

AGENDA

EXECUTIVE COMMITTEE OF COUNCIL OF DEANS

April 9, 1969
6:30 p.m. - Executive Room

April 10, 1969
9:00 a.m. - 12:00 p.m. - Plaza Room

Dupont Plaza Hotel
Washington, D.C.

Minutes of Meeting - February 8, 1969

Bylaws

Staff Relations

Committee on Financial Principles - Oral Report

Appropriations for Student Loans - Oral Report

National Service for Medical Graduates - Oral Report

Agenda Council of Deans Meeting in May

- Student participation and activism
- Report from Federal officials
- Report from Executive Council
- Commission on Medical Education
- Report from COTH
- Report from CAS

Correspondence with Dr. Galletti

MINUTES

COUNCIL OF DEANS MEETING

February 8, 1969

Palmer House
Chicago, Illinois

1. Opening Remarks by Chairman Anlyan

Chairman Anlyan reported that the agenda would be modified. The report of the Ad Hoc Committee on Bylaws has not completed a draft of the document which will be mailed to the members of the Council for review and comment.

2. Roll Call

John Hogness, Chairman Elect of the Council, called the roll of representatives. Dean Hogness announced that a quorum of representatives was present.

3. Report of the Regional Chairmen

Northeastern Group. Dr. Robert Bucher reported on a meeting of the Northeastern Group on January 14, 1969. One of the major topics considered was the report of the Seven Center Cost Study. Dr. Walter Rice and Mr. Thomas Campbell of the Division of Operational Studies discussed the study in some length and one case study was examined in detail.

This group also considered its role and functions. To function more effectively, the group decided that subjects would be examined in depth at each meeting by having well prepared topics beforehand.

Southern Deans Group. Dr. Winston Shorey reported for the Southern Deans. He announced that Dean Emanuel Suter, the University of Florida School of Medicine, would serve as Chairman of the group for the coming year.

The group reviewed and approved plans for a meeting in Atlanta on April 29-30, 1969. This meeting will be held jointly with the hospital administrators of the Southern Regional Group. Dean Manson Meads reported on the activities of his committee that is conducting a study of faculty salaries and matters relating to Federal funding.

Midwestern Deans Group. Dr. Robert Howard reported for the Midwestern group of Deans and other representatives of the institutions who met on January 29, 1969, in Chicago.

Most of the time was spent in considering how the Midwestern Regional Group could function more effectively. Dr. Grulee and Dr. Mayer served as an Ad Hoc committee to recommend an improved organizational structure for the group. The plans that they presented were adopted in principle. The proposal called for the continuation of faculty involvement in the Midwestern group.

Reports were received on pending Federal legislation. The group considered the question of use of data being collected by the Association on faculty salaries and income. It was approved in principle that this data ought to be made available to agencies and individuals that have a valid reason to have this information. It was further agreed that the "Prudent Man" principle should be used as a yardstick in deciding when to release such information.

The Cost Study was introduced but not discussed. It was agreed that this was a proper subject for the next meeting.

The group elected Dr. Clifford Grulee as the new Chairman of the Midwest group and Dr. William Mayer as Vice-Chairman for the ensuing year.

Western Deans Group. The report of the Western Deans Group was made by Dr. Merlin K. DuVal. He discussed the January 27, 1969, meeting of the group in San Francisco. At this meeting three topics were considered: health manpower, the escalation of faculty salaries, and the role of the university in graduate education. With regard to health manpower, the primary discussion was about the Kerr report. The group voted unanimously to endorse the report in principle with the understanding that when legislation is introduced that there are specific aspects of the report which should be considered in more detail. The group recommended that a very thorough study be done on a national basis of the health care delivery system and that the Association would be a logical organization to provide leadership for such a study.

Concern was expressed about the escalation of faculty salaries which is considered to be one of the major problems facing medical schools today. Although the AAMC faculty salary surveys were considered to be useful, there is some question with regard to their complete validity. It was the opinion of the group that these reports should continue to be considered confidential and that the present method of distribution of information should continue. After a discussion of strict and partial full-time and geographic full-time systems, there was concurrence on the need to

develop a plan to reduce the rate of escalation of faculty salaries. Two suggestions emerged: the establishment of an agreement among medical schools on a fixed ceiling for a faculty category; that all schools be encouraged to move toward a strict full-time salary system or a geographic full-time system with previously agreed upon ceilings for each rank.

After a discussion on graduate medical education, the group overwhelmingly endorsed the reorganization of graduate medical education so that responsibility would be assigned to the University as a local corporate body.

Dean DuVal reported that the Western group had not elected a new Chairman.

4. Follow-up on the Workshop on Medical School Curriculum, held in Atlanta September 1968, and the Consideration of the Health Manpower Problem at the Annual Meeting in Houston in November 1968.

Dean Anlyan noted that the Association has been deeply concerned with Health Manpower for a number of years and that the Workshop and the topic of the Annual Meeting were evidences of this concern. He reported that the letter which he and Dean Hubbard sent to all medical schools on November 21, 1968, was a follow-up to determine the interest of medical schools in increasing their medical school classes and the extent to which planning for this had progressed.

Dean Hubbard reported on the analysis of the responses to the questionnaire letter. Replies were received from 82 out of a possible 89 established schools and from all developing schools. The replies, with rare exception, acknowledged the importance of expanding enrollments and to provide opportunity for an increase in the number of students from disadvantaged backgrounds.

The information supplied by the schools about proposed increases in enrollment agreed very closely with the results of the study published in the form of a DATAGRAM in 1967. It appeared that the schools were projecting about a one-third increase in size of their class by the middle seventies. This would bring the entering class to about 12,000 students.

Dr. Hubbard suggested that one mechanism for increasing medical school enrollment would be through a five-year special improvement grant or a contract which would provide about \$20,000 for each new graduate. The grant would provide \$4,000 a year for four years and the balance at graduation of the student. This might give some incentive to the schools for shortening the curriculum. He further recommended that any increase occurring after July 1 of 1969 satisfy future requirements for construction funds. He urged that it be made clear that the level of funding he recommended would not support the entire cost of the additional medical students, and that the

institution or other Federal programs would have to support the increase required in other costs associated with expansion such as research and service.

Dean Anlyan supported the general approach presented by Dean Hubbard and stated that it was the consensus of informed opinion in Washington that for the coming fiscal year, support for expansion of Health Manpower would have to come from existing legislation with an increase in appropriations requested to the full amount authorized.

In the discussion that ensued, Dr. Robert Bucher agreed in general with the support on a capitation basis. He did warn that the other activities of the medical school would have to be protected and that one could not disassociate these from the basic educational program.

Dr. Carleton Chapman, Chairman of the Federal Health Programs Committee, made a report on his Committee's activities. The Committee has endorsed the Kerr Commission Report in general. It is recognized that it may be difficult to get the legislation in the present session of Congress, but recommends the testimony and support of funds on a per capita basis for increments in enrollment be given. He pointed out that the part of the Kerr Commission Report relating to interns and residents needed further examination and study and should be dealt with separately from support for medical students. This arises from the effect that subsidy of house officers will have on reimbursement under Medicare and Medicaid.

5. Arrival of Student Representatives.

At this time a number of students entered the meeting and Dean Anlyan invited their six spokesmen, Ronald Berman, Mel Cole, Evonne Butterfield, Mike McDermott, Dick Clapp, and Mike Michlashak, to take seats. He said that the Council would be ready to listen to the students' presentation at the conclusion of the consideration of the agenda item under discussion.

The students indicated that they wished to speak immediately. In spite of a further request from Dean Anlyan that they be orderly and permit the completion of the discussion underway, they continued their insistence on being heard. Because the meeting could no longer proceed in an orderly fashion at this point, Dean Anlyan adjourned the meeting to another room.

6. Report on Student Conference on Medical Education.

Mr. Christian Ramsey, Vice-President elect of the Student American Medical Association, was invited to make an announcement. He reported that a student conference on medical education was in session at the Pick Congress Hotel.

He pointed out that although the students who disrupted the Council of Dean's meeting were to his knowledge not from the student

conference, there were not great differences in the basic goals of the two groups. Both wished to establish communications with the faculty and administration to explore ideas and ways to improve the production of physicians. He said that it was unfortunate that the strategy of the two groups differed and hoped that the Deans would not lump all of the students into a single category.

Continuation of Discussion of Health Manpower. Dr. Franklin Ebaugh supported the special improvement grant approach to the support of medical education. He pointed out that in some cases this could be used to permit expansion of classes but in other cases it was necessary for support to be given schools to maintain their present levels of physician output. Both kinds of support are essential if we are to produce the number of physicians needed by the country.

Dr. Bostick expressed concern over establishing any percentage increment in medical school classes as he feared that this might be increased during the enactment of legislation. He also pointed out that expansion would raise problems in faculty recruitment and result in inflation of faculty salaries. A slower increase in the number of students would reduce this problem since new faculty could be produced over a period of time to supply the need.

Dr. Robert Felix cautioned that the Federal agencies and Congress clearly understand that the per capita support suggested by Dean Hubbard would not cover the total cost of increasing enrollments.

Dean Charles Sprague noted that schools which had recently increased their enrollments would not benefit from the proposed capitation support and that such support might drive out state support already promised for increases in medical school class size. Dr. Hubbard pointed out that it was difficult to devise a scheme which would not have some inequities.

7. Further Consideration of the Students' Presentation.

There was discussion about the agreement to hear representatives of the students present their viewpoints. After much discussion about the wisdom of inviting the students to return and present their views, or for the Deans to move into the room being used by the students, a motion for adjournment was made and passed.

The meeting adjourned at 11:15 a.m.

April, 1969

TO: Executive Committee - Council of Deans
FROM: John A. D. Cooper, M.D.
SUBJECT: Bylaws

Drs. Felix and Bostick were appointed to a subcommittee to prepare bylaws. These were drawn up by Dr. Felix and edited by Dr. Bostick.

Their suggestions have been re-edited by Miss Littlemeyer to conform to the overall Bylaws of the Association and to the practices of the other Councils. Both the spirit and, insofar as possible, the letter of the law of their revisions have been preserved. This procedure has been discussed with them and they are reviewing the attached version of the Bylaws as this memorandum is written. Their reaction will be available at the time of the Council meeting.

The adoption of these Bylaws is recommended.

BYLAWS OF THE COUNCIL OF DEANS
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

The Council of Deans was established with the adoption of amended Articles of Incorporation and Bylaws of the Association of American Medical Colleges by the Institutional Membership on November 4, 1968.

Section 1. Name

The name of the organization shall be the Council of Deans of the Association of American Medical Colleges.

Section 2. Purpose

As stated in the Bylaws of the Association of American Medical Colleges (Section 11), the purpose of this Council shall be (a) to provide for special activities in important areas of medical education; (b) with the approval of the Executive Council to appoint standing committees and staff to develop, implement, and sustain program activity; (c) for the purposes of particular emphasis, need, or timeliness, to appoint ad hoc committees and study groups; (d) to develop facts and information; (e) to call national, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity; (f) to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position; and (g) to report at least annually to the Assembly and to the Executive Council.

Section 3. Membership

- a) Members of the Council of Deans shall be the deans of those medical schools and colleges which are members of the Association of American Medical Colleges as defined in the AAMC Bylaws: Institutional Members, Affiliate Institutional Members, Provisional Institutional Members, and Graduate Affiliate Institutional Members. For the purposes of these Bylaws the dean shall be that individual who is charged with the immediate responsibility of administering the academic and fiscal affairs of a medical school.
- b) Voting rights in the Council of Deans shall be as defined in the AAMC Bylaws: each dean of a medical school or college which is an Institutional Member or a Provisional Institutional Member which has admitted its first class shall be entitled to cast 1 vote in the Council of Deans.
- c) If a dean who is entitled to vote in the Council of Deans is unable to be present at a meeting, that member of his staff whom he shall designate in writing to the Chairman shall exercise the privilege of voting for that dean at that specific meeting. A designation of a substitute shall require separate and written notification for each such meeting.

Section 4. Officers, Executive Council Members, and Administrative Board

- a) The officers of the Council of Deans shall be a Chairman and a Chairman-Elect. The Chairman shall be, ex-officio, a member of the Executive Council of the Association of American Medical Colleges and of all committees of the Council of Deans.
- b) The term of office of all officers shall be for one year. All officers shall serve until their successors are elected, provided, however, that the Chairman may not succeed himself until after at least one year has

Section 4. (cont.)

elapsed from the end of his term of office.

c) Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.

d) The Administrative Board shall be composed of the Chairman, the Chairman-Elect, and 1 other member elected from the Council of Deans. It shall also include those deans who are elected as members of the Executive Council of the Association of American Medical Colleges.

e) If the Chairman is absent or unable to serve, the Chairman-Elect of the Council of Deans shall serve in his place and assume his functions. If the Chairman-Elect succeeds the Chairman before the expiration of his term of office, such service shall not disqualify the Chairman-Elect from serving a full term as Chairman.

f) The Chairman of the Council of Deans shall appoint a Nominating Committee of not less than 5 voting members of the Council who shall be chosen with due regard for regional representation. This Committee will solicit nominations from the voting members for elective positions vacant on the Executive Council and Administrative Board. From these nominations a slate will be drawn, with due regard for regional representation, and will be presented to the voting members of the Council of Deans at least two weeks before the Annual Meeting as which the elections will be held.

g) The Administrative Board shall be the executive committee to manage the affairs of the Council of Deans, to perform duties prescribed in the Bylaws, to carry out the policies established by the Council of Deans at its meetings, and to take any necessary interim action on behalf of the Council that is required. The actions of the Administrative Board shall be subject to ratification by the Council at its next regular meeting.

Section 4. (cont.)

The Administrative Board shall also serve the Council of Deans as a Committee on Committees, with the Chairman-Elect serving as its Chairman when it so functions.

Section 5. Meetings, Quorums, and Parliamentary Procedure

- a) Regular meetings of the Council of Deans shall be held in conjunction with the AAMC Annual Meeting and with the AMA Congress on Medical Education.
- b) Special meetings may be called as set forth in the AAMC Bylaws.
- c) Regional meetings will be held at least twice annually as set forth in the Bylaws of the AAMC.
- d) A simple majority of the voting members shall constitute a quorum.
- e) Formal actions may be taken only at meetings at which a quorum is present. At such meetings decisions will be made by a majority of those present and voting.
- f) Where parliamentary procedure is at issue Robert's Rules of Order shall prevail.

Section 6. Operation and Relationships

- a) The Council of Deans shall report to the Executive Council of the AAMC and shall be represented on the Executive Council of the AAMC by members nominated by voting members of the Council of Deans.
- b) Creation of standing committees and any major actions shall be taken only after recommendation to and approval from the Executive Council of the AAMC.

Section 7. Amendments

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Council of Deans for which thirty days' prior written notice of the Bylaws' change has been given, provided that the total number of the votes cast for the changes constitute a majority of the Council's membership.

April, 1969

TO: Executive Committee - Council of Deans
FROM: Cheves McC. Smythe, M.D.
SUBJECT: Accreditation, Innovation, and Involvement of Developing Schools

The enclosed correspondence is for your review at the request of Dr. Anlyan. It is largely self-explanatory. However, the exchange points up the fact that Dr. Galletti has brought up truly important issues.

In the correspondence the record of participation of developing school personnel in AAMC programs is outlined. The response of visiting teams to innovations at new schools is briefly summarized below.

Visits have been paid this year to the following developing schools: San Antonio, San Diego, Connecticut, LSU Shreveport, South Florida, Sherbrooke, Toledo, and are scheduled for Arizona, Brown, Penn State, and Hawaii.

In 1967-68 visits were paid to Arizona, Hawaii, LSU Shreveport, University of California, Davis, Michigan State, New Mexico, and Rutgers.

Curriculum does not loom large in the final recommendations of any of these survey teams with the following exceptions:

- (1) LSU was criticized for planning an old fashioned non-innovative program.
- (2) Hawaii was criticized for presenting its curriculum offerings toward successful completion of examinations.
- (3) South Florida was disapproved and much of the criticism had to do with curriculum.
- (4) In the other instances curriculum was not seriously at issue, or the schools were applauded for their innovative efforts and urged to proceed.

Also attached is some correspondence between Drs. Smythe and Glaser re the handling of innovative programs.

Letter



BROWN UNIVERSITY *Providence, Rhode Island • 02912*

Division of Biological and Medical Sciences

January 14, 1969

Dr. W.G. Anlyan
Chairman, Council of Deans
Association of American Medical Colleges
Duke University Medical Center
Durham, North Carolina

Dear Bill:

This note to ask your advice about a possible modest contribution which our School could make to the problem of Health Manpower.

We have now assembled a Medical Science Faculty of 59, including 20 full-time faculty members in our affiliated hospitals. In addition we have 6 clinical full time and 17 clinical part time faculty helping in the education of our students. Our teaching facilities on campus, almost completed, are planned for a class of 25 students, and could in a pinch accommodate more.

At the same time, and because our students have to decide for our curriculum in their freshman year of college, we are currently handling classes of 7 to 12 students. These classes are the fruit of a very relaxed recruitment 3 to 5 years ago, when it was thought that we should limit ourselves initially to a small pilot enterprise. In the fall of 1968, we admitted a class of 53, but this will not be felt at the "Medical School" level of our program until 1971.

Thus we have in front of us a period of two to three years during which we could handle many more students, but are prevented to do so by the nature of the early start required in our Medical Science Program, undoubtedly a lack of foresight and planning on our part.

The question: do you think we can envision (i.e. receive provisory and temporary accreditation for) a program which would accept at Brown students who have received their Bachelor degree, and would take a two-year program including all the "Medical School" material of our last three years on the enclosed curriculum?

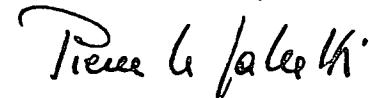
Dr. W.G. Anlyan
January 14, 1969
Page 2

To avoid confusion with our Master of Medical Science Program, we could call this a Master of Science (Medicine) program. We would tell candidates that we can certify them for the terminal years of Medical School elsewhere provided a) they do well academically; b) they are judged personally fit for medicine; c) they pass National Board Part I at the end of their two years.

Preliminary contacts suggest that we may be able to attract in such a program a small number of superior students, partly from neighboring engineering schools, because such people might be attracted by the highly quantitative approach to our teaching.

Clearly if we decide to move we should do it fast, because we may have little space for such a program in a couple of years if our recruitment efforts at the freshman level continue to be successful. Could I have an opinion from you, or a phone call, to sense whether you encourage us along these lines?

Sincerely yours,



Pierre M. Galletti, M.D., Ph.D.
Chairman

Telephone: (401) 863-2125

PMG:F

Duke University Medical Center
DURHAM, NORTH CAROLINA 27708

OFFICE OF THE ASSOCIATE PROVOST

January 23, 1969

TELEPHONE 919-684-3633

Dr. Pierre M. Galletti, Chairman
Division of Biological and Medical Sciences
Brown University
Providence, Rhode Island

Dear Pierre:

Thanks for your letter of January 14. My personal reaction to the question of a program which would accept at Brown University students who have received their Bachelor degree taking the equivalent of their preclinical years is a strong positive one. We must endeavor to make maximum use of existing medical educational programs such as yours. However, in order to be on the safe side, I am sending copies of your letter to Bob Berson and Cheves Smythe who work with the Accreditation Liaison Committee of the AAMC and the AMA so that you can get an official response to your inquiry.

On my part, I wish to thank you for looking into the matter of how your program at Brown University can contribute to the national manpower emergency that confronts us. I shall look forward to getting a copy of the AAMC response to your query.

See you in Chicago in February. With best personal regards,

Sincerely yours,

Bill

W. G. Anlyan, M.D.

cc: Dr. Robert C. Berson
Dr. Cheves Smythe ✓
Dr. W. N. Hubbard
Dr. Marjorie Wilson
Dr. John Cooper

CHRONOLOGICAL FILE COPY

Retain - 6 mos.
1 yr.
5 yrs.

Permanently
Follow-up Date

January 27, 1969

Dr. Pierre M. Galletti, Chairman
Division of Biological & Medical Sciences
Brown University
Providence, Rhode Island 02912

Dear Dr. Galletti:

During the accreditation visit which Dr. Walter Wiggins and I paid to Brown in the spring of 1967, one of the changes we most strongly recommended was precisely along the lines suggested in your letter of January 14, 1969, to Dr. Anlyan. The admission of students at an advanced level will present no accreditation problems. I think the major issue at stake will be the integration of men whose scientific backgrounds may be significantly less rich than those of the Brown students in with their colleagues. However, that is your problem and not that of the Liaison Committee, which I am sure would look with favor upon your proceeding.

As you know, your school is scheduled for another visit on April 28-30 at which time this question can be reopened and formally considered. However, I should be astounded if any serious question arises.

Sincerely yours,

Cheves McC. Smythe, M.D.
Associate Director

CMS:pm

cc: W. G. Anlyan, M.D.
Robert C. Berson, M.D.

CHRONOLOGICAL FILE COPY

March 10, 1969

Retain - 6 mos.
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Permanently
Follow-up Date

Merton P. Stoltz, Ph.D., Dean
Brown University
Division of Biological and
Medical Sciences
Providence, Rhode Island 02912

Dear Dr. Stoltz:

This is to confirm in writing arrangements which have been made for the accreditation visit to Brown University, Division of Biological and Medical Sciences on April 28-30, 1969.

The survey team will be as follows:

Chairman, Dr. Bland W. Cannon, of the Council on Medical Education of the AAMC
Secretary, Dr. Davis G. Johnson, Director of the Division of Student Affairs of the AAMC
Dr. Edward C. Andrews, Jr., M.D., Dean of the University of Vermont College of Medicine

If the make-up of this team, either in regard to its overall composition or any of the individual members, presents any significant conflicts for Brown University, Division of Biological and Medical Sciences, please notify this office.

The team secretary is having name tags made for the team members. Would you please arrange to do the same for all persons the survey team will meet? The secretary of the team is also responsible for making final arrangements with you, and if he has not yet been in touch with you, he will be very shortly regarding the schedule and accommodations for the visitors.

If there are any questions, please call.

Sincerely yours,

Cheves McC. Smythe, M.D.
Secretary, Liaison Committee
on Medical Education

CMS:jmz

cc: Dr. Bland W. Cannon
Dr. Davis G. Johnson



BROWN UNIVERSITY *Providence, Rhode Island • 02912*
Division of Biological and Medical Sciences

March 17, 1969

Dr. Cheves McC. Smythe
Secretary, Liaison Committee on Medical Education
Association of American Medical Colleges
2530 Ridge Avenue
Evanston, Illinois 60201

Dear Cheves:

Thank you for your letter of March 10 to Provost Stoltz, regarding the composition of the survey team you plan to send for the accreditation visit of our Medical Science Program. We look forward to this opportunity of presenting to you in a formal manner our facilities, plans and efforts for medical education.

Regarding the composition of the survey team, let me assure you that we welcome a visit by Dean Andrews, Dr. Cannon and Dr. Johnson, whom we all recognize as competent and enlightened educators. Nevertheless I would like to raise a more fundamental question, which I know is in the mind of many of the Deans of new and developing schools. The changes in the patterns of medical education we currently witness on the national scene will necessarily call for innovations in administrative and organizational structures. New schools have a chance to experiment along those lines, and should not be submitted to pressures to conform to the usual patterns. I appreciate that the first role of an accreditation visit is to ascertain whether or not the education offered to students meets certain standards of quality. However it could also offer guide lines for the future, and provide an opportunity for sharing experience among the many new approaches to medical education which are currently in progress. The addition to site visit teams of persons involved with new or developing programs, and of lay leaders interested in medical education, could maximize the benefits of such visits. It could also initiate an open discussion of the needs and opportunities of the new schools,

Dr. Cheves McC. Smythe
March 17, 1969
Page 2

which currently represent a fifth of the membership of the Association of American Medical Colleges, but remain curiously overlooked at the national meetings, probably because of the more urgent pressures confronting the established programs.

I am sure that we will have an opportunity to discuss these problems at the time of the visit, and I look forward to meeting you in April.

Cordially,

Pierre Galletti

Pierre M. Galletti, M.D., Ph.D.
Chairman

PMG:F

cc: Dean Anlyan



BROWN UNIVERSITY *Providence, Rhode Island • 02912*

Division of Biological and Medical Sciences

Letter

cc Cheves + John

in folder

for Bill May

*25
mailed
to John*

March 17, 1969

Dr. William G. Anlyan.
Dean
Duke University School of Medicine
Durham, North Carolina 27706

Dear Bill:

Please find enclosed a copy of a letter to Cheves McC Smythe regarding the composition of the survey teams for accreditation visits to new and developing schools. I hope that the A.A.M.C. will not consider presumptuous on our part to raise such a question. However in one year of attendance to A.A.M.C. meetings, talks with deans of the emerging schools, and preparation of multiple questionnaires, I have been impressed by the apparently limited concern of the Association for the unique problems which confront about a fifth of its membership. There seems to be no mechanism to exchange information and experience between those who are faced with the responsibility of new programs, and must seek new approaches and new structures, and those who have accumulated years of wisdom, and would certainly be willing to share it in an enlightened and liberal manner.

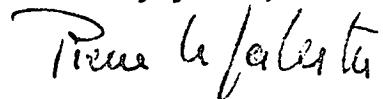
Several of us in the new programs feel that the encouragements we receive toward innovation are sometimes accompanied by indirect pressure to conform. Whereas these pressures are certainly not concerted, and are explained by the administrative necessities of federal and professional agencies, it remains that large-scale changes in medical education will call for new structures. No opportunity has yet been given to the emerging programs to discuss and crystallize their experience, and to make it available to the next generation of medical schools. The accreditation visits could provide an opportunity to start such an effort.

I would not have brought this problem to your attention if it were not for the concern you have demonstrated for health manpower

Dr. William G. Anlyan
March 17, 1969
Page 2

needs, and for the repeated encouragement you have given us to meet new challenges and opportunities in the same forthright manner you have demonstrated in leading the Council of Deans.

Sincerely yours,



Pierre M. Galletti, M.D., Ph.D.

PMG:F

Duke University Medical Center

DURHAM, NORTH CAROLINA 27706

OFFICE OF THE ASSOCIATE PROVOST

March 20, 1969

TELEPHONE 919-684-3633

Dr. Pierre M. Galletti
Brown University
Division of Biological and Medical Sciences
Providence, Rhode Island 02912

Dear Pierre:

The points you make in your letter of March 17 are well taken. I think they are very pertinent for discussion by the Executive Committee of the Council of Deans on April 9. I shall take the liberty of suggesting to John Cooper and Cheves Smythe that the subject be an agenda item for consideration by the Executive Committee of the Council of Deans. With your permission, we shall distribute copies of the correspondence to the other members of the Executive Committee.

With every good wish and many thanks,

Sincerely yours,

W. G. Anlyan, M.D.

cc:✓ Dr. Cheves Smythe
Dr. John A.D. Cooper

COPY

CHRONOLOGICAL FILE COPY

March 21, 1969

Retain - 6 mos.
1 yr.
5 yrs.



Permanently
Follow-up Date

Pierre M. Galletti, M.D., Ph.D.
Chairman
Brown University
Division of Biological and Medical
Sciences
Providence, Rhode Island 02912

Dear Dr. Galletti:

I share your concern about what a hostile person could characterize as the "dead hand of accreditation" sufficiently to have suggested that a re-examination of the role of accrediting as related to the formation of new schools should be aired at the time of the Annual Meeting of the Association this fall. Because of the considerations which you suggest in your letter, in most instances new schools are visited by people with special interests in their problems. However, the pressures ~~tending~~ innovative programs toward conformity arise primarily in the funding agencies. Newer programs require more energy, more investment of human intellectual capital and a higher risk of false starts. When one has to filter these facts through university boards, sub-committees of the trustees concerned with the medical school, faculty, the conservatism of the students (do not for a moment believe it is not still there), federal agencies, and the many others who participate in the support of, or who are involved with medical education programs, a certain amount of regression toward the mean is inevitable.

Dr. William Willard, who struggled with the problem of innovation at Kentucky over ten years ago, has some particularly thoughtful comments to make on this subject. One has to remember that every faculty member whom you hire, as well as every citizen who visits your school, brings with him his own baggage of attitudes, beliefs and bias, gathered from his previous experiences. All of us have pasts and employment by, or exposure in, a new medical school for a few years will constitute a relatively small segment of the past of anyone who might come to visit you.

I recognize very clearly that you have no exceptions to make to the team which has been chosen and that your remarks are constructive and general in nature. I see yours as a thoughtful and helpful letter, of which, as you will see, account is being taken.

As I review the reports of the program at Brown, all of them have been positive and have encouraged your new development. There is but one serious major substantive criticism. This had only to do with the number of students enrolled. The other dominant potentially negative note has been not one of criticism, but only a cautionary viewpoint expressed in

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Pierre M. Galletti, M.D., Ph.D.
March 21, 1969
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some detail about the hazards of intensive involvement in community health care without the financial or personnel base to discharge obligations incurred.

All of us hope that as the new schools mature and as their deans find themselves with available energy to take an active part in the Association's affairs, these institutions will be more remarkable for their prominence therein than for any lack thereof. Drs. DuVal and Thorup of Arizona; Dr. C. J. Tupper of the University of California, Davis; Drs. Joseph Stokes and Robert B. Livingston of the University of California, San Diego; Dr. William Fleeson of Connecticut; Drs. Souter and Clark of Massachusetts; Drs. Hunt, Jason and Neill of Michigan State; Drs. James, Sheps and Hodes of Mount Sinai; Drs. Stone and Fitz of New Mexico; Drs. Marrell and Pattishall of Hershey; Drs. Statten, Cross and Gurney of Rutgers; Dr. Page of Toledo; Drs. Evans, Spaulding and Mueller of McMaster; and Dr. LeClair of Sherbrooke, to name but a few, have taken significant roles in a broad variety of Association activities from Membership on the Executive Council to responsible participation in conferences and site visits during the past six months.

However, only eight people identified with new schools were on the Annual Meeting program last year and that is too few. We will have to do better this year.

Although the number of new schools is large and a most important percentage of the total, the number of faculty they have is small and but a small percentage of the total. We do try -- and, admittedly, not always successfully -- to involve many people from many schools in all areas of the country in as many different aspects of your Association's programs as possible, for herein lies your strength.

Best wishes,

Cheves McC. Smythe, M.D.
Secretary, Liaison Committee
on Medical Education

SMS:jmz

cc: Andrew D. Hunt, Jr., M.D.

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March 26, 1969

F
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Y
William G. Anlyan, M.D.
Dean
Duke University
School of Medicine
Durham, North Carolina 27706

Dear Bill:

Enclosed is a copy of my answer to Dr. Galletti's letter of March 17 to me. I think this is self-explanatory. A very major effort is being made to tailor the survey teams to common perceptions of the problems of the schools. Quite candidly, I feel that in light of any understanding about what the visits are for and our relation to the AMA it would be difficult to field a better qualified, better experienced, and potentially more sympathetic or understanding of the problems at Brown team than Drs. Cannon, Johnson, and Andrews.

I would suggest that the emerging programs themselves initiate a discussion of their experience. The dates of our meetings are announced months in advance. The staff is prepared to support in any way it can any program any of the new schools wishes to put on provided we are given some reasonable notice of what is planned. In terms of the annual meeting, this means about five months, and in terms of the mid-winter meetings, two or three months.

I feel it is very important that now that Dr. Galletti's interest has been aroused that we involve his energies in an attack on some of the problems he mentions. If the Council of Deans is to have any independent program at the time of the annual meeting, it might be entirely proper that a portion of this be turned over to a consideration of those issues he raises. Alternately, if the time is not too short, a presentation from the new schools might be in order at one of the early meetings of the Council of Deans.

About every two years every school is asked to nominate people particularly suitable for accreditation site visits. As you can imagine, the list of nominations is very much longer than the list of openings. Dr. Galletti's name is on that list. Since visits to the new schools at Penn State are now scheduled for the week of September 22-27 and at Stony Brook on June 23-24, I hope that he

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William G. Anlyan, M.D.
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will be able to join possibly one of these teams or another later
in the year if these dates are inconvenient.

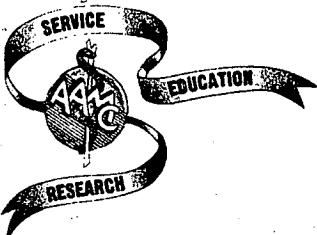
Best wishes.

Sincerely yours,

Cheves McC. Smythe, M.D.
Associate Director

CMS:pm

cc: Pierre M. Galletti, M.D.
John A. D. Cooper, M.D.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNECTICUT AVENUE, N.W. WASHINGTON, D.C. 20036
202: 223-5364

ROBERT J. GLASER, M.D.
CHAIRMAN

March 27, 1969

*Put
in educational
and
scientific
work
with him
and
the
right
track.*

Dr. Cheves McC. Smythe
Associate Director
Association of American Medical Colleges
2530 Ridge Avenue
Evanston, Illinois

Dear Cheves:

Thanks for your letter of March 20th. I found it here when I returned from the Washington meeting. I read your comments on the South Florida school with interest, and agree that we ought to be able to encourage a school that wants to start a program in medical education that promises to produce good physicians and doesn't necessarily follow the prototype to which we all have become accustomed.

The real problem is trying to be sure that such endeavors get started with good leadership. I don't know too much about the South Florida endeavor but I certainly was unimpressed with the kind of leadership - or absence of it - that existed initially. I was involved briefly by virtue of a call from the President of that university, who wanted me to go down with a few other people and advise them. I couldn't do so but I did write a letter and suggest a few persons whom I thought might be able to get them off on the right track.

In any case, I think your suggestion of trying to focus on this matter is a good one. Whether it could be done best at the annual meeting or not I don't know. Again, I don't think it is so much a matter of what we will tolerate as it is a matter of working out some method of advising universities early in the game so that they do start out with an effective Dean. Given an able person whom I respected, I would be very prepared to support him in developing a program that was imaginative and even experimental.

I will be glad to talk further with you about this at the Council meeting in Washington.

With warm regards, I remain

Very sincerely yours,

RJG
Robert J. Glaser, M.D.

cc: Dr. John A. D. Cooper
Dr. John R. Hogness

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March 20, 1969

Robert J. Glaser, M.D., Dean
Stanford University
School of Medicine
Palo Alto, California 94305

Dear Bob:

I have been disturbed by what I shall call the "South Florida experience." Admittedly, poor leadership on the part of that university has been a major problem. However, this was a school which had either some new ideas or different expressions of old ideas about how to do things.

It is hard to escape the conclusion that our method of procedure here may have inhibited significantly the rate of change of doing things. It is important that we find some system for achieving input into either that school or a school like it which will in essence guarantee them that they can expect a tolerance of any reasonably well organized new way of doing things.

I address this letter to you at this time with copies to the people noted because I think a portion of the 1969 program, specifically on Sunday morning having to do with educational solutions, should have to do with a presentation of what forms of "new" medical education this Association will tolerate. As I have said, I have some convictions on what features of such a new school might be. I know many other men, including Paul Sanazaro, Bill Hubbard, Bill Ruhe, John Cooper, and at least half a dozen others, might be added to that list. I hope this will not get lost from our program.

Sincerely yours,

Cheves McC. Smythe, M.D.
Associate Director

CMS:pm

cc: John R. Hogness, M.D.
John A. D. Cooper, M.D.
Robert C. Berson, M.D.
C. H. William Ruhe, M.D.