

AGENDA

ADMINISTRATIVE BOARD

of the

COUNCIL OF DEANS

* * *

February 12, 1971

12 noon - 2 p.m.

PDR 14

Palmer House

Chicago, Illinois

LUNCHEON

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MINUTES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

December 16, 1970
Dupont Plaza Hotel
Washington, D.C.

Present:

(Board Members)

Merlin K. DuVal, M.D., presiding
Carleton B. Chapman, M.D.
Ralph J. Cazort, M.D.
Kenneth R. Crispell, M.D.
Clifford G. Grulee, M.D.
William F. Maloney, M.D.
Sherman M. Mellinkoff, M.D.
Harold C. Wiggers, M.D.

(Staff)

John A. D. Cooper, M.D.
Marjorie P. Wilson, M.D.
John M. Danielson
Joseph A. Keyes

I. Call to Order

The meeting was called to order at 7:30 a.m.

II. Minutes of the October 30, 1970 Meeting

The minutes of the meeting of October 30, 1970 were corrected to indicate the presence of William F. Maloney, M.D., at that meeting. They were approved as corrected.

III. Proposal for Expansion of the LCME

The Board took note of the fact that the proposal for the expansion of the LCME was on the agenda for consideration by the Executive Council on December 16 and the fact that the AMA Council on Medical Education had approved the latest revision as a provisional operating statement. The Board had no amendments to offer.

IV. Physician's Assistants Programs

The topic of physician's assistants programs was discussed briefly. The focus of concern was the consideration of these programs at the AMA Clinical Convention by the Reference Committee. At that time there appeared to be much antagonism toward the concept of the physician's

assistant and no strong spokesman for it. No action was taken with respect to the programs, there being a consensus that any action should properly await the recommendations of the LCME on the subject.

V. Accreditation of Graduate Programs for Academic Degrees in Freestanding Medical Schools

A staff report on conversations with staff of the National Commission on Accrediting, which indicated that there would be perhaps insuperable obstacles to any effort by the LCME to accredit graduate academic degree-granting programs in "freestanding" medical schools, elicited strong expressions by Board members that the LCME had no business entering the field of this type of "institutional accreditation" in any event. The feeling was that the present system maintains appropriate links between the medical schools and the rest of academia. Staff will explore other means to relieve the freestanding schools of some of the burden of the dual accreditation procedure--one visit by the regional accrediting body for academic graduate programs and one by the LCME for accreditation of the M.D. degree-granting program.

VI. Student Representation

The matter of the proposed bylaws revisions especially with respect to student representation was discussed at some length. The major concerns with the proposal were that the additional assessment would be a burden on the schools, that the requirement that the students finance half of the additional cost would not work in practice, and that because of the state of student government at most medical schools, most of the student representatives on the AAMC governing bodies would not be truly representative. It was suggested that since the Organization of Student Representatives would relate to the AAMC through the COD, that body could establish as a condition of eligibility to membership in the OSR, that the representative must be chosen through a democratic procedure at his institution.

VII. Study of Medical School Organizational Structure

This topic arose out of discussions at the last meeting of the Board concerning external pressures which influence the organization of the medical school. As the Board again grappled with the problem, its complexity became more apparent. The dean is not only pressured by such external forces as specialty boards, accreditation procedures, NIH training grant site visit teams and legislation, but also by such internal forces as

the desires of strong department chairmen and the growing phenomenon of faculty organizations. Further, the increasingly evident necessity for additional public support of medical schools is bound to increase the demand of the public and governmental agencies to have available some standard or basis on which it will be possible to make comparisons of such things as costs and faculty-student ratios at individual schools. While there was fear that undertaking to develop any material which might be used as such a standard would be opening a Pandora's box of further potential pressures, especially to conform to "norm," the danger that failing to attempt the job ourselves would open the door to others doing it less well, and with potentially greater damaging impact, on the schools was viewed as at least as great.

The Cost Allocation Studies were cited as one effort of the Association to attack this problem. It was suggested that the Council be brought up to date on the progress of these studies and be made aware of the advantages and potential dangers of inappropriate utilization of the studies.*

The Nelson Committee on the Financing of Medical Education was cited as another effort in this regard. Suggestions as to additional measures to be taken included the sponsoring of a workshop dealing with these issues and the development of a staff paper exploring the potential courses of action. No action was taken on these suggestions, but the staff was requested to compile a resource library of each school's bylaws and catalogs as an aid to those seeking information on the schools' existing organization.

VIII. Adjournment

The meeting adjourned at 9 a.m.

* The February meeting of the Council of Deans will include a program on this subject. Speakers will be Mr. Thomas Campbell, Dr. LeRoy Pesch, and Mr. Joseph Murtaugh.

II. Revision of the Bylaws--Consideration of the Deliberations of the Regional Groups

The Deans of the Northeast Region met on January 12, 1971; the Deans and others of the Midwest Region met on January 18 and 19, 1971; the Deans of the remaining regions will have met prior to the Administrative Board meeting, i.e., on the morning of February 12, 1971. The Administrative Board may want to take cognizance of the deliberations of these groups concerning the proposed Bylaw revisions, especially with respect to the mechanism for involving students in the affairs of the Association.

The Northeast Deans were concerned with additional assessment laid for the support of the student participation, with the potential that the student participants would not be legitimately representative of their student constituencies, and with the prospect of a parallel faculty organization within the Association and the concomitant cost and complexity. Nevertheless, with three dissenting votes, the Deans supported the proposal as a reasonable first step.

The Midwest Region had many of the same concerns as the Northeast. They agreed to support the proposal provided that a similar mechanism is developed for faculty representation; they would not support, however, the proposed assessment contending that the cost should be borne through a reallocation of resources.

III. Proposal for a Council of Faculty

The concept of a Council of Faculty (or an Organization for Faculty Representation) has been considered by the Executive Committee, the Executive Council, and other bodies of the Association as a means for broadening the representation of the Association in its governing apparatus so that it more closely reflects the interests of the medical school faculties and provides a forum for their concerns to be voiced. While seriously considered, this mechanism has not yet received the approval of the Association to date.

The proposed Bylaw revisions granting student representation may provide additional impetus for a reexamination of this concept. The Midwest-Great Plains organization, which includes in addition to a Council of Deans, a Council of Faculty, a Council of Teaching Hospitals, and a Council of Business Officers, resolved to support the Bylaw revisions "provided a similar mechanism is developed for faculty representation." It is therefore appropriate that the Administrative Board reexamine the issue and its implications for the Association.

IV. Consideration of the Paper "Corporate Responsibility
for Graduate Medical Education"

The Committee on Graduate Medical Education of the Council of Academic Societies met on January 8, 1971, to revise the paper entitled "Corporate Responsibility for Graduate Medical Education," which appears in the Assembly Agenda. This paper is to be considered by the full CAS at its meeting February 12, 1971, as well as by the COD and the COTH at meetings on the same date. The Executive Council, which has previously indicated its accord with the concept in principle, will consider the paper at its February 13 meeting; the matter is on the Assembly Agenda for that date.

V. Planning Officers' Section

At its December 16, 1970 meeting, the Executive Council voted to recommend to the Council of Deans that a Medical Center Planning Officers' Section be formed under the Council of Deans. This matter is on the agenda for the February 12 meeting of the Council of Deans and additional material on the subject appears in the agenda book for that meeting.

VI. Election of Affiliate Institutional Member

The Executive Council at its December 16, 1970 meeting reviewed the report, Summary and Recommendations, of the survey team which visited the University of Sherbrooke Faculty of Medicine (now a Provisional Affiliate Institutional Member) in February, 1970. On the basis of the recommendation of that report, the Executive Council voted to recommend to the Council of Deans the election of the University of Sherbrooke Faculty of Medicine to Affiliate Institutional Membership in the Association of American Medical Colleges. At its next meeting the Council of Deans will consider this recommendation and determine whether to recommend to the Assembly the election of this institution.

VII. Medical School--VA Relations

The minutes of the first meeting of the VA-AAMC Liaison Committee, December 17, 1970 are attached for the consideration of the Board. Both the staff and the Committee welcome any suggestions that the Board or individual members may wish to offer.

VETERANS ADMINISTRATION-ASSOCIATION OF AMERICAN
MEDICAL COLLEGES LIAISON COMMITTEE

Washington, D.C.
December 17, 1970

Present:

Veterans Administration

Marc J. Musser, M.D.
John D. Chase, M.D.
Benjamin B. Wells, M.D.
Laurence V. Foye, M.D.
A. Wendell Musser, M.D.
Edward M. Friedlander

A.A.M.C.

William J. Anlyan, M.D.
Merlin K. DuVal, M.D.
John Stagl
John A. D. Cooper, M.D.
Joseph Murtaugh
August J. Swanson, M.D.
John M. Danielson
Marjorie Wilson, M.D.
Fletcher H. Bingham, Ph.D.

I. Call to Order:

Dr. Anlyan served as Chairman, and called the meeting to order
at 5:45 p.m.

II. Review of Factors that Had Led to the Formation of the Liaison

Committee:

Drs. Anlyan, Musser, DuVal and Cooper reviewed the various events
and activities that had pointed up the need for the development of
a Liaison Committee. This review included a number of mutually
critical issues that had emerged as well as a consideration of the
internal and external elements that are examining more closely the
relationships between medical schools and Veterans Administration
Hospitals. It was agreed that while the fiscal arrangement between
the two organizations was a critical issue in the relationship, there
is a major matter to which this Committee should devote its immediate
attention. This relates to a re-examination of the relationship
between the medical schools and the Veterans Administration Hospital

System that gives recognition to the manner in which VA institutions continue to be an integral part of the changing academic medical centers.

III. Suggested Course of Action for the Committee:

Following this discussion, the future of the Committee was discussed and it was agreed that the combined staff of the Veterans Administration and the AAMC would establish a plan for a rational review and assessment of the current policies that affect this unique and important relationship:

1. What are the problems facing the working affiliations between the V.A. Hospitals and the medical schools on both a long-range and short-term basis?
2. What type of approaches can be developed to examine the entire range of considerations that are included in these affiliations?

Within this context, it was agreed that emphasis will be given to:

- a) The scope and direction of program activities of the V.A.'s Department of Medicine & Surgery and the AAMC, both separately and in terms of their interdependence and interrelationships.
- b) An agreement on how broad and how deep the assessment of these relationships should be and what form they should take.

c) The development of methods for determining solutions, keeping in focus the following criteria:

1. Short-term problems and their solutions;
2. Long-range problems and their solutions;
3. a realistic framework for the development of these approaches.

IV. Suggested Timetable for Action:

- A. The staff will begin on the development of a discussion paper, which will provide a basis for the identification of problems related to information and data and suggested approaches to the solution of such problems. A draft of such a paper will be prepared by the staff and presented to the next meeting of the Liaison Committee.
- B. Arrangements for the next meeting of the Liaison Committee are to be made for the second week in February in Chicago during the annual meeting of the AMA Congress on Medical Education.
- C. Both the AAMC and the Department of Medicine and Surgery, through whatever avenues available, i.e., regional meetings, etc., will indicate to its membership and institutions the nature of the discussions of the Liaison Committee and the proposed plans and activities.

V. Adjournment:

There being no further business the meeting adjourned at 8:45 p.m.

Submitted by Staff:

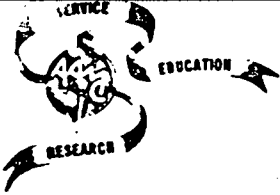
Fletcher H. Bingham, Ph.D.
Associate Director, COTH
Association of American
Medical Colleges

Edward M. Friedlander
Special Assistant to the
Chief Medical Director
Department of Medicine & Surgery
Veterans Administration

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VIII. Minority Students

The AAMC "Policy Statement on the Medical Education of Minority Group Students," (attached) by the Executive Council at its meeting of December 16, 1970, was presented for the consideration of the Liaison Committee on Medical Education at its January 28, 1971 meeting. The staff will report to the Administrative Board the outcome of that discussion.



INTER-OFFICE MEMO

Retain - 6 mos.	<input type="checkbox"/>
1 yr.	<input type="checkbox"/>
5 yrs.	<input type="checkbox"/>
Permanently Follow-up Date	<input type="checkbox"/>

DATE January 4, 1971

TO: Marjorie Wilson, M.D., Director, Division of Institutional
Development

FROM: Davis G. Johnson, Ph.D., Director, Division of Student Affairs *DGJ*

SUBJECT: AAMC Policy Statement on Minority Group Students

Enclosed for transmittal to the Liaison Committee on Medical Education is a "Policy Statement on the Medical Education of Minority Group Students" that was adopted by the AAMC Executive Council meeting of December 16, 1970. Since that time, the Statement has been reviewed and approved by the AAMC Legal Counsel, and the first sentence in paragraph 6 has been revised to read positively rather than negatively.

I would call your attention in particular to paragraph 5 of the Policy Statement which strongly encourages the Liaison Committee "to review critically the degree of individual opportunity provided in medical school curricula." In addition, it urges the Liaison Committee "to include in its membership (and on its accreditation teams where possible) individuals with special knowledge and experience in the education of minority group students." Although not included in the official Policy Statement, it has been suggested by members of the AAMC Group on Student Affairs (GSA) Committee on the Medical Education of Minority Group Students that it might be particularly appropriate for the National Medical Association (NMA) to be represented on the Liaison Committee and on future accreditation teams.

If you would like any further background information concerning the development of this Policy Statement, I would be happy to provide it to you. I shall look forward to learning what action, if any, the Liaison Committee takes on this document. I gather that the next meeting of the Committee is still scheduled for the last week in January.

Enclosure

CC: Drs. John A. D. Cooper, Paul Elliott, Roy K. Jarecky, Bernard W. Nelson,
and Frank T. Stritter; Mr. Howard F. Manly

COPIES TO:

Policy Statement on the Medical Education of Minority Group Students*

The AAMC and its constituent members are directing earnest attention and effort toward the goal of increasing minority opportunities in medical service, teaching, and research. A detailed description of these goals (including the short-term objective of 12 percent minority medical entrants by 1975-76) is contained in the "Report of the AAMC Task Force to the Inter-Association Committee on Expanding Educational Opportunities in Medicine for Blacks and Other Minority Students" that was approved by the AAMC Executive Council on May 7, 1970.

Medical schools, working with cooperating preprofessional colleges, are urged to help increase minority student awareness of the opportunities for professional education and the specific preparation necessary for medical school. Minority students, thus motivated, prepared, and recruited, should be provided encouragement to complete their course of study.

In order to provide the most conducive educational milieu, medical schools are urged to identify a faculty member or administrator who can be specifically charged with responsibility for minority student affairs. This individual should work closely with the AAMC Group on Student Affairs (GSA) and should represent the medical school in GSA minority affairs activities. An individual from a minority group may be particularly effective in this position.

In developing new and modifying existing educational programs, medical school faculties should be aware that minority students, while not always as well prepared in the traditional sciences basic to medicine, bring to the profession special talents and views which are unique and needed. Educational programming for all medical students should be sufficiently flexible to allow individual rates of progress and individualized special instruction. With such programming, the opportunity for minority student success will be maximized.

The AAMC-AMA Liaison Committee on Medical Education is strongly encouraged to review critically the degree of individual opportunity provided in medical school curricula. The Liaison Committee is also urged to include in its membership (and on its accreditation teams where possible) individuals with special knowledge and experience in the education of minority group students.

Financial assistance for minority students must be maximized and medical schools are urged to pursue actively the expansion of minority student support funds at the local, State, and Federal levels. The Association is making known to the American public and to the Federal Government these needs for increased financial aid for minority students.

The Association is also carrying out an active minority affairs program at the national level, including during 1970-71 a Medical Minority Applicant Registry (MED-MAR), an annual Minority Student Opportunity publication, a minority information clearinghouse, the administration of almost \$1,000,000 in OEO-supported minority programs and a "Minority Affairs Monitoring and Planning Project (NOMAPP)" relative to the Task Force report noted above.

*Adopted by the AAMC Executive Council at its meeting of December 16, 1970.

IX. Macy Commission Report

The Macy Commission's "Report of the Commission for the Study of the Governance of the Academic Medical Center" has been recently published. Since the subject matter is obviously of importance to the Association and Council members, the staff is calling this matter to the attention of the Administrative Board even though, at this point, we have not had the opportunity to review the report.

X. Agenda for the May Meeting of the COD

The agenda for the May meeting of the Council has not as yet been settled upon. One matter of crucial significance will be the development of the relations of the Association to the Congress and the Executive Branch as well as the progress of various health related legislative proposals. Some followup to the Program of the February meeting will probably be called for at that time. Other matters of concern should be discussed at this meeting of the Board to assist in the development of the May agenda.