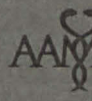

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

Annual Report 1991-92

Tradition & Vision

MISSION STATEMENT

The Association of American Medical Colleges has as its purpose the improvement of the nation's health through the advancement of academic medicine.

As an association of medical schools, teaching hospitals, and academic societies, the AAMC works with its members to set a national agenda for medical education, biomedical research, and health care and assists its members by providing services at the national level that facilitate the accomplishment of their missions.

In pursuing its purpose, the Association works to strengthen the quality of medical education and training, to enhance the search for biomedical knowledge, to advance research in health services, and to integrate education and research into the provision of effective health care.

Adopted by the AAMC Executive Council

June 1988

Just a year ago the Association moved into its own headquarters building and for the first time in two decades the AAMC staff is housed in a single facility.

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The Association of American Medical Colleges has a long tradition of service to the academic medicine community. Since 1876 the AAMC has been the national voice for the concerns of academic medicine. The AAMC's agenda initially focussed almost exclusively on the educational mission of medical colleges, with primary emphasis given to improving the quality of American medical education. As medical schools were transformed into academic medical centers with multiple missions of education, research, and health care delivery, the AAMC expanded its scope to support the full range of programmatic activities at our member institutions.

The Association's strong tradition of service to its members is based on a continuing assessment of member needs and a commitment to help fulfill those needs. The AAMC has been an effective advocate for communicating academic medicine's concerns and positions on issues. However, the Association's responsibility as the nexus between academic medical centers and the general public requires that our actions go beyond mere advocacy for our members. The Association also must be a conduit through which society can express its views on issues of concern to academic medicine. The Association also can, and should, be a vehicle through which the academic medicine community can articulate medical education's core values and provide leadership to realize these values throughout our community. The active involvement of AAMC members, which has been a tradition, allows the AAMC leadership to define academic medicine's commitment to societal objectives and to craft programs to achieve those objectives. The Association becomes the link between academic medicine and the larger society we serve.

Considerations involved in defining the AAMC's role were dramatized a few years ago when the Association adopted a new graphics identity program. In designing a seal for the Association two mottos were considered: Vox Medicinae Academicae — the Voice of Academic Medicine — or Dux Medicinae Academicae — Leadership for Academic Medicine. The former would have indicated that the Association speaks for academic medicine, but the latter phrase, which was adopted, implies a broader mission to forge consensus on difficult positions and to provide direction in uncertain times. Those who are elected to leadership in the AAMC have been committed to this ideal.

Over the past few years, the Association's Executive Council has identified a number of important goals for academic medicine and strategies for implementing these goals are now being developed by committees of AAMC constituents. In each case, members are working to articulate a vision for academic medicine that will link the strengths of our academic medical centers with the needs of our society.

In *Project 3000 by 2000* the Association and its members have committed themselves to new and more vigorous efforts to increase the number of underrepresented minorities in medical education and ultimately in practice. As the United States becomes more heterogeneous, it is essential for the medical profession to reflect this diversity. In defining *Project 3000 by 2000*, the project's Implementation Committee has recognized that traditional programs for minority recruitment and retention must be broadened to include more forward-looking partnerships with the educational system at the pre-baccalaureate level.

The Generalist Physician Task Force addresses the urgent need to restructure specialty distribution in this country. More general internists, family practitioners, and general pediatri-

cians are needed to meet the primary care needs of our people. This will require a number of interventions, including modifications in the process by which young physicians are educated. More exposure to and experience in primary care disciplines and settings are required.

The choice of a theme for the 1992 AAMC annual meeting highlights the Association's awareness that many in our country believe that fundamental restructuring of the U.S. health care delivery system is necessary. The Association's contribution to this national debate will be to assure that the special missions of medical schools and teaching hospitals in the training of new health professionals, the conduct of basic and clinical research, the transfer of new knowledge and experimental technologies from the laboratory to the bedside, the provision of specialized tertiary services, and the treatment of a disproportionate share of our country's poorest and sickest citizens are recognized and protected. Association members also must be prepared to respond to the changes in the health care system that are enacted. To provide guidance in achieving these objectives, a new AAMC Task Force on Strategic Positioning for Health Care Reform has been established.

The Association of American Medical Colleges, like any organization more than a century old, has proud traditions. But, like any vital organization, it constantly looks to its future as well as its past. In developing its vision for the future, the AAMC is giving new focus to society's needs and how the strengths of academic medicine can respond to those needs.

Bob Petersdorf

Robert G. Petersdorf, M.D.
AAMC President

The Association of American Medical Colleges is a diverse organization representing a variety of communities. While we all are grounded in the academic medical center, we may have different priorities and perspectives on the missions of our member institutions and the issues we face. The AAMC long ago decided that it would resolve this inner tension through consensus, by reaching positions only when an overwhelming proportion of the membership agreed, rather than solely by majority decision.

We often talk about the three-legged stool of teaching, research, and patient care that is a model for the superior academician. It has long been the Association's role to represent these three missions of the medical centers to the outside world. The AAMC has done this by developing consensus positions that incorporate the views and needs of the institutions' administrative and academic leadership, the faculty, the management team of affiliated teaching hospitals, students, and now residents.

As a consensus organization the Association has been strong and vital. For more than a century the AAMC has represented academic medicine. It has grown and is thriving so that it now commands a position of power and respect at the national level. The AAMC is strong because positions reached by consensus within such a diverse community tend to be based on careful, broad-ranging analysis and a solid foundation that will withstand minor perturbations in the environment. Despite our diversity, we share important values and a respect for academic medicine. Listening to and considering the views of all members allows the organization to approach an issue from the different perspectives that a diverse membership offers and allows those whose opinion did not prevail to better understand and accept the decisions of the organization. The tendency to defend the *status*

quo can protect the essential societal contributions that our institutions make. The Association is strong because it holds together a diverse community — both within each academic medical center and among different academic medical centers—for an important common good: supporting, protecting, and nurturing academic medicine.

A number of factors can be identified that affect the financial stability and future of our members.

These include

- a lower growth rate for the NIH budget and cap on payments for the administrative component of indirect research costs, limiting institutional revenues derived from these sources;
- continuing pressures to reduce the growth rate of payments for physician services;
- increases in student debt that will burden many young physicians and affect tuition as a revenue source; and
- growing inability of state governments to finance Medicaid programs.

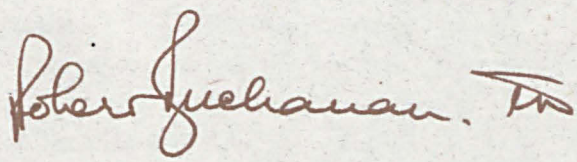
Underlying all of these specific pressures is a troubled economy, a seemingly uncontrollable federal deficit, and a reluctance on the part of national leaders from both parties to support new taxes. I suggest that in the near future things are not likely to be kinder and gentler for our institutions.

In such an environment the forces for fragmentation grow, making it even more important that our community hold together, provide an integrated approach to national health policy issues, and protect the consensus we have so laboriously achieved. The individual components of an academic medical center can best protect their interests by defending and supporting the entire enterprise and its broad scope of activities.

National health care reform is but one example that will test our community's ability to hold together. If the dozens of current proposals are ever narrowed down to a few specifics and brought to the table for negotiation, there will be many trade-offs to consider. If we are going to provide more access for currently uninsured individuals and contain costs, there will be winners and losers. What will academic medicine give up? What will it get in return? When will this happen? Who will decide? Developing a unified strategy to protect and support the multiple missions of our academic medical centers must be an important goal for the Association and its members, and the 1992 annual meeting plenary sessions are an important step in initiating debate on these issues within the AAMC constituency.

We must remember that within our community we have common objectives. We are more alike than we are different. We are more like each other than we are like medical centers that do not have teaching and research missions. We should be committed to acting together to integrate and protect our common missions. Otherwise we will fragment our community. The Association is the vehicle through which integration can occur. We should give it our wholehearted support in this difficult era as we work together to meet the challenges we face.

After all, who knows better than the members of the AAMC that diversity, when integrated for a common purpose, is indeed a magnificent strength.



J. Robert Buchanan, M.D.
AAMC Chair

Membership on the Executive Council, the governing body of the Association, is 30 voting members. The Council leadership consists of the chair, chair-elect, immediate past-chair, and president of the Association; the chair, chair-elect, and immediate past chair of each council administrative board—Council of Deans (COD), Council of Teaching Hospitals (COTH), and Council of Academic Societies (CAS); the chair and chair-elect of the administrative boards of both the Organization of Student Representatives (OSR) and the Organization of Resident Representatives (ORR); twelve elected members—three each from the COTH and CAS and six from the COD; and a Distinguished Service Member.

The Association's legislative body is its Assembly, comprising all 126 members of the COD, 126 members of the COTH, 90 members of the CAS, and 12 members each from the OSR and the ORR.

Each year members and staff of the U.S. Congress, Executive Branch agencies, and representatives of medical and health care organizations address the Administrative Boards and Executive Council on issues of interest and importance to academic medical centers. In 1991-92, AAMC leaders heard from the following speakers:

Dale Bumpers (D-AK), U.S. Senate
Member, Appropriations; Energy & Natural Resources; Chair, Small Business

Nancy L. Kassebaum (R-KS), U.S. Senate
Member, Banking, Housing & Urban Affairs; Foreign Relations; Ranking Minority Member, Labor & Human Resources

David A. Kessler, M.D.
Commissioner, Food and Drug Administration

Charlie McDowell
Columnist, Richmond *Evening Dispatch*
Panelist, "Washington Week in Review"

Burton Lee, III, M.D.
Physician to the President

Constituents

The AAMC's constituents are

- 126 member accredited U.S. medical schools, each represented by its dean in the Council of Deans
- 400 member teaching hospitals with substantial research and educational activities, including 70 Department of Veterans Affairs medical centers, each represented by its CEO in the Council of Teaching Hospitals
- 90 member academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 70,000 faculty members at member institutions
- 126 students serving in the Organization of Student Representatives representing 65,000 students
- 44 residents at U.S. medical schools and AAMC-member teaching hospitals appointed by members of clinical societies representing 68,000 residents
- 16 Canadian Medical Schools as associate members
- Over 700 individuals interested in medical education
- Faculty members and administrators of medical colleges, teaching hospitals, and academic medical centers who represent their institutions in groups of professionals with similar interests within the AAMC:

  Group on Business Affairs
  Group on Educational Affairs
  Section on Resident Education
  Group on Faculty Practice
  Group on Institutional Planning
  Group on Public Affairs
  Group on Student Affairs
  Minority Affairs Section
  Governmental Relations Representatives
  (collaborative effort with the Association of Academic Health Centers)
  Women in Medicine

AAMC Governance

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

Chair-Elect
Spencer Foreman, M.D.*
Montefiore Medical Center

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

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

Distinguished Service Member
Ernst Knobil, Ph.D.*
University of Texas Health Science Center, Houston

Council of Deans Administrative Board

Chair
Kenneth I. Shine, M.D. [1] *
University of California, Los Angeles, Los Angeles School of Medicine

Chair-Elect
Harry N. Beaty, M.D. [2] *
Northwestern University Medical School

Past Chair
(vacant)

George T. Bryan, M.D.[3] *
University of Texas Medical School at Galveston

Jordan J. Cohen, M.D.*
State University of New York at Stony Brook Health Sciences Center, School of Medicine

Richard A. Cooper, M.D.*
Medical College of Wisconsin

David S. Greer, M.D.[4] *
Brown University Program in Medicine

James A. Hallock, M.D.*
East Carolina University School of Medicine

Michael M. Johns, M.D.
The Johns Hopkins University School of Medicine

Donald R. Kmetz, M.D.*
University of Louisville School of Medicine Health Sciences Center

Herbert Pardes, M.D.
Columbia University College of Physicians and Surgeons

Hibbard E. Williams, M.D.[4] *
University of California, Davis, School of Medicine

I. Dodd Wilson, M.D.
University of Arkansas College of Medicine

[1] *Resigned, July 1992*
[2] *Chair, July 1992*
[3] *Chair-Elect July 1992*
[4] *Resigned, September 1992*

Council of Teaching Hospitals Administrative Board

Chair
C. Edward Schwartz*
University of Nebraska Hospital

Chair-Elect
William B. Kerr*
The Medical Center at the University of California, San Francisco

Immediate Past Chair
Jerome H. Grossman, M.D.*
New England Medical Center, Inc.

Ron J. Anderson, M.D.
Parkland Memorial Hospital

Calvin Bland*
St. Christopher's Hospital for Children

Frank A. Butler
University Hospital, University of Kentucky Medical Center

Jose R. Coronado
Audie L. Murphy Memorial Veterans Hospital

Robert M. Dickler[5]
University of Minnesota Hospital and Clinic

R. Edward Howell
Medical College of Georgia Hospitals and Clinics

Robert H. Muilenburg*
University of Washington Medical Center

Robert G. Newman, M.D.
Beth Israel Medical Center

Ronald R. Peterson
The Francisco Scott Key Medical Center

Max Poll* [6]
Barnes Hospital

Helen Smits, M.D.
John Dempsey Hospital, University of Connecticut Health Center

Gail L. Warden
Henry Ford Health Care Corporation

[5] *Resigned, September 1992 to become AAMC Vice President for Clinical Services*

[6] *Resigned, June 1992*

Council of Academic Societies Administrative Board

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

Chair-Elect
S. Craighead Alexander, M.D.*
Hahnemann University School of Medicine

Immediate Past Chair
Myron Genel, M.D.*
Yale University School of Medicine

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

Harold J. Fallon, M.D.*
Medical College of Virginia

Paul J. Friedman, M.D.
University of California, San Diego, School of Medicine

George A. Hedge, Ph.D.*
West Virginia University School of Medicine

Thomas C. King, M.D.
Columbia Presbyterian Medical Center, New York

Barbara J. McLaughlin, Ph.D.
University of Louisville School of Medicine

David W. Nierenberg, M.D.
Dartmouth-Hitchcock Medical Center

Vivian W. Pinn, M.D.*
National Institutes of Health

Beverly Rowley, Ph.D.
Maricopa Medical Center

Joel G. Sacks, M.D.
University of Cincinnati College of Medicine

* *Member, Executive Council*

Organization of Resident Representatives Administrative Board

Chair
Bernarda M. Zenker, M.D.*
University of Oklahoma Health Sciences Center

Chair-Elect
Joseph S. Auteri, M.D.*
Columbia-Presbyterian Medical Center

Carl G. Gold, M.D.
Boston University Medical Center

J. Rene Herlong, M.D.
Baylor College of Medicine Affiliated Hospitals

Mary Elise Moeller, M.D.
Medical Associates, Indianapolis

Michele C. Parker, M.D.
UCLA Family Health Center

Joshua Port, M.D.
Hospitals of the University of Pittsburgh

Louis M. Profeta, M.D.
Hospitals of the University of Pittsburgh

Barbara E. Tardiff, M.D.
Oregon Health Sciences University

Organization of Student Representatives Administrative Board

Chair
Erik Gundersen*
University of Wisconsin Medical School

Chair-Elect
David Graham*
East Carolina University School of Medicine

Immediate Past-Chair
Lawrence Tsen, M.D.
University of Kansas Medical Center, School of Medicine

Sondra Bradman
University of California, Irvine, School of Medicine

Michael Greenberg, M.D.
Medical College of Georgia

David McClain, M.D.
Oregon Health Sciences University

Joia Mukherjee, M.D.
University of Minnesota Medical School

Guy Nuki, M.D.
University of Connecticut School of Medicine

Michael A. Pilla
University of Pennsylvania

Daniel Reinke
Dartmouth College Medical School

Kevin Slavin
University of California, Los Angeles, UCLA School of Medicine

Daphne Stamos
Georgetown University School of Medicine

** Member, Executive Council*

This year's Annual Report reflects the reorganization of the AAMC in early 1992. Through its three offices and seven divisions, the Association carries out a broad range of programs and studies to strengthen and advance academic medicine. This report highlights areas in which the Association and its members have taken a lead in analyzing and formulating health policy initiatives, improving educational experiences, advancing institutional quality, and developing collaborative partnerships.

Robert G. Petersdorf, M.D., (left, back row) and other recipients including Mikhail Gorbachev and former President Jimmy Carter, receive honorary degrees at Emory University this year.

(From top left, clockwise) Dr. Petersdorf, Henry C. McBay, James M. Sibley, Theodore Draper, Keba M'Baye, Emory President James T. Laney, Ph.D., Mr. Carter, Mr. Gorbachev, Dominique de Menil, and Robert Strickland.

The principal responsibilities of the Office of the President are three: to oversee the range of AAMC programs and operations, to provide leadership on key policy issues, and to represent the AAMC to other organizations.

This year a particular effort was made to increase constituent identification with the Association. A greater use of committees to advise the Executive Council and Administrative Boards broadened constituent participation in the Association's policy-making process. The Advisory Panel on Strategic Positioning for Health Care Reform joined the Advisory Panel on Biomedical Research. A new Generalist Physician Task Force and an Implementation Committee for *Project 3000 by 2000* were established, and their work is under way.

The school visit program to member medical schools by senior AAMC staff continues, with more than 100 schools signing up for a visit since the program's inception in 1987.

When the monthly *AAMC Reporter* was introduced, circulation of the Association's newsletter was expanded to include more academic medical center officials, including members of the AAMC's professional development groups. In a joint venture with Academic Physician Services, Inc., the AAMC began contributing a section of Association news to the bimonthly, *Academic Physician*, which had been distributed to faculty physicians. Under the new arrangement, circulation will be expanded to include all medical school faculty, senior residents, and fellows. To improve its ability to inform members of rapidly changing legislative and policy events, the Association added "broadcast fax" capability to its communications network.

Each year Dr. Petersdorf participates in the academic life of a number of member institutions through grand rounds presentations, Alpha Omega Alpha lectures, and commencement addresses. This year he received an honorary Doctor of Science degree from Emory University. He was also interviewed for the AOA Series on Leaders in American Medicine.

AAMC senior staff represent the interests of academic medicine through service in other organizations, including

- Ad Hoc Group for Medical Research Funding Steering Committee
- Americans for Medical Progress Board
- Educational Commission for Foreign Medical Graduates Board of Trustees
- Delegation for Biomedical Research
- Foundation for Biomedical Research Board
- Friends of the National Library of Medicine Executive Committee
- Friends of VA Medical Care and Health Research
- National Academy of Sciences/Institute of Medicine committees
- National Association for Biomedical Research Board
- National Board of Medical Examiners Executive Committee
- National Medical Fellowships, Inc., Board
- Pan-American Federation of Associations of Medical Schools Administrative Committee
- Research!America Board of Directors
- Special Medical Advisory Group of the Department of Veterans Affairs

Legislative proposals of the 102nd Congress continued to challenge all aspects of the academic medicine enterprise. Reacting to increasing calls to control the federal budget deficit, to ensure the proper stewardship of federal funds, and to reform the health care system, both the Bush Administration and Congress presented proposals concerning education, research, and patient care that confronted the traditional relationship between the federal government and academic medical centers. Association staff worked with member institutions, other organizations, and coalitions to respond to these challenges.

Passage of legislation to reauthorize the Higher Education Act—the Higher Education Amendments of 1992—marked a major congressional achievement. President Bush signed them into law on July 23. Academic medicine was particularly interested in Title IV of the amendments, which governs all federal student financial assistance programs under the aegis of the Department of Education.

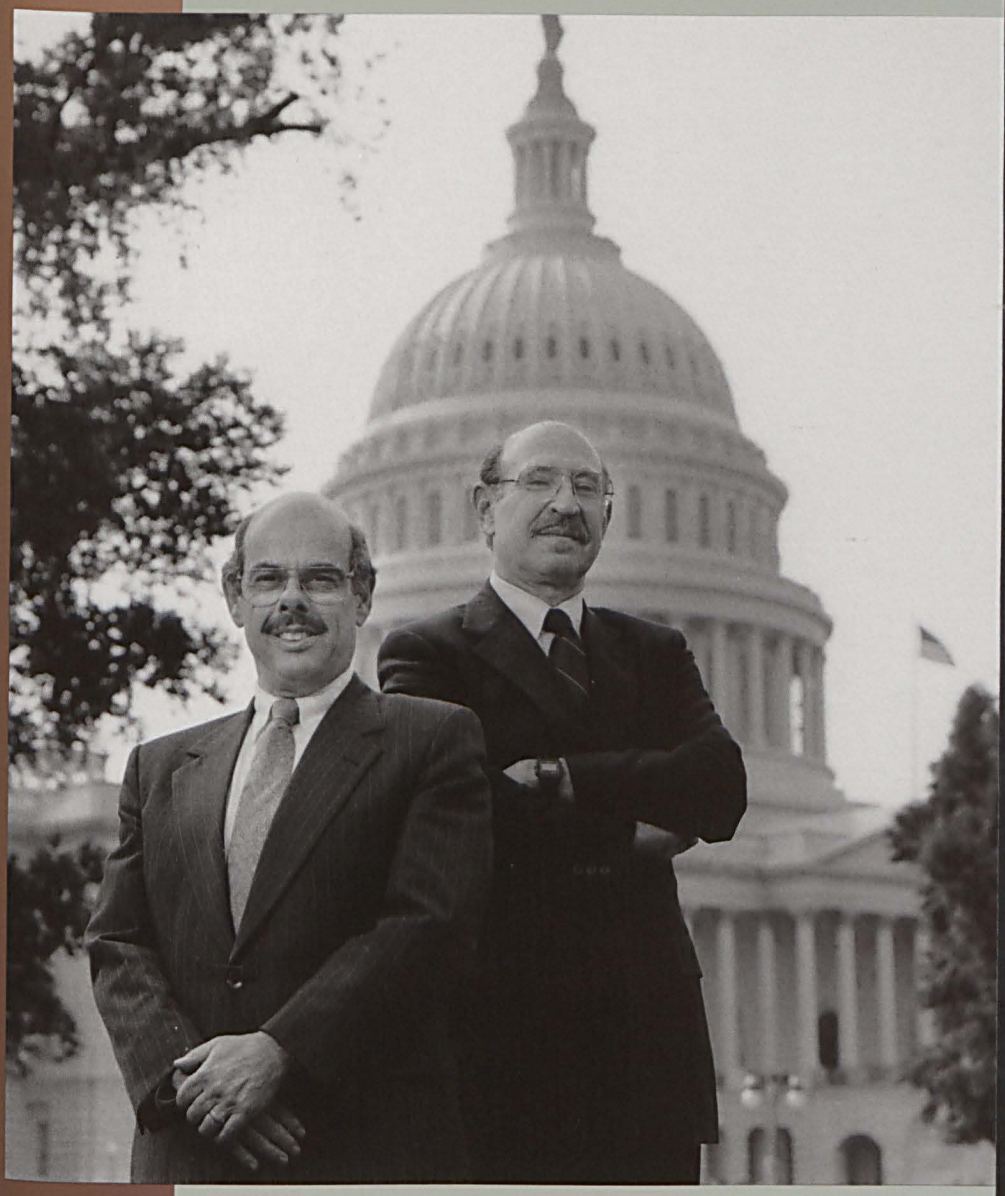
Threatened with elimination of the current two-year medical residency deferment for Stafford Student Loans and Supplemental Loans for Students (SLS), the AAMC and other organizations successfully supported provisions that would allow current borrowers (those who received their first loan disbursement prior to July 1, 1993) to remain eligible for the two-year deferment upon entering an accredited internship or residency program. For students who begin borrowing after that date, the new law creates a three-year loan deferment based upon a borrower's economic hardship. The criteria for determining qualification for deferment will include the borrower's debt-to-income ratio, a provision the AAMC suggested to offer relief to future medical residents with high levels of educational debt. The AAMC also successfully persuaded Congress to keep existing statutory provisions related to loan forbearance.

The Administration again attempted to eliminate the majority of programs under Titles VII and VIII of the Public Health Service Act to support health professions training. But the AAMC, along with a coalition of organizations interested in primary care training, succeeded in partially offsetting the Administration's proposal: the House proposed funding these programs at approximately three-fourths the previous year's total, while the Senate recommended funding the majority of them at FY1992 levels. Congressional reauthorization of Titles VII and VIII was stalled in the House-Senate conference committee as this report went to press but was expected to be completed in September.

There were renewed proposals to weight Medicare direct graduate medical education payments to teaching hospitals in order to favor support of primary care training positions. The AAMC attempted instead to redirect Congressional attention toward proposals to encourage and support medical school graduates who select training in a primary care discipline.

Adequate funding of biomedical research is always a priority for the Association. The AAMC continued its efforts with the Ad Hoc Group for Medical Research Funding, and this year mounted a specific campaign to educate members of Congress about the importance of the NIH National Center for Research Resources (NCRR). Recognizing also the importance of studies of medical effectiveness, patient outcomes, and improved organization and financing of health services, the AAMC joined other organizations urging increased funding for the Agency for Health Care Policy and Research.

The perennial shortfall in funding for the Veterans Affairs Administration increasingly threatens the quality and scope of its health care



Rep. Henry A. Waxman (D-CA) chair, House Energy and Commerce Subcommittee on Health and the Environment , and Myron Genel, M.D., immediate past chair, Council of Academic Societies, and associate dean for Government and Community Affairs, Yale University School of Medicine

Rep. Waxman has worked steadfastly in the House of Representatives to eliminate from the NIH reauthorization bill the ban on federal funding of fetal tissue transplantation research using tissue from induced abortions.

Inspired to Action

No legislative undertaking in recent memory has inspired the academic medical research community to action as has the effort to overturn the moratorium on federal funding for transplantation research using fetal tissue from induced abortions. Although efforts have yet to succeed, the congressional votes to date and endorsements by such abortion opponents as Sen. Strom Thurmond (R-SC) and Rep. Fred Upton (R-MI) demonstrate that the academic community can educate members of Congress on medical research issues.

Rep. Henry A. Waxman (D-CA), chairman of the House Energy and Commerce Subcommittee on Health and the Environment, early in 1991 made eliminating the ban his top priority in legislation to reauthorize NIH programs. Under the rubric of "research freedom," Mr. Waxman sought both to nullify the fetal tissue funding moratorium and to define the conditions under which HHS could withhold, on ethical grounds, funding for an approved research proposal.

The AAMC and other groups representing scientists, physicians, and—most importantly—patients mounted a massive education and advocacy campaign to support Mr. Waxman's bill. Their efforts were rewarded in July 1991 when the House passed the NIH bill by a vote of 274 to 144.

The coalition achieved similar success in the Senate, where Senators Edward Kennedy (D-MA), chair of the Senate Labor and Human Resources Committee, and Brock Adams (D-WA) led the fight against the ban. The coalition's efforts focussed on the potential value of fetal tissue research and on refuting the Bush Administration's claim that funding the research would lead to increased abortions.

The NIH bill passed the Senate in early April 1992 by an overwhelming margin of 87 to 10, followed in late May and early June by House and Senate approval by wide margins of the conference report on the bill.

Despite advice to the contrary from key legislators, former NIH directors, and many leaders of the research community, President Bush vetoed the NIH bill on June 23, a veto the House was unable to override. Mr. Waxman and Sen. Kennedy have introduced compromise NIH bills that attempt to address a portion of the administration's concern over fetal tissue research. The AAMC continues to work on behalf of this legislation.

system. The AAMC continued to support increased funding for VA health care and medical research budgets, both independently and as one of the leaders of the Friends of VA coalition.

The Association hosted the VA-Medical Deans Liaison Committee, chaired by Stanford University School of Medicine Dean David Korn, M.D., to improve communication between individual medical schools and VA hospitals. It also submitted comments to the VA on the "Report of the Commission on the Future Structure of Veterans Health Care." The AAMC generally supported the commission's eligibility reform and efforts to develop a quality management system, but cautioned the VA to conduct further analyses or demonstration projects of the commission's proposed changes in financing and restructuring.

AAMC Testimony

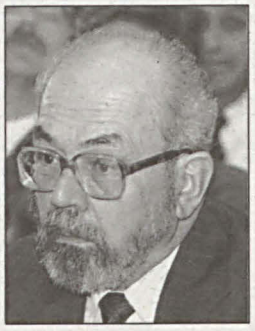
1. **Standards of Ethical Conduct for Executive Branch Employees—Proposed Rules by the Office of Governmental Ethics.** Submitted to the Subcommittee on Human Resources, House Committee on Post Office and Civil Service, October 22, 1991.
2. **Fetal Tissue Transplantation Research, S. 1902.** Presented by Karen A. Holbrook, Ph.D., Associate Dean of Scientific Affairs, University of Washington School of Medicine, to the Senate Committee on Labor and Human Resources, November 21, 1991.
3. **Department of Veterans Affairs Health Care System.** Presented by Robert G. Petersdorf, M.D., President, AAMC, to the Subcommittee on Human Resources and Intergovernmental Relations, House Committee on Government Operations, November 21, 1991.
4. **Department of Veterans Affairs Health Care System.** Presented by L. Thompson Bowles, M.D., Ph.D., Executive Dean, George Washington University School of Medicine and Health Sciences, before the Subcommittee on Human Resources and Intergovernmental Relations, House Committee on Government Operations, November 21, 1991.
5. **Physician Supply and Distribution: Directions for Graduate Medical Education.** Presented by Robert G. Petersdorf, M.D., President, AAMC, to the Physician Payment Review Commission, December 11, 1991.
6. **The Medicare Fee Schedule Implementation.** Presented by Paul A. Hoffstein, Assistant Dean for Clinical Practice, The Johns Hopkins University, before the Physician Payment Review Commission, December 11, 1991.
7. **Management of Research Cost: Indirect Cost.** Presented by Robert G. Petersdorf, M.D., President, AAMC, to the National Institutes of Health, December 11, 1991.
8. **Statement to the Council on Graduate Medical Education.** Presented by Robert H. Waldman, M.D., Vice President for Graduate Medical Education, AAMC, January 29, 1992.
9. **Statement to the Council on Graduate Medical Education.** Presented by Edward Stemmler, M.D., Executive Vice President, AAMC, January 30, 1992.
10. **FY–1993 Appropriations for the Veterans Health Administration.** Presented by Robert J. Luchi, M.D., Director, Huffington Center on Aging, Baylor College of Medicine, before the House Committee on Veterans' Affairs, February 19, 1992.

Karen A. Holbrook, Ph.D.

Paul A. Hoffstein

Robert J. Luchi, M.D.

I. Dodd Wilson, M.D.



Daniel H. Winship, M.D.

Jordan J. Cohen, M.D.

Harry N. Beaty, M.D.

11. **FY–1993 Appropriations for the Veterans Health Administration.** Presented by I. Dodd Wilson, M.D., Dean, University of Arkansas College of Medicine, before the Senate Committee on Veterans' Affairs, February 27, 1992.

12. **Positions in the Administration's FY-1993 Budget Proposals and President Bush's Health Care Reform Plan.** Submitted to the House Committee on Ways and Means, March 3-5, 1992.

13. **Department of Defense's Use of Laboratory Animals.** Joint Statement of NABR and AAMC presented by Frankie L. Trull, NABR President, before the Subcommittee on Research and Development, House Committee on Armed Services, April 7, 1992.

14. **FY–1993 Appropriations for the Department of Health and Human Services.** Presented by Jordan J. Cohen, M.D., Dean, State University of New York at Stony Brook Health Sciences Center School of Medicine, before the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, House Committee on Appropriations, April 28, 1992.

15. **FY–1993 Appropriations for the Veterans Health Administration.** Presented by Daniel Winship, M.D., Dean, Stritch School of Medicine, Loyola University, before the Subcommittee on VA-HUD-Independent Agencies, House Committee on Appropriations, April 29, 1992.

16. **FY–1993 Appropriations for the Veterans Health Administration.** Submitted to the Subcommittee on VA-HUD-Independent Agencies, Senate Committee on Appropriations, April 29, 1992.

17. **Rules Regarding a Veteran's Eligibility to Enter the VA Health Care System.** Presented by Harry N. Beaty, M.D., Dean, Northwestern University Medical School, before the Subcommittee on Hospitals and Health Care, House Committee on Veterans' Affairs, May 20, 1992.

18. **AAMC Comments to the PHS Advisory Committee on Scientific Integrity.** Presented by Joseph A. Keyes, Vice President and General Counsel, AAMC, June 11, 1992.

19. **FY–1993 Appropriations for the Department of Health and Human Services.** Presented by Robert G. Petersdorf, M.D., President, AAMC, to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Senate Committee on Appropriations, July 21, 1992.

20. **Academic Medicine and Its Relationship with the Federal Government.** Presented by Robert G. Petersdorf, M.D., President, AAMC, to the President's Council of Advisors on Science and Technology, July 24, 1992.

21. **Medicare Payments for Graduate Medical Education.** Presented by J. Robert Buchanan, M.D., General Director, Massachusetts General Hospital, before the Subcommittee on Medicare and Long-Term Care, Senate Finance Committee, July 29, 1992.

Sen. Edward M. Kennedy (D-MA), chair, Senate Labor and Human Resources Committee, and J. Robert Buchanan, M.D., AAMC chair and general director, Massachusetts General Hospital.

Sen. Kennedy has led the effort in the Senate to pass NIH legislation authorizing new research initiatives including elimination of the ban on funding for fetal transplantation research.

Finding Common Ground

Over the past two years, the effort to reauthorize various programs at the National Institutes of Health (NIH) has been a major congressional goal of medical research legislation. While the lion's share of attention focussed on fetal tissue, the NIH bill addressed a full spectrum of issues. They ranged from expanding federal support for research on women's health and establishing a comprehensive program of basic and clinical research on trauma, through renovating the NIH intramural campus in Bethesda, Maryland, and on to defining the role of federal sponsorship of surveys of sexual behavior.

Two issues of primary importance to the AAMC—research facilities and scientific integrity—were addressed in the final conference bill. In response to concerns raised by the Association and others, a third critical issue—the indirect costs of research—was deferred.

As he has before, Sen. Edward Kennedy (D-MA), chairman of the Senate Labor and Human Resources Committee, led the fight to establish a federal matching grant program to support renovation and construction of extramural facilities for biomedical and behavioral research. Defeated in both 1988 and 1990 in attempts to create such a program, Sen. Kennedy this time shepherded the program through to inclusion in the conference measure agreed to in May 1992.

The bill proposed by Sen. Kennedy and other members of his committee maintained that scientific misconduct and conflict of interest, as well as further modifications of indirect cost reimbursement policies, should be addressed by regulation rather than legislation.

AAMC staff and representatives of member institutions worked with the staff of the Kennedy committee and that of the House Energy and Commerce Subcommittee on Health and the Environment, chaired by Rep. Henry Waxman (D-CA), to ensure that the final legislative language on both scientific misconduct and conflict of interest encouraged regulatory solutions and defined appropriate roles for the institutions and for HHS. The conferees also agreed to defer further modifications of indirect cost reimbursement policy pending the outcome of the ongoing study by the Office of Management and Budget and the Office of Science and Technology Policy.

Over 100 years ago, the AAMC was founded to improve U.S. medical education, and today the Division of Medical Student and Resident Education conducts programs to further that core goal. The Division focuses on efforts to attract the most talented and broadly representative persons into medicine and research, to improve their training, and to produce the physicians that society needs.

Section for Educational Programs

In reports reaching back 60 years, distinguished committees identified problems in undergraduate medical education and recommended improvements. Yet change has been slow.

With a grant from the Charles E. Culpeper Foundation, the AAMC embarked on a project to explore several questions: If the need and recommendations for change are so well known, why has so little been done to correct shortcomings? What factors helped schools make changes? What barriers impeded greater change? Are the recommendations of the 1980s beginning to bear fruit? The project was named "Assessing Change in Medical Education—The Road to Implementation" (ACME-TRI).

The ACME-TRI project conducted an indepth survey of all 143 U.S. and Canadian medical school deans and studied the responses. Its report, "Educating Medical Students," available in fall 1992, analyzes the answers supplied by the 84 schools that responded to the survey. It makes no new recommendations but documents whether and how medical schools are implementing recurrent recommendations from previous studies, reports on faculty members' perceptions of barriers to and facilitators of improvement, and suggests actions most likely to improve medical students' education. Perhaps most important, it gives insights into the environment in which positive change occurs, the educational environment today, and the strategies schools must adopt to foster these positive changes. A longer version of the report, containing detailed appendices, will be published as a supplement to the March issue of *Academic Medicine.*

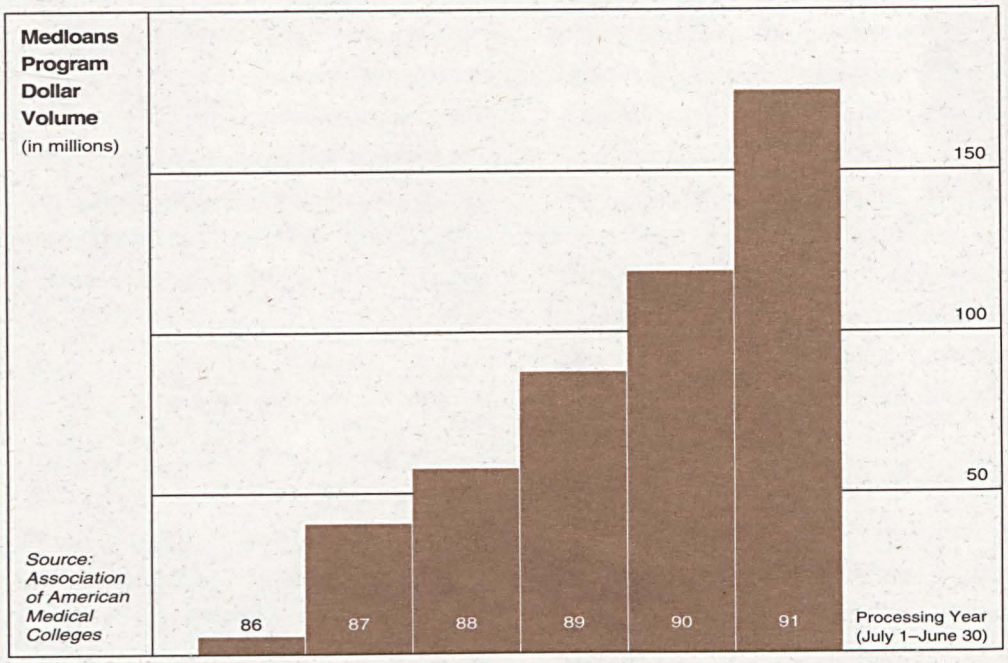
Section for Student Programs

If medical student education has remained static, the number of applicants to medical school has not. Increases in applicants—up 40 percent from 1988 to 1992—have been accompanied by greater demographic diversity among applicants. To help admissions officers meet the challenges that growth and change present, the AAMC hosted a conference on legal issues in admissions and record keeping. Other areas addressed by staff and the GSA included compliance with the "traffic rules" for entering students and improved mechanisms for obtaining information about the character and integrity of applicants.

Health risks to students also have changed. The increased incidence of multi-drug-resistent TB and the risks of AIDS/HIV and hepatitis B infection led to the development and adoption of "AAMC Recommendations Regarding Health Services for Medical Students."

Financial aid to medical students has doubled since 1980, from approximately $400 million in loans, service-related scholarships, and school-related scholarships in 1980 to just over $800 million in 1990, with an increasing proportion of that total in loans. The AAMC's MEDLOANS, which provides medical students with a single lending source for Stafford, SLS, ALP and Medex loans, obligated $174 million during 1991-92, a 46 percent increase over MEDLOANS volume of the previous year.

Medical students, who find it necessary to borrow to finance their education, can reduce the cost of borrowing and have access to a dependable source of funds under the AAMC MEDLOANS program.



Section for Student Services

Long known for providing a centralized medical school application service (AMCAS), the AAMC took on a new challenge this year—operation of the National Resident Matching Program (NRMP).

Although the AAMC became responsible for the NRMP in 1989, the operations remained in Evanston, Illinois, until the AAMC's new headquarters was built. The transition began in January 1992, when Association staff conducted the Dermatology Specialty Match, one of the twelve sub-specialty/fellowship matches run by NRMP. On schedule, on June 30, the Evanston office was closed and the NRMP files were sent to Washington.

Section for Graduate Medical Education

In the last year the AAMC renewed its emphasis on graduate medical education. This emphasis results from recognition that many of the issues in undergraduate medical education, such as the number and types of physicians graduating from our medical schools, also are issues in graduate medical education. Academic medicine must be more proactive in eliminating discontinuity between medical school and graduate medical education.

A particularly troublesome issue is the proliferation of subspecialties. Many are concerned about the impact of subspecialization on the unbalanced ratio of specialist to generalist physicians; on the belief by students and residents that it is laudable to know more and more about a narrower field; on the proliferation of specialty faculties to the detriment of resources for generalist faculty members; and on unnecessary and costly duplication of programs, even in the absence of educational or clinical need.

As a parent of the Accreditation Council for Graduate Medical Education (ACGME), the AAMC worked closely this year with sponsoring organizations to reappraise the role of the ACGME in acquiescing in or resisting subspecialty proliferation and the impact of its decisions on societal needs.

Bernarda M. Zenker, M.D., a resident in family medicine at the Oklahoma Health Sciences Center and member of the Generalist Physician Task Force, is the new generation of generalist physician.

This past year Dr. Zenker served as chair of the AAMC's Organization of Resident Representatives and was a board member of the American Academy of Family Physicians.

AAMC Generalist Physician Task Force

Generalist physicians constitute the traditional foundation for medicine in this country because they are trained to care for a broad range of medical problems that require a doctor's attention. Such physicians, who comprise general internists, family physicians, and general pediatricians, will play an increasingly crucial role in providing health care to the American public. As medicine becomes more complex, technologically advanced, and expensive, access to affordable, effective, and appropriate care will place an ever-greater premium on the services of well-trained generalists to care for patients and to manage, organize, and coordinate the specialized services of other physicians. Generalists also will be called upon to provide the preventive and health maintenance services increasingly recognized as important elements in minimizing disability while containing soaring health care costs. Moreover, the availability of more generalist physicians will remain the key to improving access to appropriate health care by those living in inner-city and rural areas.

Given the critical importance of the generalist physician to the health and welfare of our country, the AAMC has established a Generalist Physician Task Force to identify ways to reverse the significant under-representation of generalist physicians.

The AAMC and its members, benefiting from the advice of this Task Force, will work in close coordination with the profession's accrediting, credentialing and certifying bodies, the various specialty and academic societies, and the nation's teaching hospitals. The AAMC will seek effective ways to: (1) identify and nurture interest in generalism among applicants and matriculants; (2) educate students appropriately about the challenges and rewards of generalism; (3) raise the status and function of the generalist specialties within the medical profession and in academia; and (4) motivate more students to pursue generalist careers by providing proper role models, encouraging faculty to champion generalism, easing the transition from medical training to practice, and advocating the kind of financial and behavioral incentives that will make generalist specialties more attractive.

Some of the issues that must be addressed, such as economic and professional disincentives and the excessively bureaucratized and highly burdensome practice environment, are beyond the reach of medical educators. The AAMC's Task Force will work with the Congress, government agencies, state legislatures, the insurance industry, and others to address these deeply entrenched impediments which are discouraging young physicians from selecting generalist careers.

Constituent Support

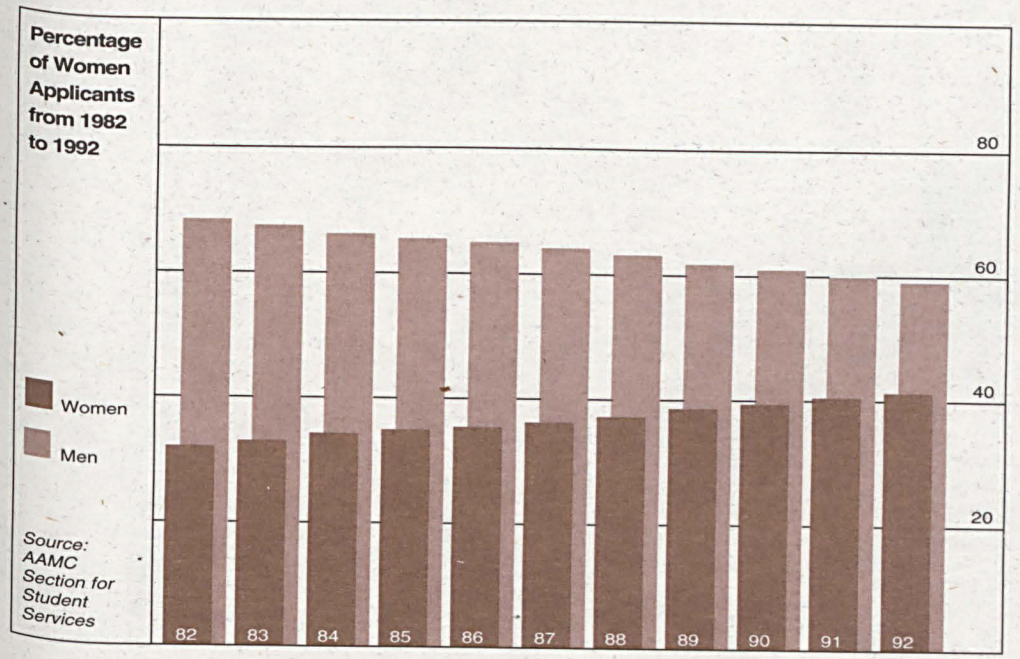
The Division provides staff support for meetings and programs for a number of constituent bodies. The Council of Deans, one of the three governance bodies of the AAMC, focused on health care reform and relationships with the Department of Veterans Affairs at this year's spring meeting.

The Organization of Student Representatives works on a wide range of issues, including community service and its effect on career choice, cultural diversity, and medical education.

The newest addition to the governance, the Organization of Resident Representatives, brings an additional perspective to the Association in its formulation of policies and positions.

The Division also supports two medical education constituent groups:

- The Group on Student Affairs (GSA) identifies important national issues in admissions, student affairs, financial aid, and minority affairs, facilitates study and discussion of these issues, and promotes communication among institutions and between the AAMC and institutions on policy matters. It fosters professional practices among its members and provides advice to the Association.
- The Group on Educational Affairs (GEA) provides a forum in which members can advance medical education, particularly curriculum, educational research, and evaluation in undergraduate, graduate, and continuing medical education. Its primary roles are to identify critical issues and priorities, disseminate information and new ideas, collect data and conduct studies on issues of major concern, give information and advice, and improve communication.



Every year the proportion of women applicants attracted to medicine continues to climb. The increasing numbers are stimulating medical schools to work on eliminating sexism from the educational environment

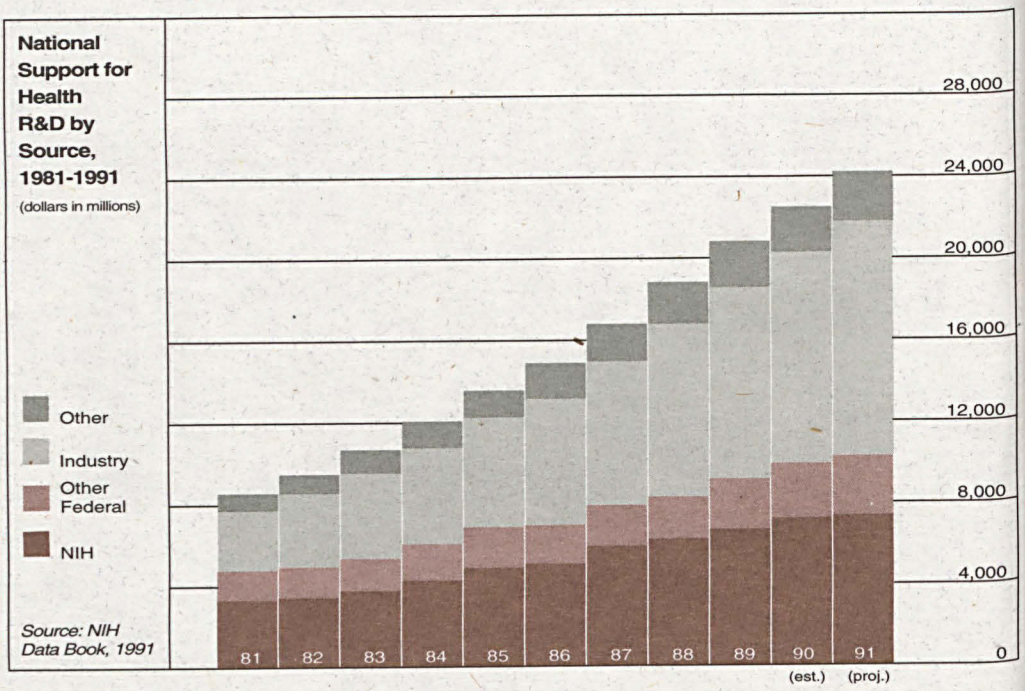
The Division works to promote an environment in which biomedical research of the highest scientific merit can flourish. A healthy and vigorous scientific enterprise is essential for continued revolutionary advances in medical research and improvement of the quality of life. In pursuing these broad objectives, the Division collaborates with other organizations in the public and private sectors regarding policies, programs, and issues that govern federal support of research; the training of the next generation of scientists and physicians; and increasing academic-industrial relationships.

This has been a year in which the biomedical research enterprise has had to take careful stock of its future and the Association has been among those leading the community to do so. The federal budget crisis continues, and neither the government nor the public is in the mood to increase research spending in the face of the growing deficit. More belt tightening is ahead and retrenchment or reallocation of resources is probably inevitable in the near term.

In an atmosphere of financial stringency and severe but diminishing fractionation of the research community, NIH Director Bernadine Healy, M.D., undertook the development of an NIH Strategic Plan as a means of looking beyond the annual budget cycle and providing a rational basis for extending the momentum and support of research. The plan's supporters promote it as a way to justify current and future allocations of funds among institutes and programs while protecting the quality and cost effectiveness of the enterprise.

AAMC staff have closely tracked the undertaking. Staff and constituents have taken active part in the plan's development, participating on research and policy panels, regional hearings, and meetings of a task force on the plan. The Division will play a primary role in development of the AAMC's position on the final version of the plan.

The need to reinvigorate congressional confidence in research was underscored this past year by the issue of recovery of the indirect costs of research. When alleged abuses were



An important mission of the NIH is to support the broad base of fundamental research underpinning future developments in disease treatment and prevention. Its share of national research and development has declined significantly over the past decade.

All over the country, individual faculty members undertake responsibilities not only for the education of future researchers but also for transmitting to them the highest standards of research integrity. Representative partners in this important rite of passage are Caroline A. Reich, M.D.-Ph. D., doctoral candidate and former chair of the AAMC's Organization of Student Representatives, and John G. Wood, Ph.D., professor of Anatomy and Cell Biology at Emory University School of Medicine. They are studying the role of a special type of support cell in the brain called microglia cells and their role in the pathogenesis of Alzheimer's disease.

Fostering Research Integrity

The value and credibility of the nation's research enterprise hinges on the standards and integrity of those responsible for conducting it. The vast majority of scientists use rigorous standards, but when breaches do occur, they threaten the reputation of research and the foundation for continuing support. Recognizing this, the AAMC has continually guided its membership in upholding the highest standards of research integrity.

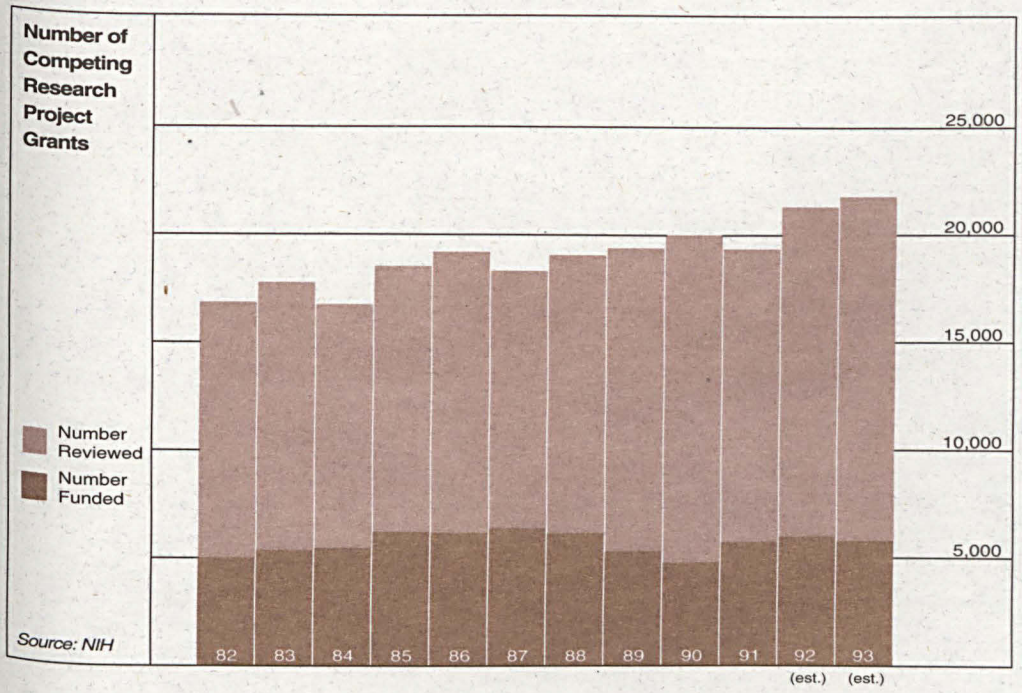
A decade ago, the Association published *The Maintenance of High Ethical Standards in the Conduct of Research*, a seminal piece that introduced to the scientific community the basic elements of an institutional process for addressing instances of fraud.

In 1988, the Association established the Ad Hoc Committee on Misconduct and Conflict of Interest in Research, which has aided in policy and project development. As one of its first tasks, the committee reviewed and endorsed the highly successful *Framework for Institutional Policies and Procedures to Deal with Misconduct in Research*, developed by the AAMC and other educational and scientific societies. The Association is now about to publish follow-up guidelines to alert institutions to numerous considerations pertinent to implementing misconduct policies. These guidelines will form the basis for a workshop to be held at year's end.

There are other ethical considerations than fraud and misconduct. In 1990, the AAMC issued *Guidelines for Dealing with Faculty Conflicts of Commitment and Conflicts of Interest in Research.* An otherwise critical congressional report cited the document as a major advance in addressing the issue.

Attention also has turned to the interests of commercial and educational participants in academic-private sector collaborations in continuing medical education (CME). Late this summer, the AAMC issued *Guidelines for Faculty Involvement in Commercially Supported Continuing Medical Education.*

Of course, the most desirable approach to promoting scientific integrity is to reinforce positive research behaviors. To that end, the AAMC sponsored a series of regional meetings from 1990 to 1991, at which leaders in science and medical education discussed such topics as data management, appropriate authorship practices, peer review, and impressing standards of conduct upon research trainees. Future initiatives likely will include publishing a set of case studies that illustrate ethical dilemmas in research and a compendium of invited articles on issues pertinent to research integrity.



widely publicized, faculty and administrators divided over the allocation and use of these dollars and proposed policy reforms. The AAMC's Advisory Panel on Biomedical Research (APBR) played a major early role in analyzing the issue, engaging in discussions with key Washington policymakers, and formulating recommendations for an interim AAMC policy that subsequently was adopted by the Association's governance. Staff have represented the Association in several academic community coalitions and working groups that are providing input to the Office of Management and Budget and the Office of Science and Technology Policy as those two agencies jointly develop proposals for emerging indirect cost recovery policies.

With its diverse membership, the APBR also enabled the Association to provide a forum for discussion between representatives of the basic and clinical sectors of the research community, who also had divergent views on the allocation of federal research dollars. First airing their differences, panel members eventually came to agree on the importance of broad AAMC support for balance among all the various components of biomedical research.

Constituent Support

In addressing the many issues that affect biomedical research, the Division provides support to and receives valuable guidance from the Council of Academic Societies. Among its increasingly diverse responses to the concerns of academic faculty members, the council held a joint meeting with the APBR and provided a forum for discussions of basic and clinical research priorities, the recommendations of the Ad Hoc Group for Medical Research Funding, and undergraduate and graduate medical education.

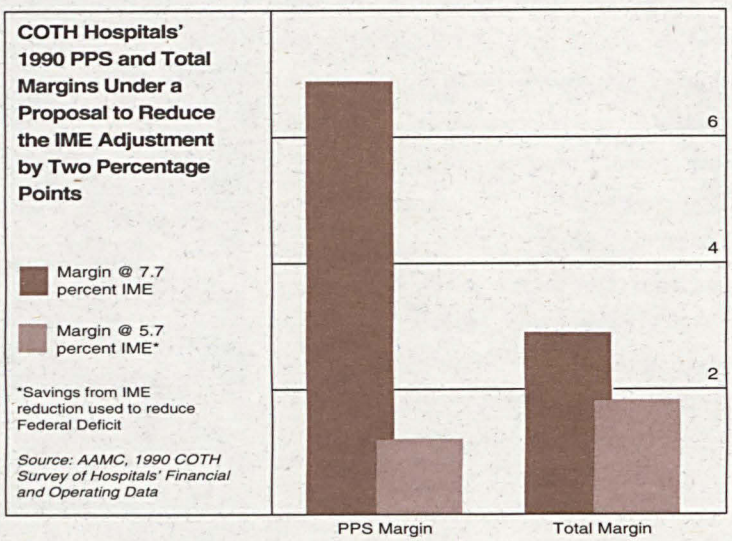
"The moral imperative of biomedical research is a function not of its specific components but of the importance and desirability . . . of reaping the benefits of the requisite knowledge and more effective techniques for preventing and curing disease that are, at long last, rapidly becoming available."

From: *Biomedical Research: Collaboration and Conflict of Interest*, edited by Roger J. Porter, M.D. and Thomas E. Malone, Ph.D.

A key role of the Association is to explain the special characteristics and concerns of major teaching hospitals to the Congress, Executive Branch agencies, regulatory bodies, private payers, and the public. As part of this education and advocacy role, the AAMC staff closely monitor health initiatives and policy developments to help shape policies affecting teaching hospitals and clinical medical school faculty members.

Supporting Hospitals' Teaching Mission

Medicare's Indirect Medical Education Adjustment. Since the mid-1980s, the administration has repeatedly asked Congress to reduce the indirect medical education (IME) adjustment in the Medicare Prospective Payment System (PPS). This empirically based adjustment recognizes the special costs teaching hospitals incur and their unique contributions to the health care delivery system. It is crucial to the financial stability of member institutions. Association analyses show that major teaching hospitals would be harmed substantially under proposals to reduce the IME adjustment from its current level of 7.7 percent.



Direct Graduate Medical Education Payments. Health care reformers have called for changes in Medicare's funding for graduate medical education (GME) to influence the training of more generalist physicians. Their proposals would adjust payments to hospitals based on a trainee's specialty. In testimony before Congress this year, the Association unequivocally supported the goal of attracting more individuals to general practices but maintained that changes in Medicare payments to hospitals for direct GME costs will have little, if any, impact on the specialty choices of new medical graduates.

The Division is monitoring the difficulties members encounter during the base-year audits of graduate medical education costs, conducted by the Health Care Financing Administration (HCFA) to implement the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). It is collecting information from members and aiding them in negotiations with HCFA to determine their base-year per resident amounts; monitoring problems stemming from the audits, including federal court cases; and working with members and HCFA staff to develop feasible data-collection requirements to implement the Medicare payment method legislated by COBRA.

Medicare Capital Payments. On October 1, 1991, HCFA began a ten-year phase-in of the inpatient capital prospective payment system that will replace the previous cost-based methodology. Because teaching hospitals experience higher than average capital costs, an IME adjustment was included parallel to, but less than the IME adjustment for inpatient operating costs. The Division is closely tracking the implementation of the regulation and associated audits.

Many faculty, residents, and students provide health care services to uninsured patients in clinics located in teaching hospitals and other community settings. Here Ashley Greenspun, second year Hahnemann University medical student, examines Shekita Crosland at Trevor's Place, a shelter for homeless women and children in Philadelphia. Hahnemann students run clinics at three homeless shelters and were recognized this year by the White House as the 809th Daily Point of Light for the Nation.

Health Care Reform: The Legacy of the 1980s Becomes the Issue of the 1990s

The presidential candidates made headlines this fall by attacking each other's health care reform plans. No longer battling the Soviet Union, they battled each other over how to achieve a goal that found virtually unanimous approval: providing health care to the nation's 37 million uninsured. With an economic "bust" starting the decade, the middle class came to see their health insurance, once considered the right of every working American, as being as vulnerable as their employment.

Although more health care reform proposals were introduced than could be accurately counted, none emerged as the leading contender for adoption. Among the few points of agreement were the need for a credible financing mechanism and for cost containment measures.

Only the rare plan addressed where biomedical research, graduate medical education, and the development of new technologies would fit in a reformed health care system. However, a few more forward-looking reformers began to consider how academic medicine could contribute to manpower issues that must be part of any comprehensive reform package: increasing the number of generalist physicians and attracting physicians to underserved areas.

Desiring to inform the debate, the AAMC published *Avenues to Access: A Resource Guide to Health Care Reform*, synopses of 26 major health care reform plans and a selected bibliography of journal articles and other documents.

The AAMC also appointed an Advisory Panel on Strategic Positioning for Health Care Reform, chaired by William B. Kerr, director, the Medical Center at the University of California, San Francisco, to help identify and develop the Association's role in the debate. The Panel's charge is to

- Recommend strategies to ensure recognition of medical education and biomedical research in any health care reform proposal;
- Elicit ideas from key policymakers in the public and private sectors and educate them about the contributions to health care reform to be made by academic medicine; and
- Identify options for reform and make recommendations for strategically positioning medical schools, teaching hospitals, and academic medical centers in a substantially changed health care system.

Whatever plan is adopted, the AAMC will continue its support of biomedical research and medical education and will help its members meet the challenges of a reformed health care system.

Medicaid Services. Developments in state Medicaid programs have a marked impact on AAMC member hospitals, which provide services to 28 percent of all Medicaid discharges. In a time when hospitals face large shortfalls, the federal policy with respect to state use of "voluntary contributions" and "provider specific taxes" for matching purposes has been a contentious issue. The AAMC has been working with other national organizations to achieve an equitable solution to this problem.

Trauma Care. The Division is collaborating with other provider organizations to advise the Public Health Service on implementation of the Trauma Care Systems Planning and Development Act of 1990. The legislation to help states develop trauma care systems contains an expectation that major teaching hospitals will provide leadership, education, and research in trauma care in their regions. The AAMC advocates adequate financial support and policies supporting sufficient volume for high-quality patient care, education, and research.

Supporting Teaching Physicians

The Division is monitoring implementation of the new resource-based fee schedule for payment of physician services to Medicare beneficiaries initiated on January 1. The impact of the new payment system on total federal outlays for physicians' services is still unknown, but payments to teaching physicians are likely to decrease significantly depending on service mix and geographic location. The Association urged each member institution and faculty practice plan to conduct its own impact study, because national impact data may differ significantly from data collected at the institutional level.

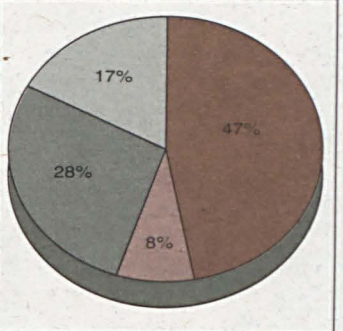
Constituent Support

The Council of Teaching Hospitals (COTH) represents 400 member institutions—major teaching hospitals that train over 80 percent of the residents in the U.S.—and provides services related to their special needs, concerns, and opportunities. This year's spring meeting focussed on managing change and improving hospital medical staff relationships.

- The Group on Faculty Practice (GFP) provides a national forum on legislative, regulatory, and clinical practice management issues affecting the operation of medical school faculty practice plans. Its programs and services focus on physician payment reform and the organization, financing, and delivery of ambulatory health care services at academic medical centers. This year, the Association established the GFP Database Committee to develop recommendations for the GFP Steering Committee and AAMC executive staff on financial and management data needs of practice plans.
- The Section on Resident Education (SRE) of the Group on Educational Affairs was formed in 1991 and includes graduate medical educators in medical schools, COTH hospitals, and selected academic societies. It emphasizes innovative strategies and systems associated with the organization, financing, quality, and future of graduate medical education programs in member institutions.

Today, many practice plans are actively restructuring their management organizations to meet the challenges of the changing health care environment.

Faculty Practice Plans Vary In Organization and Structure



Legal Structures

- Mixed Forms
- Separate nonprofit
- Separate other
- Part of University

Source: 1990–91 LCME Survey

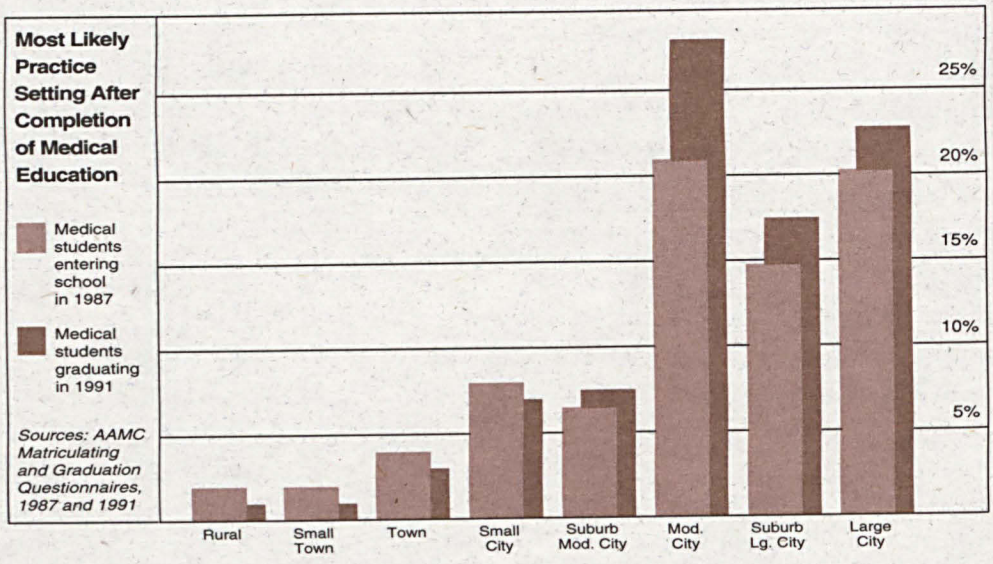
The newly created Division of Educational Research and Assessment combines the Section for Accreditation and the Section for Educational Research.

Section for Education Research

This Section conducts three major surveys during the continuum of medical education and career decision-making: the Premedical Student Questionnaire that is completed by students when they take the Medical College Admission Test (MCAT); the Matriculating Student Questionnaire administered when students first enroll in medical school; and the Medical School Graduation Questionnaire completed by seniors. These survey instruments track student demographics, attitudes toward medicine, satisfaction with the medical education curriculum, the evolution of specialty choice and decisions about practice setting, and the accumulation and financing of educational debt. The data are synthesized into reports that show medical schools the findings on their own students compared with those of the nation at-large. Results are published in *Trends in Medical School Applicants and Matriculants*, which is under revision to include information on graduates and educational outcomes. The collective results are vital to the AAMC's continuing study of the specialty and geographic distribution of physicians.

The Section also is the focus for research employing the extensive databases of the Association, including those derived from the annual financial, medical education, and financial aid surveys of the Liaison Committee on Medical Education (LCME). The combination of this information with other elements of the Association's Student and Applicant Information Management System (SAIMS) enables the Association to track medical students from when they take their MCAT to the completion of graduate training. As an example, a report from the databases in the March 1992 issue of the Association's journal, *Academic Medicine*, showed that graduating students' choice of family practice careers was doubled, on average, among schools with required third-year clerkships in family medicine.

The Division employs these data sources to evaluate curricular change in medical schools and to guide strategies that will improve the supply and qualifications of physicians.



Responses to student questionnaires administered at matriculation and graduation show that the initially low interest in rural and small-town practice declines in medical school while there are greater leanings toward practice in moderate-sized and large cities.

Richard L. O'Brien, M.D., vice president for Health Sciences, Creighton University School of Medicine, and co-chair of the Liaison Committee for Medical Education.

The Fiftieth Anniversary of the Liaison Committee on Medical Education

This year marks the fiftieth anniversary of the Liaison Committee on Medical Education (LCME). The LCME came about in February 18, 1942, two months after the entry of the United States into World War II, when the AAMC and the AMA joined forces in the emergency to create a united front to protect medical students from the wartime draft, to find economies in carrying out the profession's duties to assure the quality of medical education, and to survey medical schools that were undertaking continuous session and accelerated medical training. A joint board for medical school surveys was created; eventually this liaison board became known as the LCME.

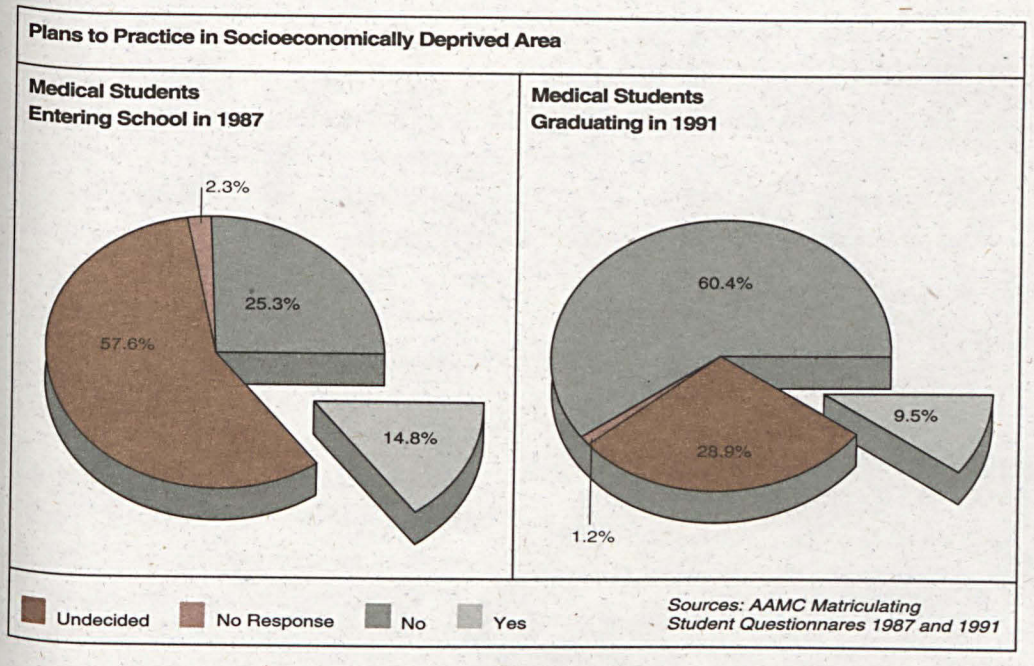
At the birth of the LCME, the AAMC was led by its secretary, Fred Zapffe, M.D., the longest-tenured executive to date, serving from 1898 to 1948, and by Russell Oppenheimer, M.D., dean of the department of medicine at Emory University and chair of the AAMC Executive Council.

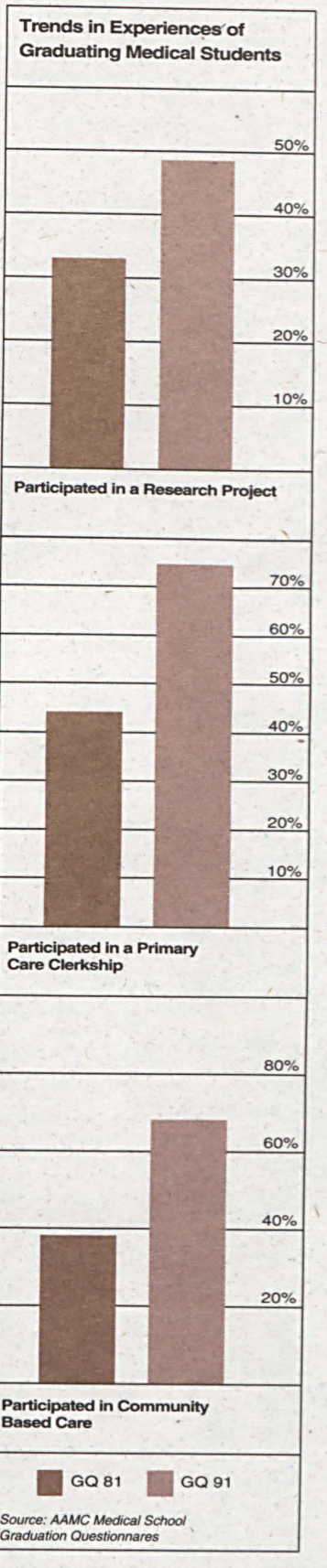
At the seminal meeting, Morris Fishbein, M.D., chief editor of the *Journal of the American Medical Association,* cautioned the founders against approaching the maintenance of standards of medical education from too narrow a viewpoint. He noted the broad social responsibility of medical education:

If, for instance, medical colleges provide an over-supply of poorly trained doctors, then the entire scheme of medical practice in the United States suffers. If the medical schools limit too greatly the number of doctors produced, obviously that again will definitely affect the entire medical structure of the United States....[It] is absolutely vital that every action taken by the medical colleges in relation to standards, the number of students, the method of education, and everything they do, should be suitably integrated with the whole medical scheme .... and from that very reason there is needed a complete integration of the work of medical colleges .... [1]

The worlds of organized and academic medicine have not always coincided over the past 50 years, but the partnership to promote and protect the quality of medical education has endured.

[1] *Association of American Medical Colleges' archives, Washington, DC*





Section for Accreditation

The Section is the home of the AAMC secretariat to the LCME which, in tandem with a counterpart AMA secretariat, administers the program of accreditation of undergraduate medical education in U.S. and Canadian medical schools. In the 1992-93 academic year, the Section will manage the quarterly meetings of the LCME in Washington, D.C., and coordinate a pool of 120 medical educators who will conduct site visits at 27 medical schools in the United States and Canada.

Other activities include serving as staff liaison to the Accreditation Council on Continuing Medical Education (ACCME). During 1992 this entailed participation in ACCME strategic planning and representing the AAMC on the Task Force on CME/Industry Collaboration in developing guidelines for the appropriate involvement of the pharmaceutical and medical devices industries with continuing education programs.

The Division serves as the focal point of the Association's involvement in international health and medical education and is updating the catalogue of exchange programs between U.S. medical schools and international education institutions.

Publications

Trends in Medical School Applicants and Matriculants provides up-to-date information about changes in demographic characteristics and academic qualifications of medical school applicants and first-year matriculants.

Lisa Mitchell, holding son Christopher, is interviewed by a reporter during the Saving Lives Coalition's "Celebrating the Connection." Chris was born with severe combined immune deficiency. The bone marrow transplant and much of the ancillary therapy that saved his life were made possible through animal research. The Mitchell family participated through the Arkansas Children's Hospital, an affiliate of the University of Arkansas College of Medicine.

The AAMC is the major player in academic medicine, and it is the Division of Communications that interprets its policies and programs to diverse audiences—constituents, the media, and the public—through special events, publications, and coalition building.

Section for Public Relations

As health care reform looms on the national agenda, the entire health care continuum, including academic medicine, is subject to increasing media scrutiny. Are medical schools teaching students to be sensitive to the emotional needs of patients; to their socio-economic status; to the aging population? Why are there so few African American male students? What are medical schools doing about the decline in the numbers of primary care doctors? Are schools misusing federal research monies?

Reporters pose these and other tough questions to individual medical schools and teaching hospitals and to the AAMC as representative of the academic medical community. The Association's Section for Public Relations provides statistical and program information, arranges interviews with experts and, when appropriate, refers inquiries to schools, hospitals, and other organizations.

Daily interaction with the media gives staff members a comprehensive and current feel for which topics most interest news organizations. This is particularly useful in strategic planning for news conferences, press releases, and editorials to support AAMC programs and initiatives. This year, the section began "pitching" non-breaking news such as meetings, publications and statistical reports through a monthly tip sheet that has been enthusiastically received by reporters.

The Section for Public Relations totally revamped the AAMC's main constituent publication in 1991, closing out the *AAMC Weekly Report* in favor of a monthly newsletter. Since September of that year, staff have presented Association programs and policies and examined the issues facing academic medicine through the oversized pages of the *AAMC Reporter*. The new format allows more frequent use of graphics and photos and provides the opportunity for analysis as well as more extensive coverage of events.

To help AAMC staff members better understand their own roles in a complex and diverse organization, the section publishes the *AAMCourier*, a newsletter by and about Association staff.

The section also functions as communications consultant to AAMC program divisions, advising on reports and publications and recommending ways to reach various constituencies and enhance understanding of issues and initiatives by members, the media, and the public. Recent examples include work with the Division of Minority Health, Education and Prevention on *Project 3000 by 2000* and the Minority Health Services Research project, and with the Division of Medical Student and Resident Education, publicizing student volunteer projects that provide medical care to the underserved.

Section for Publications

Now in its 67th year, *Academic Medicine* was restructured in 1989 from a journal devoted solely to educational research to one concerned with a full range of issues and problems affecting academic medical centers, medical schools, and biomedical research institutions. By opening the journal to broader political, policy, and social concerns and by bringing in authors from diverse backgrounds, *Academic Medicine* provides a stronger forum for exploring and dis-

Extracorporeal membrane oxygenation (ECMO) — a procedure developed and perfected in animals — saved the life of Lenore Rumpf's son Lee, then a newborn. That animal "rights" activists might deprive others of benefits of research led Mrs. Rumpf to involvement in incurably ill For Animal Research and the Saving Lives Coalition planning committee. Her "Thank you, Researchers" project, founded to help EMCO families let animal investigators know their work is appreciated, soon will include all patient families.

Saving Lives Coalition

"Another lifetime ago, I was diagnosed as having primary biliary cirrhosis, a rare, slowly progressive, ultimately fatal liver disease. . . . I was 32 years old. I was happily married to a man I adored, our children were three and five years of age and I was dying. Twenty-three years later, with the help of medical advances in liver research, immunology, and organ transplantation—all of which have evolved as the result of animal research—I'm still here!" The speaker, liver transplant recipient Joyce Willig, was one of hundreds of patients, clinicians, researchers, and government health officials who took part in "Celebrating the Connection," a day-long Capitol Hill event recognizing the vital importance of the humane and responsible use of animals in biomedical research.

The AAMC sustained its role as a major active supporter of such research by chairing the planning committee of the rapidly growing Saving Lives Coalition and providing major support for the day's series of activities: a breakfast briefing for congressional staffers; a short course for participants on "how to visit your legislator;" and the combined news briefing and Celebration, at which Mrs. Willig was one of several speakers.

In its third year, the coalition built upon "traditional" support from the AAMC, Foundation for Biomedical Research, American Medical Association, and incurably ill For Animal Research (iiFAR) with solid participation from other health professions, research, academic, and patient support organizations. By the June 10 event, 281 organizations, institutions, and individuals (including 91 AAMC affiliates) had signed a Statement of Support for the continuation of responsible animal research.

HHS Secretary Louis Sullivan M.D., U.S. Surgeon General Antonia Novello, M.D., NIH Director Bernadine Healy, M.D., and ADAMHA Acting Administrator Elaine Johnson, Ph.D., (or their representatives) accepted certificates of appreciation as representatives of the nation's medical researchers and practitioners and to emphasize the need to continue such research. Dr. Novello also accepted four hundred "thank you researcher" cards from both beneficiaries of research and those who await cures and therapies. The cards were mailed to individual researchers in labs across the country.

The Saving Lives Coalition has increased significantly the number of organizations willing to stand and be counted in support of animal research and effectively informed Congress and the media that the majority of Americans—member organizations represent 47 million people—support this research.

cussing issues important to the leaders of academic medical centers.

The National Policy Perspectives feature, written by leaders on Capitol Hill and in government agencies, presents important viewpoints on these issues.

As part of its broader focus, the journal also has several regular columns organized by volunteer associate editors.

The newest column is "furthermore," which offers a forum for dialogue between medicine and the humanities. Designed for all readers, it presents excerpts with medically related themes from poetry, fiction, and nonfiction, as well as occasional photographs, accompanied by insightful and often challenging commentaries by doctors, medical educators, and others.

"Ideas for Medical Education" column appears monthly, giving short introductions to programs at medical schools and teaching hospitals. The Ideas editors serve annual terms, with Robert Wigton, M.D., coordinating the column during 1992.

Book reviews now appears monthly rather than quarterly, with new associate editor John Rose, M.D., working to include books on a range of topics as wide as the journal's readership.

Two other columns appear quarterly. "International Medical Education," now coordinated by Arthur Kaufman, M.D., has shifted its focus to overseas programs that demonstrate different ways to organize and pursue medical training. Mark Frisee, M.D., leads the "Medical Informatics" column, concentrating on the progress and effects of medical information systems in academic medical centers.

One column—"Academic Computing in Medicine"— has been temporarily suspended and is being reorganized to contain reviews of software and articles directly useful to academic faculty involved in computer-assisted learning.

The journal works with authors and guest editors from across North America to create special theme issues and supplements: theme issues on Teaching Medical Ethics (1989) and Medical School Admission (1990), the annual supplement of the RIME Proceedings, and special supplements such as *Physician Supply in the United States, 1980-1989* (a 1990 annotated bibliography) and *Rural Health: A Challenge for Medical Education* (1990). Two supplements will appear in 1993: one will focus on the connection between performance in medical school, residency, and practice; the other will be the full report of the ACME-TRI project — Assessing Changes in Medical Education-The Road to Implementation.

The Section also publishes three reference directories. They serve medical administrators and applicants: *AAMC Directory of American Medical Education, AAMC Curriculum Directory,* and *Medical School Admission Requirements.* Each year's directories give accurate, timely, useful information, and their reliability has made them essential reference tools in medical centers and libraries across North America.

Constituent Support

- The Group on Public Affairs (GPA) works to increase awareness, understanding, and support by the public, alumni, donors, and the media for medical education, health care, and biomedical research. The GPA fosters professional growth and development for its members—the public relations, development, and alumni officials at medical schools and teaching hospitals.

Joel D. Howell, M.D., Ph.D., associate professor of Internal Medicine, University of Michigan Medical School, addresses the first University of Chicago Centennial conference on "The Future of American Medical Education: The Legacy of Lowell T. Coggeshall." Dr. Howell's paper is one of four from the conference being published in *Academic Medicine.*

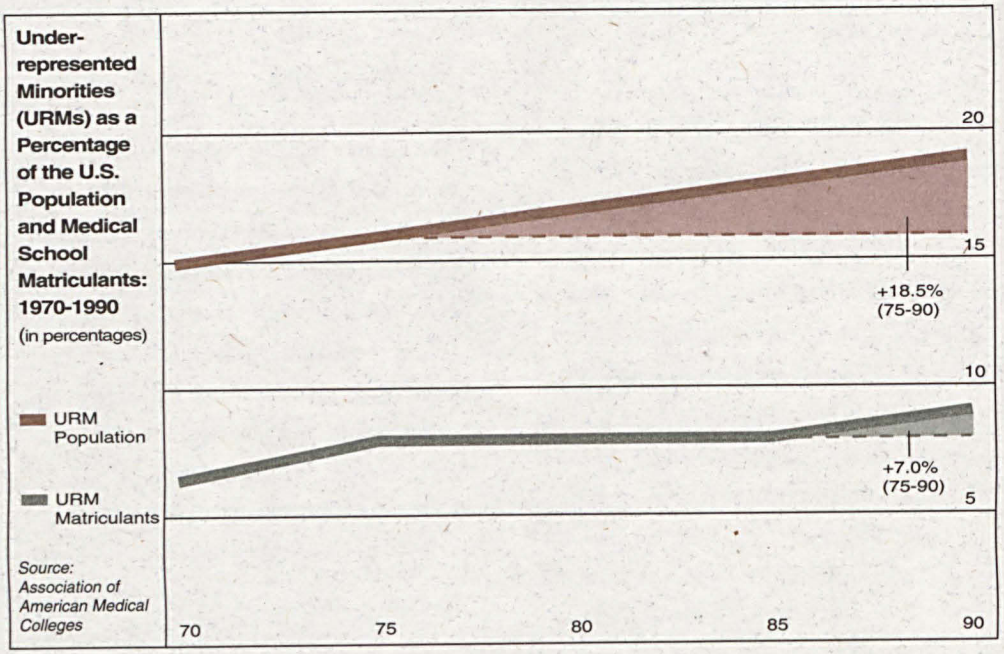
Two principle areas concern the Division of Minority Health, Education and Prevention: the equitable representation of minorities among medical students, housestaff, faculty, and medical center administrators; and an increase in emphasis on prevention, population-based medicine, and public health in the education and patient-care activities of the academic medical center.

Project 3000 by 2000

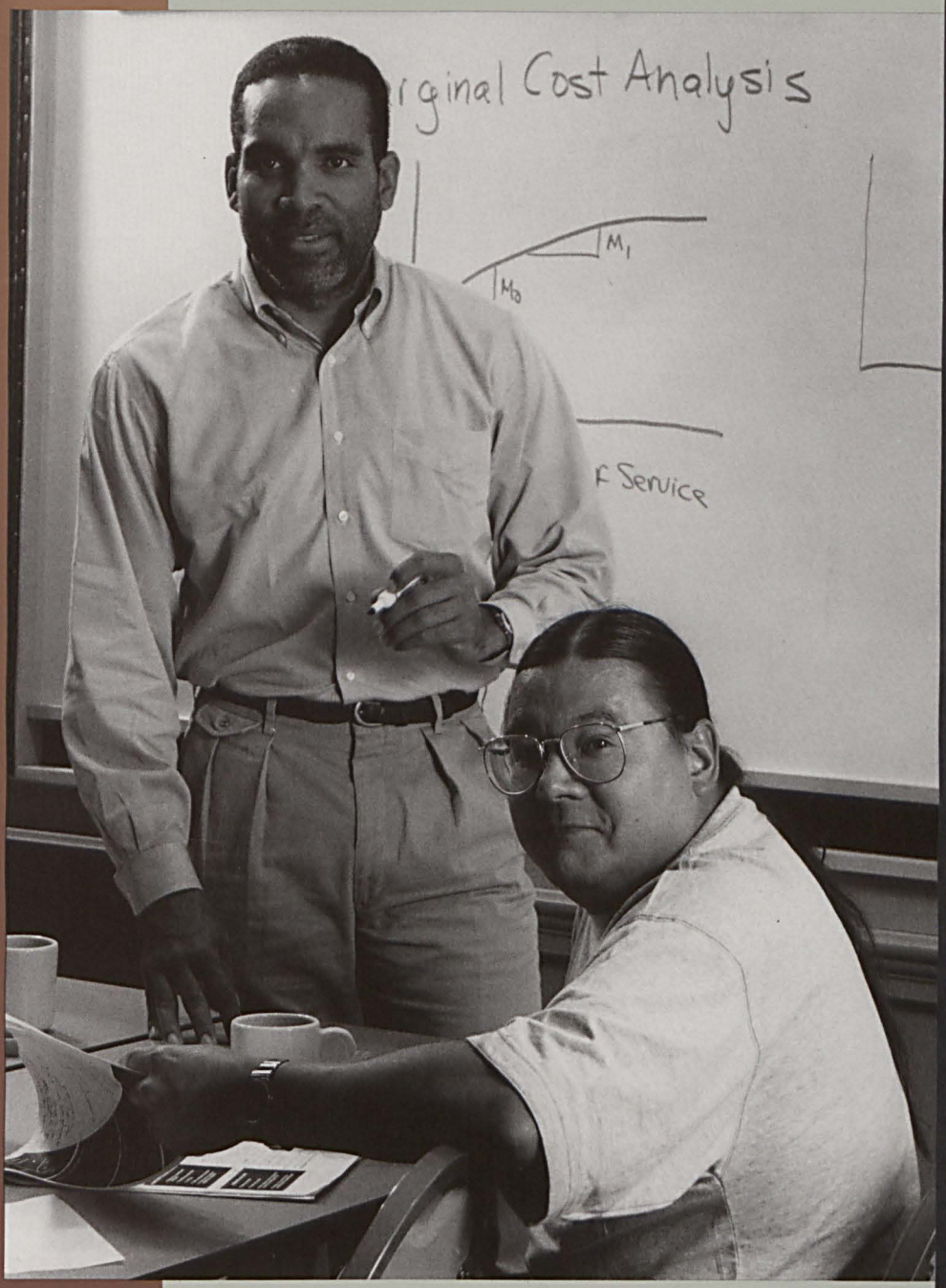
Brochures, buttons, a symposium and the AAMC president's address launched *Project 3000 by 2000* at the 1991 Annual Meeting. The Association established the *Project* to stimulate its member institutions to develop programs to increase the number of underrepresented minority matriculants (blacks, American Indians, Mexican-Americans and mainland Puerto Ricans) to U.S. medical schools to 3,000 annually by the year 2000. Enrollment by underrepresented minorities has not kept pace with population increases: the *Project* asks each school to review the adequacy of its programs and policies and to develop an action plan to achieve *Project* goals.

This year, the Association published and distributed the *Project 3000 by 2000 Technical Assistance Manual: Guidelines for Action* and a school-specific *Data Supplement*. Concentrating on strategies to increase the size and academic preparation of the minority applicant pool, the *Technical Assistance Manual* responds to the need for fundamental and systemic reforms to enhance educational opportunities at the high school and college levels for minority students interested in medicine. The *Technical Assistance Manual* provides a framework for developing an extensive network of academically rigorous and supportive magnet health science high schools and for close collaboration among these schools, undergraduate colleges, and medical schools in the areas of curriculum and admissions. The objective is to create a well-integrated twelve-year educational continuum to interest students in and prepare them for careers in medicine.

William T. Butler, M.D., AAMC past chair and president, Baylor College of Medicine, chairs the *Project's* Executive Implementation



The stagnation in minority medical school enrollment, coupled with the growth in the minority population, means that these groups are even more poorly represented in medicine today than they were 15 years ago. *Project 3000 by 2000* will bring us closer to population parity.



Raynard S. Kington, M.D., Ph.D., assistant professor of medicine, University of California, Los Angeles, UCLA School of Medicine and RAND Corporation, faculty, and Walter B. Hollow, M.D., (seated) family medicine, University of Washington School of Medicine, fellowship awardee, at the AAMC's first minority health services research training program.

Minority Capacity Building in Health Services Research

In the fall of 1991, the Agency for Health Care Policy and Research (AHCPR) awarded the Association a two-year grant for a unique program to increase the number of minority investigators skilled in health services research. Under the grant, the Association established the AAMC Health Services Research Institute and, from a field of 60 candidates, selected 25 fellows. Each will prepare a research concept paper and develop a proposal suitable for submission as an RO-1-type grant application to AHCPR or another federal agency.

The program provides health services research training to medical school minority faculty members while making it possible for them to maintain their regular academic appointments. The training involves a combination of AAMC-sponsored activities, release time from their departments for independent study, and optional formal course work. To support their professional development, all fellows have been matched with senior health services researchers who serve as mentors and technical consultants.

This past summer, the institute fellows met with over 40 distinguished health services researchers for an intensive six-day seminar designed to develop their skills in research design, data-analysis strategies, grant writing, and project management.

Under the Institute, fellows will participate in December in an AAMC-sponsored national conference on the "Role of Race, Ethnicity and Class in Health Services Research." Over 200 investigators and policy makers will meet to address the impact of race, ethnicity, and class on health services research and the methodological implications of these important variables.

During an institute-sponsored mock study-section to be held in the Spring of 1993, a panel of distinguished researchers will review the fellows' grant applications and provide constructive criticism. Funded by the grant, fellows will attend the 1993 Association for Health Services Research Annual Meeting.

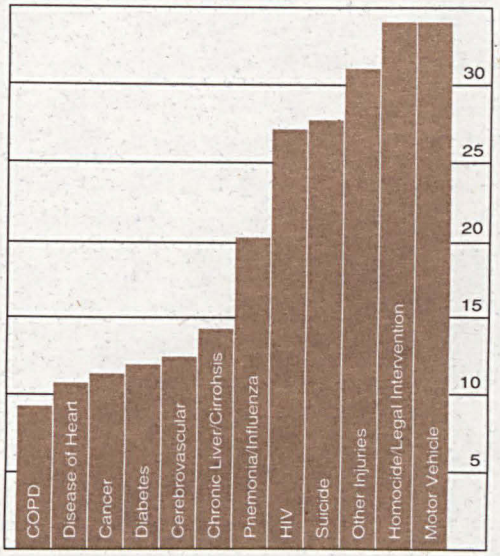
Committee. Committee members were scheduled this fall to host regional meetings, bringing together small groups of deans and giving them detailed information about the *Project* to enable them to commit their institutions to action.

To help educators reach *Project* goals and share innovations and achievements, the Association founded the National Network for Health Science Partnerships (NNHeSPa). NNHeSPa will host a national conference and regional technical assistance workshops and provide technical consultations. Network participants receive *NNHeSPa News*, a quarterly newsletter that is an important communication link among participating educators at medical schools, colleges, and high schools.

Prevention

In order to monitor issues related to prevention in medical education and practice, AAMC staff and constituents participated on several national committees: Healthy People 2000 Consortium, National Coordinating Committee on Clinical Preventive Services, sponsored by the Office of Disease Prevention/Health Promotion; National Health/Education Consortium of the Institute of Educational Leadership and Commission to Prevent Infant Mortality; and the Partnership for Prevention.

The Task Force on Prevention and Special Populations, established by the AAMC, the American College of Preventive Medicine, and the Teachers of Preventive Medicine received funding for a Visiting Minority Professor in Preventive Medicine Program. It will enable ten medical schools to invite a minority professional distinguished in preventative medicine to the campus for the purpose of holding discussions with medical students, residents, and faculty on issues related to preventive medicine, health problems of minority and disadvantaged populations, and career options.



Average Years of Potential Life Lost (YPLL) for Selected Causes of Death, 1989

An increasingly used public health measure ranks causes of death by the years of potential life lost (YPLL), typically before age 65, rather than by traditional mortality measures. Because behavioral factors play a more immediate role in death than from diseases of aging, prevention can significantly reduce YPLL. The challenge for academic medicine is to mount effective prevention and treatment programs to address these major public health problems.

Source: National Center for Health Statistics/Centers for Disease Control

The Association also works to encourage and support student interest in prevention through special programming at the annual meeting and various student programs such as the Department of Health and Human Services' Secretary's Award for Innovations in Health Promotion/Disease Prevention.

Minority Career Development Seminar

Now in its third year, the AAMC's Minority Faculty Career Development Seminar helps junior faculty members identify their professional goals and design paths to achieve them. The seminar offers workshops on medical school organization, grantsmanship, human resources management, development of a research plan, writing for professional journals, mentoring, and routes to academic advancement for researchers and clinical educators.

Constituent Support

The Minority Affairs Section of the Group on Student Affairs provides a forum for minority constituents and helps them develop methods to increase their recruitment, enrollment, retention, and postgraduate education of minority medical students.

Strengthening the capabilities of member institutitions to plan, manage, and evaluate their mission and purposes is a major goal of the Division. Through a variety of programs, the AAMC provides the essential link between promise and performance.

Section for Institutional and Faculty Policy Studies

As medical school faculties have burgeoned in recent decades (over a sixfold increase since 1960), faculty personnel issues have become a major challenge of leadership and a preoccupation of medical center administration. While policies governing faculty evaluation, promotion, and tenure always have been a source of discussion and debate within academic medical centers, recent legislative changes have put these issues center stage.

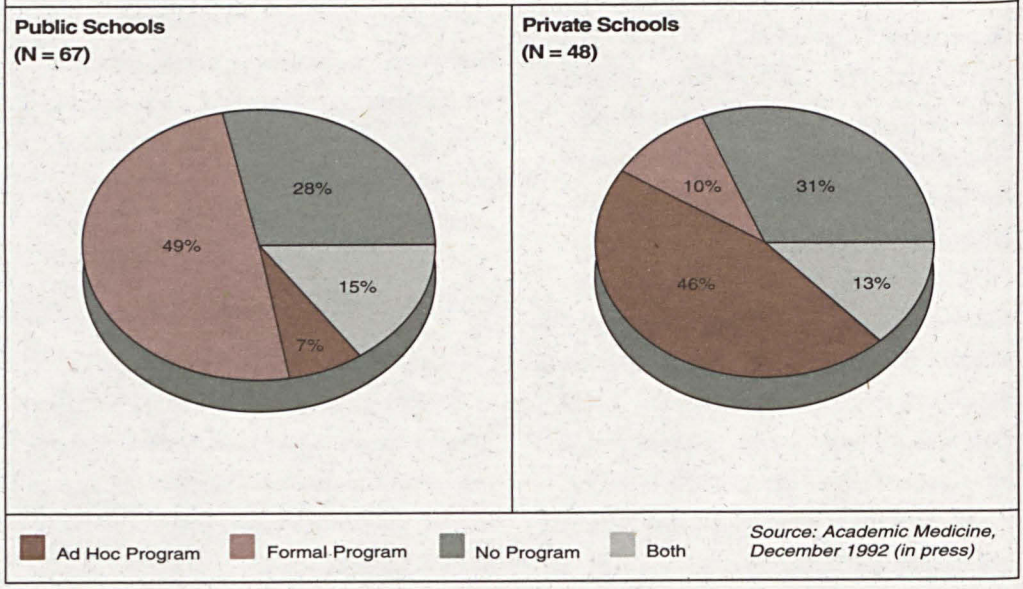
Beginning in 1994, medical schools will be prohibited by federal law from requiring tenured faculty members to retire at age 70. The implications of this major change in social policy are yet unclear. Will faculty turnover necessary to support continued growth and vitality be sustained? Will institutional finances be burdened by higher salaries of older faculty? Will tenure now be an institutional obligation without end?

In 1992, the AAMC sponsored for the second time a professional development conference for assistant and associate deans centered on faculty affairs issues. It also published *Faculty Affairs in Academic Medical Centers: A Selected Annotated Bibliography.* Staff are now analyzing data collected in a survey of over 900 faculty members and administrators on the perceived problems inherent in evaluating faculty performance. Through further conferences, papers, and studies, the AAMC will help schools enhance management capability in this area and preserve the high quality of their faculties, undoubtedly their most precious resource.

Women in Medicine Program

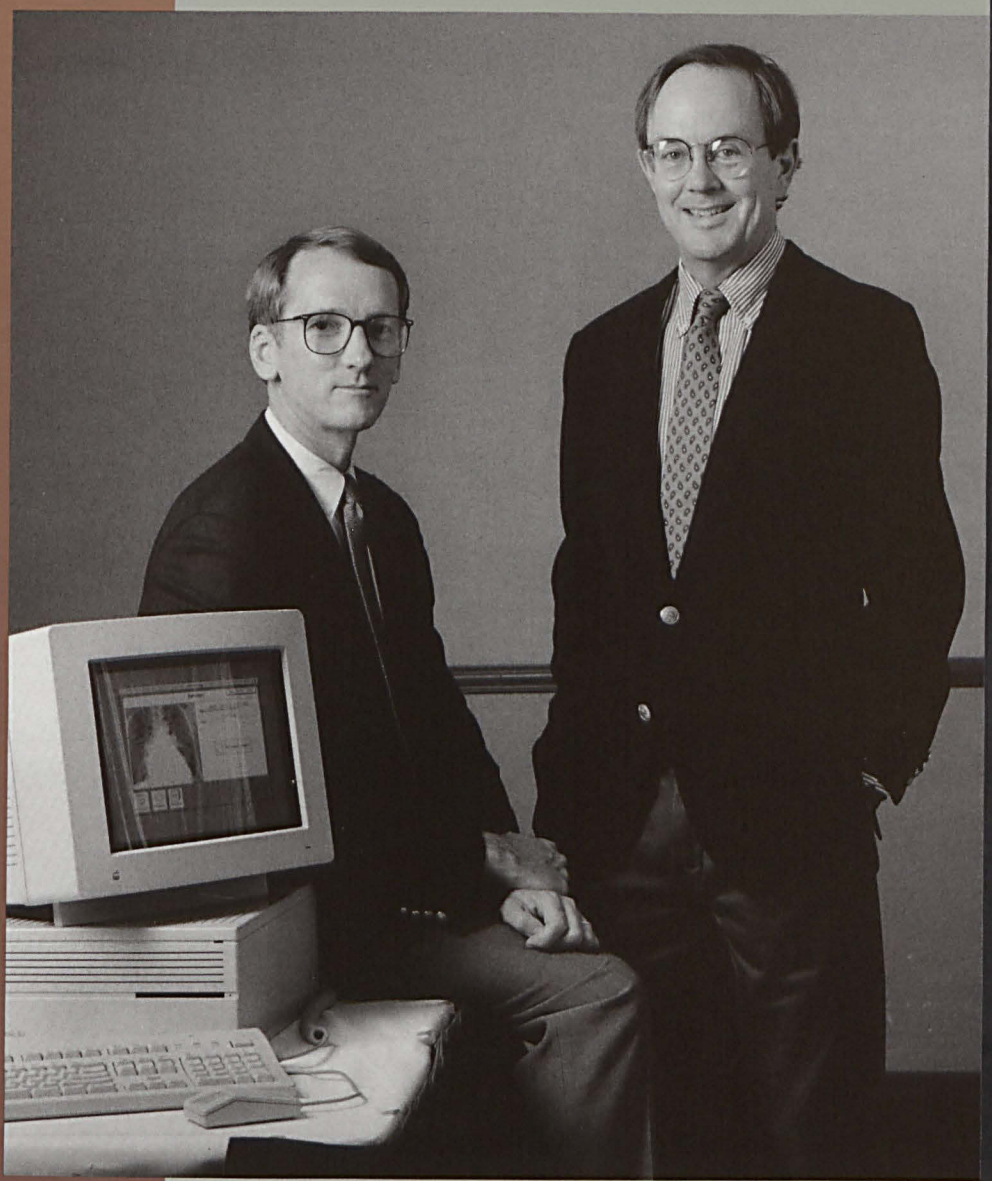
The demand for participation in the Professional Development Seminar for junior women faculty far exceeds its capacity. In response, some Women Liaison Officers (WLO) are initiating scaled-down versions at their home insti-

U.S. Medical Schools Offering Faculty Early Retirement Programs During the Period 1987–1991



Source: Academic Medicine, December 1992 (in press)

With the aging of medical school faculty and elimination of mandatory retirement, medical schools will be increasingly interested in faculty retirement programs to enable continuing faculty renewal.



Edward H. Shortliffe, M.D., Ph.D., (seated) chief, Division of General Internal Medicine, and head, Section on Medical Infomatics, Stanford University School of Medicine, and G. Anthony Gorry, Ph,.D., vice president, Research and Information Technology, Rice University, were faculty for the AAMC's Information Technology seminar—one of over 28 programs offered each year to a variety of targeted constituent groups by the Association's Professional Education Programs

Twentieth Anniversary of the Management Education Programs

This year celebrates the 20th anniversary of the AAMC's Management Education Programs. In the 20 years since September 1972 when the first group of 18 deans agreed to be subjects for this AAMC experiment, these executive development seminars have been held almost annually. The program was inaugurated by Marjorie Wilson, M.D., now president of the Educational Commission for Foreign Medical Graduates, then director of the AAMC Department of Institutional Development, and Joseph A. Keyes, Jr. then assistant director.

The AAMC was where the deans went for help with "deaning" problems and issues, Dr. Wilson recalled in an interview about the program's origins. The idea for a seminar was tested in the Council of Deans meetings in 1971 with an almost unanimous response that the AAMC should mount a program directed at broad managerial development for medical schools. After all, the reasoning went, most deans are selected for their academic qualifications and scholarly contributions to the profession, and not necessarily for their skills in managing large, complex organizations. Those talents are acquired through on-the-job training. The AAMC's aim has been to legitimize "management" as a necessary skill in academic administration and to help deans develop that talent.

An interesting side benefit to the AAMC is that of the 18 original deans present, six went on to become chairs of the AAMC Assembly—in essence these seminars also are a farm club for developing elected leadership of the Association.

As a result of that first success, the Management Education Program has expanded in two ways. First, the executive development seminar is offered to groups other than deans, including associate deans, department chairs, hospital administrators, and other targeted groups. Second, suggestions from deans who have participated in the seminars have led to the addition of topics to the course offerings: Executive Development Seminar for associate deans and department chairs; Evaluating and Promoting Medical Students: A Management Systems Approach, Introducing Problem-Based Learning into the Medical School Curriculum, and Information Technology and the Academic Medical Center.

tutions to assist women faculty members in building the skills essential for success. Concerned that the number of women deans and department heads remains so low, the Women in Medicine Coordinating Committee has assisted in the creation of a new Professional Development Seminar for senior women faculty seeking advancement into major administrative posts. The first of these will be held in March 1993.

The first WLO Directory has been published and includes 195 dean-appointed WLOs, 188 appointed by COTH CEOs, 26 appointed by CAS officers, and all 90 women department chairs, as well as guidelines for WLOs about their roles. This past winter the WLOs were surveyed regarding any WIM activities they had initiated or assisted with; responses will form the basis of the second edition of *Building a Stronger Women's Program.*

With the proportion of women students nearing 40 percent, women faculty exceeding 20 percent, and media focussing attention on the problem of sexual harassment, more medical schools are seeking to right long-standing gender inequities—from sexism in the curriculum to inequity in faculty salaries. As opportunities expand for WLOs to serve as leaders, AAMC's WIM program continues to take a multifaceted approach to providing informational and educational resources to support this work.

Section for Operational Studies

Activities over the past year have focused on using the Association's databases to provide important outcome data for members. Particularly noteworthy was the first report from the AAMC Graduate Medical Education Census (GME). This report allows medical schools and residency programs to examine the specialty distribution of their alumni and to compare the outcomes of their programs to national figures.

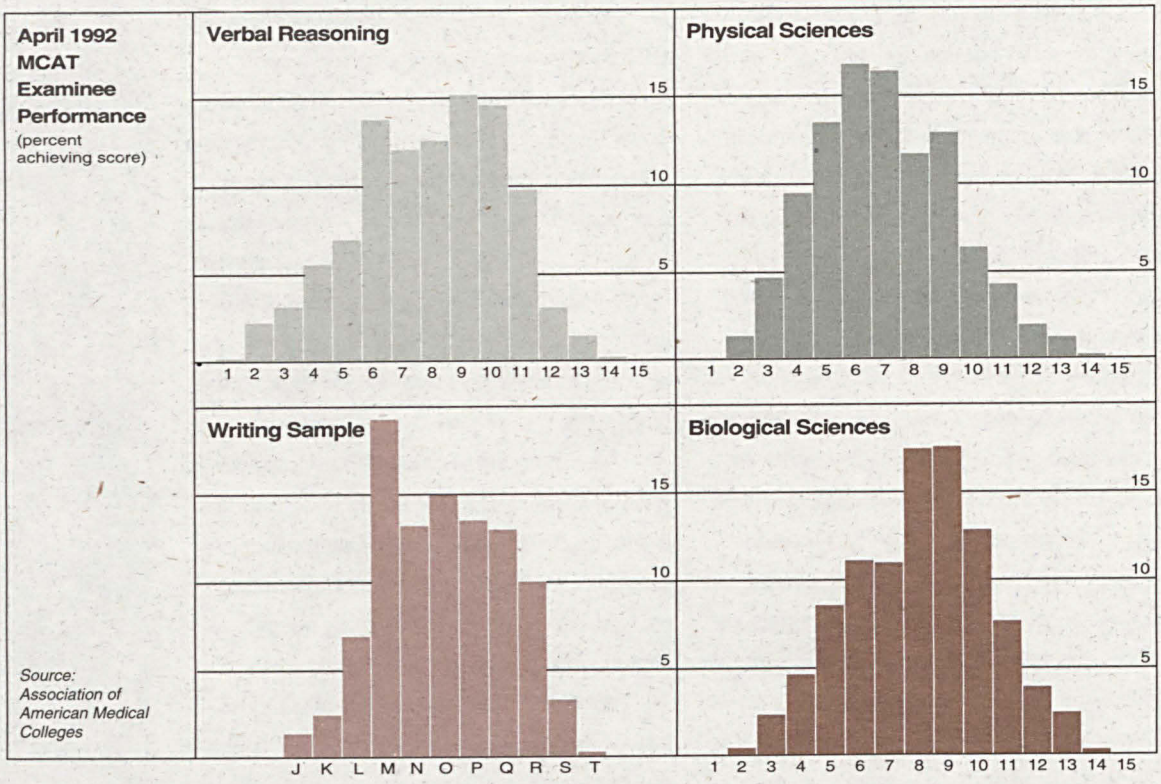
The Institutional Goals Ranking Report (IGRR) allows medical schools to compare themselves with others on a variety of institutional missions. This year's report used the new GME data to measure production of primary care physicians, one of the five goals delineated in the report. The IGRR also provides rankings for Federal research grants and contracts, production of physicians by state, underrepresented minority graduates, and production of academic physicians.

The Faculty Roster alumni report, which gives medical schools the names and positions of graduates who have been appointed to medical school faculty positions, was expanded to provide a similar report to teaching hospitals for alumni of their residency programs.

The Association has begun to share more non-confidential information with other organizations, including the American Board of Medical Specialties, the Educational Commission for Foreign Medical Graduates, the National Board of Medical Examiners, the Federation of State Medical Boards, and the American Medical Association.

Section for the Medical College Admission Test

The Medical College Admission Test (MCAT) provides medical schools a crucial tool to continue refining their application, selection, and retention processes. With the introduction of the new MCAT examination, a major effort is under way to assess the predictive value of MCAT scores in medical student selection. Under the guidance of the MCAT Validity Studies Advisory Group, the AAMC is examining the way the test performs in comparison with its design characteristics and how the updated MCAT is used in admission decision making. Over 53,000 individuals sat for the test in its first ad-



ministration year; in 1992, 58,000 test-takers are expected.

On the new exam, average score differences among examinees were similar to previous MCATs for men and women from varied racial and ethnic groups and for test-takers with different undergraduate majors, ages, and language status. On average, men outperformed women in the sciences. Mean scores for minority examinees were lower than average for majority examinees. Humanities undergraduate majors had higher median scores on the Verbal Reasoning, Biological Sciences, and Writing Sample sections of the test than did other groups. Median scores on all test sections decreased as age increased.

To help determine how the new scores are being used by admission officials and to estimate their predictive value in relation to student success, the MCAT Advisory Group has invited 17 medical schools to participate in validity research beginning with the 1992 entering class. This information will allow for the assessment and potential enhancement of medical student selection procedures.

Constituent Support

The Division supports two constituent groups that provide professional growth and development in planning and management.

- The Group on Institutional Planning fosters state-of-the-art professional planning approaches and techniques and the exchange of information among its members in academic health sciences centers.
- The Group on Business Affairs has a threefold mission: to support academic medicine through improving administration and fiscal management; to promote exchange of information through regional and national conferences; and to provide resources and advice to the AAMC.

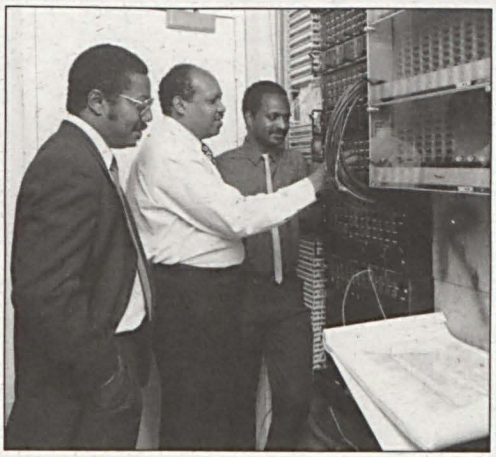
The Office of Administrative Services directs the Association's financial and business affairs. Primary areas of responsibility include accounting and financial reporting, investment management, human resources administration, building operation and maintenance, computer services and telecommunications, insurance, printing, mail, and publication order fulfillment.

In September 1991, the Association moved from leased space into its new $30 million headquarters building. The need to maintain over 80,000 net square feet of office space and three levels of parking dictated establishing a comprehensive facilities management plan. The plan, that was in place at the time of the move, included building maintenance activities, custodial services, building security, transportation, and energy management.

Tied to the move were intricate problems associated with computing and telecommunications. Similar to other organizations, the Association is evolving its information technology from a totally centralized computer operation to include distributed processing. In a distributed environment, applications are spread across microcomputers, servers, and minicomputers by means of flexible local-area networks. To prepare for networking, wiring for the building was designed to support high-speed data transmission requirements. In addition to two "leading-edge" Hewlett Packard super minicomputers, the AAMC purchased over 175 "486" 33-megahertz personal computers and laser jet printers. Because of the rapid transformation in computing technology, the Association has established a three-year life cycle for all personal computers and installed a "state-of-the-art" computer training room to provide hands-on staff instruction in the use of applications software.

Installation of a communications voice mail system has dramatically improved the Association's telephone responsiveness, as have 10 strategically placed high-speed facsimile machines to move hard copies of documents to addressees in minutes. As part of the commitment to reduce waiting time and improve constituent contact, the Association has activated a broadcast facsimile service that enables the dispatch of a hard copy multi-page document to as many as 999 addresses in minutes.

The Association's Investment Committee approved new investment policies and guidelines to provide more effective supervision and monitoring of investment activities. The guidelines include a revised asset allocation structure that will satisfy two of the Association's investment program goals: the preservation and growth of principal combined with the generation of an adequate income stream to be used to finance AAMC commitments. In August 1991, the Association appointed Morgan Stanley Asset Management to manage the AAMC's portfolio, of which 40 percent is allocated to a domestic core equity fund, 10 percent to small company stocks, 10 percent to an international equity fund, 25 percent to a domestic fixed income fund, and 15 percent to a global fixed income fund. The initial value of the portfolio transferred to Morgan Stanley was $29.7 million. The present market value of the portfolio is approximately $32 million.



AAMC's Communications System Manager Robert Yearwood, Operations Supervisor Jackie Humphries, and Computer Operator/Data Communications Specialist Basil N. Pegus, understand the Association's information delivery requirements and the technology needed to meet them.

As evidenced by the accompanying balance sheet and statement of revenue, expenses and changes in fund balances, the Association's financial position was strengthened in the fiscal year ended June 30, 1992.

Highlights

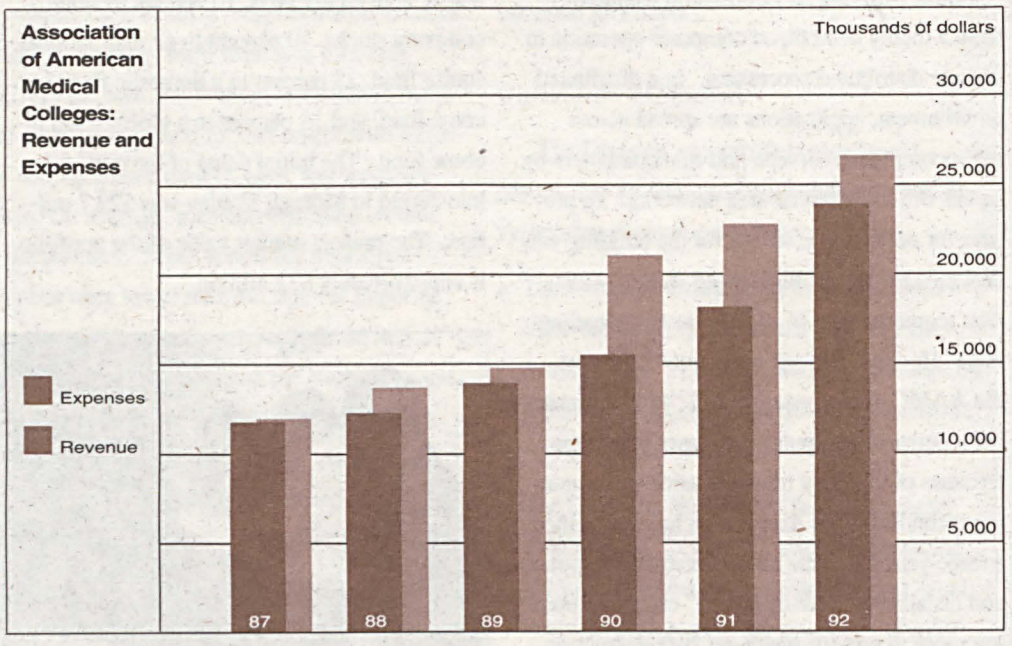
- The excess of the Association's unrestricted operating revenue over expenses and transfers was $139,009.
- The Association's unrestricted fund balances (reserves) increased by $2,159,000 to $25,728,000.
- The market value of investments held at fiscal year end reached $31,997,000, a 15% increase over the value as of June 30, 1991.
- The Association's new headquarters building was completed within the $31,190,000 budgeted.

Operating Results

Unrestricted revenue supporting current operations increased by $3,813,000 to $26,582,000. Most of the income growth is attributed to the increase in applicants taking the Medical College Admission Test and medical school application processing.

While fiscal year 1991-92 unrestricted operating income increased by approximately 17%, operating expenses, including $2,167,673 for principal and interest debt service payments on the new headquarters building, rose by $5,758,000 to $23,877,528. In addition to the building's debt service payments, over $2.1 million was expended for the development of the new Medical College Admission Test.

The balance sheet and statement of revenue, expenses and changes in fund balances were extracted from the Association's audited financial statements.



Private Foundation Support

Baxter Foundation

- Support for the Annual AAMC Award for Distinguished Research in Biomedical Sciences

Commonwealth Fund

- A four-year award to develop a better policy analysis capability for teaching hospitals ($496,000)
- A four-year award to enhance the Commonwealth Fund Fellowship Program in Academic Medicine for Minority Students ($231,000)

Charles E. Culpeper Foundation

- A three-year award to assess the state of curriculum revisions in U.S. medical schools ($947,580)

Howard Hughes Medical Institute

- A five-year award to monitor careers of medical students who have participated in HHMI's training programs ($480,000)

Robert Wood Johnson Foundation

- A four-year award for the preparation and publication of information on minorities in medical education ($42,887)
- A one-year award to implement a study of the factors influencing the attractiveness of internal medicine as a career ($45,101)
- A six-month award to support a conference for foundations to explore the needs of black medical schools ($26,195)

Henry J. Kaiser Family Foundation

- A one-year award to develop an educational enrichment program for minority adolescents ($70,000)
- A nine-month award to identify and survey minority physicians ($15,000)

W.K. Kellogg Foundation

- A one-year award to develop a symposium entitled "Rural Health: A Challenge for Medical Education" ($87,510)

Macy Foundation

- A three-year award to strengthen minority activities at the AAMC ($361,862)

Federally Sponsored Programs

US. Department of Health and Human Services

Health Resources and Services Administration

- A one-year contract to assess minority and non-minority U.S. medical school graduates, premedical, and medical school specialty selections and success in obtaining choice of residency training ($46,023)
- A one-year contract to perform an Analysis of Career Plans, Specialty Choices, and Related Information for Postgraduate Physicians: 1987 and Comparison To Earlier Years ($139,275)

National Institutes of Health

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

Agency for Health Care Policy and Research

- A two-year grant in support of a national conference and professional development institute for minority researchers in health services research ($442,594)

National Institute of Mental Health

- A three-year grant to develop partnerships between high schools, colleges, and medical schools to encourage minority enrollments in medical schools ($767,471)

Corporate Grants

Warner Lambert Foundation

- Support for the general operation of the Association as a sustaining and contributing member.

Merck and Co., and the Merck Company Foundation

- Support for the AAMC Group on Public Affairs Awards for Excellence in Medical Education Public Affairs Competition

Balance Sheet — June 30, 1992

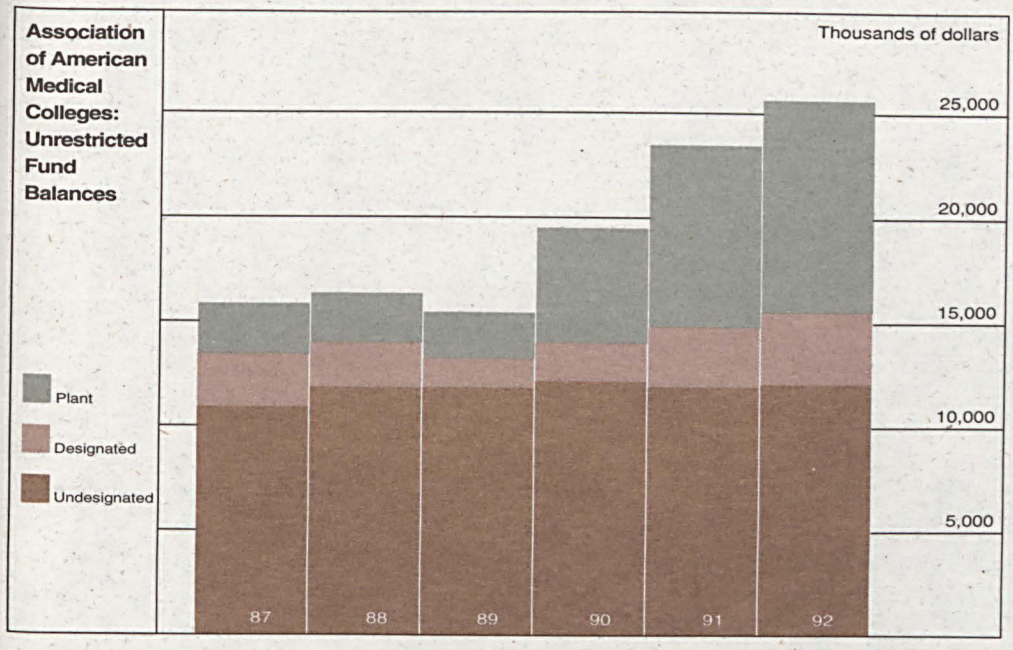
Assets

Current Funds:	
Cash and cash equivalents	$ 3,941,005
U.S. Government contract costs receivable	385,723
Accounts receivable—(net)	1,313,275
Investments (book value)	30,790,217
Supplies, deposits and prepaid expenses	353,180
Notes receivable	216,398
Total current funds	**$ 36,999,798**
Plant funds:	
Investment in plant:	
Land	$ 11,001,742
Building	19,670,740
Furniture and equipment	6,391,656
	37,064,138
Less accumulated depreciation	(2,308,336)
Total net investment in plant	**34,755,802**
Due from current funds	11,033,832
Other assets	629,058
Total plant funds	**$ 46,418,692**

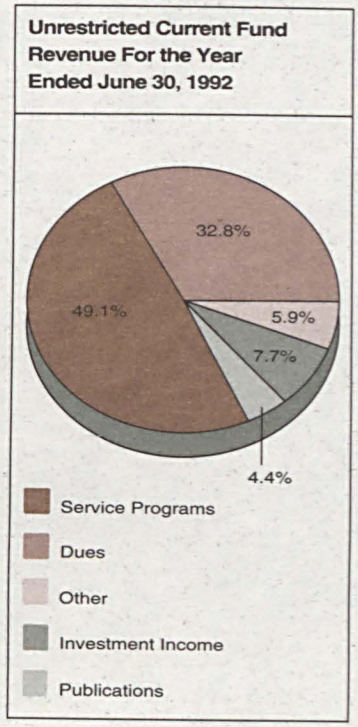
Liabilities and Fund Balances

Current Funds:	
Accounts payable and accrued expenses	$ 2,082,272
Custodial funds	1,031,083
Due to plant funds	11,033,832
Deferred revenue	5,289,284
Deferred compensation	1,782,891
Total liabilities	**21,219,362**
Fund balances:	
Unrestricted	12,131,229
Designated	3,493,193
Restricted	156,014
Total current fund balances	**15,780,436**
Total current funds	**$ 36,999,798**
Plant funds:	
Accrued interest expense	$ 929,569
Bonds payable, net	34,230,563
Total liabilities	**35,160,132**
Fund balances:	
Investment in plant	1,154,297
Unexpended—unrestricted	10,104,263
Total plant fund balances	**11,258,560**
Total plant funds	**$ 46,418,692**

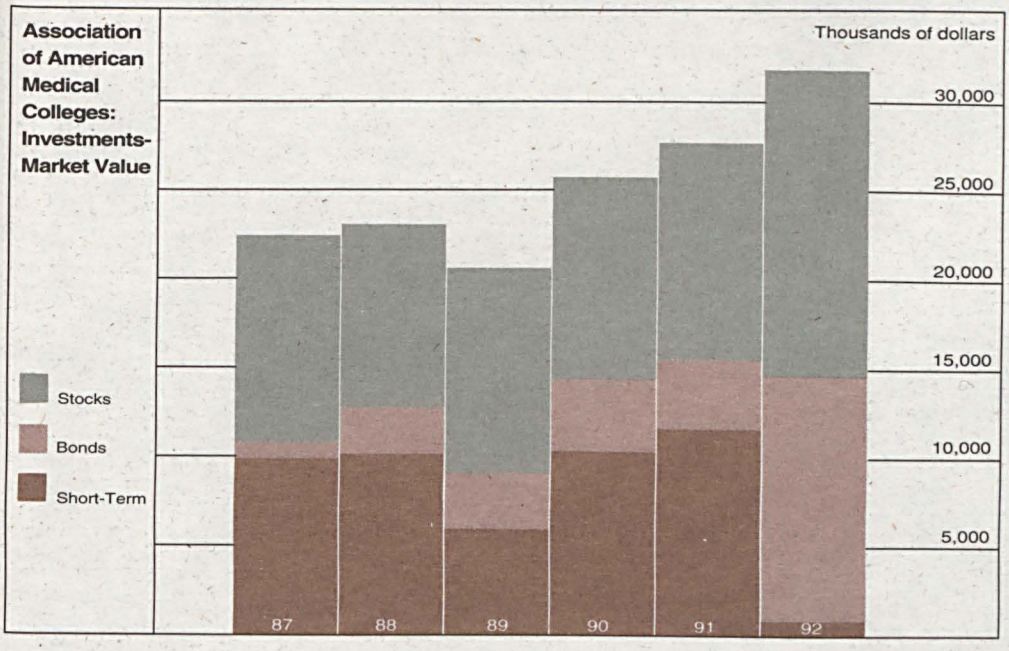
Association of American Medical Colleges: Unrestricted Fund Balances



Unrestricted Current Fund Revenue For the Year Ended June 30, 1992

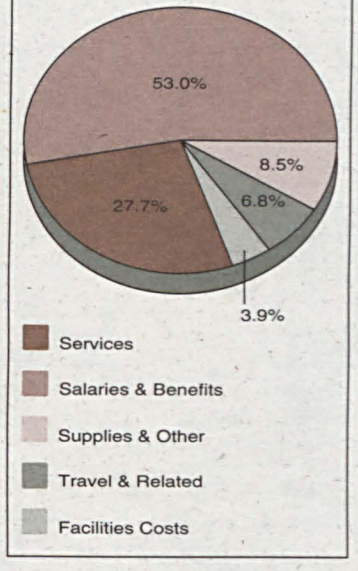


Association of American Medical Colleges: Investments-Market Value



Fiscal year ended June 30, 1992

Unrestricted Current Fund Expenses For the Year Ended June 30, 1992



Statement of Revenue, Expenses, and Changes in Fund Balances

for the year ended June 30, 1992

	Current Funds					
	Unrestricted	Unrestricted Designated	Restricted	Total Current Funds	Plant Funds	Total Funds
Revenue:						
Dues	$ 8,732,570	$ —	$ —	$ 8,732,570	$ —	$ 8,732,570
Service programs	13,043,810	—	—	13,043,810	—	13,043,810
Journal of Academic Medicine	241,845	—	—	241,845	—	241,845
Other publications	935,642	—	—	935,642	—	935,642
Investment income	2,054,640	—	—	2,054,640	—	2,054,640
Private grants	26,058	—	(19,377)	6,681	—	6,681
Government contracts and grants	75,749	—	329,523	405,272	—	405,272
Meetings and workshops	779,437	802,763	—	1,582,200	—	1,582,200
Other	691,786	—	—	691,786	—	691,786
Total revenues	**26,581,537**	**802,763**	**310,146**	**27,694,446**	—	**27,694,446**
Expenses:						
Division administration and programs:						
Institutional planning and development	2,095,928	532,372	430,365	3,058,665	—	3,058,665
Government relations	607,875	17,593	—	625,468	—	625,468
Biomedical research	701,969	—	—	701,969	—	701,969
Medical student and resident education	4,658,661	41,578	236,149	4,936,388	—	4,936,388
Minority health, education and prevention	427,658	—	198,376	626,034	—	626,034
Clinical services	759,553	70,519	33,160	863,232	—	863,232
Communications	556,458	—	—	556,458	—	556,458
Publications	874,709	—	—	874,709	—	874,709
Educational research and assessment	252,490			252,490	—	252,490
Sub-council organizations	331,116	227,194	—	558,310	—	558,310
Liaison committees	190,536	—	—	190,536	—	190,536
Special studies	2,380,609	478,470	—	2,859,079	—	2,859,079
Special programs and meetings	89,649	—	—	89,649	—	89,649
	13,927,211	1,367,726	898,050	16,192,987	—	16,192,987
Administration and general:						
Office of the President	1,456,964	11,093	35	1,468,092	—	1,468,092
Office of the Executive Vice President	332,583	—	65,528	398,111	—	398,111
Governing boards	439,432	—	—	439,432	—	439,432
Administrative services	1,180,277	—	—	1,180,277	—	1,180,277
Computer services	1,760,420		—	1,760,420	26,274	1,786,694
General expenses	2,352,228	100,747	—	2,452,975	3,235,678	5,688,653
Annual meeting	260,740	—	—	260,740	—	260,740
	7,782,644	111,840	65,563	7,960,047	3,261,952	11,221,999
Total expenses	**21,709,855**	**1,479,566**	**963,613**	**24,153,034**	**3,261,952**	**27,414,986**
Excess of revenues and other additions over (under) expenditures and other deductions	4,871,682	(676,803)	(653,467)	3,541,412	(3,261,952)	279,460
Mandatory transfer for principal and interest	(2,167,673)	—	—	(2,167,673)	2,167,673	—
Other transfers and additions	(2,565,000)	1,265,000	—	(1,300,000)	1,300,000	—
Net increase (decrease) to fund balances	139,009	588,197	(653,467)	73,739	205,721	279,460
Fund balances, beginning of year	11,992,220	2,904,996	809,481	15,706,697	11,052,839	26,759,536
Fund balances, end of year	**$ 12,131,229**	**$ 3,493,193**	**$ 156,014**	**$ 15,780,436**	**$ 11,258,560**	**$ 27,038,996**

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

AAMC Appointees to the ALPHA OMEGA ALPHA Distinguished Teacher Award Committee

Selects recipients for two teaching awards

Basic Sciences:
Mordecai P. Blaustein, M.D.
University of Maryland School of Medicine

Gail Cassell, Ph.D.
University of Alabama School of Medicine, Birmingham

Philip Leder, M.D.
Harvard Medical School

Clinical Sciences:
Aram V. Chobanian, M.D.
Boston University School of Medicine

Gail Morrison, M.D.
University of Pennsylvania School of Medicine

Joseh Silva, Jr., M.D.
University of California, Davis, School of Medicine

Research Award Committee

Chooses recipient for annual Baxter Award for Distinguished Research in the Biomedical Sciences

Chair
Philip J. Fialkow, M.D.
University of Washington School of Medicine

Joel B. Baseman, Ph.D.
University of Texas Medical School at San Antonio

Diana S. Beattie, Ph.D.
West Virginia University School of Medicine

James Holsinger, Jr., M.D.
Department of Veterans Affairs

Adel A. F. Mahmoud, M.D., Ph.D.
Case Western Reserve University School of Medicine

Leonard L. Ross, Ph.D.
Medical College of Pennsylvania

Flexner Award Committee

Chooses recipient of Abraham Flexner Award for Distinguished Service to Medical Education

Chair
George T. Bryan, M.D.
University of Texas Medical School at Galveston

Lori Berkowitz
Jefferson Medical College

Paul F. Griner, M.D.
University of Rochester School of Medicine and Dentistry

John J. Hutton, M.D.
University of Cincinnati College of Medicine

Robert O. Kelley, Ph.D.
University of New Mexico School of Medicine

Kathleen Nelson, M.D.
Childrens' Hospital, Birmingham

Advisory Panel on Strategic Positioning for Health Care Reform

Identifies and develops AAMC's role in the health care reform debate and recommends strategic positioning for constituents

Chair
William B. Kerr
The Medical Center at the University of California, San Francisco

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

Gerard N. Burrow, M.D.
Yale University School of Medicine

Clifford M. Eldredge
Pennsylvania Hospital

Spencer Foreman, M.D.*
Montefiore Medical Center

Linda Gage-White, M.D.
Louisiana State University at Shreveport

Jerome H. Grossman, M.D.
New England Medical Center, Inc.

Nicole Lurie, M.D.
University of Minnesota Medical School

David L. Nahrwold, M.D.
Northwestern University Medical School

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

William D. Owens, M.D.
Washington University School of Medicine

Louis Profeta, M.D.
University of Pittsburgh School of Medicine

Tom Pyle
Boston Consultant Group

Lucy Shaw
Regional Medicial Center at Memphis

Laurence Scherr, M.D.
North Shore University Hospital

Jay H. Stein, M.D.
University of Texas Medical School at San Antonio

I. Dodd Wilson, M.D.
University of Arkansas College of Medicine

* *ex officio*

Task Force on the Generalist Physician

Develops policy statements and implementation strategies regarding training of general physicians

Chair
Jordan J. Cohen, M.D.
State University of New York at Stony Brook

Marjorie A. Bowman, M.D.
Bowman Gray School of Medicine of Wake Forest University

Catherine DeAngelis, M.D.
The John Hopkins University School of Medicine

Robert M. Dickler*
The University of Minnesota Hospital and Clinics

Harold J. Fallon, M.D.
Medical College of Virginia

John Farrar, M.D.
Department of Veterans Affairs

Paul Freedman, M.D.
Baystate Medical Center

David Graham
East Carolina University School of Medicine

Samuel Hellman, M.D.
University of Chicago Division of the Biological Sciences, Pritzker School of Medicine

Sheldon S. King
Cedars-Sinai Medical Center

Robert Massad, M.D.
Montefiore Medical Center

W. Douglas Skelton, M.D.
Mercer University School of Medicine

John Stoeckle, M.D.
Massachusetts General Hospital

Emery A. Wilson, M.D.
University of Kentucky College of Medicine

Bernarda Zenker, M.D.
University of Oklahoma Health Sciences Center

* Resigned, effective September 1992 to become AAMC Vice President for Clinical Services

AAMC Advisory Panel on Biomedical Research

Advises AAMC governance on research policy positions, advocacy, and cohesion

Chair
David H. Cohen, Ph.D.
Northwestern University

Kenneth L. Berns, M.D., Ph.D.
Cornell University Medical College

William Brinkley, Ph.D.
Baylor College of Medicine

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

Gerald D. Fischbach, M.D.
Harvard University School of Medicine

Spencer Foreman, M.D.*
Montefiore Medical Center

Karen Holbrook, Ph.D.
University of Washington School of Medicine

Ernst Knobil, Ph.D.
University of Texas Health Science Center, Houston

David Korn
Stanford University School of Medicine

David G. Nathan, M.D.
The Children's Hospital, Boston

Herbert Pardes, M.D.
Columbia University College of Physicians and Surgeons

Robert R. Rich, M.D.
Baylor College of Medicine

Kenneth I. Shine, M.D.[1]
University of California, Los Angeles, Los Angeles School of Medicine

Jack D. Stobo, M.D.
The Johns Hopkins Hospital

* *ex-officio*

[1] *Resigned, July 1992*

Resolutions Committee

Receives and acts on resolutions for presentation to the Assembly

Chair
Donald R. Kmetz, M.D.
University of Louisville School of Medicine

Joseph S. Auteri, M.D.
Columbia-Presbyterian Medical Center

David Graham
East Carolina University School of Medicine

George A. Hedge, Ph.D.
West Virginia University School of Medicine

Eric B. Munson
University of North Carolina at Chapel Hill School of Medicine

Dues Review

Reviews financial plans and dues structure as required by 1988 Assembly action

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

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

Myron Genel, M.D.
Yale University School of Medicine

Charles M. O'Brien, Jr.
Georgetown University Medical School

Robert E. Tranquada, M.D.
University of Southern California School of Medicine

Ad Hoc Committee on Misconduct and Conflict of Interest in Research

Recommends policy positions and initiatives for the Association

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

David H. Blake, Ph.D.
The Johns Hopkins University School of Medicine

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

Rita Charon, M.D.
Columbia University College of Physicians and Surgeons

David H. Cohen, Ph.D.
Northwestern University

Spencer Foreman, M.D.
Montefiore Medical Center

Paul J. Friedman, M.D.
University of California, San Diego, School of Medicine

C. Kristina Gunsalus
University of Illinois at Urbana-Champaign

Ernst R. Jaffé, M.D.
Albert Einstein College of Medicine

Ralph W. Muller
University of Chicago Hospitals

S. Andrew Schaffer, Esq.
New York University

Robert E. Tranquada, M.D.
University of Southern California School of Medicine

Subcommittee on Conflict of Interest in Continuing Medical Education

Examines the ethics of faculty behavior in continuing medical education

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

Robert J. Cullen, Ph.D.
RMEC Council, Cleveland Regional Education Center

W. Dale Dauphinee, M.D.
Royal Victoria Hospital, Montreal

Spencer Foreman, M.D.
Montefiore Medical Center

Ernst R. Jaffé, M.D.
Albert Einstein College of Medicine

Subcommittee on Institutional Processes

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

David H. Blake, Ph.D.
The Johns Hopkins University School of Medicine

C. Kristina Gunsalus
University of Illinois at Urbana-Champaign

Paul J. Friedman, M.D.
University of California, San Diego, School of Medicine

S. Andrew Schaffer, Esq.
New York University

Nominating Committee

Charged with nominating candidates for positions as officers of the Assembly and members of the Executive Council

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

Jordan J. Cohen, M.D.
State University of New York at Stony Brook

Kurt Ebner, Ph.D.
University of Kansas School of Medicine

James J. Mongan, M.D.
University of Missouri — Kansas City School of Medicine

Raymond G. Schultze, M.D.
UCLA Medical Center, Los Angeles, California

Management Education Program Planning Committee

Designs and implements seminars to assist constituents in development of managerial skills

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

Anthony L. Barbato, M.D.
Loyola University of Chicago Stritch School of Medicine

Robert L. Friedlander, M.D.
Union University

Jerome H. Grossman, M.D.
New England Medical Center

William B. Kerr
The Medical Center at the University of California, San Francisco

John D. Stobo, M.D.
The Johns Hopkins University School of Medicine

Assessing Change in Medical Education (ACME) Advisory Group

Provides advice to the project staff on survey and implementation strategies, data analysis, report publication

Chair
Harry N. Beaty, M.D.*
Northwestern University Medical School

Stephen Abrahamson, Ph.D.*
University of Southern California School of Medicine

John E. Albers, M.D.
University of Cincinnati College of Medicine

Joel J. Alpert, M.D.
Boston University School of Medicine

Samuel W. Bloom, Ph.D.
Mount Sinai School of Medicine of the City University of New York

George T. Bryan, M.D.*
University of Texas Medical School at Galveston

Susan Carver, M.D.*
Harvard Medical School

Jules Cohen, M.D.
University of Rochester School of Medicine

Norman D. Kalbfleisch, M.D.
Oregon Health Sciences University School of Medicine

Thomas C. King, M.D.
Columbia-Presbyterian Medical Center

Page S. Morahan, Ph.D.*
Medical College of Pennsylvania

Carlos A. Moreno, M.D.
University of Texas Medical School at San Antonio

Darwin J. Prockop, M.D., Ph.D.
Jefferson Medical College of Thomas Jefferson University

Caroline Reich*
Emory University School of Medicine

Stanford A. Roman, Jr., M.D.
City University of New York Sophie Davis School of Biomedical Education

Cornelius Rosse, M.D., D. Sc.*
University of Washington School of Medicine

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

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

Eugene L. Staples
Retired

Robert L. Volle, Ph.D.
National Board of Medical Examiners, retired

John C. Weston, Ph.D.
Muhlenberg College

* *Member of the Report Writing Committee*

Women in Medicine Coordinating Committee

To advance the status and develop the potential of women in academic medicine

Noelle Granger, Ph.D.
University of North Carolina-Chapel Hill

Bettina Kurkjian
University of California, Irvine, College of Medicine

Lois Nora, M.D., J.D.
Rush-Presbyterian-St. Luke's Medical Center

Miriam Rossi, M.D.
University of Toronto Faculty of Medicine

Gerry R. Schemerhorn, Ph.D.
Southern Illinois University School of Medicine

Joyce Stichman, M.S.
Memorial Sloan-Kettering Cancer Center

Marcelle M. Willock, M.D., M.B.A.
Boston University School of Medicine

Wendy J. Wolf, M.D.
University of Texas, Galveston Medical School

Academic Medicine Editorial Board

Provides guidance for the Association's monthly scholarly journal

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National Library of Medicine

Deputy Chair
Nancy Gary, M.D.
Uniformed Services University of the Health Sciences

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

Nancy Bennett, Ph.D.
Harvard Medical School

Eta Berner, Ed.D.
University of Alabama School of Medicine

Ruth Bulger, Ph.D.
National Academy of Sciences, Institute of Medicine

Zenaido Camacho, Ph.D.
Baylor College of Medicine

Vincent A. Fulginiti, M.D.
Tulane University School of Medicine

Murray M. Kappelman, M.D.
The University of Maryland School of Medicine

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The Jewish Hospital at the Washington University

Daniel Masy, M.D.
National Library of Medicine National Institutes of Health

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University of Florida College of Medicine

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Columbia University College of Physicians and Surgeons

W. Vickery Stoughton
Duke University Medical Center

Martha Vaughan, M.D.
National Institutes of Health

Audit Committee

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University of Nebraska Hospital

Nancy Gary, M.D.
Uniformed Services University of the Health Sciences

George A. Hedge, Ph.D.
West Virginia University School of Medicine

Investment Committee

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Montefiore Medical Center

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George Washington University School of Medicine and Health Sciences

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Massachusetts General Hospital

Nelson Ford
Georgetown University Medical Center

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

Morton I. Rapoport, M.D.
University of Maryland Medical System

Raymond G. Schultze, M.D.
UCLA Medical Center,
Los Angeles, California

Joel G. Sacks, M.D.
University of Cincinnati College of Medicine

Gail Warden
Henry Ford Health Care Corporation

* *ex-officio*

** *Resigned April 1992*

Ad Hoc Committee on Physician Payment Reform Implementation

Advises AAMC on issues in the development and implementation of Medicare physician fee reform

Chair
Michael E. Johns, M.D.
The Johns Hopkins University School of Medicine

S. Craighead Alexander, M.D.
Hahnemann University

George T. Bryan, M.D.
University of Texas Medical School of Galveston

Charles Daschbach, M.D.
St. Joseph's Medical Center

C. McCollister Evarts, M.D.
Pennsylvania State University College of Medicine

Terry Hammons, M.D.
University Hospitals of Cleveland

Benjamin F. Kready
University of Texas Medical School at San Antonio

Wilbur Pittinger
Hospital of the University of Pennsylvania

Lawrence Scherr, M.D.
North Shore University Hospital

G. Philip Schrodel
The University of Michigan Medical School

Michael R. Stringer
University of California, San Diego, School of Medicine

VA/Medical Deans Liaison Committee

Facilitates communication and cooperation between the VA and academic medicine

Chair
David Korn, M.D.
Stanford University School of Medicine

Harry N. Beaty, M.D.
Northwestern University Medical School

George Bernier, M.D.
University of Pittsburgh School of Medicine

Jeffrey Houpt, M.D.
Emory University School of Medicine

I. Dodd Wilson, M.D.
University of Arkansas College of Medicine

MCAT Validity Studies Advisory Committee

Provides advice on the validity of the MCAT Study

Chair
Robert F. Sabalis, Ph.D.
University of South Carolina School of Medicine

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

Debra Gillers
State University of New York at Stony Brook

Robert Lee, Ph.D.
Washington University School of Medicine at St. Louis

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

Lewis H. Nelson, III, M.D.
Bowman Gray School of Medicine at Wake Forest University

George Nowacek, Ph.D.
University of Virginia School of Medicine

Martin A. Pops, M.D.
University of California, Los Angeles, School of Medicine

Gerry R. Schermerhorn, Ph.D.
Southern Illinois University School of Medicine

Marliss Strange
Oregon Health Sciences University School of Medicine

AAMC Members to the Accreditation Council for Continuing Medical Education

Seymour Cohen, M.D.
Long Island Jewish Medical Center

James A. Hallock, M.D.
East Carolina University School of Medicine

Allen W. Mathies, Jr., M.D.
Huntington Memorial Hospital

Accreditation Review Committee Members

Nancy Bennett, Ph.D.
Harvard Medical School

Charles E. Osborne, Ed.D.
Children's National Medical Center

Robert R. Raszkowski, M.D., Ph.D.
University of South Dakota School of Medicine

AAMC Members of the Liaison Committee on Medical Education

Co-Chair
Richard L. O'Brien, M.D.
Creighton University School of Medicine

Gail H. Cassell, Ph.D.
University of Alabama School of Medicine

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

Joseph S. Gonnella, M.D.
Jefferson Medical College of Thomas Jefferson University

David S. Greer, M.D.
Brown University School of Medicine

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

Student Participant
J. Michael Mangrum
University of Tennessee, Memphis, College of Medicine

AAMC Representatives to the Accreditation Council on Graduate Medical Education

Robert D'Alessandri, M.D.
West Virginia University School of Medicine

Olga Jonasson, M.D.
Ohio State University Hospital

Jay P. Sanford, M.D.
Dallas, Texas

Raymond G. Schultze, M.D.
UCLA Medical Center,
Los Angeles, California

Through its groups, the Association supports professional development activities for a range of medical center officials. Group programs facilitate interaction among these professionals and with Association staff and governing bodies.

AAMC/AAHC Steering Committee Government Relations Representatives

Chair
Elizabeth Bell Stengell
Boston University Medical Center

Chair-Elect
Marsha Wilson
Vanderbilt University

Cindy Bedont
Stanford University

Thomas Etten
Pennsylvania State University

Joseph Franklin
University of Indiana

John Lien, M.D.
University of Washington

Susan E. Phillips
University of Chicago Hospitals

Peter Robinson
University of Rochester Medical Center

Gerold Schiebler
University of Florida

Group on Business Affairs Steering Committee

Principal business officers and individuals with general and research administration responsibilities

Chair
Robert G. Winfree
Duke University Medical Center School of Medicine

Chair-Elect
Deborah McGraw
University of California, San Diego, School of Medicine

Immediate Past Chair
Janice Arbuckle
University of Kansas Medical Center School of Medicine

Executive Secretary
Jack Krakower
AAMC

Larry A. Baudoin
University of South Florida College of Medicine, Health Science Center

Stephen M. Cohen
Yale University School of Medicine

Lee Fetter
Washington University School of Medicine

Patricia St. Germain West
University of Arizona College of Medicine

G. Philip Schrodel
University of Michigan Medical School

Jack Sorenson
University of Wisconsin Medical School

Phyllis Stevens
Boston University School of Medicine

Gregory Strayhorn, M.D., Ph.D.
University of North Carolina at Chapel Hill School of Medicine

Group on Business Affairs Professional Development Committee

Chair
G. Philip Schrodel
University of Michigan Medical School

Chair-Elect
Charles R. Richardson
Baylor College of Medicine

Michael B. Amey
The Johns Hopkins University School of Medicine

Russell E. Armistead
Bowman Gray School of Medicine of Wake Forest University

David M. Bray
Harvard Medical School

Rachelle Browndorf
Hahnemann University School of Medicine

Raymond L. Eden
University of California, Los Angeles, UCLA School of Medicine

Carol Roberts
University of California, San Diego, School of Medicine

Stephen E. Selby
New York University School of Medicine

Group on Educational Affairs Steering Committee

Administrators and faculty with responsibilities in the areas of undergraduate, graduate, continuing medical education, development of instructional resources, and research in medical education

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Charles P. Friedman, Ph.D.
University of North Carolina at Chapel Hill School of Medicine

Chair-Elect
Reed G. Williams, Ph.D.
University of Illinois at Chicago College of Medicine

Immediate Past-Chair
Alberto Galofre, M.D., M.Ed.
St. Louis University School of Medicine

Executive Secretary
M. Brownell Anderson
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It was a year of numerous changes for the AAMC. James D. Bentley, Ph.D., vice president for Clinical Services, departed December 1 for a position at the American Hospital Association. The wholly unexpected death November 5 of Louis J. Kettel, M.D., vice president for Academic Affairs, left a substantial gap in the organization that was widened by the well-earned retirement the following month of August G. Swanson, M.D., one of the true "institutional memories" of the AAMC. Dr. Kettel had formerly been dean at the University of Arizona Medical School and former chair of the Council of Deans. He was devoted to the improvement of medical student education and was the driving force behind the Association's ACME-TRI Project.

In an effort to use the existing talents of current staff in new and more effective ways, Dr. Petersdorf implemented major changes in the structure of the Association last February. The restructuring saw the creation of two new divisions.

Division of Medical Student and Resident Education

Robert H. Waldman, M.D., who had joined the AAMC in November 1991 as vice president for Graduate Medical Education, became vice president for Medical Student and Resident Education. The new division combined most of the programs and staff previously encompassed by the divisions of Academic Affairs and Graduate Medical Education. Previously dean of the University of Nebraska College of Medicine, Dr. Waldman had been active in Association affairs prior to his appointment and had been a member of the Council of Deans Administrative Board since 1989.

In February 1992, Frances (Frankie) R. Hall joined the new division as the director of the Section for Student Programs. Since 1983 she had been the assistant dean for Admissions and Financial Aid, Dartmouth Medical School, and was a member of the Association's Group on Student Affairs.

Division of Educational Research and Assessment

Also newly created, the Division for Educational Research and Assessment is headed by Donald G. Kassebaum, M.D. He joined the AAMC staff in September 1988 as associate vice president for Institutional Planning and Development and director of the Section for Accreditation. The section moved with him to the new division along with his responsibilities as the AAMC secretary to the Liaison Committee on Medical Education. The new division also encompasses the Section for Educational Research—and the valuable data provided by its pre-matriculating student, matriculating student, and graduating senior questionnaires—as well as activities in continuing and international medical education.

Office of the President

Archives Director Mary Littlemeyer retired in July ending 32 years of service with the AAMC. It is tempting to say that with her goes a great deal of AAMC history—but to do so would do an injustice to the monumental work she leaves. The AAMC archives is recognized by medical historians as a national treasure. Ms. Littlemeyer began collecting and organizing old documents when she joined the AAMC in August 1960 as secretary to Executive Director Ward Darley, M.D., at the Association's Evanston, Ill., headquarters. Throughout her long tenure she has edited, written, or co-authored 69 AAMC publications, including the proceedings from the first *Research in Medical*

The Association's executive staff coordinated another year of productive accomplishments with programs, operations, and financial goals all on track. Leading the work of over 200 employees in ten offices and divisions are (left to right) Robert G. Petersdorf, M.D., Edward J. Stemmler, M.D., Joseph A. Keyes, Jr., J.D., Herbert W. Nickens, M.D., Kathleen S. Turner, Elizabeth M. Martin. Robert M. Dickler, and Thomas E. Malone, Ph.D.

Not shown: Edwin L. Crocker, Donald G. Kassebaum, M.D., Richard Knapp, Ph.D., and Robert H. Waldman. M.D.

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Robert H. Waldman, M.D.
Vice President
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Resident Education

Education (RIME) Symposium, the first *MCAT Student Manual*, and the *General Professional Education of the Physician* (GPEP) report which she worked on with Dr. Swanson.

Kathleen Turner's title was changed from vice president for Special Projects to vice president. She joined the Association in 1976 in the Division of Biomedical Research. Two years later she was named special assistant to the president and was promoted to assistant vice president in 1987. Among other responsibilities, she managed the process for constructing the AAMC's new building.

Office of Govermental Relations

David B. Moore was promoted to assistant vice president for Governmental Relations. He joined the AAMC in 1984 as a staff associate in the Division of Biomedical Research and staffed the Council of Academic Societies. He moved to the Office of Governmental Relations in 1987 as legislative analyst and was named assistant director in 1988. He is responsible for following the federal budget process and has primary responsibility for legislative issues related to federal research, including research facilities construction, scientific misconduct, conflict of interest, and indirect costs.

Division of Institutional Planning and Development

A new assistant vice presidency for Women's Programs in the Division of Institutional Planning and Development has been filled by Janet Bickel, M.A., since February 1987 a senior staff associate in the division. She has been with the Association since July 1977, starting as staff assistant in the then Department of Planning and Policy Development. Promoted in 1978 to staff associate in the Division of Student Programs, for the next ten years she staffed the OSR and GSA and conducted a study of human values programs in clinical education.

A new Section for Professional Education Programs has been formed with Marcie Foster as its first director. Ms. Foster joined the AAMC in 1975 as an administrative assistant in the Division of Academic Affairs. In 1976 she moved to the Division of Institutional Planning and Development as staff assistant in charge of meeting coordination, becoming program manager for the Management Education Programs in 1987.

Under Assistant Vice President Karen Mitchell, Ph.D., the Section for the MCAT and all its staff moved to the Division of Institutional Planning and Development.

Division of Clinical Services

Robert M. Dickler joined the AAMC in September as vice president for Clinical Services. The Division supports the Association's programs and activities for its member teaching hospitals and the Group on Faculty Practice. As chief executive officer of the University of Minnesota Hospital and Clinic and assistant vice president of the university's Health Sciences Center, Mr. Dickler has brought to the Association 20 years of first-hand experience with the issues that affect major teaching hospitals, especially reimbursement, network development, technology development, and the care of the indigent and uninsured.

Division of Biomedical Research

Early in 1993 Thomas E. Malone, Ph.D., will retire as vice president for Biomedical Research. He came to the Association in 1988 from a position as associate vice chancellor for Research at the University of Maryland Graduate School (1986-1988). For nine years previously, he was deputy director of the National Institutes of Health. In his years with the AAMC, Dr. Malone has directed a broad spectrum of research-related programs and activities including staffing the Advisory Panel on Biomedical Research and tracking the NIH strategic plan. He is the co-editor of *Biomedical Research: Collaboration and Conflict of Interest* with Roger J. Porter, M.D., former AAMC scholar-in-residence and vice president for Clinical Pharmacology at Wyeth-Ayerst Laboratories.

Scholar-in-Residence

David S. Greer, M.D., retired dean, Brown University School of Medicine, joins the AAMC as scholar-in-residence in November. Dr. Greer has been a member of the Brown faculty since 1973. He was named dean in 1983 and was a member of the AAMC's Council of Deans Administrative Board and the Executive Council from 1989 through June 1992. He will remain on the Brown faculty as professor of community health. During his sabbatical at the AAMC he will carry out a study on academic medical center management with a focus on the role of the dean of medicine. He also will conduct some clinical work at Georgetown University Medical Center.

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