

ADMINISTRATIVE BOARD

of the

COUNCIL OF DEANS

* * *

December 16, 1970
Dupont Plaza Hotel
Executive Room

7:30 a.m. - 8:45 a.m.

BREAKFAST

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AGENDA

I.	Consideration of Minutes of October 30, 1970 Meeting	1
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X.	Adjournment	

Students

2/29 -

Carlton Chapman - spoke re slowing down limiting number of schools.

Graduate Programs -
go slow!

Student Representation -

* Medical School Organization -

Chapman - this is a good suggestion. We are under pressure. The other side is the existing organization within schools - this aspect could be looked at. Some help along this line - internal structure, by laws, etc.

Causes for survival - when down & out - see a way of getting some money in on the short range.

Tackled re 3 things: -

- ① External pressures
- ② Internal faculty pressure - info on how faculties are organized
- ③ External face to all sorts of requirements agreed upon costs per student.

* Action item for staff

Staff use ASAC - as copies of by laws - how schools around the country are organized -

* Agenda for February?

Resolution from Exec. Council re external pressure
Report on Cost Student - Tom Campbell.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MINUTES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

October 30, 1970
Biltmore Hotel
Los Angeles, California

Present:

(Board Members)

Dr. Charles C. Sprague, presiding
Dr. Merlin K. DuVal
Dr. Robert H. Felix
Dr. Robert B. Howard
Dr. Sherman M. Mellinkoff
Dr. Robert S. Stone
Dr. Carlton B. Chapman
Dr. David Rogers

Dr. Bill Maloney

(Staff)

Dr. John A. D. Cooper
Mr. John Danielson
Mr. Joseph S. Murtaugh
Dr. Marjorie P. Wilson
Mrs. Barbara Bucci
Mrs. Evelyn Harrison
Mr. Joseph A. Keyes

I. Call to Order

The meeting was called to order at 12:30 p.m.

II. Minutes of the September 16, 1970 Meeting

The minutes of the meeting of September 16, 1970 were accepted without change.

III. Accreditation Problems

A task force of the Liaison Committee on Medical Education was to be appointed to identify accreditation problems, shed light on their ramifications, and recommend some policies for LCME consideration. Among the problems currently identified are: 1) The specification of what constitutes a medical school in view of the variety of educational arrangements coming into being and the related issue of which programs carried on away from the medical school require examination and accreditation; 2) The determination of the circumstances under which the LCME should intervene when matters come to light publicly which could have an influence on the quality of educational programs; and 3) The problem of free standing medical schools in obtaining accreditation of their graduate programs.

The Administrative Board was invited to comment on these matters as well as to bring to the attention of the task force additional areas of concern.

The discussion addressed primarily the problems encountered by free standing medical schools in obtaining accreditation of their graduate (Ph.D.) programs. In addition to the visit sponsored by the Liaison Committee on Medical Education, these schools are currently required to undergo a visit conducted by the regional accrediting bodies to obtain accreditation of their graduate programs. This is so because the LCME is authorized to accredit only programs granting the M.D. degree. Graduate programs at university affiliated medical schools are accredited as part of the institutional accreditation process. The extra time, effort, and expense involved in the dual-visit procedure are matters of concern to the schools affected. At least three medical schools are now faced with this situation; similar problems are beginning to arise with respect to the allied health and other educational programs conducted at the academic health centers. Alternatives to the present procedure were discussed:

1. Arranging joint visits sponsored by the Liaison Committee on Medical Education and the regional bodies.
2. Obtaining a delegation of authority from the regional bodies to the Liaison Committee on Medical Education for the accreditation of the programs.

The first alternative appeared to be the more feasible and it was agreed that this would be an acceptable resolution.

ACTION: No specific action was taken by the Board other than to note its concern and interest in the problems under consideration.

IV. AAMC Services in the General Area of Management and Organization

Dr. Wilson opened the discussion referring to the recent management seminar at Hershey and posed the question as to what degree the AAMC should be involved in organizing activities of this type, i.e., activities or mechanisms facilitating access to information and expertise bearing on the solution of management problems. She indicated that the representatives of schools attending that seminar and others she had been in contact with had exhibited a real desire for some assistance in this area and greater exchange of information.

Mr. Murtaugh mentioned previous discussions at the AAMC office regarding the utility of establishing a unit at the headquarters concerned with improvement of the administrative workings of the medical center. Dr. Cooper had indicated that the objectives of the proposal were not sufficiently clear, and he felt the matter needed further discussion and consideration by the Council of Deans. Mr. Danielson felt that the Association ought to provide for the membership some series of institutes or conferences that dealt with specific major problems of management, for instance, the development of program and budget. He noted that deans, as well as other managers, needed education and refreshing in methods of management, sometimes just to stay competitive with their colleagues.

Dr. Felix endorsed the concept and gave examples of matters where such assistance would be valuable.

Dr. Mellinkoff said that he hoped he would find out that it is not money that he needs, but advice. His experience, however, led him to take a dim view of a series of national workshops which, he felt, tend to generate unfulfillable expectations.

Dr. Chapman expressed his view that little could be expected from undertakings which were not directed toward a methodical examination and computerization of what goes on in a management situation.

Dr. Cooper indicated that what he had in mind was somewhat difficult to describe because of the various meanings and usages of the term "management." The best modifier combination that he could suggest was "conceptual management" by which he wanted to convey "the process of viewing the organization as a whole unit; identifying the various power centers and their relationships, developing methods of dealing with them and of allocating priorities and resources among them to bring about a cohesive unit working toward institutional objectives." He felt that the Hershey Seminar was particularly successful and appreciated by the new deans because of the participation of men like John Hogness and Russell Nelson with their background, experience, and competence. Developing various mechanisms to bring these kinds of skills to bear on the problems of medical education, he described as an important aspect of Dr. Wilson's office which he views as a primary focus of activity in the area of conceptual management.

Dr. Rogers agreed that deans were generally not prepared with managerial skills and suspected that this placed them at a disadvantage in dealing with their hospitals which often have well developed competence in the area. Mr. Danielson remarked that it is at least possible that hospitals are overmanaged with skyscraper management structures which actually distract from the pursuit of their real missions. Dr. Sprague suggested the existence of schools not as well situated as Dr. Mellinkoff's which might well profit from a week's examination by a resource person.

ACTION: The staff should take the sense of the group, pursue the matter, and place the matter on the agenda again at a later date at which time specific recommendations might be made.

V. IRS Ruling on Amounts Paid to Interns and Residents

Dr. Sprague introduced the topic because of his experience with the hardships incurred by house staff members resulting from a recent IRS ruling which disallowed tax exempt status to various allowances paid over the past three years. Some in this position now find an unexpected tax bill of \$1,600-\$1,700. Because the levels of compensation around the country are so variable, the question arises as to whether or not some level of compensation should be univormly recognized as an educational allowance (perhaps with a geographic differential), with only the amount in excess taxable. Discussions with tax lawyers have made it very clear that the \$3,600 allowance will continue to be dis-

allowed as tax exempt unless new legislation is forthcoming. The advisability and extent of AAMC involvement in the issue is an open question, but the matter is a legitimate concern of the Association.

After considerable discussion it was agreed that because house staff officers were now being paid a much better wage it would be neither advisable nor politically feasible to attempt to influence federal policy on this matter. On a related question however, there was considerable agreement. It was felt that the AAMC should be more responsive to house officers in view of their very active concerns with the terms and conditions of their employment and training.

VI. New Business

A. Tuition Charges Made for Students on Elective Programs at Other Institutions.

Dr. Sprague brought this matter up in response to a letter from Franz Bauer. Since a committee of the GSA is looking into this, discussion of the issues was deferred.

B. Outside Forces Influencing the Organizational Structure of the Medical School.

A number of forces are placing demands upon the medical schools and hospitals which tend to dictate the organizational structure. Increasingly the schools are being required to give Departmental Status to various specialty disciplines in order to comply with the requirements of specialty boards, NIH training grant teams, AMA accrediting groups and legislation such as The Family Practice Bill. The suggestion was made that the AAMC study the matter and take a formal position on the various issues involved. One such study, conducted at UCLA, resulted in a thoughtful appraisal of the situation and concluded that there is a limit to the number of department chairmen a dean can relate to without a restructuring of the organization.

There was general agreement that the AAMC should undertake a study and evolve a position but the issue as to who should initiate the AAMC action -- the Executive Council or the Council of Deans -- remained unresolved. The matter was left for further informal discussion and later resolution.

VII. Adjournment

The meeting was adjourned at 1:55 p.m.

II. PROPOSAL FOR EXPANSION OF THE MEMBERSHIP AND FUNCTION OF THE LIAISON COMMITTEE ON MEDICAL EDUCATION.

The Agenda for the December 16, 1970 meeting of the Executive Council includes consideration of the amended draft of the expansion proposal as recommended at the October 7, 1970 meeting of the Liaison Committee on Medical Education.

Recommendation: That the Administrative Board of the COD consider the proposal and recommend endorsement or such changes as it deems warranted.

III. PHYSICIAN'S ASSISTANTS PROGRAMS

At its Annual Business Meeting held October 31, 1970, in Los Angeles, by unanimous vote, the Membership of the Council of Academic Societies adopted the following recommendation:

That the Association of American Medical Colleges appoint a committee to study the establishment of definitions and standards for various assistants to physicians, and an accrediting mechanism for programs producing such individuals, and that such action be taken, if necessary, without participation of the AMA.

The Liaison Committee on Medical Education has appointed a Task Force on Physician's Assistants Programs with the following membership:

Chairmen: Dr. Edmund D. Pellegrino *
Dr. John B. Dillon *
Dr. Earle M. Chapman *
Dr. Thomas D. Kinney **
Dr. E. Harvey Estes **
Mr. H. Robert Cathcart **

* AMA Representative
** AAMC Representative

On November 5, 1970 the Task Force members were sent material relevant to their study (attachment) and were given the following charge:

"The Liaison Committee is seeking recommendations from the Task Force on the following:

- 1) Appropriate proposals relative to the definitions of the role and functions of these new categories of health care personnel.
- 2) The educational standards to be met in the programs for each category.
- 3) Guidelines for the identification, registration, and accreditation procedures appropriate to the educational programs and their product."

The Task Force is scheduled to hold a full day meeting in Washington on December 17, 1970.

Recommendation: That the LCME Task Force be accepted as the appropriate mechanism for carrying out the Council of Academic Societies resolution.

DOCUMENTS RELEVANT TO THE STUDY OF PHYSICIAN'S ASSISTANTS PROGRAMS

1. Report of the AAMC Task Force on Physician's Assistant Programs, February 5, 1970.*

Authorized: November, 1969, Meeting of the Council of Academic Societies

Chairman: Dr. E. Harvey Estes

Members: Included representatives of CAS, Council of Deans, Council of Teaching Hospitals

Guests: Representatives of Staff of AMA Councils on Medical Education and on Health Manpower

Reported: February 5, 1970

Action: Distributed by Executive Committee CAS to members for information - February 6, 1970

Reviewed and accepted by the Executive Council of AAMC as information - May 7, 1970

Discussed by Council of Deans with recommendations May 21, 1970

Discussed by Council of Teaching of Hospitals

Content: The report concentrates primarily on the responsibility of AAMC institutions for the education and training of such personnel.

2. New members of the Physician's Health Team: Physician's Assistants Board on Medicine of the National Academy of Science, 1970.*

Authorized: Board on Medicine, National Academy of Science

Chairman: Dr. Eugene A. Stead, Jr.

Membership: Dr. E. Harvey Estes of Duke, Professor Nathan Hershey of the University of Pittsburgh, Mrs. Lucile P. Leone of Texas Woman's University, Dr. Bryan Williams of Dallas, Texas, Professor Adam Yarmolinsky of Harvard Law School, and Mrs. Martha Ballenger, Executive Secretary.

The Report: A short eight-page discussion of various types of medical assistants which are categorized according to their education and degree of patient care responsibility. Recommendations are made concerning education and training, accreditation, and legal authorization. A six-page appendix supplies basic data on ten programs now under way.

3. Selected Training Programs for Physician Support Personnel, DHEW, PHS, NIH, BEMT, June, 1970.*

Compiled by: The Professional Activities Branch of the Division of Physician Manpower, BEMT.

Contents: A fifty-nine page report providing basic data on twenty-two programs under the heading "Programs with Varied Entrance Requirements," and seventeen programs under the heading "Programs for Extending Nursing Roles."

Data Provided: Institution, Program Director, Program Title, State of Development, Curriculum, Degree or Certificate Awarded, Entrance Requirements, Number of Students Enrolled, Number Graduated.

4. Model Legislation Project for Physician's Assistants - DHEW, PHS, HSMHA, NCHSR&D, Contract with Duke University's Department of Community Health Sciences, June 30, 1970.*

A sixty-page report with four appendices. Examines existing legislation and the legal status of the physician's assistant; examines alternate approaches to improving this status with the twin goals of providing sufficient flexibility for the optimum utilization of his skills while providing appropriate protection to the public. While specifically directed toward the situation in North Carolina, the study is perhaps the most definitive in this field and will have wide applicability.

5. Civil Service Commission Qualification Standard, Physician's Assistant Series (Advance Copy)

Provides the standards by which applicants for Federal employment as physician's assistants will be classified on the General Schedule. The series runs from grade 7 through 11, the higher grades requiring additional years of professional caliber experience. One requirement is the completion of a course of training approved by a nationally-recognized professional medical body such as the AMA or the AAMC.

6. Announcement of the formation of a Commission for the Study of Accreditation of Selected Health Educational Programs.*

The letter announcing the Commission's formation is accompanied by a roster of the membership and a proposed outline for the study. Questions and a proposed procedure are detailed for the following topics under inquiry: Accountability of Accreditation, Structure of Accreditation, Expansion of Accreditation, Financing of Accreditation, Research of Accreditation, Relationship of Accreditation and Licensure, Relationship of Accreditation and Registration (Certification).

7. Statement of the American Hospital Association on the Physician's Assistant in the Hospital.**

* Enclosed

** Awaiting approval of the AHA Board of Governors - not yet available

IV. ACCREDITATION OF GRADUATE PROGRAMS IN FREE-STANDING MEDICAL SCHOOLS.

At its last meeting the Administrative Board discussed the problems of free-standing medical schools in obtaining accreditation of their graduate programs. The AAMC staff is pursuing the matter and will report on any progress at the meeting.

V. STUDY OF MEDICAL SCHOOL ORGANIZATIONAL STRUCTURE.

At the last meeting of the Administrative Board, Dr. Sprague introduced, under New Business, a discussion of the influence of outside forces (including specialty boards, accreditation procedures, NIH training grant site visit teams, and legislation) which have the effect of dictating the organizational structure of the medical school. There was considerable sentiment that the AAMC should sponsor a thoughtful study and analysis of the situation and subsequently take a public position on the matter. Left unresolved was the question of the locus within the AAMC from which to initiate such a study.

Recommendation: That the Administrative Board of the COD recommend to the Executive Council that they consider the matter and take appropriate action.

VI. COD NOMINATING COMMITTEE.

The Bylaws of the Council of Deans provide:

Section 4. (f) The Chairman of the Council of Deans shall appoint a Nominating Committee of not less than 5 voting members of the Council who shall be chosen with due regard for regional representation. This Committee will solicit nominations from the voting members for elective positions vacant on the Executive Council and Administrative Board. From these nominations a slate will be drawn, with due regard for regional representation, and will be presented to the voting members of the Council of Deans at least two weeks before the Annual Meeting at which the elections will be held. Additional nominations may be made at the time of the meeting.

The Executive Council Nominating Committee will include as members, the Chairmen of the CAS, COD, and COTH Nominating Committees. It is hoped that this committee of the Executive Council may be activated by February 1971. To accomplish this, it will therefore be necessary for the Chairman of the COD to appoint his committee in the near future.

Recommendation: That the members of the Administrative Board take note of the imminence of this action and provide the chairman with any recommendations they may wish to offer.

VII. AGENDA ITEMS FOR THE AAMC-VA LIAISON COMMITTEE.

The members of the recently authorized AAMC-VA Liaison Committee have been appointed. They are:

William G. Anlyan, M.D.
Vice President for Health Affairs
Duke University School of Medicine

Richard V. Ebert, M.D.
Chairman, Department of Medicine
The University of Minnesota
Medical School

S. Richardson Hill, Jr., M.D.
Vice President for Health Affairs and
Director of the Medical Center
University of Alabama
School of Medicine

George James, M.D.
Dean
Mount Sinai School of Medicine
of the City University of New York

John C. Rose, M.D.
Dean
Georgetown University
School of Medicine

Sherman M. Mellinkoff, M.D.
Dean
The UCLA
School of Medicine

John M. Stagl
Director
Passavant Memorial Hospital

Recommendation: That the Administrative Board discuss matters which should be brought to the attention of this committee for placement on its agenda.

VIII. PROPOSED PLANNING OFFICERS SECTION.

A proposal is being presented at the Executive Council that this group be formally encouraged to form a section under the Council of Deans. The primary purpose of the proposed group would be to foster the application of sound and professional practice in planning for health education programs and facilities. The idea for a formal group of medical school or center planning officers emanated from the interests of a number of individuals in the field charged with planning functions. This interest was very likely enhanced by two exploratory working conferences of planners held during 1969. The conferees shared the belief that the lack of understanding of the planning process prevalent at many institutions and the resulting confusion regarding the role of the planner has had a negative effect on the orderly development of health science centers. There was general agreement that planners should establish better communication among themselves and should promote the exchange of information and discuss mutual problems through regional and national conferences.

Recommendation: That the Administrative Board of the Council of Deans consider the proposal and recommend that the Executive Council take appropriate action.