

AGENDA

ADMINISTRATIVE COMMITTEE
of the
COUNCIL OF DEANS

Tuesday, September 16, 1969
4:00 p.m. - 6:00 p.m.

AAMC Suite
Mayflower Hotel
Washington, D.C.

1. Consideration of Minutes of Executive Committee Meeting - June 24, 1969
Minutes of May 9, 1969 Meeting of the Council of Deans
2. Progress Report on Issues from Previous Meeting
3. Recommendation of New Institutional Members and Provisional Members
4. Dr. William Jordon, Jr. Letter re Nursing
5. Consideration of Agenda for COD Annual Meeting

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MINUTES

EXECUTIVE COMMITTEE OF COUNCIL OF DEANS

June 24, 1969

Washington Hilton Hotel
Washington, D.C.

I. The meeting was called to order by Dean Anlyan at 7:30 A.M.

II. Minutes of Meeting of April 9-10, 1969

The minutes of the meeting of April 9-10 were accepted without change.

III. Proposed By-Laws

The proposed by-laws have been distributed and recommendations from the individual Councils are due back by September 15. The two points raised at the Northeastern Deans' meeting were mentioned: whether 1) the by-laws excluded the two-year schools, and 2) the Chairman's term of office should be lengthened.

IV. National Service for Medical Graduates

There was some discussion of a National Service which would provide an opportunity for students to work in community programs to help meet needs for health manpower. The relation of the program to the armed forces requirements for physicians would have to be worked out. It was decided to await the appointment of the Assistant Secretary for Health before considering this area further.

V. Letter from Student Health Organization

Copies of a letter from Lambert King of the University of Chicago Student Health Organizations requesting action by the AAMC in the matter of the strike of hospital workers in South Carolina were distributed by Dr. Cooper (copy attached to archive minutes). No disagreement was expressed with the recommendation of the Executive Committee of the Executive Council on handling this matter.

VI. Statement of Accreditation in Medicine

Dr. Smythe discussed the status of the revisions of the "Functions and Structure of a Modern Medical School" and "Functions and Structure of a Modern School of Basic Medical Sciences" which were prepared in 1957 and 1958 respectively. A new draft of the statements is being prepared by the staff of the Council on Medical Education for review

by the Liaison Committee. There have been no serious problems in the accreditation process, but Dr. Smythe did state that some sort of a grading system is becoming necessary to rate the various components of the medical school. New Deans are organizing a special session at the annual meeting to consider problems of developing schools.

VII. Federal Health Dollars

A concern regarding the effectiveness of the overall government expenditure of health dollars, and the relationship of these expenditures to medical education was expressed. The pros and cons of establishing a coordinating group on the pattern of PSAC or as a subcommittee of the latter was discussed. Such a coordinating group could have responsibility for recommendations on the most effective way to use the health funds available in various Federal agencies. There is a question as to the effectiveness of such committees, however, and the distribution of information to newspapers and from Deans to their Congressmen seemed a more effective mechanism to stimulate change than the establishment of an Advisory Committee.

ACTION: It was recommended, and was agreeable to the Executive Committee, that information be gathered on how federal health dollars are spent, and that this information be sent to the Deans. The Deans should then be polled to develop a plan of action.

VIII. Markle Foundation

It was reported that Lloyd Morrisett, the new president of the Markle Foundation, has decided to terminate the Scholar program. The Association staff was urged to enter into discussions with Mr. Morrisett about new programs related to medical education which the Foundation might undertake.

IX. Next Meeting of the Council of the Executive Committee

A meeting of the Executive Committee of the Council of Deans was tentatively scheduled for the time of the next meeting of the Executive Council on September 16 and 17, 1969. It was decided that the next meeting of the Council of Deans would be held at the time of the Annual meeting, immediately following the meeting of the Assembly on Friday October 31, 1969.

X. Adjournment

The meeting was adjourned at 8:30 A.M.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS MEETING

May 9, 1969

Georgetown West Room
Washington Hilton Hotel
Washington, D. C.

Present: Council Members:

William G. Anlyan, presiding	LeRoy P. Levitt
Randolph Batson	Glen R. Leymaster
Warren Bostick	William F. Maloney
Robert M. Bucher	John G. Masterson
M. K. Callison	Horace Marvin
Robert E. Carter	William D. Mayer
Kenneth B. Castleton	Clifton K. Meador
Ralph J. Cazort	Manson Meads
Kenneth R. Crispell	Richard L. Meiling
John E. Deitrick	Frank Moya
James L. Dennis	Kinloch Nelson
Joseph R. DiPalma	Harry B. O'Rear
J. Frederick Eagle	John Parks
Peter L. Eichman	George A. Perera
John Field	Rulon W. Rawson
Harry H. Gordon	Frederick C. Redlich
John Gronvall	Arthur P. Richardson
William J. Grove	John C. Rose
Robert C. Hardin	Clark K. Sleeth
Theodore H. Harwood	Donn L. Smith
David B. Hinshaw	Charles C. Sprague
John R. Hogness	Robert S. Stone
Joseph M. Holthaus	Emanuel Suter
Robert B. Howard	Isaac M. Taylor
Glenn W. Irwin, Jr.	Joseph M. White, Jr.
William S. Jordan, Jr.	Harold G. Wiggers
Gerald A. Kerrigan	George A. Wolf, Jr.
George W. Knabe, Jr.	Richard H. Young
Robert B. Kugel	

I. Introduction of Mr. Trevor Thomas

Dr. Cooper introduced Mr. Thomas who is joining the Association as Executive Officer of the Division of Business Affairs. Mr. Thomas will be with the Association full time starting June 1.

II. Report of Administrative Committee Meeting April 9-10, 1969

Dean Anlyan reported that the Committee did not feel that the proposed

by-laws were ready for action yet but rather that they should be circulated at this meeting for discussion; the by-laws and suggestions will then go back to the regional groups and then hopefully will be presented for action at the October-November Council of Deans meeting.

Dean Anlyan reported that there was concern about the appropriation for student loans and that it was agreed that Dr. Carlton Chapman and the Federal Liaison Committee should take this whole problem up as a high-priority item.

III. National Service Plans for Medical Graduates

The Executive Committee of the Council of Deans brings to this meeting the suggestion that perhaps a national service approach to the allocation of students rather than a military service approach for required time, would be better. The "national service" would include work in the urban ghettos, the rural health vacuums, and possibly Peace Corps types of programs; this could be handled effectively in a manner, such as the National Intern Matching Program. A single agency in the Federal establishment could be developed (the "Health Manpower for National Service Agency") and in his senior year the student would list his choices with that agency, not only of the type of service but also at what time in his future career he would like to have this type of service. The computer program could be weighted in favor of the military needs, but at least the student would know exactly when and where his national service would be.

There was much discussion about the difficulties and advantages of such a proposal. Areas covered included: who would control such a program; whether having the war end or not makes a difference; the aspect of voluntary versus involuntary service; the inclusion of women medical students and other health professionals; whether military utilization of physician manpower is wasteful; and how the people receiving such service would interpret the motivation and interest of those rendering the service.

ACTION: The Council expressed a majority interest in further exploring this matter; the Executive Committee is to report back to the Council at each step.

IV. Proposed By-Laws

One of the items proposed in the by-laws is the change of the name of the central committee of the Council of Deans from Executive Committee to Administrative Committee. This is in an attempt to distinguish this body from the Executive Committee of the AAMC. Another title change would be that related to membership by virtue of the title Dean; because there are various uses of that term, the by-laws have tried to designate in a descriptive manner the man who is in immediate charge of the administration of the educational program leading to the M. D. degree. There was further discussion of the items in the by-laws, but there were no specific actions taken.

V. Medicare

Mr. McNulty reported on some background aspects of the problem, citing cases where reimbursement under Medicare was requested for certain days and then it was found that the physician in question was on those particular days away attending to other matters. The SSA had been urged, therefore, to produce more meaningful descriptive material interpreting the law, and thus developed intermediary letter No. 372. This document is being distributed over the country and has been presented to the deans in the Southern region in a joint meeting with the Council of Teaching Hospitals and the deans in the Great Plains and Midwest region at a meeting in that area called by Dr. Grulee. The letter is intended as a guideline, but has not been published in the Federal Register. Mr. McNulty pointed out that rules and regulations are issued in the Federal Register, but that guidelines need not be. Mr. McNulty reported that in an attempt to get at the key issues involved, the Committee on Financial Principles has been expanded to include four deans and that the intent is to add three members from the Council of Academic Societies as well.

Dean Richardson mentioned that his group is having trouble with the reimbursement for anesthesiology and radiology. The issue of the local carriers' liberties or interpretations was aired; Mr. McNulty stated that his group is trying to get SSA to hold regional meetings of their carriers with representation from the AAMC, specifically one representative each from the Councils of Teaching Hospitals, the Council of Deans, and the Council of Academic Societies.

There was a request that Mr. McNulty explain further the document in question, and Mr. McNulty commented as follows: "A committee of the Senate has interpreted the Medicare Program as being devised to provide an individual physician for each beneficiary who is receiving health care under a financial support under the Medicare program, that this physician should be identifiable, that there should be a distinctive arrangement of some sort of a relationship established between a patient and his physician similar to that that would be established for a private patient; and thus the emphasis in the law is on semi-private accommodations."

VI. Report on Federal Programs

Dr. Marston, Director of NIH, made available to the members an outline of some of the organizational and budgetary considerations as of this time. Dr. Marston pointed out that the training grant area is of the greatest concern to his group, along with the problem of student loans; he stated that not only was he concerned about the (approximately) 10 percent proposed reduction in training grants for the year but also the need for some method of justifying the purposes of the training grants in a way that will be more effective than has been possible over the last four or five years.

Dr. Marston told of a proposal forwarded by his office in February of 1969, commenting on the social demands for greater medical services and the perception that the medical schools and other professional schools in the country were under considerable pressure to do something about the manpower

problem. This proposal suggested that the Federal government reexamine its role and proposed a program to assist schools to expand beyond their presently anticipated enrollment and stated that in round figures that cost would be about \$10,000,000 in the initial year and a steady state cost of \$20,000,000 per year for an increase of one thousand students.

It was pointed out that the program as suggested by Dr. Marston and his staff was drawn up in consultation with the Executive Council of the AAMC, the rationale being that if the only way we could aim for the \$20,000,000 that was authorized, but not appropriated, was to increase enrollment then we ought to aim for just that -- a substantial increase in enrollment. By the same token, however, this group was concerned about future project grants to stabilize this situation and felt that the program should not be based on a pure capitation basis but that it should be done on a project-grant basis with a year review.

Dr. Marston further outlined some of the financial considerations being suggested by his department. There was discussion of special aid for economically deprived students as well as the problems of medical schools presently in serious financial difficulty. There was much discussion between the audience and Drs. Marston and Fenninger, and Mr. McKee. The question of the Allied Health Professions Program was raised, and Dr. Fenninger responded that the report sent to Congress recommended another year's extension to make the law co-terminus with all of the other health legislation and training within the department.

VII. Report by Student Organizations

SAMA

Peter Andrus of the SAMA commented on the background of the Federal program for funding of student loans and discussed the availability of guaranteed student loans through the Office of Education. Mr. Andrus informed the Council that SAMA has circulated a letter to medical students, medical administrators, and faculty members advising them of the planned cut and requesting them to inform their congressmen and senators of the detrimental effects that such cuts would produce. Members of the SAMA have met with forty-three congressmen and senators, the Assistant Surgeon General; Drs. Marston and Fenninger, to further try and forestall this cut in funding. The group urges that funds not be taken from one essential program to feed another program. Mr. Andrus suggested that the SAMA and the AAMC begin to investigate concrete means of involving students, faculty, and administration together in planning and setting priorities at the local and national levels. The SAMA proposed the following three-point plan: 1) affirmation of high priority for student support and assistance, 2) continued, renewed and increased support in advising members of Congress of the importance of the program and the detrimental effects upon medical students and medical schools that would result from such a cutback and, 3) efforts on the part of the AAMC in cooperation with the SAMA to bring other organizations within the medical community into a coordinated program of joint effort to prevent such cutbacks and to urge an increasing emphasis on the whole area of health within the Federal budget.

SNMA

Mr. Maurice Weise from the SNMA stated that he felt that it was the Council's responsibility to make all black medical students aware of the Student National Medical Association, which Mr. Weise said represents the bulk of black physicians in the country as well as the bulk of black medical students in the country. Mr. Weise also stated that it was the responsibility of the institution to deal with the important issues as they come up and not wait till "black pressure" results in community violence. It was Mr. Weise's feeling that one of the problems facing us now is an increasing breakdown in communications between blacks and whites and he felt that one of the concepts frequently dealt with, neo-colonialism, is understood by very few; it was his opinion that the Council should familiarize itself with this issue as well as the problems of the black people on the whole.

SHO

Mr. Lambert King of SHO questioned whether the goals of the two organizations (AAMC and SHO) are reconcilable and whether increased communications would really result in some convergence of views and goals. Mr. King itemized a few of the activities of the SHO, listing the Committee for Black Admissions in Philadelphia, and SHO's work in the Chicago area working with community organizations. Mr. King told of a bill recently introduced into the Illinois legislature, the research for and drafting of which were carried out by law, nursing, and medical students from the Chicago SHO over the past two years; the bill would provide for an expansion of eligibility for Medicaid and would provide for pre-registration for all persons eligible for Medicaid as well as categorical welfare. The bill would also cover all eligible persons under a comprehensive policy from a private insurance carrier, such as Blue Cross and would include many preventive and psychological services not presently covered. Opposition to the recent resolution of the American Nurses Association which called for the drafting of nurses in the event of a military conflict or civil disorders was listed as one of the activities of the Chicago SHO, as was the organization of independent service courses in social and community medicine by medical students at Northwestern University. Mr. King outlined somewhat the work being done on establishing the SHO National Service Center in Chicago, which will have full-time staff members who will be able to devote talent and energy to their endeavors. Mr. King said that the roots of the problems that are currently facing us all are buried deeply in the "often racist structures and policies of major government and health care institutions". Mr. King's definition of institutional racism: for a medical school this means low wages for hospital workers without providing educational programs that would promote vertical mobility. He also used this phrase to describe the selection of certain indigent patients who "provide good teaching material while sending other indigent patients to public hospital facilities".

The SHO makes two suggestions for consideration by the AAMC: 1) that the AAMC obtain consultants from such groups as the Drug and Hospital Workers Union 1199 in order to set some guidelines for medical labor policies for medical teaching hospitals and make enlightened labor policies an important part of the accreditation process. As an immediate action the suggestion

was that the AAMC make a strong stand that the demands for union recognition and pay increases of the Charleston hospital workers be met immediately; 2) that, with regard to comprehensive health planning, the medical schools refuse to participate in these planning efforts until poor consumers and minority groups are given a "legitimate degree of participation".

Mr. King extended an invitation to Council members to individually visit the SHO Service Center after it opens on July 1.

SAMA Commission on Medical Education

Mr. Bob Graham of the SAMA Commission on Medical Education said that shortly the deans would be receiving a letter from SAMA's president, Ed Martin, which will detail SAMA's activities now and as planned for the next year. Mr. Graham outlined two principles that he felt were of paramount importance: organizational renewal and the need for organizations to aggressively initiate meeting the developing issues in health care and education. Mr. Graham questioned whether the Council of Deans would include student representation and whether the Council of Academic Societies would represent the faculties. The question of community and consumer representation was also raised. Mr. Graham questioned whether by virtue of the "renewed" AAMC structural additions, the organization could offer more in the way of solutions to problems rather than critiques to the proposed programs of others. Issues to be dealt with cited by Mr. Graham were manpower, the process and content of medical education, the involvement of medical centers and educators in the ongoing process of the delivery of health care, and the responsibility of institutions of medical education for the postgraduate education of physicians.

Dean Hogness stated his concern with regard to the issue of student loans and made a motion to go on record on behalf of funding for this purpose. Different aspects of the student loan were discussed, including the idea that perhaps some members are unenthusiastic about student loan funds because this leaves a student saddled with debts upon graduation from medical school and possibly makes his attention turn primarily to the earning of dollars. The notion of abolishment of tuition was raised; whether or not it really constitutes a major handicap in going to a medical school.

ACTION: On motion, seconded and carried, the Council of Deans elected to go on record as:

1. Indicating that the Council does give high priority to the need for Federal student-assistance programs, both loans and scholarships.
2. Urging members of the Council and their faculties to support this need by writing to members of Congress stating clearly the problem presented by or which would be presented by a cutback in these programs.

3. Supporting the efforts of student organizations to obtain information and to develop position papers on this issue.
4. Attempting to enlist the support of other interested organizations and groups in a campaign to avoid a reduction in student aid funds.
5. Making the Council's position on this matter public record.

VIII. Report from the Health Services and Mental Health Administration

Mr. Irving Lewis, Deputy Administrator of the Health Services and Mental Health Administration, gave some background information on the establishment of the Administration and spoke of the "Center" as attempting to bridge the scientific world and the "real world". On questioning, Mr. Lewis said that the seven Health Services Research and Development Centers will continue to be funded. Money for new neighborhood health centers was discussed, and Mr. Lewis said that if his department budget was approved there would be twelve to fifteen million dollars in the Community Health Service budget that would cover neighborhood centers; not necessarily fully, however. Mr. Lewis said that John Cashman, director of the Community Health Service, would be in charge of the program which would make project grants under the Partnership for Health Program.

Dr. Stanley Olson, director of Regional Medical Programs, spoke to the question of the Center making awards to regional medical programs and said that the primary objective in making such awards was to stimulate the maximum degree of coordination and cooperation among the various elements in the health-care system.

IX. Relationship of Student Organizations to the AAMC

Dr. Cooper reported that there has been discussion of student affiliation, but no official position taken. The question is whether we need everything under one roof to establish dialogue between the organizations. Mr. King again raised the question of consumer representation on the comprehensive health-planning boards and was met with opinions both that this was indeed an area of concern and the other side of the coin that often there are many consumers and few physicians on some boards.

X. Report on the Federal Health Programs Committee

In Dr. Carlton Chapman's absence, Dr. John Cooper delivered the report. Dr. Cooper reported that the Committee has been active in preparing itself to testify before the Appropriations Committee, taking the tack of utilizing the opportunities available under existing legislation rather than try to instigate new legislation. Thus, one of the major points will be an attempt

to get full appropriation for authorizations now available in the current legislation. Included will be the entire scope of activities related to medical centers, such as student loan programs, health manpower support, and an attempt to at least retain the cost of living increases in research and research training. The testimony will be given on May 26.

John Knowles is heading a group with Bill Hubbard and Bill Jordan in the manpower area; Dan Tosteson and Jonathan Rhoads are working in the area of research and research facilities; and educational facilities will be discussed by Merlin DuVal.

There has been interaction with the Department on the activities of the health task force and various program teams which have been considering questions related to the development of the fiscal year '71 budget and the budget through fiscal year '75.

Dr. Cooper noted that a telegram had been sent to the Secretary pointing out the difficult situation in the manpower area. The Secretary's answer to the telegram is now being prepared in letter form, and we have been assured that we will have an opportunity to have input as an Association before any final decisions are made with regard to the budget. Dr. Cooper announced that plans are under way for a meeting with Secretary Finch. The question of peer review of grants and contracts was raised, and it seems that this is an area to keep an eye on.

XI. Report from the Executive Council

Dean Howard reported that on April 8, at the meeting of the Executive Committee of the Executive Council, there was discussion of the duties and responsibilities of the Office of President, and that Dr. Cooper made a presentation and discussed the financial status of the Association. A plan for severance pay for AAMC staff who will not be joining the Association in Washington was introduced by Dr. Cooper.

Dean Howard reported that after discussing the National Intern and Resident Matching Program, particularly with respect to its status in the light of the move of the Association to Washington, that the Executive Committee agreed for the Association to push for the NIRMP to move to Washington with their staff. The Executive Committee approved the establishment of a Liaison Committee with the American Hospital Association including representatives of both groups.

At the Executive Council meeting on April 9, there was discussion of the proposed Commission on Foreign Medical Graduates with fairly extensive discussion of the proposal. The Executive Council elected to approve the AAMC support and participation in such a commission, if it is established. It was announced that after discussion the Executive Council approved, authorized, and supported the president in moving forward in developing a formal program in the field of continuation education and to explore the possibility of outside funding for such a program.

It was reported that a discussion had taken place concerning the procedures

which the Federal Health Programs Committee should follow were it necessary to state a position on behalf of the Association in instances where there was no standing policy previously established: it was agreed that the President was authorized to deal with such issues and to present them to the Executive Committee of the Executive Council for approval.

At that same meeting Dr. Anlyan presented a report on behalf of the Council of Deans in which a great concern over the level of faculty salaries was expressed. The Executive Council referred this issue and the memorandum setting forth the recommendations concerning this to the Council of Academic Societies and to the Council of Deans with the recommendation that these be considered at regional meetings.

It was reported that the Council approved the AAMC's participation in the development of a commission on medical education urging that it include the Allied Health Professions as well. The proposal for a committee on committees was introduced, but it was felt that the Executive Council really ought to perform such a function. Dr. Smythe gave additional background information on the proposal for a commission on graduate medical education.

XII. Report on the Meeting of the Southern Deans

Dean Suter reported that the Southern Deans met on April 29-30, the afternoon of the first day being spent in a joint meeting with the Council of Teaching Hospitals. The topic of that meeting was the financing of teaching hospitals. Another item of discussion was a report by Art Richardson on the planning of the Regional Medical Library in the Southern Region. It appears that the Calhoun Library will be authorized to present a program to the National Library of Medicine for funding as a Regional Medical Library.

The major issue of concern was the discrepancy between pressures on medical schools to increase enrollment and the disappearance of funds to support medical schools. The resolution that unanimously passed reads: "In view of the problem of health manpower in the nation and the great demands placed on medical schools and in view of the marked reduction of research and training grants, support and faculty recruitment, and training and in view of the shortage of teachers for new and expanding medical schools, some ultimate mechanism should be developed promptly to support the training of medical educators in medical schools".

ACTION: On motion, seconded and carried, the Council of Deans elected to undertake consideration of some ultimate mechanisms for supporting the training of medical educators in medical schools.

Dean Suter also expressed a concern over legislation which might represent an infringement on institutional academic freedom. The Chairman suggested, and Dean Suter concurred, that the New York Deans relay to the Executive Council their impressions of the impact of the recently passed New York State Legislature.

Also reported on at the Southern Deans meeting was the Joint Conference Committee on Health Care. It was highly recommended as possibly a mechanism for other states to employ.

XIII. Reid-Brademus Bill

Dr. Cooper reported that the Federal Health Council, Programs Committee, made the recommendation that the part of the bill dealing with support for residents not be supported.

XIV. Report from the Midwestern Deans

Dean Grulee reported that the Great Plains and Midwestern Group has spent a lot of recent effort working on a reorganizational plan. Also discussed was the seven school cost study. Other areas covered were: Medicare, health manpower, and the functioning and internal structure of the Bureau of the Budget.

Dean Mayer introduced a resolution made by the Midwestern Group that the AAMC be encouraged to continue their efforts in the program cost analysis study.

Dr. Rice reported that the seven schools initially involved are continuing their study and are refining and improving the definitions. Also, negotiations are in the final stages to involve perhaps twelve other schools.

Dr. Rice commented on two new developments: 1) one school is proposing to have their medical economists study the relationship of one element of the system to other elements (e.g., undergraduate medical education to research or patient care); 2) another school proposes to let their social scientists analyze the validity of some of the responses in their school.

ACTION: On motion, seconded and carried, the Council of Deans resolved to encourage the AAMC to continue their efforts in the program cost analysis study.

XV. Mr. Matthew McNulty's Resignation

Dr. Cooper announced that Mr. McNulty is leaving the Association to become Vice President for Medical Affairs at Georgetown University.

XVI. Meeting Dates

There was a suggestion from the floor that the Council of Deans publish specific dates for their meetings so that regional groups could relate more effectively their meetings to the national one.

XVII. The meeting was adjourned at 4:30 p.m.

September 4, 1969

To: Executive Council, AAMC
Executive Committee, Council of Deans

From: Cheves McC. Smythe, M.D.

Re: Continuation of Developing Schools in Provisional Membership

The current bylaws of the Association call for election and reelection of "Provisional Institutional members upon the recommendation of the Council of Deans at an Annual Assembly by a majority vote." The bylaws further state "reelection each year will be based on an acceptable progress report that has been reviewed by the Executive Council sixty days prior to the next Annual Meeting."

Attached to this memorandum are progress reports concerning the schools now provisional members eligible for reelection.

To cover all interpretations possible both the Executive Council and the Executive Committee of the COD are being asked to act on this matter. It is the opinion of the staff that action on them 49 rather than 60 days before the Annual Meeting doesn't relate the spirit of the bylaws.

Recommendation:

It is recommended that the Assembly be asked to reelect to Provisional Institutional membership

- 1) The University of Arizona College of Medicine
- 2) The University of California, Davis, School of Medicine
- 3) The University of California, San Diego, School of Medicine
- 4) The University of Connecticut School of Medicine
- 5) The University of Massachusetts School of Medicine
- 6) The Mount Sinai School of Medicine of the City University of New York
- 7) The Pennsylvania State University College of Medicine,
The Milton S. Hershey Medical Center
- 8) The University of Texas Medical School at San Antonio

The University of Arizona College of Medicine

Arizona admitted its first class in September 1967. On April 7-9, 1969, as these students were completing their first two years, the school was visited by a team representing the LCME. Their final report brings out the following details on the development of the school:

1. The Survey Team was indeed impressed by the statesmanship of the Dean in structuring the Regional Medical Program and the Comprehensive Health Planning Program so that the memberships of the advisory committees nicely interlock. Also to be commended is the excellent rapport the College has established with "organized medicine" at the state and county levels.
2. The Survey Team was pleased to learn that Dean DuVal has had easy access to and excellent rapport with the University President -- a fact that was confirmed when the Team met with President Harvill.

The Team believes that it would be desirable for the University President to appoint the proposed "Advisory Council" to the Director of the Medical Center and agrees with Dr. DuVal that, as long as he is both Dean of the College and Director of the Center, someone else should represent the College of Medicine on the Council.

The failure to appoint a Curriculum Committee is understandable in view of the fact that the professors of Pediatrics and Surgery have only recently taken office and two other major departments are still unmanned. Nevertheless, it is vitally important that a committee be appointed almost instantly. The start of the Junior year is close at hand. If a chairman for Psychiatry is not immediately available, consideration might be given to employing a professor from another school as a consultant on curricular affairs.

The Team observes that, in spite of his great energy and productivity, the Dean's commitments are already large and diverse and will become even more so, especially since the physicians of the State look to the College as an important contributor to their continuing education. The Team therefore recommends that a search begin promptly for one or more assistant deans.

3. Budgetary procedures appear to be sound, and the College is now in good financial health. However, the University President, the Board of Regents, the Governor, and the State Legislature all must be prepared for the fact that, when the Medical Center is in full operation, much larger appropriations will be needed, especially to support the University Hospital in a non-Medicaid State which will make no contribution for hospital care of medically indigent patients.

Several chairmen of preclinical science departments expressed concern that salary ranges for assistant professors will not be adequate to recruit or to hold able men, even in the circumstances of a beautiful new school and the salubrious Tucson climate. However, the Dean assured the Survey Team that the salaries recorded were set by the department

The University of Arizona College of Medicine (continued)

chairmen themselves and that he has heard no complaints from the "junior" members of the faculty.

In one instance, a department chairman was uncertain whether volunteer members of the faculty should be compensated. They are not at present. The Survey Team suggests that there be a College-wide policy on this question so that there will not be differences among departments.

4. The Survey Team notes that the College of Medicine can take pride in its methods of selection and in the students selected. The only problem detected was the desire on the part of the students to be examined frequently. Examinations seem to be to the students what his blanket is to Linus. The Team urges that the faculty strive to give them another kind of "blanket."
5. The Survey Team gives highest praise to the planners, architects, and builders of the physical plant that houses administrative offices, library, preclinical science facilities, and animal quarters. Presumably, the Clinical Sciences Building and University Hospital will be of equal quality.
6. The University of Arizona provides, under single supervision, campus-wide services for maintenance of physical plants. The Survey Team strongly recommends an exception to this policy for the University Hospital, where all personnel who work in the environment of patients should be under supervision of the Hospital Administrator. This would apply specifically to housekeeping workers.

The Team iterates the advice that all concerned with the budgets for the Medical Center must be prepared for high costs of operating the University Hospital.

7. Mention has already been made of the importance of early appointment of the Curriculum Committee (cf. section on Organization). Assuming that the College will not be visited again until the spring of 1971, it may be desirable for the Liaison Committee on Medical Education to request a progress report on development of the curriculum in the spring of 1970.

The idea of a fourth year devoted entirely to elective study is especially appealing.

8. The Dean and the department chairmen are to be congratulated on the quality of the College faculty.

The University "Faculty and Staff Manual of Procedure and Policy" should be carefully reviewed by the President and Board of Regents to insure that the document is suitable to the functions of a modern medical center. In particular, the policy that restricts employment of a husband and wife should be reconsidered.

The preclinical science department chairmen are advised continually to review the relevance of laboratory experiments performed by students.

The University of Arizona College of Medicine (continued)

The large amount of lecture-seminar time in the Department of Community Medicine deserves conversion and presumably will change when a Neighborhood Health Center is opened. If the College is requested to furnish a progress report (1970) on curriculum, the development of this department's program will be of special interest.

The early engagement of the students in clinical experience is an admirable arrangement. With acquisition of faculty members in other clinical departments, it is expected that the Department of Medicine will be relieved of some of the burden of clinical teaching in the Freshman and Sophomore years.

The Division of Social Perspectives in Medicine is an exceedingly interesting departure. The prospect for interchange with other colleges of the University is especially exciting.

9. Recommendation:

The Survey Team recommends to the Liaison Committee on Medical Education that the College of Medicine at the University of Arizona continue to be provisionally accredited from the date of completion of this survey visit, April 8, 1969, and additionally recommends that the College continue to enjoy the privileges of provisional membership in the Association of American Medical Colleges.

The University of California, San Diego School of Medicine

San Diego admitted its first students in 1968. A July 1968 survey visit report contained the following Summary and Comment:

SUMMARY AND COMMENT

Forty-seven highly qualified students have been chosen for the class entering in the fall of 1968.

The organization of the School is unusual in that there are no basic science departments, these subjects being taught by University departments or clinical departments of the School of Medicine. Excellent progress has been made in recruiting a faculty of high caliber in both the clinical departments of the Medical School and in the related University departments. There is no question that an adequate faculty will be prepared to meet the incoming class. The enthusiasm and morale of the faculty are notable.

Although there are details still to be worked out, the development of a strictly full-time faculty seems wise and the University is to be congratulated upon it.

A modern, forward-looking curriculum has been developed.

Entrusting the teaching of the basic medical sciences to University departments and clinical departments has risks as well as advantages.

It is important that this be regarded as experimental and that continuous efforts are made to evaluate its effectiveness. There is reason to think that this will be done.

The School is to be congratulated upon the attention it has given to the development of a system of student advisers and preceptors.

It should be recognized that the construction of the Clinical Science Building and of the Campus Hospital are essential to the development of the School and that it is vital that these two proceed on schedule.

This fall another class of 53 students was admitted. The faculty has continued to grow and now numbers 100 approximately. The new basic science building has been completed and is occupied. Chairmen for all but one department, Obstetrics-Gynecology, have been appointed. Clinical needs are well accommodated in the University, San Diego, and VA Hospitals. Completion of a university-owned hospital still seems many years away. Planning for third and fourth-year curriculums has been completed. The close integration of Medical College and University continues to prove highly satisfactory.

The University of Connecticut School of Medicine

Connecticut admitted its first class of 31 students in the fall of 1968. An August 1968 survey visit report contained the following comments:

SUMMARY AND RECOMMENDATIONS

The survey team presented their findings to Dean Patterson and to President Homer Babbidge.

1. The team straight-forwardly recommends that the School proceed with its plan for enrollment and instruction of a first year class of some 30 students. It also recommends its provisional accreditation and continued provisional membership in the Association of American Medical Colleges.
2. The relationship between the Dean and the President seems excellent. The direct line of communication between them is appropriate during this initial period of rapid build-up. Whether the positions of Dean and Executive Director assigned to one person is advisable depends largely on the division between line and staff responsibility in the jobs. The decision must await the pattern of evolution of the officers as the School grows.
3. The presence of a fiscal officer on medical campus who relates directly to a medical executive officer is a sound arrangement.
4. The present looseness of Committee structure is understandable; but it must, in its formal organization, keep pace with the growth of the faculty.
5. The relation of various units of educational sub-divisions and departments appears good and should prove workable. In the clinical areas certain unconventional departmental identifications will undoubtedly cause friction. There are no apparent reasons why such frictions cannot be resolved with an appropriate amount of good will on each side.
6. The discrepancy between State and University procedure with regard to personnel policy will probably remain a matter with which this School will have to live.
7. The full-time faculty is of high quality for which the School should be congratulated.
8. The team was deeply impressed with the solid support of the School by the State. The scope of the capital and operational outlay will inevitably be accompanied by an eventual demand for accountability in terms of the production of people which the State feels it needs.
9. The building at Farmington is most impressive. It is unquestionable that this massive architectural expression of medical school function will set the tone of the School in a very definitive sense. A major effort has been made to strike a balance between research, teaching and patient care.

The University of Connecticut School of Medicine (continued)

10. The problems with getting buildings completed on time are readily appreciated by the team. However, the scattered facilities will produce only inconveniences and undoubtedly will work inequities upon the students who are expecting to encounter difficulties during the first year of the School's operation. It is also necessary to fashion some administrative mechanism to keep unremitting pressure on Public Works to meet the needs of the School with dispatch and efficiency. This could be done through a planning officer with this as a major responsibility, and reporting to the Director of the Medical Center.
11. The team members agree that the present temporary buildings will be adequate for the purposes of getting the first-year class started in September.
12. The team was impressed with the current activities involving the McCook Hospital. The School is to be congratulated on what it has accomplished here.
13. Affiliation agreements with the smaller and less prestigious community hospitals are of importance at the public relations level, but as an undergraduate teaching resource will probably remain relatively unimportant. They may become of value in continuing medical education, in direct relationship to the effort put into it by the hospitals themselves.
14. The curriculum plans as currently outlined will develop to support the needs of individual students.
15. The initial groups of 31 medical students are all well qualified, with high MCAT scores, and good distribution in terms of background and sex. The appointment of about 5/6 of the initial class from among the residents of the State of Connecticut, although based on a definite quota system, is evidence of prudent judgment.
16. The team feels strongly that student housing and the establishment of a campus life are of immediate importance. The recent single, and disappointingly high, bid for such a building has side tracked existing plans. It would certainly seem worthwhile to attack this problem via multiple approaches, one of which is via "private" subcontracting.

FINAL RECOMMENDATION

The team recommends to the Liaison Committee on Medical Education and to the membership of its constituent councils the provisional accreditation and continuation in provisional membership in the Association of American Medical Colleges of the University of Connecticut School of Medicine.

The University of Connecticut School of Medicine (continued)

Significant developments in the last year include:

1. Enrollment of another class of 31 students
2. Growth of the full-time medical faculty to over 80 and dental faculty to 21.
3. Staffing in all basic and clinical science departments except Physiology, Radiology, and Obstetrics.
4. Growth of postgraduate programs to over 30 interns and residents in the McCook and VA Hospitals with which there are close affiliations.
5. Promise of completion of major building next year. Extensive use of temporary quarters has proved satisfactory.
6. Growth of research program expenditures to \$1.8 million last year.
7. A state supported medical school operating budget of \$6 million for the current academic year.

The University of Massachusetts Medical School

In 1968 rapid rates of inflation led to higher estimates for buildings planned than available funds permitted. All work was ordered stopped. A new Governor decided to reopen the whole question of need for a school.

These events slowed down development enormously. However, the support of the school has now been reaffirmed. The State Funds remain secure. Federal Funds have been obtained. Bids on preparatory work on the site are in and this work is expected to begin this month. The building the school now occupies is being renovated.

A few more faculty members have been added but funds are available for major increments to the staff in July 1970. The curriculum is still in planning stages. However, 16 students will be admitted in September 1970. Affiliation agreements with the Worcester Hospital are in good order. For the current year the state derived operating budget is \$750,000. A major increase over this figure is expected for the next or first full operational year.

The Mount Sinai School of Medicine of the City University of New York

Mount Sinai enrolled both first and third year classes in the fall of 1968. In September 1969 this procedure was repeated and so this School of Medicine now has 40 first, 36 second, 35 third, and 23 fourth year students about 5% of whom are black.

All budgeted vacancies in the basic science faculty have been filled and all the major disciplines are now staffed. The clinical faculty has been strengthened by the recent addition of 3 new professors in cardiology, epidemiology, and infectious disease.

The basic science building has been completed and is occupied. Approximately 4 million dollars for renovation of existing space has been approved. Bids for the major new building are due within the next six months. The school still plans to admit a class of over 100 by 1972.

The affiliation with the City University of New York has proven productive. All of the Ph.D. programs at Mount Sinai have been put together as a division or department of the graduate school of the City University. A joint program in the allied health professions has been organized in conjunction with Hunter College. The Nursing school is being phased from a diploma into a collegiate program. A joint program in medical management has been organized with the Baruch School of Business. Dr. James is a full member of the Chancellor's Academic Council.

The Pennsylvania State University College of Medicine--The Milton S. Hershey Medical Center

In 1967 Hershey, Pennsylvania admitted its first class of 40 students who completed their first two years this past spring. Presurvey material prepared for a September 29-30, 1969 survey describes the following developments:

1. further integration of the College of Medicine into the affairs of the Pennsylvania State University
2. appointment of chairmen in all basic science departments and in Pathology, Medicine, and Family Medicine in the clinical sciences
3. further elaboration of its educational philosophy and policy with emphasis on patient care.
4. an increase in the operating budget of approximately 350%
5. a more active clinical program as the clinical faculty begins to come on board
6. acceptance of another class of 45 students
7. formulation of ongoing expansion of buildings
8. transfer of the library from temporary to permanent headquarters
9. realization that the hospital will not open until May 1970
10. continued rapid growth of the faculty
11. Students will be taught in the Harrisburg Hospital during the coming year. The University Hospital will be completed in time to accommodate the current class for their fourth year and subsequent classes for all of their clinical training.

The University of Texas Medical School at San Antonio

The University of Texas, San Antonio admitted students to first, second, and third year classes in September 1968. Those coming into the advanced classes were transferred from other schools in the Texas system.

Comments in a July 15-17, 1968 survey report include the following:

1. Throughout the Survey, it was evident that the School's relationships with organized Medicine are excellent. The Dean is a member of the Executive Committee of the County Medical Society and is strongly supported by the Texas Medical Association. In turn, members of the County Society hold memberships on the Executive Committee and the Admissions Committee of the School. These relationships are a compliment to the statesmanship of Dean Pannill.
2. Medical School-University communications and relationships are comfortable and promise to be stable.

As programs in graduate education develop, an effort should be made to have the Texas Legislature understand that these programs are a "hidden cost" in medical education--a cost that should be appropriately offset in the budget of the University.

It is possible that the size of the Medical School's Executive Committee (20 members) will make it unwieldy and that the Dean will need to consider an alternative organizational arrangement. The fact that faculty by-laws have not been written did not disturb the Survey Team.

The administrative responsibilities of the Dean and the Assistant Dean are already large and will soon become larger. Recruitment of at least one additional assistant dean is recommended.

3. The Survey Team urges that the University protect the full value of the Federal construction grant to the School. This will necessitate provision of funds for purchase of movable equipment. The Team also recommends expeditious development of whatever "long-range plans" may be necessary to permit the School to share in the income from the "Permanent University Funds." It is assumed that the "long-range plans" will entail consideration of development of an on-campus liberal arts colleges, programs of nursing education, programs of education for paramedical personnel, and relationships with other nearby educational institutions. Public pressure for development of additional health personnel of all kinds greatly shortens the time available for long-range planning.
4. The students with whom the Survey Team shared luncheon expressed much enthusiasm for their entry in the new School. The Administration deserves praise for the policy as regards the "contract students" and for the good structure and function of the Admissions Committee. The interest of the Assistant Dean for Academic Development in prevention of student attrition is heartily commended by the Survey Team.

The Team hopes that, as class size is increased, a favorable faculty-student ratio will be maintained.

The University of Texas Medical School at San Antonio (continued)

The relative paucity of applications from members of minority groups, notably Negroes and Texans with Spanish surnames, is not surprising. It is part of a national problem that has its roots below the level of medical school. The Survey Team hopes that it will receive close attention of the University Administration at Austin.

Plans for student housing and facilities for physical recreation should be given high priority.

5. Dean Pannill merits high praise for his part in the design and equipment of the new School.

The Survey Team notes only two potential problems. (The need for funds to purchase movable equipment has already been mentioned in BUDGET AND FINANCE.) First, although the laboratory animal facility originally had been intended to be larger, funds did not permit more than the present size. Consequently, arrangements for quarantine and long-term holding of animals have been made elsewhere. Second, if the curriculum, as presently planned and staffed, is to be implemented, there must be provision for closed-circuit television and wiring of "slave" recorders in the multidiscipline student laboratories.

Somewhat gratuitously, the Team suggests that the excellent laboratory animal facilities, before they are put in use, be exhibited to State and Federal legislators and managing editors of newspapers.

6. The Survey Team was favorably impressed by the amicable relations between the Medical School and the Administration of the Bexar County Hospital District. Obviously, these are the result of careful cultivation and sagacious assignments of personnel by both parties. The articles of affiliation are comfortable for the Medical School, especially since they provide that the School controls appointment of hospital staffs. However, as in all arrangements in which school and teaching hospital are not under single direction or ownership, there is a potential for disagreements. The University and its Medical School are advised to exert positive efforts to insure endurance of the prevailing relationships. The rising costs for operation of the County hospitals may prove to be a burden larger than the citizens will care to support. Consideration might well be given to State subsidization of the costs of education within the hospitals.

The Survey Team commends the designers of the new Teaching Hospital for the generous allocations of space and facilities for medical education, and the excellent design of the intensive care units, one or more of which would be readily adaptable as clinical research units. Still, the University should foresee that growth of programs of nursing education and probably development of new educational programs for paramedical personnel may necessitate construction of additional instructional facilities.

The University of Texas Medical School at San Antonio (continued)

7. The Survey Team compliments the Faculty on willingness to innovate during curriculum planning and on the widespread involvement of junior members for construction of the interdisciplinary courses. Especially commended is the course in Human Ecology for the facts that it extends throughout the four years, involves students directly with the Community, and affords them opportunity to work in company with other members of the health team. Also, commended is the idea of early introduction of clinical subjects, including Physical Diagnosis, and the use of that course during the Sophomore year as a kind of "basic clerkship." Indeed, consideration might be given to a change of name for the Sophomore segment to something like "Preparation for Clerkships." The desirability of an unencumbered clerkship year and a fourth year of electives is obvious.

The Survey Team warns that correlative teaching as in the course, Pathophysiology, should be watched closely since it will entail large expenditures of faculty time; that the curriculum requires a heavy commitment of the Department of Medicine and Physiology to the point that the Administration and the departments must anticipate additional large expenditures of time in planning and administering the fourth year electives.

If the School accepts the principle of advanced placement for eligible college students and accelerated progress by means of electives, as the Survey Team believes it should, School, University, and organized Medicine should promptly mount a joint effort to have the State Medical Practice Act amended.

8. The Administration has been remarkably successful in building Departments to accommodate the enrollment of three classes simultaneously. Not all Departments have been brought to full intended strength, and the present stringencies of Federal granting undoubtedly will hamper recruitment. A further handicap results from the failure of the School to receive funding for a Special Improvement Grant. Nevertheless, the Survey Team has the impression that the Faculty will make up in enthusiasm and industriousness for shortages of manpower.

The Survey Team observes that the Faculty is quite heterogeneous in background and interests, and supposes that this may have a leavening effect.

9. Recommendation

The Survey Team recommends to the Liaison Committee on Medical Education that the University of Texas Medical School at San Antonio be provisionally accredited from the date of completion of this survey visit, July 17, 1968.

The representatives of the Association of American Medical Colleges additionally recommend that the School continue to enjoy the privileges of provisional membership in the Association.

The University of Texas Medical School at San Antonio (continued)

During the past year the following has been accomplished:

1. The full-time faculty has grown to 152
2. Student enrollment as of September 1969 was 104 first year, 50 second year, 33 third year, and 35 fourth year.
3. Occupancy of the new hospital is increasing with 330 of 550 beds now open.
4. The curriculum is being modified in light of experience.
5. All major building has been completed.
6. The state supported operating budget for the medical school for the current academic year is \$6.3 million.

September 3, 1969

To: Executive Council

From: Cheves McC. Smythe, M.D.

Re: Election of Brown, Hawaii and Michigan State University to
Institutional Membership

Three provisional institutional members of the Association have now promoted their first classes upon completion of the medical educational programs they now offer.

Recommendation

It is recommended the Executive Council forward to the membership of the Assembly the recommendation that Brown University Division of Biological and Medical Sciences, the University of Hawaii School of Medicine and the Michigan State University College of Human Medicine be elected to full institutional membership in the AAMC effective November 4, 1969.

1. Brown University Division of Biological and Medical Sciences promoted its first class of 12 students on June 12, 1969. A team representing the Liaison Committee visited the school on April 28-30, 1969. Its final report, now in circulation to the Councils, recommended:

SUMMARY, RECOMMENDATIONS AND COMMENT

1. The survey team recommends accreditation of the program in medical education of the Division of Biological and Medical Sciences program as the equivalent of a two-year school of basic medical sciences. Admission of the Division of Biological and Medical Sciences to Institutional Membership in the Association of American Medical Colleges is also recommended. On the basis of this visit, representatives of the Liaison Committee should be authorized to write "letters of reasonable assurance" where indicated.
2. The team recommends that the following specific commendations be highlighted in this accreditation report:
 - a) The University should be commended for its administrative reorganization of the Master of Medical Sciences Program and for the appointment of an effective leader in Dr. Pierre Galletti.
 - b) Dr. Galletti should be commended for his effectiveness in improving faculty morale and team effort as evidenced by the cooperation and support of the section leaders and of the MMS faculty at large.
 - c) Both the faculty and the administration should be commended for the recent inclusion of MMS students in the affairs of the division, both on formal committees and by means of informal communications.
 - d) The University should be commended for the continued general high quality of its MMS faculty and student body and for its recent intensive efforts to reduce the attrition rate.

Brown University Division of Biological and Medical Sciences (continued)

- e) The administration should be commended for its acquisition of additional full-time clinical faculty.
 - f) The University should be commended for developing the affiliation agreement with the Community Hospitals and for recognizing that the local situation in Rhode Island makes multiple affiliations presently advisable.
 - g) The University should be commended on its recent provision of new classroom and laboratory facilities for the Medical Sciences Division.
3. The team expresses the following major concerns relative to the current six-year MMS program:
- a) It is seriously concerned over the density and rigidity of the curriculum and believes that a freeing up in the direction of added elective time would benefit the student relative to his personal development, retention in the program and future effectiveness as a well-rounded physician and continuing inner-motivated scholar.
 - b) The team believes that further analysis is needed relative to the relevance of the course content of the curriculum for the future physician-scientist. It is the team's impression that too much emphasis has been placed on the scientist and on what is relevant to the scientist, with some loss relative to what is relevant to the future physician. It is further believed that such attention to this matter of relevance will assist in reducing the high attrition rate. Continued efforts should also be made to increase the medical behavioral science aspects of the curriculum.
 - c) The team strongly believes that a unique opportunity and obligation exists for systematically evaluating this NCUY model in medical education. Such an evaluation should, if possible, include comparisons with other groups of students such as those in the regular premedical program at Brown and at comparable institutions throughout the country. This evaluation should include past students who applied and were admitted to the program as well as those entering the program in the future.
 - d) In the context of badly needed physician manpower and of the cost of the MMS program, the team reaffirms the recommendations of the past teams that concerted efforts should continue to be made until a full complement of students can be realized in each and every class of the program.
 - e) The team feels that there is a need for a focal meeting area for Medical Science students, faculty, and the related medical community, including an auditorium-type facility on the medical science campus if possible.

4. If and when it is decided to develop an M.D. degree granting program at Brown, the team recommends that serious consideration be given to the following:
- a) That an appropriate planning body be designated for the development of such an M.D. program.
 - b) That further administrative reorganization and refinement be carried out to cope with this expansion, including an added physician-patient care influence in this refinement.
 - c) That all of those involved in planning such a program be made fully aware of the multiplicity of problems incurred with hospital affiliations, such as what happens to the ongoing internship and residency teaching programs, the possibility of using a "grandfather clause" for education program directors currently at the hospitals, and the importance of medical service plans.
 - d) Similarly, the team recommends that those involved in planning for such an M.D. program take the initiative in becoming fully aware of the community relations and responsibilities implicit in such a program. These include such matters as regional medical programs, comprehensive health planning, relations with the public health officials and with the state of Rhode Island, continuing education, and relations with state and local medical societies.
 - e) The team also feels that if it is decided to move toward a full M.D. program, it will become even more important to construct a central facility which can serve as a focal point for the medical community. This should include not only a meeting room but also expanded library and information retrieval services.

FINAL RECOMMENDATIONS

The survey team recommends that:

- a) The Liaison Committee on Medical Education recognize as fully accredited the program in Medical Science of the Division of Biological and Medical Sciences, Providence, Rhode Island, effective April 30, 1969, as the equivalent of a two-year school of basic medical sciences.
- b) The Executive Council of the AAMC admit Brown University Division of Biological and Medical Sciences to full Institutional Membership in the Association.
- c) The Secretary of the Liaison Committee if called upon be authorized to write an appropriate "letter of reasonable assurance" to the United States Commissioner of Education.

Brown has no commitment at this time to expand to a program leading to the M.D. degree.

2. The University of Hawaii School of Medicine promoted its first class of 25 students on May 29. A team representing the Liaison Committee on Medical Education visited the school on July 14-16, 1969. Its final report, now in circulation to the Councils, recommended:

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. The team recommends accreditation of the two-year program for a term limited to four years. The status of the separation of the campus into two sites, an evaluation of the progress of the students who have been transferred to schools on the mainland, unresolved relations with the practicing community, and progress toward the goal of a four-year school should be particularly examined four years hence.
2. The School has made major progress in the last two years. It is to be congratulated especially on the following:
 - (a) The first objective of the school has been realized in that a class of students has been promoted and have been placed in mainland schools of high quality.
 - (b) There has been a major build-up in the resources of the school. A sizeable faculty has been recruited, the budget of the school has grown, the physical resources have been enormously augmented by the approaching completion of a major building and the acquisition of the Leahi Hospital.
 - (c) Despite the problems presented by its old plant and what should be done with the chronic disease service, the acquisition of the Leahi Hospital with its land and the potential for the additional land around it, was a wise decision.
 - (d) The choice of a standard or middle-of-the-road curriculum, despite the pressures for innovation from all sides, was correct.
 - (e) The successful introduction of clinical material in a school without mature clinical services is a noteworthy accomplishment. The assignment of groups of students in small numbers to clinical tutors has been successful.
 - (f) The research potential of some departments is noteworthy.

FINAL RECOMMENDATION

The team recommends that the University of Hawaii School of Medicine be fully accredited as a two-year medical school for a term limited to four years effective July, 1969. The limited term is suggested because evaluation of the effects of separation of the campus into two sites, progress of students transferred to mainland schools, progress in securing firmer relations with the practicing community, and progress in development of the four year program should be made available at that time. It is further recommended that a letter of reasonable assurance of accreditation be provided if needed. The school should also be resurveyed if the four-year program is initiated prior to 1973.

2. University of Hawaii School of Medicine (continued)

The survey team also recommends that the University of Hawaii School of Medicine be elected to full institutional membership in the Association of American Medical Colleges.

Hawaii desires to expand the program leading to the M.D. degree but such an expansion has not been approved.

3. Michigan State University College of Human Medicine promoted its first class of 25 students on June 18, 1969. It is to be surveyed by a team representing the Liaison Committee by the LCME in November, 1969. The growth of the programs of the school has been steady. It plans to expand to a program leading to the M.D. degree. This plan has been approved and the school is now seeking the resources with which to realize this expansion.

September 3, 1969

To: Executive Council of AAMC
Executive Committee of Council of Deans

From: Cheves McC. Smythe, M.D.

Re: Election of the Louisiana State University School of Medicine at
Shreveport and the Medical College of Ohio at Toledo to Provisional
Institutional Membership

The Louisiana State University School of Medicine at Shreveport and the Medical College of Ohio at Toledo have both been classified by the Association as nonmember institutions in development. During the past year both were visited by teams representing the Liaison Committee on Medical Education. The reports of these teams were then discussed in detail at past meetings of the Council. Both reports were accepted and letters of reasonable assurance authorized. Both schools have applied for provisional institutional membership.

Toledo admits its first class in September 1969 as does Louisiana State.

Recommendation:

It is recommended that these two institutions be presented to the Assembly for election to the Association as provisional institutional members effective November 4, 1969.

PROGRESS REPORTS

1. On August 11-13, 1968 Louisiana State University, Shreveport was visited by a team representing the Liaison Committee on Medical Education. Their final report contained the following comments and recommendations. This report was eventually approved by the Executive Council of the Association and a letter of reasonable assurance based on it has been approved by the Bureau of Health Professions, Education and Manpower Training. In addition a team representing the Liaison Committee visited with representatives of LSU to emphasize some of the recommendations made.

SUMMARY

In agreement with the previous survey team, the team feels that there is need for a medical school at Shreveport, that it will be adequately supported and that "all of the elements essential for the creation of a new medical school are present."

The team found the credentials of the faculty members already appointed rather unimpressive, with some exceptions, but believes these men are fully capable of planning and conducting adequate teaching programs for undergraduate students.

There seems to be no plan to appoint part time heads of any major clinical departments.

It is urged that heads of key clinical departments be appointed promptly in order that they may participate effectively in planning the programs of the school.

It is believed that the modified agreement with Confederate Memorial Hospital and the provision for a Conjoint Board and a Medical Board provide for about as effective a working relationship as is possible with the Hospital and School under separate ownership.

The policy governing the handling of private patients seems unduly restrictive but the problem is severely complicated by the fact that private patients cannot be admitted to Confederate Memorial Hospital. The problem is a very difficult one that requires careful study.

The plan for the handling of medicare fees adopted at L.S.U. at New Orleans and scheduled to be adopted at Shreveport seems sound.

The medical school building is being redesigned and the size of the class reduced to meet previous criticism.

The design and plan for utilization of the outpatient building are being restudied.

The lack of assurance of adequate operating support is disturbing. It is realized that a state legislature cannot provide positive assurance of future appropriations by subsequent legislatures. However, the fact that the \$630,000 provided in operating funds for 1968-1969 was substantially less than requested and currently needed causes serious concern. It is earnestly hoped that the

1. Louisiana State University, Shreveport (continued)

special legislative session planned for November 1968 will provide the additional \$300,000 to be requested. It is urged that there be continuing effort to bring to the public and the legislature a realistic understanding of the cost of operating a medical school in which the community of Shreveport and the State of Louisiana may take pride.

The medical school will be severely handicapped by the absence in Shreveport of a university with strong graduate programs. This may be corrected eventually by the development of L.S.U. at Shreveport. It would have been far preferable if before the medical school was established L.S.U. at Shreveport had already developed into a 4-year institution with strong graduate programs. It is vital to the sound development of the medical school that nothing be allowed to stand in the way of the prompt development of L.S.U. at Shreveport into a full fledged University.

CONCLUSION

Since the previous visit substantial progress has been made in meeting criticisms and correcting weaknesses. Encouraging developments have included:

1. Assurance regarding full time heads of clinical departments.
2. The development of a satisfactory agreement with Confederate Memorial Hospital, including establishment of a Conjoint Board and a Medical Board.
3. The adoption at L.S.U. in New Orleans of a plan for the handling of medicare fees, a plan expected to be adopted also at Shreveport.
4. Redesign of the school building with a reduction in the size of the class from 100 to 80 students and more adequate space for instruction, research and the library.
5. Restudy of the design and plan of operation of the outpatient building.
6. Assurance of the development of L.S.U. at Shreveport hand-in-hand with the development of the medical school.

The survey team believes that the progress made by Louisiana State University School of Medicine at Shreveport since the previous visit justifies the letter of reasonable assurance of accreditation requested.

1. Louisiana State University, Shreveport (continued)

RECOMMENDATION

It is recommended that there be submitted by the Liaison Committee on Medical Education to the Bureau of Health Manpower of the Department of Health, Education and Welfare a letter of reasonable assurance that the Louisiana State School of Medicine at Shreveport will meet accreditation standards.

It also is recommended that the Louisiana State University School of Medicine at Shreveport be granted provisional membership in the Association of American Medical Colleges.

In September 1969 a first class of 32 students was admitted. Renovation of the quarters of the school in the VA Hospital is complete and site visit for their major new building is scheduled. There are 3 faculty members in all basic science departments except Pathology. Chairmen of Pathology and Pediatrics have been selected and are to join faculty shortly. Selection committees are seeking chairmen for Medicine, Psychiatry, and Obstetrics and Gynecology.

State support this year amounts of approximately \$1.8 million. Contracts have been signed with the Confederate Memorial Hospital for preview of Professional services in Radiology and Pediatrics by the staff of the Medical School. Housing for the medical students has been completed and is available.

2. On September 23-24, 1968 a team representing the Liaison Committee visited the Medical College of Ohio at Toledo. Its development was reviewed and the final report eventually approved by the Executive Council. A major reservation expressed at this time had to do with the tenuous nature of any university affiliation. However, a letter of reasonable assurance to the Bureau of Health Professions, Education and Manpower Training has been issued. The pertinent sections of this report are quoted below:

CONCLUSIONS AND RECOMMENDATIONS

The review teams saw evidence of the development of a realistic plan for a medical school geared to a program of quality education, an understanding of the plan by leading citizens, private as well as state support and some tangible progress in its implementation.

Recognition of the state of flux in medical care and medical education is apparent in the policy of the medical planners to adopt a goal of flexibility. Adherence to this objective became evident very early in the development of the Medical College of Ohio at Toledo, and has been the guiding principle ever since. In fact, there is some concern that to this time there may be some lack of decisiveness on specific issues and too much dependence on generalities with the feeling that men of good will can work together effectively.

The review team was impressed, however, with the accomplishments of the administration of the Medical College in establishing friendly relations with the professional community, enlisting cooperation of the political bodies in regard to hospital affiliations and in developing effective liaison with the two universities for mutual benefit. The Committee at first had considerable reservation concerning the independent status of the Medical College and what appeared to be loose working arrangements for graduate education with the University of Toledo and Bowling Green University. Tangible evidence of close cooperation was apparent, however, by provision of space and facilities for basic science faculty and cooperative teaching programs.

The progress in planning and assembling of a nucleus of faculty members by President Glidden Brooks during his two years in residence has been impressive. Those who are on board and who were interviewed by the Committee are well-trained, knowledgeable and extremely loyal to Dr. Brooks. The appointment of Dr. Page as Dean appears to be a significant step forward but his presence for such a short time had not yet been effective in the important area of curriculum development. How well the two top administrators complement each other and relate to one another will be of importance for future growth.

2. Medical College of Ohio at Toledo (continued)

The ideals, optimism and plans expressed by the Medical College administrators and faculty members as reflected on the preceding pages must not obscure the fact that there are serious problems which require solutions before full accreditation is appropriate.

The areas of concern are:

1. The physical separation of faculty and facilities: basic science faculty at the affiliated universities; clinical faculty at affiliated hospitals and research institutes. Even with completion of proposed buildings over a period of years, this will not be altered.
2. An adequate curriculum will be difficult to formulate in time for a class entering in September, 1969, unless chairmen of Biochemistry and Pathology are recruited promptly.
3. Even though there is conversation about a modern curriculum, the background and stated philosophy of individual faculty members already employed suggests they are traditionally-oriented.
4. Support for the acquisition of space and the development of this space for the necessary faculty is not assured, but it is essential to guarantee a quality program. While there is no way of obtaining a legislative commitment at this time, it is clear that future review teams will question the eligibility of the school for accreditation if the school develops without that support.
5. The projected number of students is unrealistic for the facilities available, because it is extremely questionable that adequate clinical facilities can be mobilized in time for their clinical education. It appears reasonable at this time to assure that the Maumee Valley Hospital will relegate to the Medical School sufficient administrative control to make recruitment of adequate house staff and develop a program of quality education possible. It is not at all reasonable at this time to expect the development of an environment conducive to good medical education in St. Vincent's Hospital or Toledo Hospital; although with further work, such a goal may be achieved at some undertermined future date. It is further realized that a University Hospital will not be available for many years. If, because of a large number of students, the school finds itself in a position of dependence upon clinical facilities over which it has no control, it may have committed itself to a mediocre program.

2. Medical College of Ohio at Toledo (continued)

It is therefore urged that entering classes be held at 25 until such time as all clinical departments are established and until on the basis of the establishment of pilot teaching programs in St. Vincent's and Toledo Hospital, the clinical faculty is convinced larger numbers of students can be accommodated conveniently. It is further suggested that classes not be increased substantially in size until the major capital expenditures and operational funds of Phase I, II, and III are assured.

RECOMMENDATION

The survey team recommends to the Liaison Committee on Medical Education that it give reasonable assurance to the Medical College of Ohio at Toledo that continued growth and development could result in full accreditation within the next few years.

It is further recommended that, when the Medical College of Ohio at Toledo applies to the Association of American Medical Colleges for the appropriate memberships, the provisional membership customary for developing medical colleges be granted.

Thirty-two students were admitted in early September. Two sixteen-man multidiscipline labs have been completed. An affiliation agreement with Maumee Valley Hospital has been signed. The curriculum for the first two years has been decided upon. All basic science departments are staffed. Professors have been selected in Surgery, Medicine and Psychiatry. The state derived operating budget for this year is \$2.3 million. A \$25 million capital fund has been voted by the state. A site visit for the first major building has been completed. Plans are being completed for 2 more major buildings.

September 3, 1969

To: Members of the Executive Council
From: Cheves McC. Smythe, M.D.
Re: Other Non-Member Institutions in Development

If Louisiana State at Shreveport and Medical College of Ohio at Toledo are elected to provisional institutional membership, there will remain three non-member schools in development. These are: the University of Nevada School of Medicine, the State University of New York at Stony Brook--Health Science Center--Medical School, and the University of South Florida College of Medicine. Two others have recently been authorized.

Developments at Nevada are progressing satisfactorily, and it is scheduled for an initial site visit during the fall. The same is true of the State University of New York at Stony Brook. The University of South Florida College of Medicine has not been officially heard from since the report of the team which visited it in September 1968 was not accepted.

However, a 2-year school is under active consideration of Florida State University in Tallahassee. A school has definitely been authorized at the University of Missouri at Kansas City and is scheduled for a visit during the fall. Presumably it will be eligible for election to provisional membership shortly. It is assured that a University of Texas Medical School in Houston is to be activated sometime during the coming year.

Four Canadian schools are classified as non-member institutions in development. These include the McMaster University Faculty of Medicine, the Memorial University School of Medicine, the University of Sherbrooke Faculty of Medicine and the University of Calgary Faculty of Medicine. The first three are relatively mature and elsewhere in this Agenda book are being recommended for a class of membership to be called "provisional affiliate institutional members." The program at the University of Calgary is not quite so mature. However, it is scheduled for its first site visit during the coming year.

September 3, 1969

To: Executive Council
From: Cheves McC. Smythe, M.D.
Re: Canadian Schools in Development

The Canadian medical schools are carried as affiliate institutional members of the AAMC. Within the Association of Canadian Medical Colleges there is a class of membership paralleling our provisional membership.

Three of the four developing Canadian schools have enrolled students. Based on a discussion with Dr. John Firstbrook of the staff of the Canadian Association, it is recommended that these three schools be elected to provisional institutional membership in the AAMC. He is to discuss this with his Executive Committee at the time of their annual meeting in October 1969. The current bylaws of the AAMC call for no such class of membership.

A note describing the status of these three schools follows. It is recommended that the McMaster University Faculty of Medicine, the University of Sherbrooke Faculty of Medicine and the Memorial University School of Medicine be elected as "provisional affiliate institutional members" within the Association of American Medical Colleges. If an amendment to the bylaws is necessary to realize this recommendation, it is further recommended that an appropriate amendment be prepared and submitted to the assembly at the time of the 1969 Annual Meeting.

Memorial University Faculty of Medicine, Newfoundland

The new school at Memorial University, Newfoundland is admitting a first class of 18 students in September 1969. This school was surveyed by a joint Canadian-American team June 30-July 1, 1969. The major comments of the survey team follow:

SUMMARY AND RECOMMENDATIONS

Two years ago there was no medical faculty at Memorial University. Today there is an effective dean, a rapidly growing faculty, an organized post-graduate program, city-wide integration of four hospitals, a curriculum, a portion of which is worked out in some detail, a philosophy of medical education and service, an admissions process, 29,000 square feet of temporary space either in hand or under construction, a plan for a complete medical center, a modest but apparently adequate budget, and a group of students selected for a class to begin in September of 1969. These are extraordinary accomplishments for such a brief period and those who have participated in bringing them about should take great pride in what has been done. Morale and enthusiasm are justifiably high.

A developing medical school can only do so much so fast. The visiting team recognizes that what has been accomplished is the result of choices and that many of the suggestions and recommendations which follow have been or are now under active consideration by the Faculty of Medicine. The team also appreciates the effects of admitting the first class in 1969 rather than 1970.

RECOMMENDATIONS

1. A Stronger Staff for the Dean

The simple and direct relations between the Dean and higher University officials are evidently effective. Within the medical faculty additional staff will shortly be necessary as programs grow in size and complexity. Specifically, the appointment of an assistant or associate dean devoting a significant portion of his time to admissions, student counseling and student affairs, is recommended. Curriculum development could be a secondary assignment for such a person. An administrator who devotes his energies to fiscal affairs, business management and many other non-medical administrative matters has proved an increasingly necessary staff member in most medical schools.

2. Cleaner Lines of Internal Organization of Faculty

A basic science division which deliberately eschews departmental alignments, a clinical science division with the usual array of semi-autonomous chiefs appointed along the lines of clinical specialties and hospital departmental organization and a community medicine division, unorganized except around concepts, many of which have yet to be realized in practice anywhere, is an unstable structure. The team fully appreciates that this amorphousness of faculty organization is deliberate and recognizes the bases for the desire of MUN to avoid the rigidities of usual departmental organization. However, some mechanism within the faculty for assigning responsibility, deciding on priorities, allocating resources to goals and for evaluating what has been accomplished, will be necessary. As senior men are recruited to the Cell Studies and Community Medicine divisions they will demand a measure of autonomy and resources (people, space and dollars) which will allow them to reach their objectives. The team recommends continued attention to the internal organization of the faculty.

3. Immediate Initiation of Construction of Permanent Facilities

The temporary space is adequate. The speed and economy with which it is being put up is admirable. It should serve the purposes of the initial group of students well. None of this obviates the necessity for immediate and concurrent commitment to the development of permanent facilities. The program outlined by MUN's consultants is a coherent plan. The team shares the consultants' skepticism about staging the building over what will prove to be more than ten agonizing years. Continuous growth with its facilitation of adaptability may be good, but as much of the permanent facility as possible should be constructed as soon as possible. What is adequate for an initial group of 17 students and an enthusiastic freshly recruited faculty will rapidly become inadequate in the absence of continued development.

4. Further Development of Operating Budget

A great deal has been accomplished with a moderate operating budget. The whole program rests on a tax base even though some money comes variously from or through the University hospitals and the federal government. Continuous attention to securing adequate funding will be necessary. This is especially important in light of the many gaps in the faculty which must be filled. The policy regarding faculty remuneration is sound.

5. Immediate Faculty Development

The concentration on clinical departments (for the obvious reasons that they were there) and the basic courses in cell studies leaves a great gap between cellular and sub-cellular units and man. Morphology, organ systems, physiology, neurosciences, pathology and pharmacology all fall into this intermediate role in medical education and their development in this faculty is necessary without delay.

There is a role for "trans-culturally" trained scientists in bringing flexibility to education. As important as catholicity of interest may be in some faculty members, early and unswerving commitment to an area of knowledge is characteristic of productive scientists. Some people at the peak of or about to enter their most productive scientific careers must be attracted to supplement the skills of those who have already been recruited. In particular, morphology, pathology, microbiology and pharmacology are areas which need immediate attention.

6. Senior Appointments in Basic Science Area

The associate dean is, in effect, associate dean, associate dean for academic affairs, in charge of curriculum development, active in admissions, research director, head of the department of cellular physiology and chief basic science recruiter. All of these roles threaten his academic viability and his colleagues owe it to him to allow him to develop means which will concentrate his energies in one of these areas as soon as possible.

7. Development of Further Ties to Undergraduate Natural Sciences

The integration of the third year of the University with the first year of Medical School, using a combination of college schedules and medical school courses, science basic to biology and science applicable to human behavior in the community as bridges, is interesting and appears feasible. The cooperation with the departments of biochemistry and chemistry is praiseworthy. However, a closer interdigitation with the departments of biology and physics would be helpful. The development of a strong course in comparative anatomy and physiology (including development biology) would be of great help. Courses in physics and physical chemistry and biology might all be mentioned as desirable electives to be taken during the first undergraduate year, in addition to the minimum requirements.

8. More Detailed Planning for Second Year Curriculum

The development of the second year curriculum needs attention now. Systems teaching and involvement of external personnel demands precisely detailed assignments of responsibility and scheduling. Clinical teachers ought to become more involved and take on an appropriate responsibility now. As the basic scientists become enmeshed in the actual conduct of the first year program and the clinicians in the details of service and postgraduate responsibilities, reserving time and creative energy for planning for subsequent curricular years will become increasingly difficult. This emphasizes the need to recruit additional senior faculty members as soon as possible.

9. More Aggressive Student Recruitment

Students from as broad a variety of backgrounds and experiences as possible should be recruited. The School is correct in concentrating particularly on the Atlantic Provinces.

FINAL RECOMMENDATION

The team representing the Liaison Committee on Medical Education, the Association of Canadian Medical Colleges, the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association all recommend the provisional accreditation of the developing program of the Faculty of Medicine of Memorial University in Newfoundland. Provisional affiliate membership in the Association of American Medical Colleges is recommended. It is also recommended that provisional membership in the Association of Canadian Medical Colleges be continued.

University of Sherbrooke Faculty of Medicine

This school was last surveyed in the summer of 1968. Its developing program was provisionally accredited. Since that time, it has continued to grow rapidly.

- 1) This fall a class of 64 students was enrolled. In the second year there are 49, in the third 46, and in the fourth 26 students who are to graduate in 1970.
- 2) The hospital has been opened. 160 beds are now active and the schedule calls for activating 270 more beds to a total of 430 during the next 12 months.
- 3) The faculty has grown to 130 full-time and 20 more are to be added during the year. All departmental chairs are full. Staffing in the subspecialties is progressing satisfactorily.
- 4) The curriculum has been modified toward allowing more free time for all classes. In addition the traditional basic science departmental structure has been shelved for the time being and the teaching is being done by interdepartmental groups. Examples are Molecular Biology, Enzymes and Proteins, Neuromuscular.
- 5) Support from the Province for the current academic year is \$3 million. \$1.5 million is available for research. The hospital budget is separate.

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July 22, 1969

Dr. John A. D. Cooper, President
Association of American Medical Colleges
1346 Connecticut Avenue, N.W.
Washington, D. C. 20036

Dear John:

Prompted by recent events at my own institution and a growing national concern, I am writing to suggest that the AAMC and its component councils take cognizance of the growing super-professionalism and/or unionism of the registered nurse. Medical school deans, who need beds to teach students and train residents, hospital administrators, who need beds to deliver medical service, and clinical faculty members, who need beds for both reasons, are finding that their educational and patient care programs are at the mercy of a single group, the nurses.

The problem surely has its genesis in what has happened to nursing education in recent years, and I am not proposing that the AAMC necessarily take on this big question. But we must, as a group concerned with medical education and the delivery of health services, find more effective means to communicate with those who direct and staff hospital nursing services. Whether we like it or not, or agree or not, when hospital nursing services tell us that there is a shortage of registered nurses such that in their judgement patient care suffers, we, up to now, have had no alternative other than to close hospital beds. We recently had to close about 75 beds here, and I understand that Duke recently closed as many as 200. The Medical College of Virginia in Richmond, and other University Hospitals have done the same. When the nurses state that they feel beds have to be closed to protect the patients, and that it is the nurse who should determine the staffing pattern for the hospital, they may be right. But Hospital Administrators and Chiefs of Clinical Services begin to wonder who is in charge of patient care. The following questions are asked: "Is the nurse a partner of the physician or an handmaiden?" "Who defines the role of the registered nurse?" "Should we deal with nurses as members of a profession or as members of a union?" "Must we face the prospect of running hospitals without nurses?"

We hope that the crisis of the University of Kentucky has passed, but the reprieve may only be a temporary one. At the local level, we found our greatest need was for communication between the administration,

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July 22, 1969

Dr. John A. D. Cooper

clinical faculty, and nursing services. I wonder if the same is not true at the national level. I believe that it would be appropriate for the AAMC to foster continuing dialogue between its component groups and professional nursing. Who knows, perhaps we should create a Council of Nurses. Maybe there could be a liaison committee from the Council of Deans and the Council of Teaching Hospitals. It is a national problem which should be attacked at a national level; because the AAMC has so much at stake it would seem logical to approach it through that organization.

Since Bill Anlyan, Chairman of the Council of Deans, has been personally involved with this problem of late, I am taking the liberty of sending a copy of this letter to him.

Sincerely,

Bill

William S. Jordan, Jr., M.D.
Dean, College of Medicine

WSJ:dhc

cc: William Anlyan, M.D.