a continuing basis, provides valuable information for studies of teaching hospitals and comparisons with other types of institutions.

# Treasurer's Report

The audited statements and the audit report for the Fiscal Year ended June 30, 1973 were carefully examined by representatives of the Association's auditors, Ernst and Ernst, and members of the Association's Audit Committee on August 28, 1973. At its meeting in Washington on September 14, 1973, the Executive Committee reviewed and accepted the final and unqualified audit report. The management letter accompanying the audit report indicates that the Association's fiscal and internal control systems are adequate and minor recommendations for their improvement have already been implemented.

Total income increased 15.53% to $6,257,849. Added volume of activity in special projects accounted for 41% of the increase, with contracts and grants providing 23%, membership dues 23%, and sundry items 13%. The increased dues income results principally from the increase in COTH dues during the year.

Expenditures and transfers to restricted funds for special purposes totaled $5,544,396. 31% of the increase in expenditures was in grants and contracts and 69% in other Association programs.

Balances in funds restricted by grantor increased $105,358 to $427,031 while residual funds available for general purposes increased $667,358 to $2,052,326—a reserve equal to approximately four and one-half months operations at the 1972-73 level of expenditures.

As the Association continues to expand its services, and given the uncertainties of the sources of the Association's future financial support, these reserves appear most appropriate.

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES
## BALANCE SHEET
June 30, 1973

### ASSETS

| | |
|---|---|
| Cash | $ 167,473 |
| Certificates of Deposit | 1,900,000 |
| Investments in United States Government | |
| Short-term Securities at cost and accrued interest | 965,901 |
| Accounts Receivable | 659,284 |
| Deposits & Prepaid Items | 23,527 |
| Investments in Management Account | 790,703 |
| | $4,506,888 |

### LIABILITIES AND FUND BALANCES

| | |
|---|---|
| Liabilities | |
| Accounts Payable | $ 283,038 |
| Deferred Income | 773,127 |
| Fund Balances | |
| Funds restricted for special purposes | 1,101,541 |
| Funds restricted to investment in plant | 296,856 |
| General Funds | 2,052,326 |
| | $4,506,888 |

## OPERATING STATEMENT
Fiscal Year ended June 30, 1973

### SOURCE OF FUNDS

| | |
|---|---|
| Income | |
| Dues & Service Fees from Members | $1,412,268 |
| Grants Restricted by Grantor | 464,667 |
| Cost Reimbursement Contracts | 1,289,743 |
| Special Services | 2,617,871 |
| Journal of Medical Education | 55,435 |
| Other Publications | 164,122 |
| Sundry | 253,743 |
| | $6,257,849 |
| Reserve for MCAT Development | 60,290 |
| | $6,318,139 |

### USE OF FUNDS

| | |
|---|---|
| Operating Expenses | |
| Salaries & Wages | $2,158,847 |
| Staff Benefits | 240,239 |
| Supplies & Services | 2,257,744 |
| Equipment | 97,550 |
| Travel | 510,556 |
| | $5,264,936 |
| Transfer to Restricted Funds for Special Purposes | 280,000 |
| Increase in Restricted Funds Balances | 105,358 |
| Increase in Unrestricted Funds Balances | 667,845 |
| | $6,318,139 |

# AAMC Membership

| TYPE | 1971-72 | 1972-73 |
|---|---|---|
| Institutional | 97 | 101 |
| Provisional Institutional | 17 | 14 |
| Affiliate | 14 | 15 |
| Provisional Affiliate | 3 | 2 |
| Graduate Affiliate | 1 | 1 |
| Academic Societies | 51 | 51 |
| Teaching Hospitals | 387 | 390 |
| Individual | 2,848 | 2,233 |
| Emeritus | 78 | 65 |
| Senior | --- | 10 |
| Contributing | 18 | 13 |
| Sustaining | 19 | 15 |
| Non-members in Development | 1 | --- |

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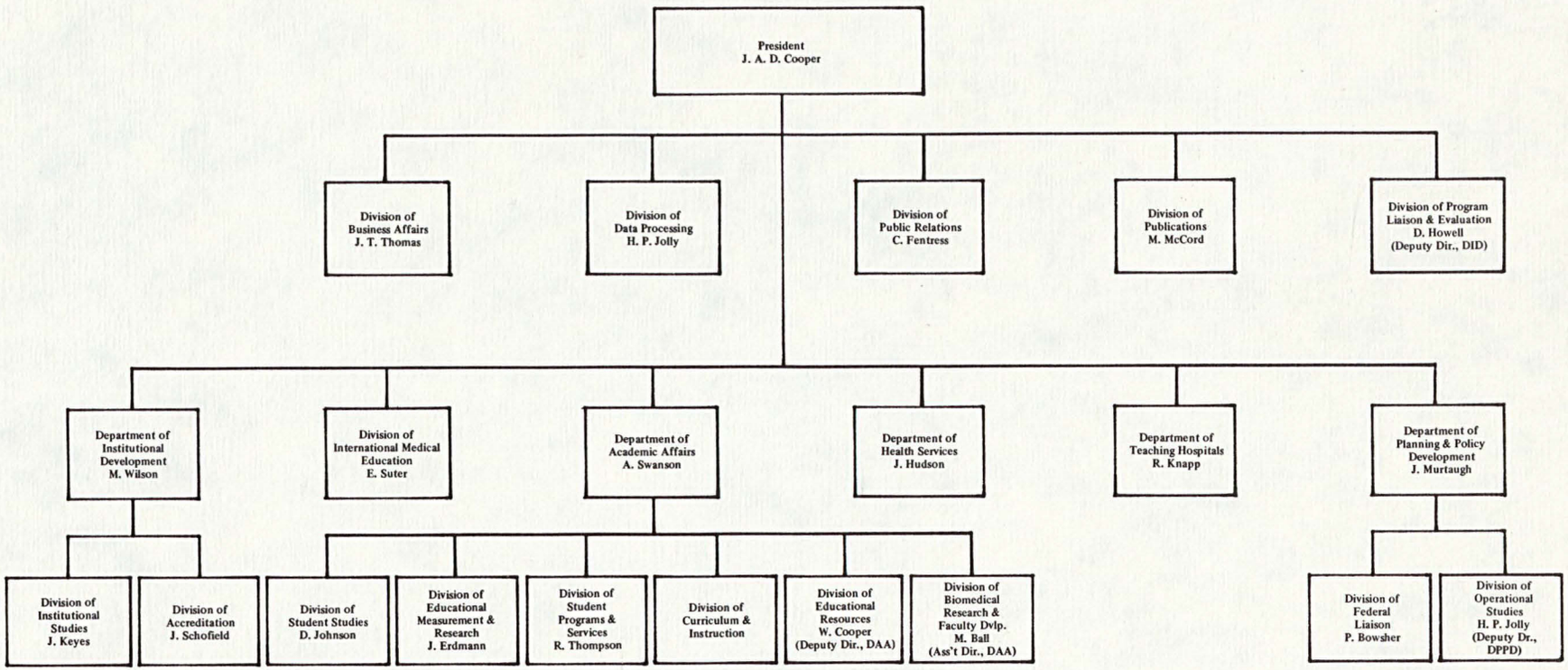


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