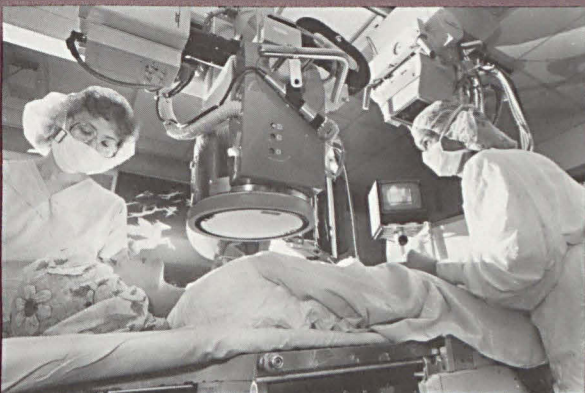
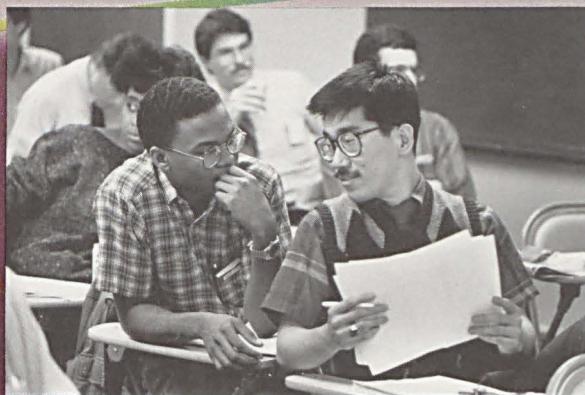


*1986-87  
Annual Report*





# AAMC 1986-87 ANNUAL REPORT

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# Association of American Medical Colleges

## HISTORY AND DEVELOPMENT

The Association of American Medical Colleges was founded in 1876 by representatives of 22 medical schools to work for much-needed reform in medical education. Its attempt to raise educational standards by the introduction of a uniform, three-year graded curriculum failed, and the organization lay dormant for more than a decade. By 1890 the need for concerted action was again recognized when 66 medical colleges met on their common concern to elevate the standards of medical education. The 1910 Flexner report, sponsored by the Carnegie Foundation for the Advancement of Teaching, provided the final impetus for sweeping changes in medical education, including the demise of proprietary medical schools and the rise of university medical education.

During the ensuing decades the Association turned its attention to studies on the medical education process. World War II produced extraordinary problems and demands on the nation's medical schools for service and research. In the following years the AAMC expanded its efforts and broadened its focus to include all of the activities — education, research and service — underway at member institutions. A major restructuring of the Association followed the 1966 Coggeshall report *Planning for Medical Progress through Education*. The Association was transformed from a "deans' club" to a national organization which represents four constituent bases: medical school deans, teaching hospital directors, faculty, and students. This coincided with a move of the Association's offices to Washington, D.C. to bring the AAMC into more frequent contact with U.S. government bodies, agencies, and other educational and professional organizations. This occurred at a time when national policy supported expanded enrollments and the creation of new medical schools.

Today the Association employs 170 persons under the direction of its president Robert G. Petersdorf, M.D. It carries out a broad range of programs and



Robert G. Petersdorf, M.D. current AAMC president.

studies aimed at advancing medical education and the nation's health.

## MEMBERSHIP

The Association includes in its membership:

- 127 U.S. and 16 Canadian medical schools
- 85 academic and professional societies representing the 61,000 faculty at member institutions
- 465 hospitals with substantial research and educational activities, including 75 Veterans Administration medical centers
- Medical students at U.S. schools
- Nearly 800 persons with demonstrated serious interest in medical education who belong to the Association as individual members.

Members of the faculty and administrators of academic medical centers represent their institutions in organizations of similar professionals in the AAMC:

- Group on Business Affairs
- Group on Faculty Practice (organizing November 1987)
- Group on Institutional Planning
- Group on International Medical Education (organizing 1988)
- Group on Medical Education
- Group on Public Affairs
- Group on Student Affairs



John B. Biddle, professor of materia medica at Jefferson Medical College and first president of the Association.

**OBJECTIVES**

*"The Association of American Medical Colleges has as its purpose the advancement of medical education and the nation's health. In pursuing this purpose, the Association works with many national and international organizations, institutions, and individuals interested in strengthening the quality of medical education at all levels, the search for biomedical knowledge, and the application of these tools to providing effective health care.*

*"As an educational association representative of members having similar purpose, the primary role of the AAMC is to assist those members by providing services at the national level which will facilitate the accomplishment of their mission. Such activities may include collecting data and conducting studies on issues of major concern, evaluating the quality of educational programs through the accreditation process, providing consultation and technical assistance to institutions as needs are identified, synthesizing the opinions of an informed membership for consideration at the national level, and improving communication with those concerned with medical education and the nation's health. Other activities of the Association reflect the expressed concerns and priorities of the officers and governing bodies."*

Approved by AAMC Executive Council  
June 21, 1974

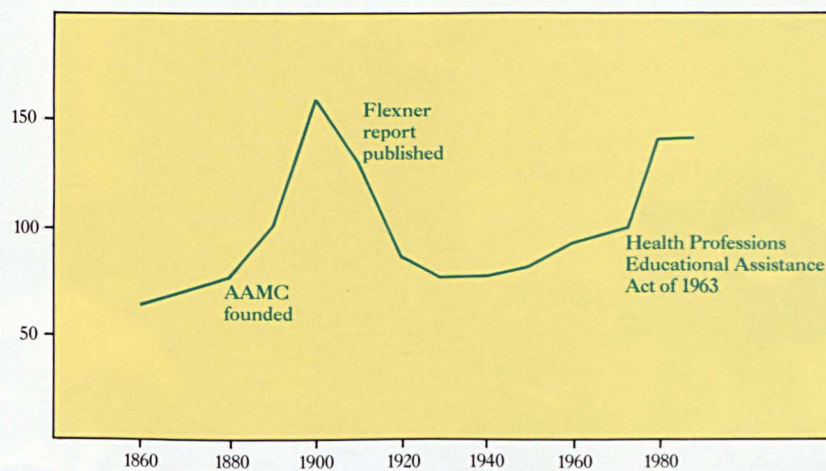


*The Association's annual award for distinguished service to medical education is named for Abraham Flexner, whose 1910 report helped consolidate major reforms in medical education.*



*The Association's principal offices are located in the National Center for Higher Education on Dupont Circle.*

**U.S. Medical Schools, 1860 to present  
(includes osteopathic schools)**



Source: U.S. Department of Commerce, Bureau of the Census

*The AAMC represents 127 U.S. medical schools. There are also 15 osteopathic medical colleges.*

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# Governance

The Association's governance structure is composed of the Council of Deans, the Council of Academic Societies, the Council of Teaching Hospitals, and the Organization of Student Representatives. Each of these constituencies elects an Administrative Board which contributes members to the Association's Executive Council. The Executive Council, led by its Executive Committee, establishes policy for the Association. At the AAMC's annual meeting the Assembly elects the Executive Council and approves new Association members.

The meetings of the Administrative Boards and Executive Council allow members to hear directly from officials of the congressional and executive branches on issues of interest and importance to academic medical centers. In 1987 the following speakers were featured at governance meetings:

- Representative Henry Waxman  
*Chairman, House Subcommittee on Health and the Environment*
- C. Everett Koop, M.D.  
*Surgeon General of the United States*
- James Wyngaarden, M.D.  
*Director, National Institutes of Health*
- Representative Willis Gradison  
*Ranking Minority Member, House Ways and Means Subcommittee on Health*
- Brian Biles, M.D.  
*Majority Staff Director  
House Ways and Means Subcommittee on Health*

At the 1986 AAMC annual meeting the Executive Council held a special session to consider the establishment of a closer relationship between the AAMC and the Association of Academic Health Centers. Following that meeting the leadership of the two organizations ratified an agreement creating the AAHC-AAMC Forum. The Forum, which has been established for an initial period of three years, provides a mechanism by which matters of common interest and concern can be explored, leading to joint activities and policy positions. The Forum itself has no outside functions or advocacy role and remains responsible to the two parent organizations. One positive outcome of the Forum has been an agreement by the two organizations to provide staff support jointly for a group of institutional governmental representatives.



NIH Director James Wyngaarden addresses AAMC Executive Council and Administrative Boards

**Executive Council**

**Chairman**

Edward J. Stemmler, M.D.  
*University of Pennsylvania School of Medicine*

**Chairman-Elect**

John W. Colloton  
*University of Iowa Hospitals & Clinics*

**Immediate Past Chairman**

Virginia V. Weldon, M.D.  
*Washington University School of Medicine*

**President**

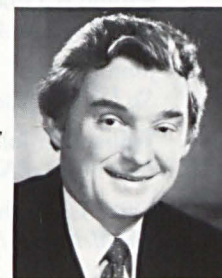
Robert G. Petersdorf, M.D.  
*Association of American Medical Colleges*

**Distinguished Service Member**

Edward N. Brandt, Jr., M.D.  
*University of Maryland*



*Edward J. Stemmler, M.D.  
Chairman, AAMC*



*John W. Colloton  
Chairman-Elect, AAMC*

**Council of Deans Administrative Board**

**Chairman**

Louis J. Kettel, M.D.\*  
*University of Arizona College of Medicine*

**Chairman-Elect**

William T. Butler, M.D.\*  
*Baylor College of Medicine*

**Members**

L. Thompson Bowles, M.D.  
*George Washington University School of  
Medicine & the Health Sciences*

D. Kay Clawson, M.D.\*  
*University of Kansas School of Medicine*

Robert S. Daniels, M.D.\*  
*Louisiana State University School of  
Medicine in New Orleans*

William B. Deal, M.D.\*  
*University of Florida College of Medicine*

Robert Friedlander, M.D.  
*Albany Medical College*

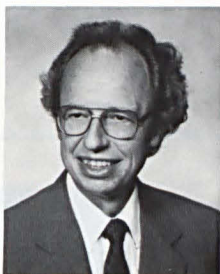
John Naughton, M.D.\*  
*School of Medicine and Biomedical Sciences  
of the State University at Buffalo*

Richard S. Ross, M.D.\*  
*Johns Hopkins University School of Medicine*

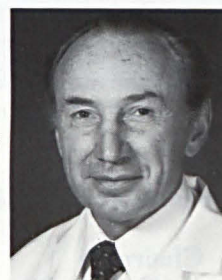
Henry P. Russe, M.D.\*  
*Rush Medical College*

W. Donald Weston, M.D.  
*Michigan State University College of Human Medicine*

Hibbard E. Williams, M.D.\*  
*University of California, Davis School of Medicine*



*Louis J. Kettel, M.D.  
Chairman, Council of Deans*



*Frank G. Moody, M.D.  
Chairman, Council of Academic Societies*



*Spencer Foreman, M.D.  
Chairman, Council of Teaching Hospitals*



*Vicki Darrow, M.D.  
Chairperson,  
Organization of Student Representatives*

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**Council of Teaching Hospitals Administrative Board**

**Chairman**

Spencer Foreman, M.D.\*  
*Montefiore Medical Center*

**Chairman-Elect**

J. Robert Buchanan, M.D.\*  
*Massachusetts General Hospital*

**Members**

Gordon M. Derzon  
*University of Wisconsin Hospital & Clinics*

Gary Gambuti\*  
*St. Luke's-Roosevelt Hospital Center*

Jerome B. Grossman, M.D.  
*New England Medical Center*

John E. Ives  
*St. Luke's Episcopal Hospital, Houston*

William H. Johnson, Jr.  
*University of New Mexico Hospital*

Larry L. Mathis  
*The Methodist Hospital, Houston*

James J. Mongan, M.D.  
*Truman Medical Center*

Charles M. O'Brien, Jr.  
*Georgetown University Hospital*

Raymond G. Schultze, M.D.  
*UCLA Hospital & Clinics*

E. Edward Schwartz  
*Hospital of the University of Pennsylvania*

Barbara A. Small  
*Veterans Administration Medical Center, San Diego*

C. Thomas Smith\*  
*Yale-New Haven Hospital*

**Council of Academic Societies Administrative Board**

**Chairman**

Frank G. Moody, M.D.\*  
*University of Texas Medical School at Houston*

**Chairman-Elect**

Douglas E. Kelly, Ph.D.\*  
*University of Southern California School of Medicine*

**Members**

S. Craighead Alexander, M.D.  
*University of Wisconsin Medical School*

Lewis Aronow, Ph.D.  
*Uniformed Services University of the Health Sciences*

David H. Cohen, Ph.D.\*  
*Northwestern University*

Joe Dan Coulter, Ph.D.  
*University of Iowa College of Medicine*

William F. Ganong, M.D.\*  
*University of California, San Francisco School of Medicine*

Ernst R. Jaffe, M.D.  
*Albert Einstein College of Medicine*

A. Everette James, Jr., M.D.  
*Vanderbilt University School of Medicine*

Herbert Pardes, M.D.  
*New York State Psychiatric Institute*

Frank M. Yatsu, M.D.  
*University of Texas Medical School at Houston*

**Organization of Student Representatives Administrative Board**

**Chairman**

Vicki Darrow, M.D.\*  
*University of Washington School of Medicine*

**Chairperson-Elect**

Kimberly Dunn\*  
*University of Texas Medical School at Houston*

**Members**

Mark Blumenthal, M.D.  
*Robert Wood Johnson Medical School*

Joanne Fruth, M.D.  
*Medical College of Ohio*

Michael Gonzalez-Campoy  
*Mayo Medical School*

Jill Hankins  
*University of Arkansas College of Medicine*

Sarah Johansen  
*Dartmouth Medical School*

Kirk Murphy, M.D.  
*Hahnemann University School of Medicine*

Richard Peters, M.D.  
*University of California, San Diego School of Medicine*

Thomas Sherman, M.D.  
*University of Connecticut School of Medicine*

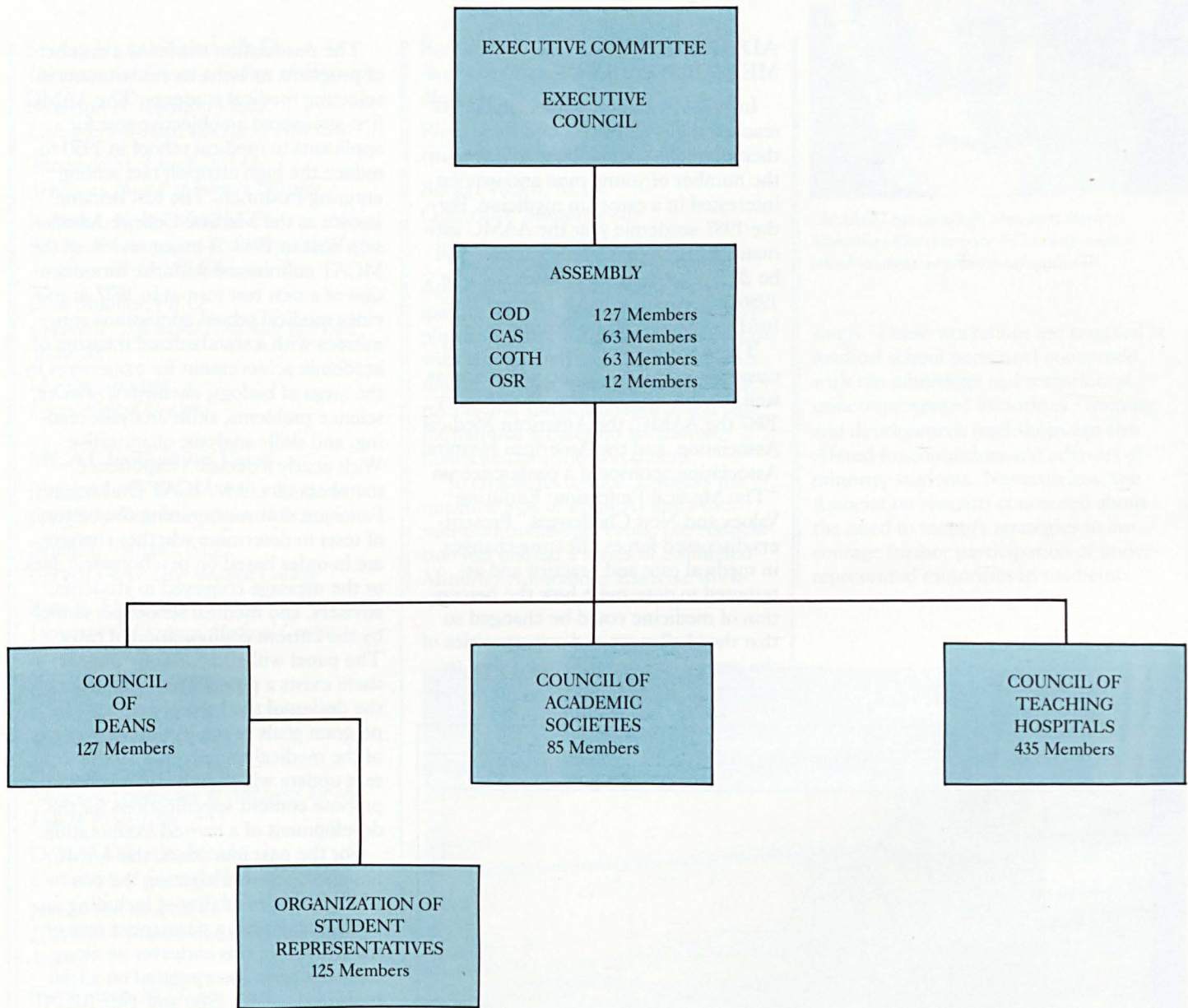
Andrew Spooner  
*University of Tennessee College of Medicine*

Mary Vistica, M.D.  
*Oregon Health Sciences University*

\*Administrative Board members who also serve on Executive Council



AAMC Governance Structure



# Selection and Education of Young Physicians

## ADMISSION TO MEDICAL SCHOOL

In 1974-75 medical school applicants reached their peak at 42,624. Since then there has been a steady decline in the number of young men and women interested in a career in medicine. For the 1987 academic year the AAMC estimates that the total applicant pool will be 28,200 or 10 percent fewer than for 1986. The projection for 1988 is for a further decline of 12 percent.

The declining interest in a medical career is of concern to the profession as well as to the Association. In February 1987 the AAMC, the American Medical Association, and the American Hospital Association sponsored a conference on "The Medical Profession: Enduring Values and New Challenges." Presenters discussed forces effecting changes in medical care and practice and attempted to determine how the perception of medicine could be changed so that the challenges and opportunities of the profession were more apparent to potential applicants.

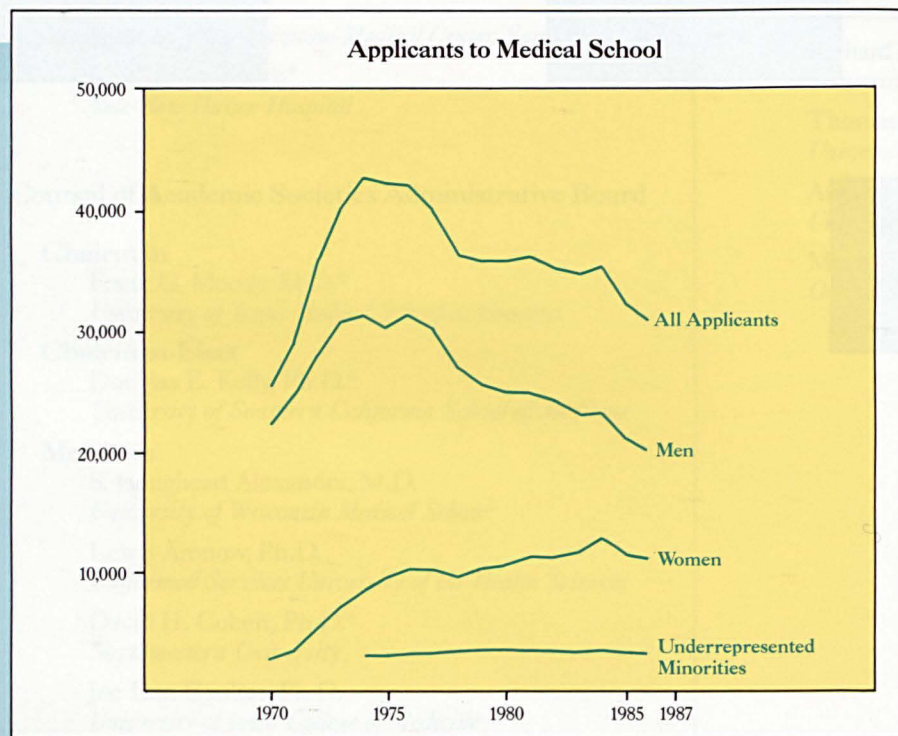
The Association conducts a number of programs to assist its constituents in selecting medical students. The AAMC first sponsored an objective test for applicants to medical school in 1930 to reduce the high attrition rate among entering freshmen. The test became known as the Medical College Admission Test in 1948. A major review of the MCAT culminated with the introduction of a new test format in 1977. It provides medical school admissions committees with a standardized measure of academic achievement for examinees in the areas of biology, chemistry, physics, science problems, skills analysis: reading, and skills analysis: quantitative. With nearly a decade's experience, members of a new MCAT Evaluation Panel are now reexamining the battery of tests to determine whether changes are in order based on psychometric data or the message conveyed to students, advisers, and medical school personnel by the current configuration of tests. The panel will also consider whether there exists a possible misalignment of the design of the battery and MCAT program goals or the information needs of the medical schools. An MCAT content update will then be undertaken to propose content specifications for the development of a revised examination.

For the past four years, the AAMC has also been investigating the possibility and desirability of including an essay question as a permanent part of the MCAT. In this endeavor an essay topic has been incorporated on a trial basis in the 1985, 1986 and 1987 MCAT exams. The objectives of the pilot program are to plan, develop, implement, and evaluate an essay written by examinees under standard conditions and in response to a topic developed to measure specific communication and analysis skills. A final report on this project is expected in January 1989.

## MCAT Essay Pilot Project Advisory Committee

Daniel J. Bean, Ph.D.  
*St. Michael's College*

Zenaido Camacho, Ph.D.  
*Baylor College of Medicine*



Applicants to medical school have decreased by more than 30% since their peak in 1974. Women applicants have increased from 7.8% to 36% of the applicant pool since 1970.

Shirley Nickols Fahey, Ph.D.  
*University of Arizona College of Medicine*

Scharron A. Laisure, Ph.D.  
*University of Iowa College of Medicine*

Terrence M. Leigh, Ed.D.  
*American Board of Family Practice*

Robert I. Keimowitz, M.D.  
*George Washington University School of Medicine & Health Sciences*

John Molidor, Ph.D.  
*University Affiliated Hospitals of Flint, Michigan*

Marliss Strange  
*University of Oregon*

**MCAT Evaluation Panel**

Richard L. O'Brien, M.D., Chairman  
*Creighton University School of Medicine*

Bruce L. Ballard, M.D.  
*Cornell University Medical College*

Kurt E. Ebner, Ph.D.  
*University of Kansas Medical Center School of Medicine*

Janine C. Edwards, Ph.D.  
*Louisiana State University School of Medicine in New Orleans*

Harry L. Fierstine, Ph.D.  
*National Association of Advisors for the Health Professions*

Doloras Furtado, Ph.D.  
*University of Kansas Medical Center*

Nancy E. Gary, M.D.  
*UMDNJ—Robert Wood Johnson Medical School*

Carol Horn, M.D.  
*George Washington University School of Medicine & Health Sciences*

Douglas E. Kelly, Ph.D.  
*University of Southern California School of Medicine*

Fernando Mendoza, M.D.  
*Stanford University School of Medicine*

Russell Miller, M.D.  
*Howard University College of Medicine*

Mabel Purkerson, M.D.  
*Washington University School of Medicine*

Billy Rankin  
*University of Texas Medical School at Galveston*

Ron Ramsey, M.D.  
*Southern Illinois University School of Medicine*

Richard W. Sherrill, M.D.  
*Eastern Virginia Medical School*

Robert Welch, M.D.  
*Cambridge, Massachusetts*

The American Medical College Application Service, with 106 participating schools, processes first-year application materials and provides schools with coordinated admissions data in a uniform format. AMCAS also provides rosters and statistical reports and data for national studies on admission, matriculation, and enrollment.

To enable its schools to assess the qualifications of minority and other non-traditional applicants, the Association has offered a series of Simulated Minority Admissions Exercise work-



The AAMC has sponsored Simulated Minority Admissions Exercises since 1973 to help medical schools evaluate nontraditional applicants.

shops. These workshops are targeted at medical school personnel concerned with the admission and retention of underrepresented minorities. Training and development workshops are also offered for counselors and advisors of minority students. Nevertheless, the Association remains concerned about the need to identify strategies to encourage further participation of underrepresented minorities in medicine.



The AAMC's Section for Student Services handles more than 7 million papers each year in support of AMCAS, MEDLOANS and other Association programs. These include medical school applications, letters of recommendation, transcripts, and admission actions.

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Match Day is the day when medical school seniors learn in which residency program they will do their graduate training. The Association is working to improve the transition process for both students and program directors.

## MEDICAL SCHOOL EDUCATION

In 1984 the Association issued *Physicians for the Twenty-First Century*, the report of the Panel on the General Professional Education of the Physician and College Preparation for Medicine (GPEP). Various efforts are underway, both within AAMC and at medical schools, to respond to the recommendations of the GPEP report. Association staff are working with a group of nationally recognized educators to develop a program to introduce medical school faculty to alternatives in medical student teaching and learning. A goal of the program is to expand participants' knowledge about how teaching and learning might be changed at their institutions. Activities at several medical schools include the development of systematic and comprehensive assessments of students' clinical performance. In addition, representatives of the Group on Medical Education are working closely with the National Board of Medical Examiners in their efforts to modify the NBME Part III examination; there is interest in diminishing the influence of licensing examinations on the programs of medical student education.

In recent years several factors have combined to alter substantially the hospital inpatient environment which has served as the focal point for medical education. These changes have caused medical educators to begin to seek information about the problems and opportunities associated with complementing medical student and residency training in the hospital with expanded training in the ambulatory setting. In December 1986 the Association, with the support of the W.K. Kellogg Foundation, held an invitational symposium "Adapting Clinical Education to New Forms and Sites of Health Care Delivery." A small group of 30 prominent medical educators, representatives of specialty societies, nursing and allied health educators, and others addressed the issues from the perspective of internal medicine, surgery, ophthalmology, and neurology. The participants held specific discussions on the implications for clinical education of the team approach to ambulatory care and on the cost and financing of ambulatory care training. Proceedings of the symposium have been published.

Under contract with the Health Resources and Services Administration an AAMC study has undertaken to iden-

tify the possible types of sites that might be conducive to ambulatory training, the strategies for organizing these educational functions and the consequences of such a shift. The study, to be completed in the fall of 1987, concentrated on internal medicine, general surgery, family medicine, pediatrics, psychiatry, and ophthalmology in examining the perceived need to alter education programs. Site visits were made to nine academic medical centers to examine approaches to educating students and residents.

## Ambulatory Care Project Advisory Panel

Robert H. Waldman, M.D., Chairman  
*University of Nebraska College of Medicine*

Robert C. Davidson, M.D.  
*University of California, Davis School of Medicine*

Thomas Delbanco, M.D.  
*Beth Israel Hospital*

Leo Henikoff, M.D.  
*Rush-Presbyterian-St. Luke's Medical Center*

William Kerr  
*University of California, San Francisco Medical Center*

Howard Kirz, M.D.  
*Group Health Cooperative of Puget Sound*

George Seldon, M.D.  
*University of North Carolina at Chapel Hill School of Medicine*



Medical educators recognize the importance of providing appropriate training experiences in ambulatory settings.

The AAMC's Group on Medical Education is the focal point of many of the Association's education activities. A segment of that group has been discussing introduction to clinical medicine (ICM) courses, and is working to define ICM and the funding sources available for it, with the hope for development of guidelines for better integration between ICM, basic science courses and subsequent clinical experience. At the 1987 AAMC annual meeting the results of a pilot study of a survey to establish a database about ICM courses will be presented.

The Association has published an annotated bibliography *Medical Education and Evaluation Along the Clinical Continuum* as part of its ongoing activities in medical student evaluation. Evaluation instruments from medical schools will be available through the Association in early 1988. These activities are coupled with the workshop series on "Systems for the Evaluation of Clinical Students: An Institutional Management Approach," offered through the AAMC's Management Education Program.

### TRANSITION TO GRADUATE MEDICAL EDUCATION

At the 1986 AAMC annual meeting the draft report of the Committee on Graduate Medical Education and Transition from Medical School to Residency was presented at a special general session. There have been a number of sequelae from this report:

*November 1 dean's letter date:* The Executive Council has supported the Council of Deans' designation of November 1, 1987 as a uniform release date for deans' letters for students seeking graduate medical education positions. Using this date for the release of these evaluative letters means that program directors will receive more information about students' performance in required clerkships and clinical electives.

*Transition Forum:* Starting with the 1987 AAMC annual meeting, a forum will be held with representatives of each specialty to review progress toward resolving problems at the transition between medical school and residency. This year the principal focus will be on

the effect on the resident selection process of the November 1 uniform release date for deans' letters and the changed National Resident Matching Program schedule which moved the date for submission of rank order lists from January to February. The forum will discuss ways to improve the coordination of selection of candidates for PG-1/2 combined positions.

*Deans' letters review:* A committee is working on ways to make deans' letters a more useful evaluative tool. The committee will define the appropriate use of the dean's letter and determine what information should be supplied to program directors who are selecting among candidates for residency positions. It is hoped that this committee's work will result in improved reporting of students' qualities and capabilities.

*"Audition" electives:* The Transition Committee report discouraged the use of "audition" electives as a part of the residency selection process, emphasizing that electives should be chosen to meet students' educational needs.



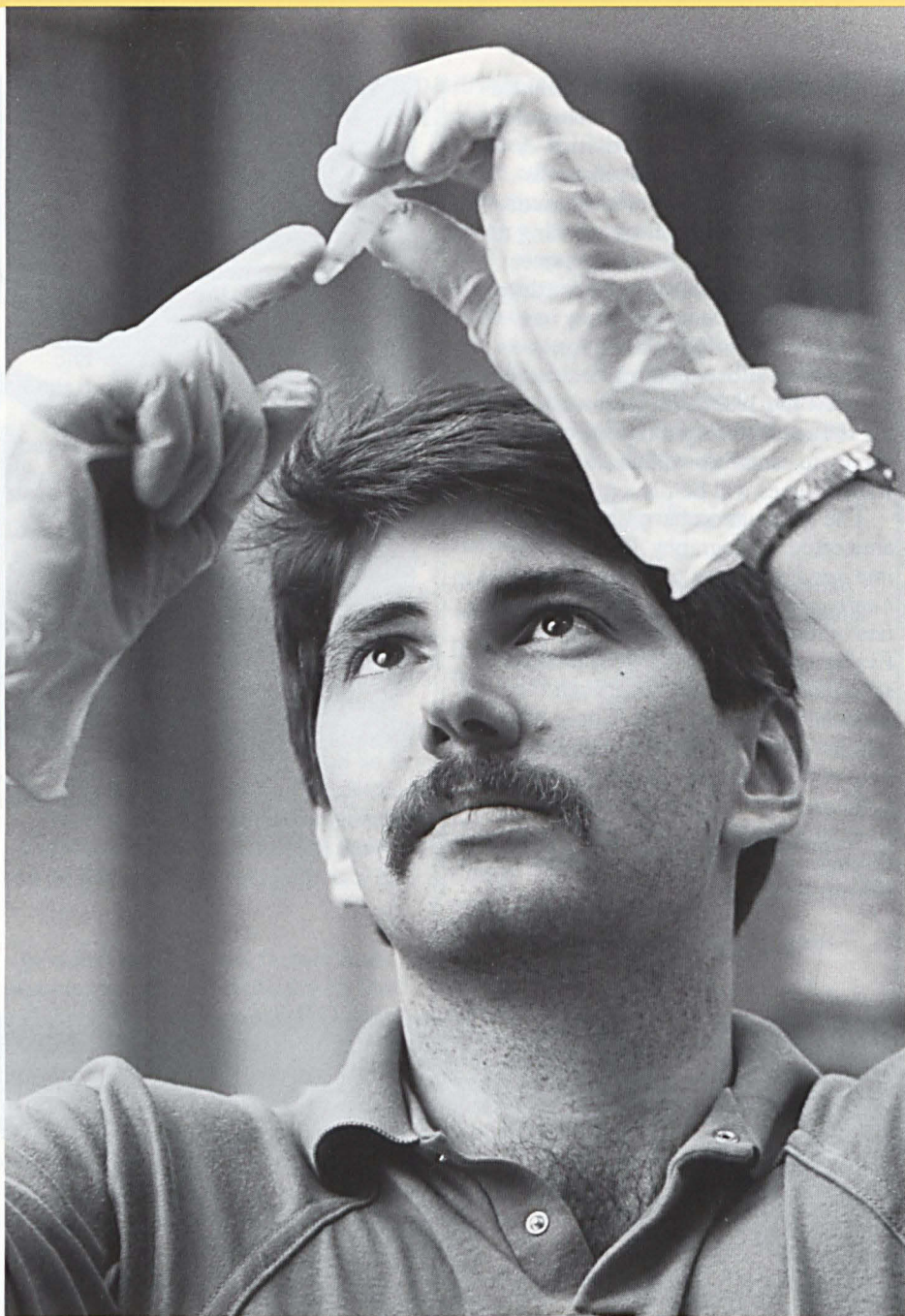
The Association's GPEP report stressed the importance of providing learning in one-on-one or small group settings.

## GRADUATE MEDICAL EDUCATION

The ability to track medical graduates through their residency training has been added to the Student and Applicant Information Management System, the AAMC's comprehensive database on medical students. Beginning with the class of 1983, the residency path for each graduate is now on file. These additional data allow correlations to be made between final choice of specialty and earlier career intentions. Studies correlating characteristics of students at entry to medical school with career outcomes will also be possible for the entire population of medical students and for a single institution's graduates.

The Association has also become involved in efforts in some states to regulate housestaff hours. While the Association supports efforts to examine graduate training consistent with its primary educational goals, the Association is concerned that some proposals to regulate housestaff do not consider adequately the educational, service, and fiscal consequences, and do not allow for an adequate period of phase-in.

Upon recommendation of a committee charged by the Executive Council, the AAMC is considering the establishment of an Organization of Resident Representatives as a permanent part of its constituency structure.



*Just over 1 percent of graduating seniors earn a combined M.D.-Ph.D. degree, preparing them for a research intensive career in medicine.*



*AAMC Vice President for Academic Affairs August Swanson directed the Association's GPEP study and is the principal liaison with medical schools and their deans on educational issues.*

# Student Financial Assistance

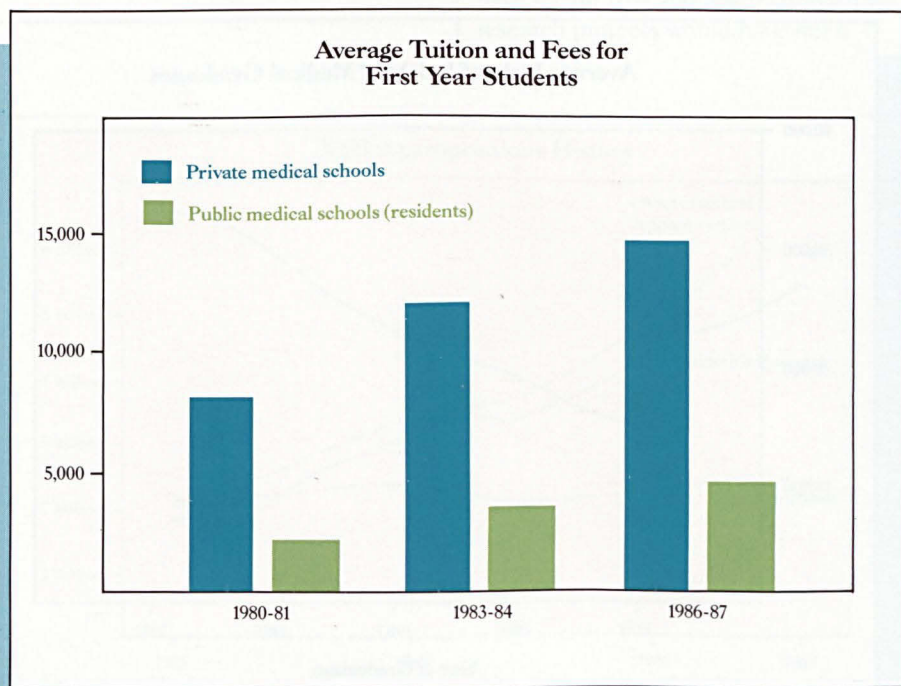
A career in the medical profession requires a substantial investment from the individual who wishes to become a physician. The period of education and training is lengthy, and the costs are significant. In 1986-87 the average tuition and fees at private medical school were \$14,962; for a state resident at a public school they were \$4,696. Since medical schools, like other higher education institutions, aspire as a matter of principle to accept the most worthy candidates for admission regardless of ability to pay, the availability of adequate financial assistance becomes a paramount concern. The Association addresses this priority through a series of sponsored activities and by monitoring relevant congressional and regulatory actions.

The October passage of the Higher Education Amendments of 1986 and later technical amendments legislation made some important changes in the federal programs that provide medical

student financial assistance. These included increases in maximum annual loans, enhanced loan consolidation procedures, and clarifications in the eligibility for repayment deferments. A welcome provision was the limitation on eligibility for federal Guaranteed Student Loans and Supplemental Loans to Students to those foreign medical schools that either enroll 60% or more from among their own nationals or whose U.S. graduates achieve a specified pass rate on the examinations administered by the Educational Commission for Foreign Medical Graduates.

In 1986 the Association initiated MEDLOANS, a new comprehensive loan program in which students can apply for three federal loan programs and a new Alternative Loan Program (ALP) through a consolidated application procedure. ALP is an assured access program that does not require the medical student to have a co-signor, nor does it require the borrower to make interest payments while in school or during the first three years of residency. Modifications to the program during this year have made the loan package the most competitive on the market.

The concept of MEDLOANS has also been expanded beyond the loan program to include the Association's activities and services related to student financial assistance. As part of this new program, the Association sponsored a conference on medical student indebtedness last June at which 71 medical schools were represented. The conference included a workshop on personal financial planning for students and parents, a session on analyzing specific terms and conditions when comparing loan programs, and an examination of how to balance the various roles of the financial aid administrator. The conference and a new bi-monthly bulletin for medical school financial aid officers are examples of services that the Association offers its members with the guidance of the Committee on Student Financial Assistance of the Group on Student Affairs.

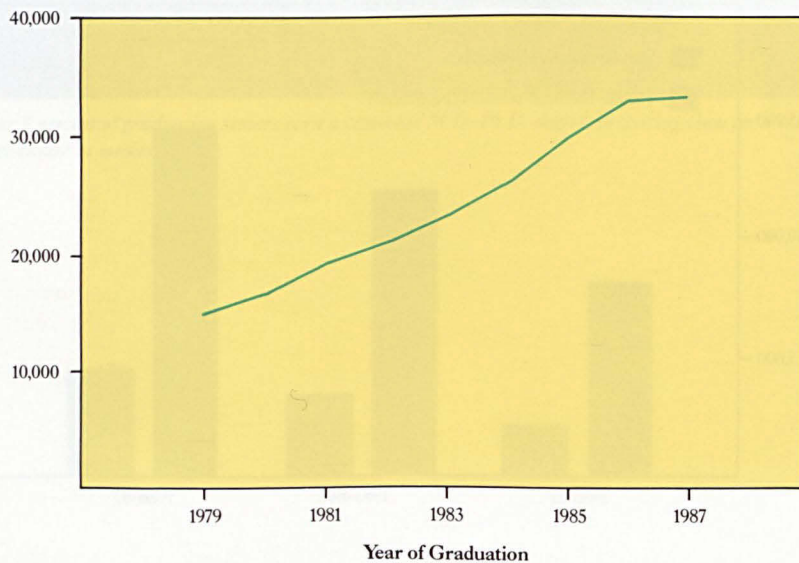


*With the costs of medical education increasing annually, assuring adequate financial assistance for medical students is a high priority for the AAMC.*



The first MEDLOANS workshop on medical student indebtedness was held in June 1987 in Washington, D.C.

Average Debt of Indebted Medical Graduates



The AAMC has been closely monitoring medical student indebtedness through its annual graduation questionnaire initiated in 1979.



# Support for Biomedical and Behavioral Research

## FEDERAL RESEARCH PROGRAMS

Support for the research and research training programs of the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration is the cornerstone of the AAMC's advocacy of a strong medical research enterprise for this nation. The advocacy includes, as a matter of routine, monitoring relevant authorization and appropriations legislation, presenting testimony to congressional committees, and working with other interest groups to assure adequate levels of appropriations for research programs. Close relationships with the research agencies also aid the Association in representing the interests of its constituents.

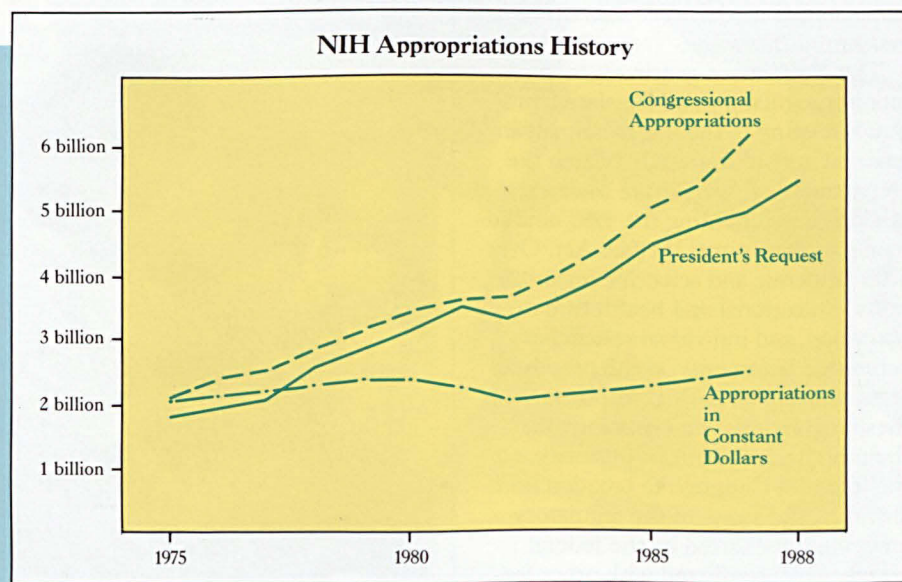
This year a new twist was added to the budget process. In January the Reagan Administration proposed, through its fiscal year 1988 budget submission, to "extend the availability" of \$334 million and \$5 million from the fiscal year 1987 budgets of NIH and ADAMHA, respectively, and expend these funds in the new fiscal year. For NIH this would have meant that 700 fewer competing research projects would have been

funded and all research project grants would have been cut by at least 10 percent. Although the president's request pledged that no action would be taken to carry out the proposal without congressional action, NIH moved to implement the cuts immediately after the release of the budget submission. The AAMC was persuaded that implementation of the proposal was both illegal and actionable and retained counsel. Other co-plaintiffs were invited to join the effort, and the AAMC was gratified at the prompt response of many other organizations concerned with maintaining a vigorous biomedical research effort. In an apparent response to the imminent lawsuit and as a consequence of congressional displeasure at this proposal, the Office of Management and Budget did finally instruct the Department of Health and Human Services not to withhold or restrict NIH research project funds. Shortly thereafter grants were funded according to normal procedures and funds were restored to grants that had previously been reduced. Eventually Congress formally rejected the proposed "reappropriation."

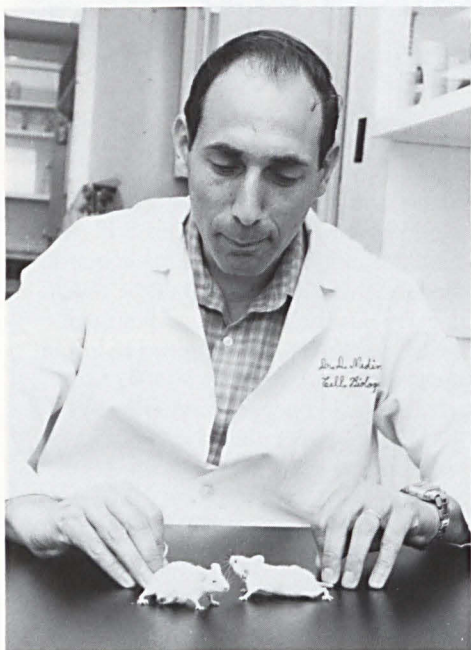
The administration's attempt to reduce already appropriated funds for biomedical and behavioral research was only the latest in a series of attempted rescissions and deferrals, and emphasized the importance of the Association's continued vigilance on behalf of the research community.

The Association has also been a consistent supporter of the research programs of the Veterans Administration (VA). The research conducted by the VA complements its medical care and education activities. AAMC testified opposing the administration's proposed funding levels which represented an increase of about three percent compared to a twelve percent increase proposed for research and development at the Department of Defense. The Association supported a funding level of \$226 million to maintain the high calibre of research conducted in the medical and prosthetic research program.

NIH Appropriations History



*Concerted efforts by AAMC and other research related groups have been important factors in gaining congressional support for increased research appropriations.*



Challenges to the use of animals in research and education are being met in a number of ways, including the production of educational videotapes and the publication of an investigator's handbook.

### INVESTIGATIONAL NEW DRUGS

The attention of AAMC members was focused earlier this year on a re-proposed rule from the Food and Drug Administration that would make investigational new drugs widely available to patients with serious or immediately life-threatening diseases before clinical trials were completed. The Association, along with more than 300 other organizations and individual scientists, viewed the proposal as detrimental to clinical research and to the scientific development of new drugs as well as posing a possible danger to some patients.

The final rule published in May contained modifications that were responsive to the concerns of the AAMC and many other groups. A new section in the final rule specified that release of drugs for treatment under this regulation will ordinarily be permitted only late in the clinical trials process and, further, that use for treatment can be denied if the body of scientific evidence fails to show that the drug is safe and effective. These changes were viewed as important in maintaining the integrity of the drug development process.

### USE OF ANIMALS IN RESEARCH AND EDUCATION

The Association continues its campaign against attempts to limit the use of animals in laboratory research and education. In this the Association cooperates with and is heavily dependent on the National Association for Biomedical Research and the Foundation for Biomedical Research. An important part of the AAMC's effort is working with its members to assure that standards for the proper care of these animals are maintained. In response to a new federal requirement for training of personnel in institutions performing animal research, the AAMC and the Foundation for Biomedical Research developed two training videotapes for research institutions. The first tape provides a historical perspective on the animal rights movement's strategy and its agenda for future efforts to restrict animal research. The second tape contains segments on the workings of animal care and use committees, on common procedures and techniques in animal research and on their appropriate application, and on the standards for pre- and post-operative care for animals undergoing surgery. The same project also included the preparation and publication of a guide for scientists using animal models, *The Biomedical Investigator's Handbook*.

The Association continues to monitor regulatory and legislative proposals relating to the use of animals in research and education. In March the Department of Agriculture issued regulations implementing the 1985 amendments to the Animal Welfare Act. Over 1200 academic and scientific organizations, educational and health care institutions, and individual researchers submitted comments on the proposed regulations. The AAMC response to these regulations cited concerns that the proposed regulations went beyond the intent of Congress to broaden unrealistically the scope of the regulatory environment exerted by the federal government, conflicted with other federal animal welfare policies, and would substantially increase institutional costs.



AAMC Executive Vice President John Sherman also serves as chairman of the steering committee for the Ad Hoc Group on Medical Research Funding. This group is an effective advocate for adequate support for federal research programs.

### OTHER ISSUES

Additional research issues being addressed by the AAMC include:

- research training
- NIH funding policies
- biotechnology regulations
- scientific misconduct policies
- indirect cost regulations
- industry-university relationships
- construction authority for research facilities
- technology transfer



Medical schools spend more than \$2 billion annually for research projects supported by governmental and private sources.

# Delivery of Health Services

The Association's member teaching hospitals are the sites for clinical education for medical students and residents, fellowship training programs for physicians in graduate medical education, and a significant share of the nursing and allied health education programs. The teaching hospitals associated with the nation's medical schools also constitute a major health service resource. The six percent of the nation's non-federal, short-term hospitals that are COTH members account for 20 per-

cent of admissions, 20 percent of the emergency room visits, and 33 percent of outpatient visits. They provide a comprehensive range of patient services, including a disproportionately large share of the most sophisticated and intensive hospital services. With the important role that these hospitals play in medical education and in the nation's health care system, it has been a major objective of the Association to assure the fiscal viability of these institutions.

## REIMBURSEMENT FOR SERVICES

The Medicare program has been a major target for budget cuts proposed by the Reagan Administration throughout the last several fiscal years. The current emphasis on reexamining national policies in light of more limited public resources places teaching hospitals and their activities at a significant risk if their special nature and role are not supported. The Association has been an advocate for adequate and fair reimbursement for medical care services, particularly those that have an impact on academic medical centers.

The AAMC opposes the Reagan Administration's proposals to eliminate Medicare payments for the "educational costs" of residency training and for all expenses of nursing and allied health education programs. The AAMC has also recommended that the indirect medical education adjustment, which actually is a proxy measure to compensate for added patient service-costs borne by teaching hospitals, be retained at its current level. The Association has consistently argued that the inflation adjustments for the Prospective Payment System proposed by the administration have been inadequate and should be increased. While the administration has supported including capital costs in the prospective payment system, the AAMC has supported the continuation of capital pass-through.

Landmark legislation to expand Medicare's coverage of catastrophic health costs for its 31 million beneficiaries cleared the House of Representa-



*One-fifth of the nation's hospital admissions occur in institutions that are members of the AAMC's Council of Teaching Hospitals.*

tives in summer 1987. The plan originally offered by the Department of Health and Human Services was amended in the House to add payment for prescription drugs and other benefits. Concerns about the projected cost of the expanded proposal and the threat of a presidential veto are expected to be the focus of Senate consideration.

Other provisions under consideration by Congress are changes in payments to physicians, including a proposed prospective payment system for inpatient radiology, anesthesiology and pathology services. The AAMC has opposed this proposal.

Given the wide variety of reimbursement proposals that are being considered at national and state levels, the AAMC has been concerned that many of them have an underlying assumption that teaching hospitals are relatively homogeneous. In an effort to replace the assumption of homogeneity with clear analytical information on the differing characteristics of subgroups of teaching hospitals, the AAMC is establishing a coordinated database on teaching hospital costs and operating characteristics. Data are being developed at the individual hospital level so that the impacts of a particular policy proposal can be assessed on different types of teaching hospitals. This effort is supported by a grant from The Commonwealth Fund. In a related effort the Association is reviewing its survey of academic medical center hospitals to make its own data collection activities more effective.

**The Commonwealth Fund Project Advisory Committee**

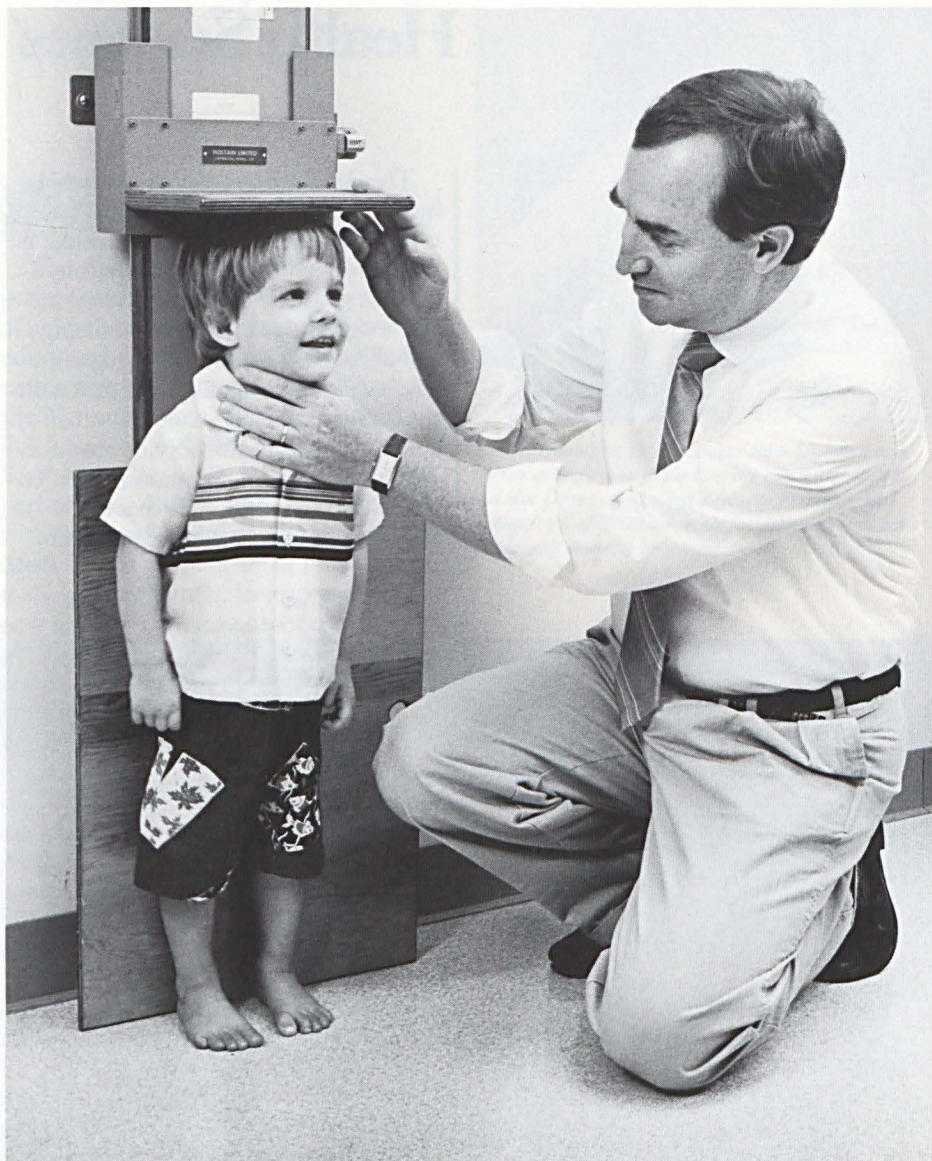
John T. Dunlop, Ph.D., Chairman  
*Harvard University*

Stuart H. Altman, Ph.D.  
*Brandeis University*

Richard A. Berman  
*McKinsey & Co.*

Don E. Detmer, M.D.  
*University of Utah*

Robert M. Heyssel, M.D.  
*The Johns Hopkins Health System*



*Revenues from seeing patients are an important source of financing medical centers.*

William B. Kerr  
*University of California, San Francisco Medical Center*

Gerald S. Levey, M.D.  
*University of Pittsburgh School of Medicine*

William H. Luginbuhl, M.D.  
*University of Vermont College of Medicine*

Carol M. McCarthy, Ph.D.  
*American Hospital Association*

Joseph P. Newhouse, Ph.D.  
*The Rand Corporation*

James H. Sammons, M.D.  
*American Medical Association*

Carl J. Schramm, Ph.D.  
*Health Insurance Association of America*

Samuel O. Thier, M.D.  
*Institute of Medicine*

Bernard R. Tresnowski  
*Blue Cross and Blue Shield Association*

**Committee to Review the Academic Medical Center Hospital Survey**

David Witter, Chairman  
*University Hospital, Portland*

Michael Bradley  
*Thomas Jefferson University Hospital*

Irvin Kues  
*The Johns Hopkins Hospital*

Jacqueline Kuhn  
*University of California, San Francisco Medical Center*



Medical students and residents and a variety of other health professionals receive their clinical education in teaching hospitals.

Howard Peterson  
*Milton S. Hershey Medical Center*

Peter Van Etten  
*New England Medical Center*

Kenneth Yerington  
*University of Iowa Hospitals and Clinics*

#### ACCESS TO CARE

Teaching hospitals are major providers of medical care services to the poor and medically indigent. In 1984 49 percent of the charity care charges and 36 percent of the bad debts of all short-term non-federal hospitals were incurred by members of the Council of Teaching Hospitals. Thus, the average COTH member deducted 11.2 percent of revenues for charity care and bad debts compared to the community hospital average deduction of 6.6 percent of revenues. This above average charity care and bad debt experience for COTH members results, in large part, from the high number of such patients seen at medical centers located in the economically disadvantaged sections of major cities.

The Census Bureau estimates that 37 million Americans, nearly 18 percent of the population under age 65, do not have health insurance coverage. Over half of these uninsured individuals belong to families where at least one member has a full-time job. The AAMC has supported the concept of amending the Public Health Service Act and the Fair Labor Standards Act of 1938 to require employers to provide a minimum package of health insurance coverage to all full-time workers and their dependents.

#### NEW CARE DELIVERY MODELS AT NEW SITES

The Association continues to work with its members to develop the evolution of new relationships and organizations for the delivery of care at academic medical centers. With short-term hospitals being used increasingly only for the most acute phase of a patient's illness, medical schools are expanding their teaching sites to include nursing homes and ambulatory care centers. The Association has recently

surveyed its medical schools to collect and begin analyzing affiliation arrangements between schools and nursing homes.

Recognizing the importance of patient care revenues in the financing of medical schools, the Association is establishing a new Group on Faculty Practice with representation from medical school practice plans. The group will hold an organizational session at the AAMC's 1987 annual meeting.

#### OTHER ISSUES

The Association also follows these other health care delivery issues:

- Medicare regulations and procedures
- accreditation of academic medical centers by the Joint Commission on Accreditation of Healthcare Organizations (formerly the Joint Commission on Accreditation of Hospitals)
- tax-exempt status for non-profit hospitals
- tax policy for the unrelated business income of hospitals
- medical professional liability
- nursing shortage
- low level radioactive waste disposal policies
- organ procurement and transplant regulation
- health services research



James Bentley, AAMC vice president for clinical services, discusses the new Group on Faculty Practice with Nancy Seline, director for provider and professional affairs.

# Advancing Institutional Quality

A high priority of the Association is enhancing the leadership and management capabilities of its members to advance institutional quality. This is accomplished through a variety of mechanisms including seminars, accreditation activities, and analytical studies.

## INSTITUTIONAL DEVELOPMENT

The AAMC Management Education Programs, now in their 16th year, provide a range of educational opportunities for senior academic medical center officials. In addition to the executive development seminars which initiated this program, the Association now offers a variety of special topic seminars designed to improve specific medical center activities. During the last year the following seminars were offered:

- executive development seminar (offered twice)
- information technology and institutional strategy in the academic medical center
- workshops focusing on the design of responsive medical student evaluation systems (offered five times)

Planning is underway for a new series of seminars on problem-based learning.



*Special seminars targeted to the needs of medical school and hospital officials are an important part of AAMC's activities through its Management Education Program.*

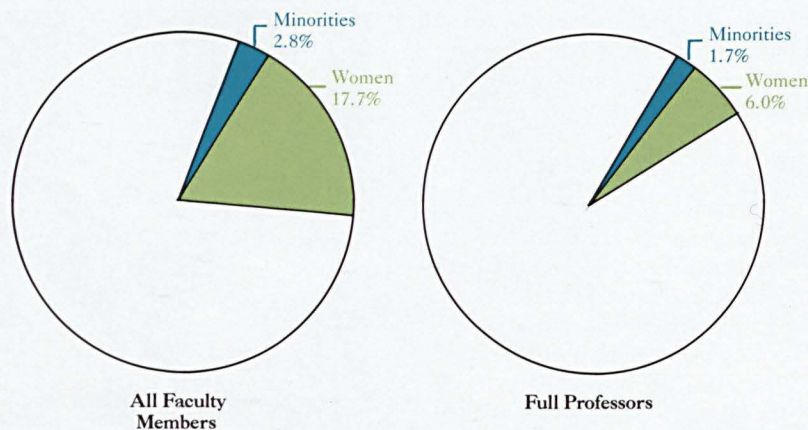
## FACULTY AND PROFESSIONAL DEVELOPMENT

Since January 1987 the Association has been the administrator for the Kaiser Family Foundation Faculty Scholar Program in General Internal Medicine. In this program up to five years of support are provided to exceptionally talented young faculty members in general internal medicine. The program will develop new academic leaders and support the growth of general internal medicine as an integral part of the academic medical center.

Other faculty development activities focus on appointment, promotion and tenure policies, which are changing in medical schools, particularly with respect to the clinical departments, and the career paths and professional activities of faculty members. The advancement of women and minorities into positions of academic leadership has not occurred according to their representation in faculty ranks; strategies to foster such advancement are also part of the AAMC's faculty development efforts.

The Association supports professional development activities for a range of medical center officials through its groups, five of which are currently operational. The program activities of the groups facilitate interac-

**Women and Minorities on Medical School Faculties**



*Methods need to be developed to increase representation of women and minorities in leadership positions on medical school faculties*

tion among these professionals and with the Association staff and governing bodies.

-*Group on Business Affairs*: principal business officers, and individuals with general and research administration responsibilities

-*Group on Institutional Planning*: officials from medical schools and teaching hospitals responsible for planning academic and health care programs, facilities, and marketing efforts

-*Group on Medical Education*: administrators with responsibilities in the areas of undergraduate, graduate, and continuing medical education; development of instructional resources; and research in medical education

-*Group on Public Affairs*: medical school and teaching hospital officials working in public relations, alumni affairs, and development

-*Group on Student Affairs*: deans' office personnel with responsibility for student affairs, admissions, minority affairs, and student financial aid.

New groups are being formed in international medical education and faculty practice.

**Group on Business Affairs Steering Committee**

John Deeley, Chairman  
*Harvard Medical School*

Jack Krakower, Ph.D., Executive Secretary  
*AAMC*

Peter R. Chesterton  
*University of Rochester School of Medicine and Dentistry*

Wayne Daley  
*University of Minnesota, Duluth School of Medicine*

Richard A. Grossi  
*Johns Hopkins University School of Medicine*

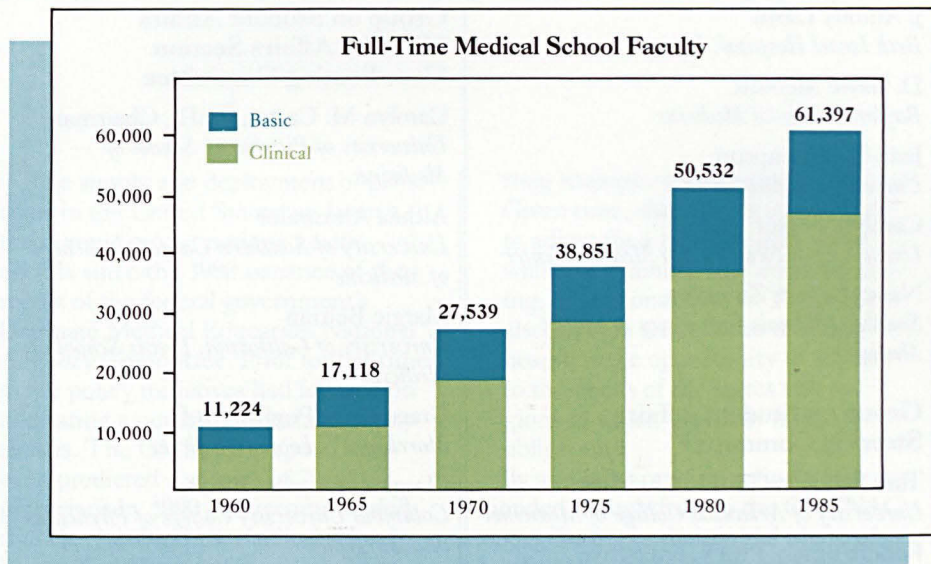
James Hackett  
*West Virginia University Medical Center*

Gary H. Hughes, Ph.D.  
*University of Utah School of Medicine*

Roger Meyer  
*University of California, San Diego School of Medicine*

Ann Payne  
*Medical University of South Carolina*

Lester G. Wilterdink  
*Albany Medical College*



Recent growth in faculty has been in the clinical areas, reflecting increased service commitments of academic medical centers.

**Group on Institutional Planning Steering Committee**

Amber Jones, Chairperson  
*Albany Medical College*

Robert Jones, Ph.D., Executive Secretary  
*AAMC*

J. Peter Bentley, Ph.D.  
*Oregon Health Sciences University School of Medicine*

Victor Crown  
*University of Pennsylvania School of Medicine*

John Eudes  
*University of Alabama Hospitals*

Donald Fenna, Ph.D.  
*University of Alberta Faculty of Medicine*

David R. Perry  
*St. Louis University School of Medicine*

James F. Pfister  
*University of Illinois College of Medicine*

John R. Ruby, Ph.D.  
*Louisiana State University School of Medicine in New Orleans*

Susan Vogt  
*Dartmouth Medical School*

**Group on Medical Education Steering Committee**

Gerald Escovitz, M.D., Chairman  
*Medical College of Pennsylvania*

M. Brownell Anderson, Executive Secretary  
*AAMC*

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*University of Pennsylvania School of Medicine*

Charles P. Friedman, Ph.D.  
*University of North Carolina School of Medicine*

Julian I. Kitay, M.D.  
*University of Texas Medical School at Galveston*

S. Scott Obenshain, M.D.  
*University of New Mexico School of Medicine*

Gregory L. Trzebiatowski, Ph.D.  
*Ohio State University College of Medicine*

Tracy Veach, Ed.D.  
*University of Nevada School of Medicine*

**Group on Public Affairs Steering Committee**

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*Vermont Health Foundation*

Charles B. Fentress, Executive Secretary and Treasurer  
*AAMC*

G. Robert Alsobrook  
*Tulane University Medical Center*

Kathleen Conaboy  
*University of Nevada School of Medicine*

Robert Fenley  
*University of Texas Health Science Center at Dallas*

Ellen Soo Hoo  
*Northwestern University Medical School*

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J. Antony Lloyd  
*Beth Israel Hospital, Boston*

D. Gayle McNutt  
*Baylor College of Medicine*

Jean D. Thompson  
*University of Maryland*

Carolyn Tinker  
*University of New Mexico Medical Center*

Nancy Severa Zimmers  
*Southern Illinois University School of Medicine*

**Group on Student Affairs  
Steering Committee**

Ture Schoultz, Ph.D., Chairman  
*University of Arkansas College of Medicine*

Robert Beran, Ph.D., Executive  
Secretary  
*AAMC*

Ruth Beer Bletzinger  
*Georgetown University School of Medicine*

Carolyn M. Carter, Ph.D.  
*University of Pittsburgh School of Medicine*

Kimberly Dunn  
*University of Texas Medical School at Houston*

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*State University of New York at Stony Brook Health Sciences Center*

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*Robert Wood Johnson School of Medicine*

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*University of California, Los Angeles School of Medicine*

Billy Rankin  
*University of Texas Medical School at Galveston*

Norman G. Sansing, Ph.D.  
*University of Georgia*

Gerry Schermerhorn  
*Southern Illinois University School of Medicine*

Henry M. Seidel, M.D.  
*Johns Hopkins University School of Medicine*

Herschel P. Wall, M.D.  
*University of Tennessee College of Medicine*

John Yergan, M.D.  
*University of Washington School of Medicine*

**Group on Student Affairs  
Minority Affairs Section  
Coordinating Committee**

Carolyn M. Carter, Ph.D., Chairman  
*University of Pittsburgh School of Medicine*

Althea Alexander  
*University of Southern California School of Medicine*

Margie Beltran  
*University of California, Davis School of Medicine*

Grace Epps-Puglisi, Ph.D.  
*Morehouse School of Medicine*

Margaret Haynes, Ed.D.  
*Columbia University College of Physicians and Surgeons*

Scharron A. Laisure, Ph.D.  
*University of Iowa School of Medicine*

Leonard E. Lawrence, M.D.  
*University of Texas Health Science Center at San Antonio*

Anita Lewis  
*Medical College of Ohio*

Jane Thomas, Ph.D.  
*Wayne State University School of Medicine*

Velma G. Watts, Ph.D.  
*Bowman Gray School of Medicine of Wake Forest University*

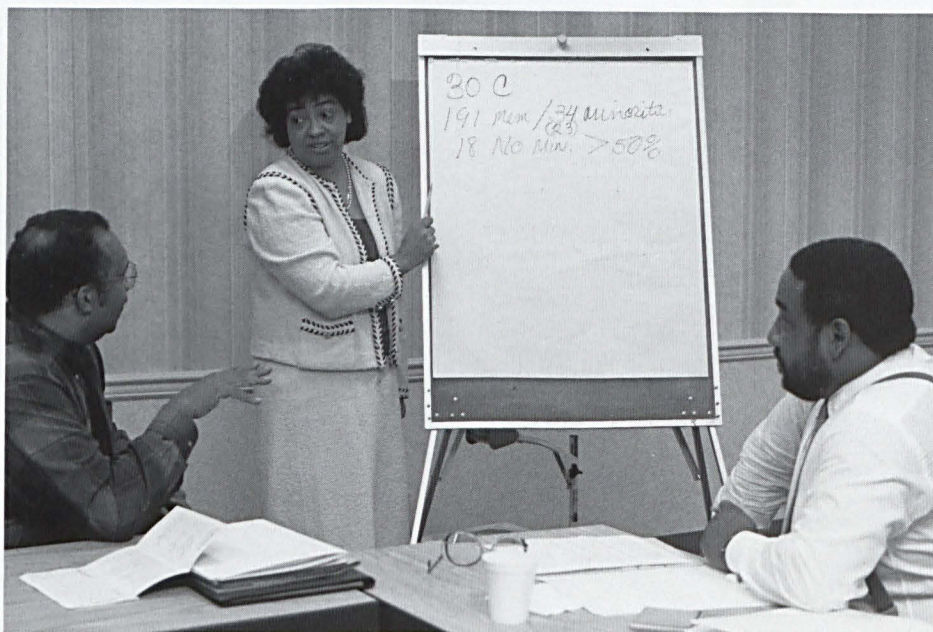
Rudolph Williams  
*SUNY Health Science Center at Brooklyn*

Maggie W. Wright, Ph.D.  
*School of Medicine and Biomedical Sciences of the State University at Buffalo*

**ACCREDITATION**

The Association participates in accreditation activities to improve the quality of the educational process at its member institutions. Since 1942 the AAMC and the American Medical Association have sponsored the Liaison Committee on Medical Education. The LCME's primary responsibility is to attest to the educational quality of programs leading to the M.D. degree. This process of evaluation and accreditation assists institutions in determining effective allocation of their efforts and resources. Standards for accreditation are found in the document *Functions and Structure of a Medical School*, which was reissued in 1985.

With a number of other professional organizations the AAMC participates in the accreditation of residency training programs through the Accreditation Council on Graduate Medical Education and in the accreditation of continuing medical education through the Accreditation Council on Continuing Medical Education.



Minority Affairs Section Chairman Carolyn Carter discusses AAMC programs with other members of the Coordinating Committee. Medical center administrators participate in the AAMC through a number of professional development groups.



# Task Force on Physician Supply

The supply and deployment of physicians in the United States has been a major topic on our nation's health agenda since the 1980 issuance of the report of the federal government's Graduate Medical Education National Advisory Committee. Prior to that time major policy initiatives had focused on alleviating a perceived shortage of physicians. The GMENAC report, however, predicted a surplus of 70,000 physicians by 1990 and recommended that class size in U.S. medical schools be cut 17 percent in four years. The AAMC, while agreeing that further expansion of medical education capacity was not warranted, argued that the change suggested by GMENAC was too precipitous. The AAMC response to the GMENAC recommendations said:

If the educational capacity of our medical schools is to be reduced, sufficient time must be permitted for planning and implementing the reduction. Changes in class size must take into account the diversity of the institutions, their sponsorship, their special missions, and

their multiple sources of support. Given time, the schools will be able to adjust their capacity downward while maintaining, and even enhancing, educational quality. Time will also provide schools and teaching hospitals the opportunity to adjust to the needs of the states and regions to which they may have obligations.

By and large medical schools have responded thoughtfully to the GMENAC report. Some, in their initial phase of development have continued their planned enrollment expansion, while others have acted to reduce enrollments modestly. In total, the national capacity for educating physicians, as represented by new matriculants, has dropped from a peak of 16,620 in 1981 to 16,103 in 1986. A recent AAMC member survey projected a net decline of over 200 additional first year positions by 1991. The more rapid decline in medical school applicants has triggered concerns that this may portend a decline in the quality of future physicians and biomedical scientists.

Accordingly, the Association is now undertaking a thorough examination of the ramifications of physician supply and demand issues to formulate guiding principles to assist its constituent members and others in addressing these issues in the period ahead. It is particularly important that the AAMC become more fully engaged in this national debate to assure continuing attention to the quality of medical education, biomedical science, and patient care.

The AAMC Executive Council has established the Task Force on Physician Supply charged with:

- reviewing physician supply and production
- considering the necessary manpower mix for provision of services in teaching hospitals
- facilitating access to health care services
- assuring a sufficient number of appropriately trained researchers in biomedical and behavioral sciences.



*The Association's Task Force on Physician Supply, chaired by Harvard Medical School Dean Daniel Tosteson, has been asked to formulate guiding principles to help AAMC members address physician supply issues.*

The final report of the Task Force, due in September 1989, will:

-provide information and policy guidelines on the supply and demand for physicians and medical scientists

-guide AAMC members in the development of policies and programs of education for medicine and medical science

-include analytic approaches to formulating public policy for medical education

-help potential applicants for medical and graduate schools

-assist the medical profession in understanding and responding to the demands of the contemporary environment.

**Steering Committee of the Task Force on Physician Supply**

Daniel C. Tosteson, M.D., Chairman  
*Harvard Medical School*

William G. Anlyan, M.D.  
*Duke University*

Herman Blake, Ph.D.  
*Swarthmore College*

Don E. Detmer, M.D.  
*University of Utah*

Kimberly Dunn  
*University of Texas Medical School at Houston*

Saul J. Farber, M.D.  
*New York University School of Medicine*

David Korn, M.D.  
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Russell L. Miller, M.D.  
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Richard H. Moy, M.D.  
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*University of California, Los Angeles School of Medicine*

Mitchell T. Rabkin, M.D.  
*Beth Israel Hospital, Boston*

Carolyn W. Slayman, Ph.D.  
*Yale University School of Medicine*

Javier Vizoso, M.D.  
*San Diego, California*



AAMC Vice President for Institutional Planning and Development Joseph Keyes discusses work of Task Force with Special Assistant Debra Day.

Virginia V. Weldon, M.D.  
*Washington University School of Medicine*

Frank C. Wilson, Jr., M.D.  
*University of North Carolina School of Medicine*

**Committee on Implications of Physician Supply Issues for Medical Student Education**

Saul J. Farber, M.D., Chairman  
*New York University School of Medicine*

G. William Bates, M.D.  
*Medical University of South Carolina*

Marjorie Bowman, M.D.  
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Don E. Detmer, M.D.  
*University of Utah*

Spencer Foreman, M.D.  
*Montefiore Medical Center*

Phillip M. Forman, M.D.  
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Jane E. Henney, M.D.  
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Sarah Johansen  
*Dartmouth Medical School*

Leonard E. Lawrence, M.D.  
*University of Texas Medical School at San Antonio*

Russell L. Miller, M.D.  
*Howard University College of Medicine*

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*University of California, Los Angeles School of Medicine*

Marjorie P. Wilson, M.D.  
*University of Maryland School of Medicine*

**Committee on Implications of Physician Supply for Resident and Fellow Education**

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Ruth M. Covell, M.D.  
*University of California, San Diego School of Medicine*

Walter J. Daly, M.D.  
*Indiana University School of Medicine*

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*Washington Hospital Center*

Donald G. Kassebaum, M.D.  
*University of Oklahoma College of Medicine*

Thomas C. King, MD.  
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Thomas Mullon  
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Frank Riddick, M.D.  
*Alton Ochsner Medical Foundation*

Stefan Stein, M.D.  
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*University of North Carolina School of Medicine*

**Committee on Relationship of Foreign Medical Schools and Graduates to Domestic Programs and Educational Standards**

Richard H. Moy, M.D., Chairman  
*Southern Illinois University School of Medicine*

Stanley S. Bergen, Jr., M.D.  
*University of Medicine and Dentistry of New Jersey*

Herman Blake, Ph.D.  
*Swarthmore College*

Jo Ivey Boufford, M.D.  
*Health and Hospital Corporation of New York*

L. Thompson Bowles, M.D.  
*George Washington University School of Medicine & Health Sciences*

Bernard J. Fogel, M.D.  
*University of Miami School of Medicine*



David Korn, Chairman of the Committee on Implications of Physician Supply Issues on Programs for the Education of Biomedical Scientists, confers with AAMC Associate Vice President Thomas J. Kennedy.

David S. Greer, M.D.  
*Brown University Program in Medicine*

William K. Hamilton, M.D.  
*University of California, San Francisco School of Medicine*

Alton I. Sutnick, M.D.  
*Medical College of Pennsylvania*

**Committee on Implications of Physician Supply Issues on Programs for the Education of Biomedical Scientists**

David Korn, M.D., Chairman  
*Stanford University School of Medicine*

C. Thomas Caskey, M.D.  
*Baylor College of Medicine*

Kimberly Dunn  
*University of Texas Medical School at Houston*

Paul F. Griner, M.D.  
*Strong Memorial Hospital*

Robert L. Hill, Ph.D.  
*Duke University School of Medicine*

David R. Perry  
*St. Louis University School of Medicine*

William Sawyer, M.D.  
*China Medical Board*

Louis M. Sherwood, M.D.  
*Albert Einstein College of Medicine*

Carol W. Slayman, Ph.D.  
*Yale University School of Medicine*

Ralph Snyderman, M.D.  
*Genentech, Inc.*

Gary J. Tucker, M.D.  
*University of Washington School of Medicine*

Virginia V. Weldon, M.D.  
*Washington University School of Medicine*

# Representation of Academic Medical Centers

## WITH THE CONGRESS

The AAMC represents its constituents through testimony and letters to elected representatives on Capitol Hill and in the executive branch. Since the 100th Congress convened in January 1987, representatives of the AAMC have testified on seven occasions:

—Joseph S. Gonnella, M.D., dean and vice president of Jefferson Medical School, testified before the House Subcommittee on Health and the Environment supporting the reauthorization of the National Center for Health Services Research and Health Care Technology Assessment.

—Robin D. Powell, M.D., dean of the University of Kentucky College of Medicine, appeared before the House Labor-HHS-Education Appropriations Subcommittee urging continued strong federal support for medical research and student financial assistance.

—Milton Corn, M.D., dean of Georgetown University School of Medicine, argued for more funding for the medical care and research programs of the Veterans Administration in an appearance before the House HUD-Independent Agencies Appropriations Subcommittee.

—Charles M. O'Brien, administrator of Georgetown University Hospital and a member of the COTH Administrative Board, presented the Association's opposition to the Administration's proposals to cut the Medicare pass-through for direct medical education costs and the indirect medical education adjustment to the Senate Finance Committee.

—Robert G. Petersdorf, AAMC president, appeared before the Senate Subcommittee on Labor-HHS-Education Appropriations to present the AAMC views on fiscal year 1988 appropriations for education and research programs. He also testified before the Senate Appropriations Subcommittee on HUD-Independent Agencies in support of adequate funding for Veterans Administration service, education, and research programs.

—James D. Bentley, AAMC vice president for clinical services, appeared before the Senate Finance Committee

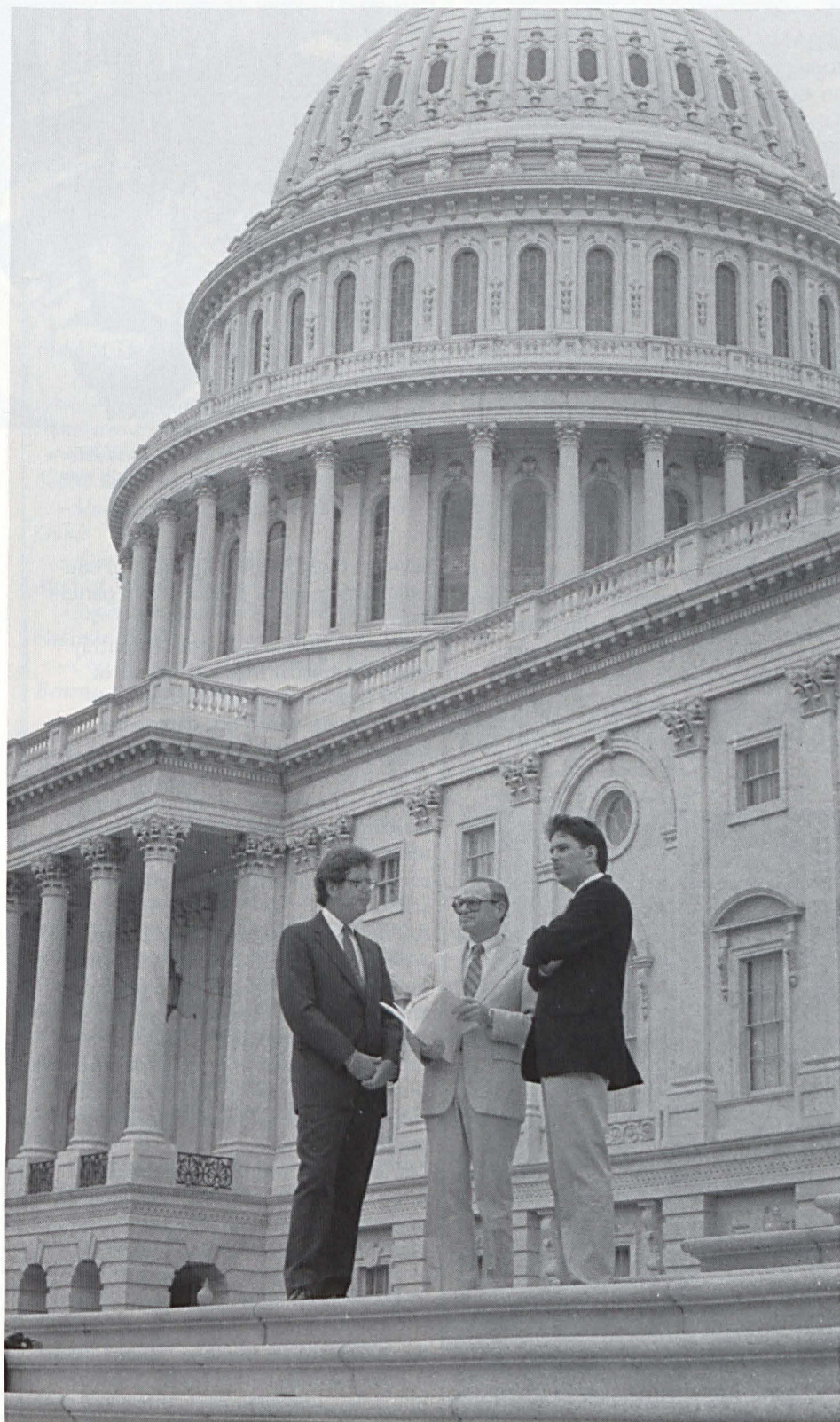
to recommend that Congress prohibit the Department of Health and Human Services from making changes in the Medicare capital pass-through until Congress enacted legislation directing a specific capital payment methodology.

The AAMC staff has been working with staff of other health professions and education associations to provide linkages between the legislative activities of these Washington-based groups and those of persons with governmental relations responsibilities at medical centers and universities. In order to make the work of these individuals more effective, and to keep the membership abreast of current developments, the AAMC is now periodically developing a *Legislative and Regulatory Update*. This report will be used in conjunction with meetings of governmental relations representatives staffed by the AAMC and the Association of Academic Health Centers. This activity is designed to facilitate information sharing and coordinated activity of individuals engaging in advocacy on health education and related issues at the federal level. Another outcome of this networking is a session scheduled for the Association's 1987 annual meeting for government relations representatives to meet with congressional staff about pending issues of interest.

## WITH OTHER ORGANIZATIONS

The Association works with a number of other organizations to represent the interests of academic medicine. As members of the Council for Medical Affairs, the chief executive and elected officers of the AAMC meet regularly with their counterparts from the American Medical Association, the American Hospital Association, the American Board of Medical Specialties, and the Council for Medical Specialty Societies. Other organizations at whose meetings the AAMC is regularly represented include the Educational Commission for Foreign Medical Graduates, the National Association for Biomedical Research, the National Board of Medical Examiners, the National Fund for Medical Education, and the

Information Resources and  
Institutions



*Georgetown Dean Milton Corn talks to AAMC Senior Vice President Richard Knapp and legislative specialist James Terwilliger after his testimony in support of increased funding for VA medical programs.*

Federation of Associations of Schools of the Health Professions. The AAMC is also an important contributor to the deliberations of the Joint Health Policy Committee of the Association of American Universities/American Council on Education/National Association of State Universities and Land Grant Colleges and the Intersociety Council for Biology and Medicine.

One coalition deserves special mention. For the fifth consecutive year the Association provided the primary staff support and played a substantial role in the promotion of the Ad Hoc Group on Medical Research Funding. This coalition of over 170 organizations, the Steering Committee for which is chaired by AAMC Executive Vice President John Sherman, annually recommends more adequate total funding levels for the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration. Congressional reaction to this effort continues to be extremely positive.

#### **WITH THE DEPARTMENTS AND AGENCIES**

In addition to commenting on regulatory proposals, the Association makes its views known to executive branch officials through regular meetings with key agencies such as the National Institutes of Health and the Veterans Administration.

The Association also routinely monitors the meetings of certain executive branch administrative entities such as the Council on Graduate Medical Education, the NIH Director's Advisory Council, the Prospective Payment Assessment Commission, and the Physician Payment Review Commission.

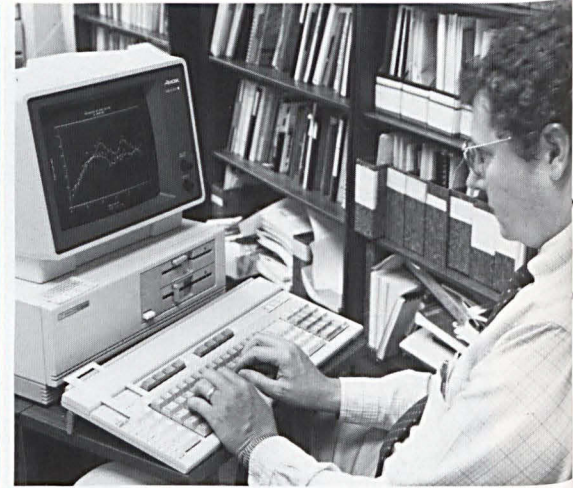
# Information Resources and Communications

For constituency organizations like the AAMC, the collection and dissemination of accurate and timely information and communication to and about its members are important activities. The Association serves as the collector and clearinghouse of information for a variety of audiences:

- congressional and legislative officials who propose policies that impact on academic medical centers and teaching hospitals
- the general public through the media
- member institutions and organizations
- other related professional organizations.

## PUBLICATIONS

The Association has a comprehensive publications program which provides general and specialized information to its many audiences through a wide variety of periodic publications: *AAMC Weekly Report*: Reports 45 times a year to more than 6,000 subscribers on AAMC activities and federal actions



SAIMS Director Charles Killian tries one of the new personal computers introduced at AAMC this year.

having a direct impact on medical education, biomedical research, and patient care.

*Journal of Medical Education*: Monthly scholarly journal with circulation of 6,000 includes regular articles, communications, editorials, datagrams, book reviews, and bibliographies.

*Medical School Admissions Requirements*: Annual compilation of information on educational programs, student characteristics, and financial requirements for each U.S. and Canadian medical school.

*AAMC Directory of American Medical Education*: Issued annually with information on senior administrative officers and department chairmen for each U.S. and Canadian medical school.

*AAMC Curriculum Directory*: Description of educational program for each U.S. and Canadian medical school, published annually.

*COTH Report*: Monthly circulation of 3,000 on issues relating to teaching hospitals such as reimbursement, graduate medical education, and technology.

The Association has several other newsletters which it issues periodically:

- STAR* (Student Affairs Reporter) for the Group on Student Affairs
- Monitor* for the Group on Institutional Planning
- Forum* for the Group on Business Affairs



Mary Littlemeier oversees the use of the AAMC archives by staff, constituents, and researchers.

-*News and Comment* for the Group on Public Relations

-*Women in Medicine Update* for Women's Liaison Officers

-*Progress Notes* for the Organization of Student Representatives

The Association in the last year also issued several monographs and reports:

-*Adapting Clinical Education to New Forms and Sites of Health Care Delivery*

-*Trends in Medical School Applicants and Matriculants*

-*Study of How Medical Students Finance Their Education*

-*Medical Education and Evaluation Along the Clinical Continuum: An Annotated Bibliography*

-*AAMC Longitudinal Study of Medical School Graduates of 1960*

-*Medical College Admission Test Users Guide*

-*Women and Minorities on U.S. Medical School Faculties*

-*Report on Medical School Faculty Salaries, 1986-87*

-*COTH Survey of Housestaff Stipends, Benefits and Funding*

## COMPUTER AND DATABASE RESOURCES

The Association's computer system consists of a Hewlett-Packard 3000, Series 68 and a Hewlett-Packard 3000, Series 48, each with a high speed laser printer. More than 100 of the Association's employees interact with the computer center through terminals. There are over 137 databases developed from a variety of questionnaires, surveys, applications and other source material. These databases contain a wealth of information which is available to the membership.

-*American Medical College Application Service System (AMCAS)* provides participating medical schools with data and statistics to support the admissions process of the nation's applicant pool.

-*MEDLOANS* provides a comprehensive system for processing medical school student loans for federal loan programs as well as the Association's own alternative loan program.

-*Faculty Roster* provides current appointment, employment history, cre-



The Association's computer center operates around the clock in support of AMCAS, MEDLOANS, and other AAMC projects.

dentials and training, and demographic data for 57,947 active and 66,408 former members of medical school faculties.

-*Student and Applicant Information Management System (SAIMS)* provides data on more than 550,000 individuals who have been medical school applicants, students, and residents over the last decade. Data are gathered through the MCAT questionnaire, the graduation questionnaire, AMCAS, and resident follow-up and tracking surveys conducted jointly with the National Resident Matching Program.

-*Institutional Profile System (IPS)* provides on-line repository of information on medical schools containing over 30,000 data items describing medical schools from the 1970s to the present. It is constructed from survey results sent directly from the medical schools and from other AAMC information systems.

-Various directory systems provide the annual and recurring directories of the internal organizations and groups of the Association.

During the last year 23 personal computers were added to the Association's computer resources. These are

used for word processing, database development, statistical and analytical studies, and graphic design. To assure timely communication, two pilot programs of electronic mail were begun. The first links the members of the Association's executive committee with the AAMC staff and each other. The second is targeted at members of the Group on Medical Education and the Organization of Student Representatives and is run on the CONFER conferencing system. A unique feature of the system allows participants to enter an item on which all users can exchange information and comments. Current discussion items include software for scoring exams on microcomputers, teaching performance for promotion and tenure decisions, faculty grading problems, and use of syllabi for required courses.

**OTHER SERVICES**

The AAMC archives is the repository for the Association's governance and program records. Over 3,000 items are contained in the governance records which date back to the AAMC's founding in 1876. Of the almost 4,000 program records in the collection, the earliest is an 1896 annual meeting program. The archives principally serve staff, constituents, and other researchers.

Each fall nearly 4,000 medical educators gather at the AAMC's annual meeting at which 300 program sessions are scheduled. More than a dozen other academic organizations sponsor sessions in conjunction with this meeting. Each spring the Council of Deans, the Council of Teaching Hospitals, and the Council of Academic Societies hold membership meetings. Other smaller meetings targeted at the professional development needs of the AAMC's members are held throughout the year.



*Elizabeth Martin, vice president for communications, reviews some of the publications issued by AAMC during the last year.*



*Rosemary Choate and Sam Morey do the advance planning for the AAMC fall annual meeting which attracts nearly 4,000 administrators and faculty from medical schools and teaching hospitals.*

Document from the collections of the AAMC. Not to be reproduced without permission.



# Committees

The Executive Council and Administrative Boards make extensive use of committees of AAMC constituents to guide their deliberations on key policy matters and to provide oversight for AAMC operations.

**AIDS and Academic Medical Centers:** Charged with recommending policy positions and initiatives for the Association

Jay P. Sanford, M.D., Chairman  
*Uniformed Services University of the Health Sciences*

Festus Adebajo, M.D.  
*Meharry Medical College School of Medicine*

Richard E. Behrman, M.D.  
*Case Western Reserve University School of Medicine*

Kenneth I. Berns, M.D., Ph.D.  
*Cornell University Medical College*

James J. Farsetta  
*Veterans Administration Medical Center, Brooklyn*

Kevin Flanigan  
*Rush Medical College*

William H. Johnson, Jr.  
*University of New Mexico Hospital*

Christopher Matthews, M.D.  
*University of California, San Diego School of Medicine*

Janis Mendelsohn, M.D.  
*University of Chicago Pritzker School of Medicine*

Robert G. Newman, M.D.  
*Beth Israel Hospital, New York*

Vivian W. Pinn-Wiggins, M.D.  
*Howard University College of Medicine*

Joe Sigler  
*University of Texas Health Sciences Center at Houston*

Mark Smith, M.D.  
*University of Pennsylvania School of Medicine*

David Werdegard, M.D.  
*Department of Public Health, San Francisco*

**Audit:** Meets annually with AAMC's outside auditors to review financial statements before presentation to the governing bodies.

Spencer Foreman, M.D., Chairman  
*Montefiore Medical Center*

Milton Corn, M.D.  
*Georgetown University School of Medicine*

Douglas R. Knab, M.D.  
*Uniformed Services University of the Health Sciences*

**Faculty Practice:** Charged with identifying the critical issues facing academic medical centers as a result of the changing practice environment, specifying those in which the AAMC could and should have a role, and recommending projects for the AAMC to undertake. Final report presented to Executive Council April 1987.

Edward J. Stemmler, M.D., Chairman  
*University of Pennsylvania School of Medicine*

Arnold L. Brown, M.D.  
*University of Wisconsin Medical School*

Wilton Bunch, M.D.  
*University of Chicago Pritzker School of Medicine*

Saul J. Farber, M.D.  
*New York University School of Medicine*

Robert M. Heysel, M.D.  
*Johns Hopkins Health System*

John E. Ives  
*St. Luke's Episcopal Hospital, Houston*

Ernst Knobil, Ph.D.  
*University of Texas School of Medicine at Houston*

Richard G. Lester, M.D.  
*Eastern Virginia Medical School*

Charles A. McCallum, D.M.D., M.D.  
*University of Alabama*

David R. Perry  
*St. Louis University School of Medicine*

Alan K. Pierce, M.D.  
*University of Texas Health Sciences Center at Dallas*

Charles E. Putnam, M.D.  
*Duke University School of Medicine*

Raymond G. Schultze, M.D.  
*UCLA Hospitals and Clinics*

Donald Tower  
*Stanford University School of Medicine*

**Finance:** Reviews the Association's budget, financial statements, and five year plans; makes recommendations on dues and fees.

Edward J. Stemmler, M.D., Chairman  
*University of Pennsylvania School of Medicine*

John W. Colloton  
*University of Iowa Hospitals and Clinics*

Spencer Foreman, M.D.  
*Montefiore Medical Center*

Louis J. Kettel, M.D.  
*University of Arizona College of Medicine*

Frank G. Moody, M.D.  
*University of Texas Medical School at Houston*

Robert G. Petersdorf, M.D.  
*AAMC President*

Virginia V. Weldon, M.D.  
*Washington University School of Medicine*

**Flexner Award Selection:** Chooses recipient of Abraham Flexner Award for Distinguished Service to Medical Education.

Donald Weston, M.D., Chairman  
*Michigan State University College of Human Medicine*

Lisa V. Adams  
*Dartmouth Medical School*

Christine K. Cassel, M.D.  
*University of Chicago Pritzker School of Medicine*

John C. Ribble, M.D.  
*University of Texas Medical School at Houston*

Larry Way, M.D.  
*Veterans Administration Medical Center, San Francisco*

David S. Weiner  
*Children's Hospital, Boston*

**Housestaff Participation:** Charged with reviewing advisability of providing for housestaff participation in the Association and recommending methods for accomplishing such participation. Final report presented to Executive Council September 1987.

Joseph E. Johnson, III, M.D.,  
Chairman  
*University of Michigan Medical School*

S. Craighead Alexander, M.D.  
*University of Wisconsin Medical School*

Gordon I. Kaye, Ph.D.  
*Albany Medical School*

Peter O. Kohler, M.D.  
*University of Texas Medical School at San Antonio*

Eric B. Munson  
*North Carolina Memorial Hospital*

Kirk Murphy, M.D.  
*Hahnemann University School of Medicine*

Richard Root, M.D.  
*University of California, San Francisco School of Medicine*

C. Thomas Smith  
*Yale-New Haven Hospital*

James Stout, M.D.  
*University of Washington School of Medicine*

**Graduate Medical Education and the Transition from Medical School to Residency:** Charged with examining the effect of selection process for residency committee on students' general professional education. Final report presented to Executive Council January 1987.

Spencer Foreman, M.D., Chairman  
*Montefiore Medical Center*

Arnold Brown, M.D.  
*University of Wisconsin Medical School*

D. Kay Clawson, M.D.  
*University of Kansas School of Medicine*

Robert Dickler  
*University of Minnesota Hospital and Clinic*

Mark Dyken, M.D.  
*Indiana University School of Medicine*

Gerald H. Escovitz, M.D.  
*Medical College of Pennsylvania*

J. Roland Folse, M.D.  
*Southern Illinois University School of Medicine*

Joseph S. Gonnella, M.D.  
*Jefferson Medical College*

James J. Leonard, M.D.  
*Uniformed Services University of the Health Sciences*

Carol M. Mangione, M.D.  
*University of California, San Francisco*

Thomas K. Oliver, M.D.  
*American Board of Pediatrics*

Vivian W. Pinn-Wiggins, M.D.  
*Howard University College of Medicine*

Bernice Sigman, M.D.  
*University of Maryland School of Medicine*

Morton E. Smith, M.D.  
*Washington University School of Medicine*

**Investment:** Reviews management of Association's investments and provides guidelines for investment of Association assets.

Richard Janeway, M.D., Chairman  
*Bowman Gray School of Medicine of Wake Forest University*

James Cavanaugh  
*Smith, Kline & French Laboratories*

Spencer Foreman, M.D.  
*Montefiore Medical Center*

Robert M. Heyssel, M.D.  
*Johns Hopkins Health System*

George Houston  
*Georgetown University*

**Journal of Medical Education Editorial Board:** Provides guidance for the Association's monthly scholarly journal.

L. Thompson Bowles, M.D., Chairman  
*George Washington University School of Medicine & Health Sciences*

Philip C. Anderson, M.D.  
*University of Missouri, Columbia, School of Medicine*

G. William Bates, M.D.  
*Medical University of South Carolina*

Pamelyn Close, M.D.  
*Harbor-UCLA Medical Center*

Preston V. Dilts, M.D.  
*University of Michigan Medical School*

Nancy E. Gary, M.D.  
*Robert Wood Johnson Medical School*

David S. Greer, M.D.  
*Brown University Program in Medicine*

Paul F. Griner, M.D.  
*Strong Memorial Hospital*

Kaaren I. Hoffman, Ph.D.  
*University of Southern California School of Medicine*

John E. Ives  
*St. Luke's Episcopal Hospital, Houston*

Donald G. Kassebaum, M.D.  
*University of Oklahoma College of Medicine*

Fernando S. Mendoza, M.D.  
*Stanford University School of Medicine*

Emily Mumford, Ph.D.  
*New York State Psychiatric Institute*

Gordon Page, Ed.D.  
*University of British Columbia Faculty of Medicine*

Lois A. Pounds, M.D.  
*Duke University School of Medicine*

Hugh M. Scott  
*Bishop's University*

Charles E. Spooner, Ph.D.  
*University of California, San Diego School of Medicine*

Manuel Tzagournis, M.D.  
*Ohio State University College of Medicine*

Jesse G. Wardlow  
*Yale University School of Medicine*

**Management Education Programs:**  
Advises on the professional development programs provided by the Association for its constituents.

William H. Luginbuhl, M.D.,  
Chairman  
*University of Vermont College of Medicine*

William T. Butler, M.D.  
*Baylor College of Medicine*

D. Kay Clawson, M.D.  
*University of Kansas School of Medicine*

Robert L. Friedlander, M.D.  
*Albany Medical College*

Jerome B. Grossman, M.D.  
*New England Medical Center*

William B. Kerr  
*University of California, San Francisco Medical Center*

Hiram C. Polk, Jr., M.D.  
*University of Louisville College of Medicine*

**Nominating:** Charged with nominating candidates for positions as officers of the Assembly and members of the Executive Council.

Sheldon King, Chairman  
*Stanford University Medical Center*

Douglas Kelly, Ph.D.  
*University of Southern California School of Medicine*

Richard Moy, M.D.  
*Southern Illinois University School of Medicine*

C. Thomas Smith  
*Yale-New Haven Hospital*

Daniel Tosteson, M.D.  
*Harvard Medical School*

**Research Award Selection:** Chooses recipient of annual AAMC Award for Distinguished Research in the Biomedical Sciences.

Leon Rosenberg, M.D., Chairman  
*Yale University School of Medicine*

Kenneth I. Berns, M.D., Ph.D.  
*Cornell University School of Medicine*

Lawrence A. Boxer, M.D.  
*Mott Children's Hospital*

Ralph S. Goldsmith, M.D.  
*University of California, San Francisco School of Medicine*

Peter Kohler, M.D.  
*University of Texas Medical School at San Antonio*

Thomas Stossel, M.D.  
*Massachusetts General Hospital*

**Resolutions:** Receives and acts on resolutions for presentation to the Assembly.

Robert Daniels, M.D., Chairman  
*Louisiana State University School of Medicine at New Orleans*

Vicki Darrow, M.D.  
*University of Washington School of Medicine*

Earl Frederick  
*Children's Hospital, Chicago*

A. Everette James, M.D.  
*Vanderbilt University School of Medicine*

**Strategies for Promoting Academic Medical Centers:** A joint committee with the Association of Academic Health Centers, charged with investigating whether the AAMC and the AAHC have a role in assisting member institutions with promotional activities. Final report presented to Executive Council April 1987.

D. Gayle McNutt, Chairman  
*Baylor College of Medicine*

Roger J. Bulger, M.D.  
*University of Texas Health Sciences Center*

James Christensen, M.D.  
*University of Iowa School of Medicine*

Milton Corn, M.D.  
*Georgetown University School of Medicine*

J. Roland Folse, M.D.  
*Southern Illinois School of Medicine*

James C. Hunt, M.D.  
*University of Tennessee*

John E. Ives  
*St. Luke's Episcopal Hospital, Houston*

J. Antony Lloyd  
*Beth Israel Hospital, Boston*

Gary A. Mecklenburg  
*Northwestern Memorial Hospital*

Robert H. Waldman, M.D.  
*University of Nebraska College of Medicine*

# Financial Report

## TREASURER'S REPORT

The Association's Audit Committee met on September 3, 1987, and reviewed in detail the audited financial statements for the fiscal year ending June 30, 1987. Meeting with the committee were representatives of Ernst & Whinney, the Association's auditors, and Association staff. On September 10 the Executive Council reviewed and accepted the final unqualified audit report.

Income for the year totaled \$13,414,044. Of that amount \$12,526,115 (93.4%) originated from general fund sources, \$429,000 (3.2%) from foundation grants, and \$458,929 (3.4%) from federal government grants and contracts.

Expenses for the year totaled \$13,414,983 of which \$12,611,609 (94%) was charged to the continuing activities of the Association, \$344,445 (2.6%) to foundation grants, and \$458,929 (3.4%) to federal government grants and contracts. Balances in funds restricted by grantors increased \$125,295 to \$508,614. After making provisions for Executive Council designated reserves for special programs in the amount of \$781,000, unrestricted funds available for general purposes decreased \$539,529 to \$10,948,595, an amount equal to 82% of the expense recorded for the year. This reserve accumulation is within the directive of the Executive Council that the Association maintain as a goal an unrestricted reserve of 100% of the Association's total annual budget.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**  
**BALANCE SHEET**  
 June 30, 1987

*ASSETS*

Cash & Cash equivalents	\$ 1,332,446
Investments	18,862,259
Accounts Receivable	287,625
Deposits and Prepaid Items	183,124
Equipment (Net of Depreciation)	842,243
Land and Building (Net of Depreciation)	852,589
TOTAL ASSETS	\$22,360,286

*LIABILITIES AND FUND BALANCES*

<i>Liabilities</i>	
Accounts Payable	\$2,624,185
Deferred Income	1,613,171
<i>Fund Balances</i>	
Funds Restricted by Grantor for Special Purposes	508,614
<i>General Funds</i>	
Funds Restricted for Plant Investment	\$ 496,856
Funds Restricted by Executive Council for Special Purposes	4,474,033
Investment in Property and Equipment	1,694,832
General Purposes Fund	10,948,595
TOTAL LIABILITIES AND FUND BALANCES	\$22,360,286

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES**  
**OPERATING STATEMENT**  
 Fiscal Year Ended June 30, 1987

*SOURCE OF FUNDS*

<i>Income</i>	
Dues and Service Fees from Members	\$ 3,605,327
Private Grants	429,000
Cost Reimbursement Contracts	458,929
Special Services	5,404,389
Journal of Medical Education	95,667
Other Publications	418,631
Sundry (Interest \$1,914,003)	3,002,101
TOTAL SOURCE OF FUNDS	\$13,414,044

*USE OF FUNDS*

<i>Operating Expenses</i>	
Salaries and Wages	\$ 6,022,910
Staff Benefits	1,086,316
Supplies and Services	4,162,900
Provisions for Depreciation	324,650
Travel and Meetings	1,250,906
Contracted Services	569,722
Net (Gain) on Disposal of Fixed Assets	[ 2,421]
TOTAL EXPENSES	\$13,414,983
(Decrease) in Investment in Property and Equipment (Net of Depreciation)	[ 55,045]
Transfer to Executive Council Reserved Funds for Special Programs	198,980
Reserve for Replacement of Equipment	269,360
Increase in Restricted Fund Balances	125,295
(Decrease) in General Purposes Funds	[ 539,529]
TOTAL USE OF FUNDS	\$13,414,044

**SPONSORED PROGRAMS**

current as of September 30, 1987

**Private Foundation Support**

Baxter American Foundation

Burroughs Wellcome Fund

Support for the annual AAMC Award for Distinguished Research in the Biomedical Sciences

Commonwealth Fund

A three year grant to develop a better policy analysis capability for teaching hospitals (\$496,000)

Robert Wood Johnson Foundation

A four year grant for the preparation and publication of information on minorities in medical education (\$50,000)

Henry J. Kaiser Family Foundation

Award to support first year administration of the Kaiser Family Foundation Faculty Scholars in General Internal Medicine program (\$158,550)

A three year award for the establishment and operation of an advisory committee for the New Pathway Program at Harvard Medical School (\$114,000)

W. K. Kellogg Foundation

Support for two symposia on the changing needs for clinical education and practice in the nation's academic health centers (\$40,000)

**Federally Sponsored Programs**

Department of Health and Human Services

Health Resources and Services Administration

A three year Health Careers Opportunities Program grant to conduct workshops on admissions, counseling, and early identification of potential underrepresented students (\$227,000)

An eighteen month contract for a study of differential analysis of medical schools with high and low minority graduation rates (\$84,700)

A nine month contract to study differences between minority and non-minority non-matriculants and between minority matriculants and non-matriculants (\$23,894)

A fifteen month contract to study the transition of medical education programs from hospital inpatient to ambulatory training programs (\$137,856)

National Institutes of Health

A five year contract for the continued maintenance and development of the faculty roster database system and for the conduct of policy studies (\$535,470)

**Corporate Grants**

The following corporations support the general operations of the Association as sustaining and contributing members:

Abbott Laboratories

Baxter Travenol

Bristol Laboratories

Ciba-Geigy Corporation

Eli Lilly & Company

Merck, Sharpe & Dohme

Miles Laboratories

Morgan Guaranty Trust

Ortho Pharmaceutical Corporation

Pfizer, Inc.

A. H. Robins Company, Inc.

Sandoz Pharmaceutical Corporation

Syntex Corporation

# AAMC Staff

In early 1987 a new staff organization of the Association was implemented. Its major features were:

- an expansion in the Office of the President to strengthen its analytical capabilities
- centralization of the Association's governmental relations activities under the direction of the senior vice president
- creation of programmatic divisions for biomedical research, academic affairs, clinical services, institutional planning and development, and communications.

Recruitment for senior level positions is now complete and the Association staff has been strengthened by the addition of individuals with recent medical center experience. The organization of the staff on a functional, matrix basis is designed to improve and expand the quality of services offered and to provide a better interaction of the constituents with all staff.



## OFFICE OF THE PRESIDENT

### *President*

Robert G. Petersdorf, M.D.

### *Executive Vice President*

John F. Sherman, Ph.D.

### *Senior Vice President*

Richard M. Knapp, Ph.D.

### *Associate Vice President*

Thomas J. Kennedy, Jr., M.D.

### *Assistant Vice President*

Kathleen S. Turner

### *Special Assistant*

Rosemary Choate

### *Executive Assistant*

Rose Napper

Norma Nichols

Elizabeth Rahimi

### *Administrative Assistant*

Sandra Taylor

Cynthia Withers

## Office of Governmental Relations

### *Senior Vice President*

Richard M. Knapp, Ph.D.

### *Legislative Analyst*

Catherine Cahill

Sarah B. Carr

David B. Moore

James G. Terwilliger

### *Executive Assistant*

Elizabeth A. Rahimi

### *Administrative Assistant*

Tonya L. Borges

Ferne E. Hughes

## Office of General Counsel

### *General Counsel*

Joseph A. Keyes, Jr.



**Office of Administrative Services**

*Vice President*  
 Edwin Crocker  
*Associate Director*  
 Jeanne Newman  
*Business Manager*  
 Samuel G. Morey  
*Personnel Manager*  
 Carolyn Curcio  
*Supervisor, Membership and Publication Orders*  
 Madelyn Roche  
*Staffing/Benefits Specialist*  
 Donna Adams  
*Administrative Assistant*  
 Carolyn Demorest  
 Anita Ross  
*Accounting Assistant*  
 Cathy Brooks  
*Accounts Payable/Purchasing Assistant*  
 Farisse D. Moore  
*Accounts Receivable Assistant*  
 Richard Helmer  
*Accounts Payable Assistant*  
 Anna Thomas  
*Annual Meeting Registrar*  
 Rubye Trawick  
*Receptionist*  
 Regina Roric-Mayhew  
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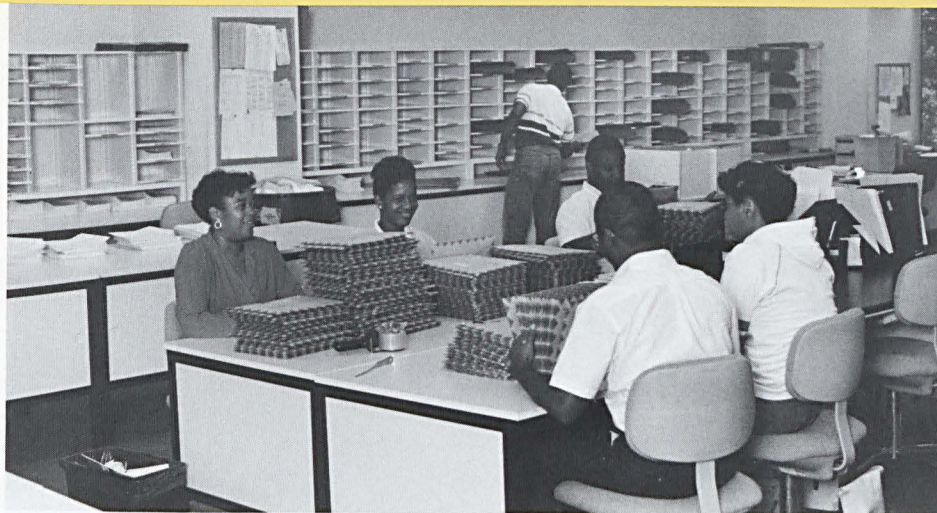
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