

AGENDA

ADMINISTRATIVE BOARD

of the

COUNCIL OF DEANS

September 17, 1971

Executive Room

7 - 9 a.m.

Dupont Plaza Hotel

Washington, D.C.

BREAKFAST

- I. Consideration of the June 25, 1971, Minutes

ACTION ITEMS

- II. Consideration of the Role of the Administrative Board and the Need for a COD Task Force on Goals and Objectives
- III. Relationship of the Business Officers Section to the Council of Deans

INFORMATION ITEM

- IV. Institutional Management Development
Activities of the AAMC

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

June 25, 1971
Executive Room
Dupont Plaza Hotel
Washington, D.C.

Present:

(Board Members)

Carleton B. Chapman, M.D., Presiding
Ralph J. Cazort, M.D.
Clifford G. Grulee, M.D.
William F. Maloney, M.D.

(Staff)

John A. D. Cooper, M.D.
John M. Danielson
August G. Swanson, M.D.
Marjorie P. Wilson, M.D.
Charles B. Fentress
Joseph A. Keyes

Ex Officio:

William G. Anlyan, M.D.
Russell A. Nelson, M.D.

Absent:

Kenneth R. Crispell, M.D.
Sherman M. Mellinkoff, M.D.
David E. Rogers, M.D.
Charles C. Sprague, M.D.
Harold C. Wiggers, Ph.D.

I. Call to Order

The meeting was called to order at 7:45 a.m.

II. Minutes of the April 16, 1971, Meeting

The minutes of the previous meeting were approved as written.

III. COD Session at Annual Meeting

A number of suggested topics for a program at the COD session at the Annual Meeting were considered; progress in recruitment of minority students in the health professions

education programs--rejected because, though important, it has received a great deal of attention in recent meetings; design of a teaching hospital--rejected because it would appear to have only limited interest because of backlog and paucity of funds and the trend seen in new schools to provide clinical teaching facilities by means other than by building their own university hospitals; Social Security Amendments--appeared to be more amenable to a short report rather than an entire program devoted to the subject; curriculum and licensure, the implications of blurring the boundaries between pre-medical, medical, and post-M.D. training--this very timely topic was rejected because a two-hour session would appear to permit only a superficial treatment; Federal directions for research--rejected because of the perceived difficulty of locating anyone who could speak definitively on the subject; new concepts in the provision of primary health care, expanding the role of the child health associate prototype--considered to be on the periphery of the deans most pressing and immediate concerns.

The topic which captured the interest of the Administrative Board was the experience of academic medical centers which had engaged themselves in the provision of outreach clinical services. With the rapid acceptance of the HMO concept and the growing expectation that academic medical centers would become heavily involved in the implementation of the concept, the Board judged that there would be great utility in a program which would provide a forum for those with related experience to indicate briefly approaches which had proved fruitful and those which had not been productive. The format of the program was conceived as involving the presentation of perhaps two or three 10 to 20 minute papers by representatives from schools such as Harvard, Hopkins, Yale, and Rush who would then sit on a moderated panel which would engage the Council in more extended discussion.

A planning committee consisting of Dr. Cazort and Dr. Nelson was formed to assist Dr. Chapman and staff to implement this program concept.

IV. Dates and Sequencing of Future Meetings

Dr. Chapman proposed that two of the three annual meetings of the COD be devoted primarily to business matters and that one be reserved exclusively for treatment of a substantive matter of interest and concern to the deans. Because of their placement on the calendar, at the beginning and end of each academic year, the

October and May meetings would seem to lend themselves well to the treatment of business matters, leaving free the February meeting for the substantive program. This proposition gained qualified endorsement from the Board, the major objection being the distractions of the Congress on Medical Education which would tend to detract from the attendees ability to concentrate effectively on such a program.

Another suggestion, which appeared viable to the Board, was to move the May meeting to the Friday prior to the spring Atlantic City meeting. This should provide a date more convenient to the deans than late May, a period of commencements and other matters pressing for their attention.

V. Function of the Administrative Board

Dr. Chapman indicated his desire to follow up on the discussions initiated by Dr. DuVal regarding the proper functioning of the COD. He saw as a step in the direction of a better ordering of COD activities, a more precise definition of the role and function of the Administrative Board. The COD Rules and Regulations (bylaws) name the Board the executive committee of the COD, but the Board concurred in his judgment that it had not performed as such in recent memory. In addition, there are provisions in the Rules and Regulations which appear inconsistent with such a role, e.g., the requirement that interim actions taken by the Board be subject to ratification by the Council. A true executive committee was seen as empowered to act independently in certain defined areas. The Board agreed that a clearer definition of its role should be sought from the Council. In preparation for such an action, Dr. Chapman commissioned the staff to draft a proposal for the Board's consideration at its next meeting and subsequent deliberation at the Council's October meeting. Appropriate amendments to the Rules and Regulations required to implement the proposal were also to be drafted if necessary.

The Board also considered other steps to clarify the role and function of the COD. Most prominent was the suggestion that a task force be formed to study the matter and make recommendations.*

- * After a brief report on COD developments to the Executive Council and subsequent consideration of this suggestion, the idea appeared to have sufficient merit that COD endorsement of the appointment of a Blue Ribbon Task Force charged with a specific mandate to examine the matter seemed in order. A "Charge to the Task Force" will be drafted over the summer for consideration by the Administrative Board at its September meeting for possible presentation to the COD for action at the October meeting.

VI.

The following resolution was adopted unanimously:

The Administrative Board of the Council of Deans wishes to recognize the unusual contribution Dr. Merlin K. DuVal has made to the Association of American Medical Colleges, and particularly this past year to the Council of Deans and the Administrative Board as its Chairman. We are deeply in his debt for the leadership he has provided and wish to thank him for his unselfish service to all of us. We extend our congratulations and best wishes. We offer our assistance and resources whenever appropriate as he assumes his new position as Assistant Secretary for Health and Scientific Affairs, which serves not only our immediate community, but is concerned with the health needs of all the people of our country.

VII. Adjournment

Consideration of further agenda items was dispensed with for lack of time. The meeting was adjourned at 8:50 a.m.

II. Consideration of the Role of the Administrative Board
and the Need for a COD Task Force on Goals and
Objectives

At its last meeting the Administrative Board discussed its relationship to the COD and expressed concern that it had not been performing as an "executive committee." At the same meeting, the Board discussed the goals and objectives of the Council of Deans and considered the advisability of appointing a "blue ribbon" task force to study the matter. These discussions were somewhat inconclusive because of the restraints of time on the meeting and the Board commissioned the staff to prepare a paper on each of these matters to explore further their implications. These papers have been combined into one document found on the following pages of this agenda.

A TASK FORCE ON COD GOALS AND OBJECTIVES, AND/OR
AN EXPANDED ROLE FOR THE COD ADMINISTRATIVE BOARD?

BACKGROUND

The submission of the Coggeshall Report to the Executive Council of the AAMC in 1965 set in motion a series of developments which were to drastically reshape the Association. Sweeping recommendations advocated measures which would make the Association more broadly representative of the range of organizations and interests engaged in the education of health professionals and biomedical scientists. From such a base, the Association would be in a position to assume the role of leader and spokesman for health education, to stimulate new and productive relationships with government, and to provide more effective services to its members. In short, a new and important role was envisioned for the AAMC as a key factor in enhancing the nation's capacity to provide quality health care.

The philosophy and spirit of the Report have guided the Association since its submission. Many of the measures advocated have been implemented, though some have evolved differently than originally envisioned. The Association has undergone the expansion and taken on the expanded role laid out for it in the Report. In addition to the nation's medical schools, the Association now represents some forty-seven academic societies and more than four hundred of the nation's teaching hospitals. It has proven remarkably successful in fulfilling some of the roles envisioned for it by the Coggeshall Committee, most notably with respect to serving as spokesman for health education and articulating its needs to the public and to the Federal Government.

As might have been anticipated, however, this transformation has not been wrought without trauma. One major objective of the Report was to stimulate within the Association an organizational recognition of the mutual interdependence of the medical school and the university. To accomplish this it advocated the formation of three councils: Council of Faculty, a Council of Administrators, and a Council of Deans. Of the AAMC's present three councils only one has the name or constitution recommended by Coggeshall.

The Council of Administrators was to have been made up of the chief university or college executive officer or the person designated by him as the senior general officer responsible for administration of the programs for education in the health and medical sciences. Such an organization has been formed, but not under the umbrella of the AAMC. Originally known as the Organization of Academic Health

Center Administrators, this group of approximately eighty vice-presidents for health affairs has recently taken the name Association for Academic Health Centers. The VP's felt the need for a separate identity because of their concern and responsibility to other health professions. The relationship between this group, among whom are many former and several existing medical school deans, and the AAMC will be maintained through such means as informal meetings between governing boards, liaison representatives at regular board meetings and the sharing of resources.

A Council of Academic Societies was formed as the mechanism to formalize the involvement of medical faculties in the Association activities as an alternative to the Council of Faculties recommended by the Coggeshall Committee. This means was chosen because it was judged more feasible to attempt a confederation of existing organizations than to impose upon the schools the necessity for forming individual institutional faculty organizations, where they did not then exist, for the single purpose of being represented in the AAMC. While the confederation has proven quite satisfactory in many respects, there remains some dissatisfaction. Some institutions and some faculty members, especially the junior faculty, have felt themselves underrepresented in the Association. This seems to have resulted from the constitution of the individual societies, which, by in large, tend to be highly research oriented and are often organizations of department chairmen. This dissatisfaction is particularly acute in the Midwest-Great Plains Region of the Association, and their activity stimulated an Assembly resolution at the February meeting directing the leadership of the AAMC to develop a mechanism for institutional faculty participation. Several alternatives were discussed with the Administrative Boards of the Councils. The COD at its May 20th meeting recommended that the Association strengthen existing mechanisms rather than proceed with the development of new mechanisms. The Executive Council concurred at its June 24th meeting. The CAS is now proceeding to develop amendments to its rules and regulations which would admit societies formed by faculties in schools or regions.

The Coggeshall Report also recommended the formation of three commissions of affiliate members and related organizations to complement its envisioned three councils of institutional members (Council of Faculty, Council of Administrators, and Council of Deans.) One of these, the Commission of Teaching Hospitals has become one of the primary constituent Councils of the present AAMC, the Council of Teaching Hospitals. Institutional membership criteria for admission into this Council has been a source of some contention since its formation. Affiliation with a medical school, and the number and kind of teaching programs to be required have been at issue as well as the use to which others may, and have, put to the membership criteria. COTH has recently appointed a Task

Force to Recommend Goals and Objectives for COTH as well as Future Criteria For Membership.

One other COTH development is of interest here. The representative of the member hospitals to COTH has traditionally been the chief administrator of the hospital. The COTH Administrative Board is now considering a proposal which would provide for two representatives to accommodate a perceived need to provide a forum for the organized medical staff of the hospitals.

In addition to the three major constituency groupings organized into the Councils of the Association, a number of other groups are extant and have achieved various degrees of recognition by the Association. The Group on Student Affairs pre-existed the reorganization and has maintained its identity, function and non-voting seat on the Executive Council subsequent to it. A Business Officers Section was formally authorized by the Executive Council on December 1, 1967. A Public Relations Officers Section adopted its own bylaws at the fall meeting of the Association in 1968, although it has neither sought nor been given formal status by the Executive Council. A group of Planning Officers has met at several annual meetings and has sought recognition as a Section. The COD at its May 20 meeting tabled a motion to effectuate this. Similarly the Development Officers have petitioned the Association to establish a Section for them. The Executive Council declined to recommend such an action to the COD because of that Council's action with reference to the Planning Officers. It was agreed that these two groups should continue to meet informally, including at the AAMC Annual Meeting, and that there should be a continuation of the communications channel with the AAMC staff.

Finally, the students who have sought a voice in the affairs of the AAMC, were formally authorized by the Bylaw Revisions of February, 1971, to form an Organization of Student Representatives which would have approximately ten seats on the Assembly and one on the Executive Council. Preliminary activities are nearing completion for the activation of this group at the fall meeting of the Association.

IMPACT OF THESE DEVELOPMENTS

As increasing numbers of groups have been attracted to the Association, to seek a voice in its affairs and to pursue their interests on behalf of medical education under its aegis, the AAMC has inevitably increased in complexity as an organization, to a large degree reflecting the complexity of

the medical education enterprise. The medical centers themselves have been changing toward a broadening and a diffusion of power throughout their structure in recognition of the need to involve more diverse skills in the confrontation of today's more complex medical problems.

This evolution of the AAMC from its status as a deans' association in the early sixties to its present broad representation of a diversity of voices within the medical community was not embarked upon without some misgivings on the part of the deans. On the other hand, many who welcomed the prospect of its greater stature which would be a concomitant of the reorganization, now are deeply concerned that continued expansion cannot long proceed and remain constructive. Indeed, it is now evident that not all the developments are considered uniformly salutary by early proponents.

The increasing financial burden to support these burgeoning activities is not the least of the concerns of the deans who bear the responsibility for their institution's purse, especially during this period of constricted budgets and rising costs. Yet it is not, perhaps, the greatest of their concerns.

At one time, the dean was his institution's sole representative to the AAMC. He was charged with the responsibility for resolving the conflicting forces within his school and representing the position arising from this resolution. He was charged with making accommodations and compromises at home and assuring that the Association took cognizance of the forces with which he must deal as it took actions which would impact upon them. He had problems, but he could share them with colleagues, seek their assistance as he struggled with them, and take solace in the fact that they faced similar problems.

Today, within the Association, the dean's institution has not one, but many voices. An Association meeting provides no respite from his daily struggle to hear and to deal fairly with those vying for his ear, for he hears their voices again, now magnified by the combination of many like-minded speaking through the megaphone of organization position statements.

Nor is this yet his greatest frustration. Rather it is the fact that not only does he here speak no longer as the sole voice of his institution, HE IS NO LONGER THE SPOKESMAN FOR ANY IDENTIFIABLE PART OR PROGRAM OF THE INSTITUTION. Is the meeting on curriculum? Surely this is a matter for faculty consideration. Is it a workshop on administration and management? Then it must be for the business officers or hospital administrators. On students? A GSA or an OSR affair. Planning? The Planning Officers. On construction costs and raising the funds? It might be better just to read the proceedings of the Development Officers meeting.

And what of the position papers and action plans coming from these groups? Certainly the COD can review them as a body. Deans can pass on them through their representatives on the Executive Council or personally if the matter is of such significance as to reach the Assembly. But by then the real work has been done, compromises made and positions solidified. A document seeking approval has a life of its own. And a momentum which makes it hazardous or futile to be the single (or first) outspoken opponent.

What is the dean's domain? What is his work, his role within the AAMC? Surely it must be more in an association once his than to carp and criticize the work of others! At home he makes the decisions. Here is he to be presented with the formulated and formalized positions of his collective subordinates?

And yet they are not all subordinates. With the development of sophisticated organizations to handle complex research, education and service problems that health presents, there are now health science centers or academic medical centers of which the medical school is only a piece. Some deans wear two hats, but as deans do they still call the shots?

Once the deans were the spokesmen for the institution. Once they were spokesmen even for Medical Education through their organization, the AAMC. Now they are a Council of Deans, a part of the AAMC. What does a Council of Deans do anyway?

The above is a roundabout, perhaps longwinded, but hopefully not an inaccurate description of where we are and how we got there. That is, it is an attempt to portray the current malaise of the Council of Deans and some of the factors especially within the AAMC that have contributed to the anxiety. It is an attempt to portray the concerns which led the Administrative Board of the COD to consider appointing a blue ribbon task force to consider goals and objectives appropriate to the Council of Deans.

REQUEST OF THE ADMINISTRATIVE BOARD

The Administrative Board of the Council at its meeting of June 25, 1971, commissioned the staff to prepare two papers in preparation for its next meeting: the first, a charge to a task force to be appointed to recommend a statement of goals and objectives for adoption by the Council of Deans;

the second, an exploration of the implications of the Administrative Board assuming the functions of an executive committee within the context of the current structure of the COD and the AAMC generally. In the course of their development, it became apparent that, from one perspective at least, these papers ought properly be combined to present a more accurate portrayal of the situation. With the preceding as prologue, this paper will proceed to consider these matters.

THE COUNCIL OF DEANS - WHAT IT IS

This Council, one of the three major membership groupings of the Association, is made up of the dean or the equivalent academic officer of each institutional member of the Association and each provisional institutional member that has admitted its first class of students.¹ The purposes of the Council are set out in its Rules and Regulations, Section 2. These include: to provide for special activities in important areas of medical education; to appoint committees and staff to develop, implement and sustain program activity; to appoint ad hoc committees and study groups; to develop facts and information; to call meetings for the presentation of papers, discussion of issues, or determination of positions to recommend related to particular areas of activity; to recommend action to the Executive Council on matters of interest to the whole Association.

The major continuing activities of the Council as a whole are focused around its meetings held three times annually. Two of these meetings are of 3 1/2 hour duration held in conjunction with the Association wide meetings in the fall and winter, the third is a day-long meeting in the spring.

THE ADMINISTRATIVE BOARD OF THE COD

Both the Bylaws of the Association and the Rules and Regulations of the Council of Deans assign to the Administrative Board a very strong role in the affairs of the Council. The Board is to govern the Council,² act as its executive committee,

¹Bylaws, Part II. Councils, Section 1.A.

²Association Bylaws, Part II. Councils, Section 1.
"Councils of the Association . . . shall be governed by an Administrative Board and . . . shall be organized and operated in a manner consistent with rules and regulations (bylaws) approved by the Executive Council." (emphasis added)

and manage its affairs. It is to carry out the Council's policies and take any necessary interim action.³ Despite this clear mandate, however, the Board itself has noted that it has not, within recent memory, performed as an executive committee, nor in any sense "managed the affairs" of the COD.

It is perhaps a truism that an organization of one hundred plus men cannot function without organization, leadership, and guidance. Its meetings will be chaotic if not planned in advance, for little business can be done if it must all arise spontaneously and the presentation of a program is impossible without preparation. It is in this area of planning the meetings of the Council that the Board has the greatest potential for playing a stronger role, for it is clear from the expressions of concern heard from the deans, that the meetings are not on track. They have not captured the interest of the deans, nor are they perceived as providing constructive assistance on matters of most pressing concern. In the recent past the Board has permitted the Chairman to bear the burden of the planning almost exclusively, providing him only the most general guidance.

It is perhaps natural that since all but one of the Board's members are by stipulation also members of the Association's Board of Trustees, the Executive Council,⁴ much of the Board's meeting time, already short, is devoted to a preliminary consideration of that body's agenda items.⁵ The Executive Council is the final arbiter on most issues of Association-wide significance and of vital concern to deans. It is

³COD Rules and Regulations, Section 4.g.

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

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

⁴COD Rules and Regulations, Section 4.d.

⁵The Administrative Boards of the other Councils have only a minority of their members on the Executive Council (COTH - 3; CAS - 4) and have historically been concerned primarily with the affairs of their own Council.

appropriate that deans have a major role in its deliberations and decision-making. It is appropriate that positions be considered and discussed in advance. Nevertheless, it appears necessary that the Board turn its attention and primary effort as a body to the service of its Council and its needs.

One observation recently made appears to express the conclusion of many deans. That is that COD meetings have been devoting excessive attention to matters of national policy and insufficient attention to substantive matters of daily concerns to deans as they struggle to better manage their academic institutions. Perhaps here, too, the Board might play a stronger role, bearing the brunt of the effort involved in working through the implications of policy decisions at the national level and recommending an Association position. Through this means the Association might still hear the strong voice of the deans and precious time at council meetings would be left for academic and substantive matters.

RECOMMENDATION

It is therefore recommended that the Administrative Board resolve to perform as an executive committee for the Council of Deans; that this be interpreted as the commitment to assume primary responsibility in the following areas:

1. Program planning for the Council of Deans meetings,
2. Policy formulation and the development of recommended positions for the Council of Deans on matters affecting the Association, and
3. Liaison with the AAMC staff to assure that the requirements of the deans for staff support are communicated.

A TASK FORCE ON GOALS AND OBJECTIVES?

It can be seen from the existence of the COTH task force with an identical purpose as that proposed for the COD and the fact that a large proportion of the CAS Administrative Board meetings are devoted to the exploration of similar problems that the COD is not alone on its quest for a more precise definition of purpose.

As this paper is written, however, it seems clear that not only do deans remain the leadership as well as a uniquely important and influential segment of the AAMC constituency, but also that their organization, the Council of Deans, has

an obvious, unique and critical mission. Simply stated its mission is to help deans be deans. By presenting programs at meetings which will provide deans with the opportunity to learn and to engage productively with the problems they are or will be facing. By making known to and demanding from the Association and its staff the kinds of programs, services, and resources which the leadership of medical schools require in support of their efforts. By being the reservoir of the collective accumulated wisdom on what it means to be a dean.

Certainly these generalities need to be further articulated into specifics. Certainly leadership is required to translate the concepts into productive, concrete activity. But who is in a better position to engage this process than those elected by the deans to be their leaders, the Administrative Board of the Council? Who could better work through these problems than the men who must ultimately bear the responsibility for the outcome? A Task Force of consultants or advisors, removed from the intimacy of the existing situation will need time, first to be educated, then for study and analysis; time to confer with others and among themselves before finally making their recommendations. Then comes the job of persuasion. Acceptance and conviction of the propriety of the recommendations is a prerequisite to effective action. All of this will require the expenditure of precious time, effort, and money and will involve inevitable delay in getting on with the tasks at hand.

It is therefore recommended that a task force not be appointed, but that the Administrative Board assume the responsibility for developing programs responsive to the needs of the deans; that the goals and objectives of the COD be articulated on a continuing basis as the expression of this responsiveness of the COD to the needs of the deans.

III. Relationship of the Business Officers Section to the Council of Deans

The Business Officers Section (BOS) has been quite active since its formation in 1967. More recently it has sought increased identification with the Association, a more formal relationship with the Council of Deans, and increased financial support for its activities. The attached paper provides more extensive background on the BOS.

Recommendation: That the Administrative Board consider the relationship of the BOS to the COD and institute the following procedure to formalize that relationship:

1. Invite the leadership of the BOS to attend the October 29 meeting of the Administrative Board to report on their activities and to engage in a further consideration of the relationship of the BOS to the COD.
2. Invite the BOS to report to the full Council of Deans at its February meeting.
3. Consider providing a place on the COD business meeting agenda for routine annual reports from the Organization of Student Representatives and each of the AAMC Sections appropriately under the cognizance of the COD.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

INTER-OFFICE MEMO

Retain - 6 mos.

1 yr.

5 yrs.

Permanently
Follow-up Date

DATE June 30, 1971

TO: Joseph Murtaugh
FROM: Thomas J. Campbell
SUBJECT: BUSINESS OFFICERS SECTION

This is in response to your request that I prepare a staff paper regarding the role and function of the Business Officers Section. I am very pleased to have this opportunity to do this, since I have been involved with this section since the date of its first organizational meeting in New York City on October 27, 1967. As a result of that meeting and the enthusiastic response from medical schools, the Executive Council, at its meeting on December 1, 1967, authorized the organization of the Business Officers Section (BOS).

Organizational Activities

The expressed purpose of the organization is to advance medical education, particularly in the areas of business, fiscal and administrative management of medical schools. By-laws of the Section were adopted at the Annual AAMC Meeting in Houston in 1968. They were patterned after the By-laws of the group on Student Affairs of the Association (a copy of the By-laws is included in the attached directory.)

From the beginning, the BOS leadership has stressed the development of strong regional organizations. This regional involvement and grass-roots approach to problem solving has been most effective. Since 1968, regional meetings have been held at least twice annually in each of the four regions.

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A number of these meetings have been in conjunction with the Deans, as well as Hospital Directors and faculty. More recently, a very successful joint meeting was sponsored by two regions of the BOS (May 19-21, Washington, D.C., Management Information Systems.)

As the Business Officers Section has evolved and gained strength during the past three years, it has provided an excellent forum for discussion of the day-to-day problems which confront the administrative staff of medical schools. The excellent attendance reported at all regional meetings of the BOS, as well as the Annual Meetings of the Association, reflect the effectiveness of providing this forum.

Objectives of the BOS

As the organization has evolved, the major goals have become more clearly identified. These are:

1. Improvement in Financial Reporting, Cost Allocation and Program Budgeting. First, the Executive Committee of the BOS and its Committee on Financial and Statistical Reporting have participated in a series of revisions of the Annual Financial Questionnaire sponsored by the Liaison Committee on Medical Education. Beginning with a major revision in 1969, the questionnaire was changed to update the data which had been about 14 months old at the time of collection. Also, this change would allow the Annual Questionnaire and the pre-accreditation questionnaire to be combined, and to provide information, not only of previous years operations, but also an estimate for the current year. Also, the questionnaire was updated to reflect changes in funding patterns. More recently, the BOS has been reviewing the questionnaire with the objective of recommending a major change in format and content of future questionnaires. These changes will be tested in selected schools during the fall and final recommendations of the BOS will be made in December, 1971.

Second, the annual Faculty Salary Questionnaire has been considerably improved. As a result of a series of joint meetings between the

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Deans and the BOS of the Midwest region, the problems of the salary questionnaire were highlighted, and this region volunteered to review and clarify the data provided in response to this questionnaire. It is fair to say that this important and sensitive subject can be administered more intelligently and with greater credibility because of the additional communication provided as a result of the cooperation of the BOS.

Thirdly, the leadership of the Business Officers Section has always supported the development and extension of the AAMC sponsored Cost Allocation Study. This study has provided an additional forum for discussing the problems which beset medical school administrators, especially in the area of identifying costs of educational programs, defining priorities in resource planning, program budgeting and control, faculty salaries and fringe benefits. These studies and their related discussions will sharpen communications between medical schools and result in better methods and techniques for management and planning.

2. Professional Development of Medical School Business Officers. The development of the Business Officers Section paralleled the recognition of the need to develop expanded and competent management leadership by the medical schools. During the past decade, the annual budgets of the medical schools have increased tremendously, and at the same time, the relations with funding and granting agencies and with university and medical center administration have become much more complex. It was planned that this new section for business officers would not only provide the forum for discussing these problems, but also provide educational programs for business officers in order to strengthen and extend their administrative and management capabilities.

At the time that the Section was organized, the business officers nominated by their deans were asked to complete a questionnaire consisting of a biographical sketch and suggestions for future programs and meetings. The suggestions for future meetings and topics for discussion reflected the complexities referred to previously, i.e., relations with parent universities, teaching hospitals and the federal government, medical service plans, grants management, etc. Also, a significant item in the ninety responses to the questionnaire was the fact that 66 persons named to the new BOS organization had been in their position for less than four years.

W.K. Kellogg Foundation Support

It was at this point that the W.K. Kellogg Foundation provided a two year grant of \$121,600 to aid the association in developing an educational program for medical school business and administrative officers. As a result of the information gathered through the questionnaire, four topics were selected to be developed at workshops during 1969-70, and two additional subjects during 1970-71.

It was planned that these workshops would be developed and presented at regional meetings by committees of the membership of the BOS. In addition to the regional meetings, these workshop topics were presented at the annual meetings of the Association (i.e., Cincinnati, Los Angeles).

These Kellogg sponsored workshops have been considered one of the major highlights in the development of the Business Officers Section. As a result of the work completed thus far regarding these workshops, an excellent foundation has been provided for future development of these important topics. For example, one of the more recent workshop subjects, "The Development of an Information System Within the Medical Center," concerns the use of computer facilities within medical schools

and medical centers and the need for identifying a data base which can be used by all the units of the health sciences center. Thus far, only the central features of this information system have been identified. Much more work will be required, involving all the other units and interests of the medical center, before this project can be developed further.

Future Activities--Professional Development

An additional proposal was made to the Kellogg Foundation to support a special educational program to provide a well-rounded experience for administrative personnel of medical schools. Although this proposal was not funded, we feel that it has a great deal of merit. The essential part of the proposal is to identify men with a variety of interests and backgrounds and provide support for them to work with various medical schools, the AAMC and selected agencies within the federal government to develop a broad scope of experience.

In keeping with the educational objectives of this project, the individual selected for this experience would be assigned a specific project for study during his tenure and would be required to submit a project report. We all recognize the benefits to be gained through the creation of an educational environment in an operational setting. All those who participate are stimulated and derive benefit from their experience. We hope that we can find a funding sponsor for this project in the future.

3. Improvements in Relations with Other Agencies. Another objective of the Business Officers Section has been to identify and recommend ways of improving communications and relationships between medical schools and other organizations. Initially, activities were directed toward establishing friendly relations with the National Association of

College and University Business Officers (NACUBO). Since the problems and concerns of medical school business officers and university business officers are similar, but not always compatible, it was felt that any dialogue which developed would be of mutual benefit.

More recently, individual members of the BOS have been contacted by various offices within the Department of HEW to discuss a number of issues as they relate to the day-to-day activities of the medical schools.

Initially these contacts were made because of the individuals position within his own organization. However, more recently the BOS has been recognized as a responsive and responsible group. Great care has been taken on the part of these individual business officers to concern themselves within the myriad day-to-day administrative problems confronting business officers rather than development regarding policy, etc.

Comments Regarding Funding

The current leadership of the Business Officers Section has requested guidance and advice in the development of a financial base for the Business Officers Section. During the early years of the BOS, the objectives of this new section were limited to the development of the Kellogg sponsored workshops and organizational type meetings. As the section has grown and its objectives have become more clearly defined, the need for financial support has become clearer. Presently, the schools which provide the leadership to this organization must also provide the financing of the organization. It has been recommended that support be provided for:

1. Two meetings of the BOS Executive Committee each year;
2. Support for those other committees of the BOS which benefit all medical schools and require rather frequent meetings during the year (i.e., Financial and Statistical Standards, External Relations).

It is accepted that many of the activities of the BOS can be carried on at regional or annual meetings, at the expense of the individual or his institution. However, certain of the activities must be funded directly and these activities generally benefit all medical schools. The alternatives for financing these activities are as follows:

1. Subsidy from AAMC budget;
2. Direct assessment for each member of BOS;
 - a) dues
 - b) assessment at each meeting attended (registration fees for regional meetings are currently based on defraying the costs for that meeting.)
3. Funding from other sources, i.e., Foundation

In summary, there are a number of points which need to be emphasized regarding the future role of the Business Officers Section.

1. Since it was originally organized, the BOS has given a great deal of support to the AAMC activities, mainly throughout the Division of Operational Studies in the area of financial and statistical reporting, and support for the Cost Allocation Study.
2. The individual members of the BOS have derived great benefit from their activities, i.e., sharing mutual problems, developing new methods, participation in workshops, etc.
3. The individual members of the BOS serve at the pleasure of their respective deans. Within the organizational structure of the AAMC, the BOS leadership sees a clear relation with the Council of Deans. At the same time, partnership of effort between the BOS and the Division of Operational Studies is recognized as a productive relationship.
4. The concern of financial support for the BOS is a real one. At

the same time the BOS leadership recognizes and understands the variety of concerns which confront the AAMC leadership today, and is willing to assist in any way possible.

5. The Business Officers Section is a group of energetic and enthusiastic medical school administrators interested in improving the business and fiscal management of medical schools. Individually and collectively, these men have the experience and ability to assist in all areas of AAMC activity.

Acknowledgement of this section as an effective arm of the Association will undoubtedly reap great benefits, and in the long run enable the Association to better serve its constituency.

By-Laws of the Business Officers Section

I. NAME

The name of the organization shall be the "Business Officers Section of the Association of American Medical Colleges," hereinafter referred to as the Business Officers Section.

II. PURPOSE

The purpose of the organization is to advance medical education, particularly in the areas of business, fiscal, and administrative management of medical schools.

III. MEMBERSHIP

1. Members shall be appointed by the deans of medical schools that are members of the Association of American Medical Colleges (hereinafter referred to as the AAMC) and shall serve at the pleasure of their respective deans.
2. Representatives of schools holding institutional membership in the AAMC shall be entitled to vote and there shall be only one vote per school.

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3. Deans of schools holding affiliate membership in the AAMC (such as the Canadian medical schools) may appoint members of the Business Officers Section. These members shall have the privileges of the floor in all discussions, and shall be entitled to one vote.
4. Deans of schools holding provisional institutional membership in the AAMC (such as newly developing medical schools) may appoint members of the Business Officers Section. These members shall have the privileges of the floor in all discussions, and shall be entitled to one vote.
5. Other interested individuals without voting rights may be elected to the Business Officers Section by the membership or by its Executive Committee. In this manner, appropriate individuals from the AAMC staff may become ex officio members of the Business Officers Section.

IV. REGIONAL ORGANIZATION

1. The purpose of the regional organization shall be to encourage communication between Business Officers Section members with common regional interests and to provide a forum for discussion of matters to be acted on later at the national meetings.
2. The total number and geographical names of the regional groups shall be the same as regional groups for deans of medical schools and for the AAMC Group on Student Affairs.
3. A medical school may be affiliated with more than one region. The dean of the medical school shall designate the region(s) of affiliation and, if more than one, which region shall be the primary affiliation.

4. Each region shall have a Chairman and a Vice-Chairman to be elected annually by the representatives of the medical schools having primary affiliation with that region. A simple majority of voting members is required. Regional groups may also elect a Secretary and such other officers as may be appropriate.
5. The regional groups shall hold at least one meeting annually unless a majority of the members with primary affiliation (by mail or at a previous meeting) postpone or cancel a meeting.
6. A summary of the proceedings of the regional meetings should be distributed to all members of the regional group and to the Business Officers Section Executive Committee. Minutes shall be kept by the Secretary or Vice-Chairman.

V. MEETINGS AND QUORUMS

1. Meetings of the national Business Officers Section membership shall be held annually. Additional meetings may be called by the Business Officers Section Executive Committee or by twenty-five member institutions.
2. A majority of the voting members (one vote for each school holding institutional membership in the AAMC) shall constitute a quorum.
3. Formal actions may only be taken at meetings in which a quorum is present. At such meetings, decisions will be made by majority vote of those voting.
4. In the conduct of meetings, the order of business shall be under the direction of the Chairman who shall make all parliamentary decisions. His decisions may be reversed by two-thirds majority of the voting members present and voting.

VI. OFFICERS

1. The national Business Officers Section officers shall include a Chairman and a Chairman-Elect and such other officers as may be appropriate.

2. The above officers shall be elected annually by a simple majority of voting members present and voting at the Business Officers Section annual meeting.
3. The national Business Officers Section Chairman may not serve consecutive terms.
4. Nominations for the Chairman and Chairman-Elect and other officers shall be made by a nominating committee appointed by the Business Officers Section Executive Committee and such nominations shall be publicized in advance to the membership. Additional nominations may be made from the floor by the members, providing the consent of the nominees has been received.

VII. COMMITTEES

1. The Business Officers Section Executive Committee shall be composed of:
 - (a) National Officers of the Business Officers Section
 - (b) The Regional Chairmen
 - (c) The immediate past National Chairman
 - (d) Chairmen of Business Officers Section Standing Committees and appropriate AAMC staff may be ex officio non-voting members
2. The Business Officers Section Executive Committee shall manage the affairs of the Section. It shall also approve all committee appointments.
3. Other Standing or Ad Hoc Business Officers Section Committees may be authorized by vote of the Business Officers Section membership at its annual meeting. If a new committee is needed between annual meetings, an Ad Hoc Committee may be authorized by the Executive Committee and appointed by the National Chairman to serve until the next Business Officers Section annual meeting.

4. Business Officers Section committees shall include:
 - (a) Representatives from each of the Business Officers Section regional groups
 - (b) Appropriate AAMC staff members
 - (c) A member of the Executive Committee
5. Appointments to committees shall be made annually by the Business Officers Section National Chairman with the approval of the Executive Committee. An individual may be appointed to the same committee for no more than three consecutive years, starting with the adoption of these By-Laws, except that a member appointed to be Chairman may serve in this capacity in his fourth year on the committee, but in no case may a Chairman serve more than two consecutive years in this capacity.
6. Irrespective of the foregoing, a retiring Chairman may be appointed for one additional year on the committee.
7. Committee Chairmen shall be appointed by the Business Officers Section National Chairman. Each committee may also elect a Vice-Chairman and a Secretary.
8. Minutes shall be kept of all committee meetings and circulated to committee members and others appropriately concerned.
9. The role of all Business Officers Section committees, except for the Executive Committee, shall be advisory. Accordingly, they shall obtain approval for any major projects from the Business Officers Section membership at the annual meeting (or from the Business Officers Section Executive Committee between annual meetings). Contacts with major related organizations outside the Business Officers Section shall be undertaken through AAMC channels.

10. The Standing Committees and their functions shall be reviewed annually by the Executive Committee. Those committees no longer needed may be dissolved upon the recommendation of the Executive Committee to the national Business Officers Section membership and upon the approval of the national membership.
11. Descriptions of the purpose and function of each current Business Officers Section committee shall be appended to the By-Laws (see Appendix) but the committee description shall not be considered an official part of the By-Laws. Major changes in the committee descriptions shall be made only by or with the approval of the Business Officers Section membership or the Business Officers Section Executive Committee.

VIII. PARLIAMENTARY AUTHORITY

For matters not covered in these By-Laws, parliamentary authority shall be Roberts' Rules of Order.

IX. AMENDMENTS

These By-Laws may be altered, repealed, or amended, or new By-Laws adopted by a two-thirds vote of the voting members present and voting at any annual meeting of the Business Officers Section membership for which prior written notice of the By-Laws change has been given, provided that the total number of the votes cast for the changes constitutes a majority of the institutional membership. (As indicated in Section III, the voting members are limited to the one Business Officers Section representative per school holding institutional membership in the AAMC.)

APPENDIX TO BY-LAWS

STANDING COMMITTEES

<u>NAME OF COMMITTEE</u>	<u>DUTIES</u>
Nominating	To submit slate of recommended officers for elections. Nominate members of committees upon request of Chairman.
Program	To plan and arrange the agenda for the national meeting.
External Relations	To advise, identify and recommend ways of improving communications and maintaining relationships between medical school business officers and other organizations with which there are mutual interests.
By-Laws	To review and recommend revisions of the By-Laws and to interpret them when requested.
Professional Development	To conceive, develop and implement programs for the improvement of the skills of those engaged in the fiscal management of medical education.
Financial and Statistical Standards	To coordinate and plan the development of more uniform and better understood financial and statistical records and reports.
Information Resources	To devise and recommend ways to collect, catalogue and disseminate information pertaining to medical center and university business policies and procedures.

NATIONAL OFFICERS AND EXECUTIVE COMMITTEE

Chairman	William A. Zimmerman, Associate Dean for Business Affairs University of Oregon Medical School
Chairman-Elect	Thomas A. Fitzgerald, Assistant Controller New York University Medical Center
Secretary	Stacy Todd, Acting Director of Finance Vanderbilt University School of Medicine
Treasurer	Daniel P. Benford, Executive Assistant to the Dean Indiana University School of Medicine
Immediate Past Chairman	Hugh E. Hilliard, Controller and Associate Treasurer Emory University School of Medicine

Regional Chairmen

Midwest	Joseph E. Lynch St. Louis University School of Medicine
Northeast	Alfred F. Beers University of Pennsylvania School of Medicine
South	Lawrence J. Guichard Tulane University School of Medicine
West	Thomas A. Rolinson University of California, Irvine

Committee Chairmen

Nominating	Hugh E. Hilliard Emory University School of Medicine
Program	Alfred F. Beers University of Pennsylvania School of Medicine
External Relations	Clifton K. Himmelsbach, M.D. Georgetown University School of Medicine
By-Laws	Erick K. Erickson University of California, San Francisco School of Medicine
Professional Development	Marvin H. Siegel University of Miami School of Medicine
Financial and Statistical Standards	J. Howard Feldmann University of Kansas Medical Center

INFORMATION ITEM

IV. Institutional Management Development Activities of the AAMC

This topic is an item for consideration by the Executive Council and certain materials related to it can be found in the agenda book for that meeting. Additional materials are provided here so that the Administrative Board can be informed in greater depth than it will be possible to brief the Executive Council.

The first meeting on this subject was held on May 21. It was fortuitous that even though we planned the meeting first in late February, we failed to find a suitable date until after the COD meeting. The discussion would not have been nearly as fruitful had it occurred prior to the COD Meeting. The comments of the deans on May 20, 1971, provided a momentum and sense of timeliness that inspired the group meeting the next day to reach for some real solutions.

The deans who met with John Cooper and AAMC staff were-- Bob Buchanan, John Gronvall, Bill Mayer, and Cheves Smythe. John Hogness was able to join us, and Floyd Mann and Bill Morris from the Institute for Social Research of the University of Michigan were there also. Bill Mayer was Chairman. The minutes of that meeting follow.

The determination was made at the first meeting that the thinking of the small group should be tested against that of a larger group of deans. The second meeting, with an additional nine deans was held on July 20 and 21. A good portion of the time was spent going over ground covered at the first meeting.

Additional effort was devoted to identifying issues or problem areas which could be dealt with profitably with AAMC assistance in a workshop series or other mechanisms under discussion. Among those developed included the following:

How does one organize to initiate a controlled change process?

What effects do various organizational models have on the ability of a system to accommodate to change?

What techniques are available to deal with power conflicts between lateral and hierarchical components in an organization?

How does one best plan for the most effective utilization of limited resources?

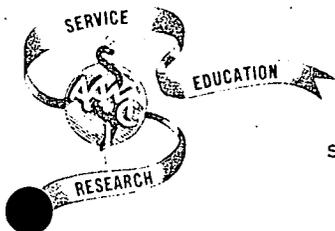
Can we arrive at a clearer definition of the decision-making power of the dean, the faculty and students?

Can we clarify the dean's perception of his role, authority, rewards and behavior?

What are the organizational techniques for long-range planning for whole systems?

While no great progress was made at this meeting toward developing the specifics of a program or a workshop series, the meeting did produce the concensus, articulated in Dean Mayer's letter to Dr. Cooper (in this book following the minutes of the May 21st meeting) that the AAMC should give highest priority to providing assistance to schools in getting at their internal problems and seeking solutions.

The planning group charged the staff with developing a plan for a seminar series, as well as the formulation of the details of the remaining portions of an AAMC institutional management development program. As this endeavor was undertaken, it was deemed advisable to relate the description of this project with others reaching the proposal stage so that the AAMC could advance an Association-wide project proposal for funding. Narrative relating these activities is contained in the Executive Council Agenda.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

July 12, 1971

Summary of Minutes of

A Meeting of the Ad Hoc Group to Explore the Possibility of an Institutional Management Development Program.

May 21, 1971

Association of American Medical Colleges
One Dupont Circle, N. W.
Washington, D. C.

Present:

William D. Mayer, M. D., Chairman
J. Robert Buchanan, M. D.
John A. Gronvall, M. D.
John R. Hogness, M. D.
Floyd C. Mann, Ph.D.
William C. Morris, Ph.D.
Cheves McC. Smythe, M. D.

Staff:

John A. D. Cooper, M. D.
Joseph A. Keyes
August G. Swanson, M. D.
Marjorie P. Wilson, M. D.

The opening discussion focused on the kind of assistance the AAMC could provide or stimulate that would deal meaningfully with problems Deans encounter. There was an attempt to delineate both long-range and short-range efforts which might be undertaken.

In considering what might be accomplished within the next few months the idea of starting a new series of Dean's Seminars was explored. Cheves Smythe and those present who had participated in the original series of three seminars for New Deans described and commented on their good and bad features. The desirability of having a new series open to established, as well as new, Deans appeared to offer something to both groups with additional benefit to new Deans who participated. There was also the possibility of certain other specialized programs for new Deans.

The possibility of one Council of Deans Meeting a year being separate from other AAMC sections (the spring meeting usually is) held at a more remote location and permitting more time for leisurely exchange with colleagues--and possibly recapturing some of the essence of the earlier AAMC meetings, while at

the same time maintaining the vigorous and timely attention to essential substantive matters had some appeal. The question was raised as to whether some of the regional meetings fulfilled this function. It was generally agreed that they were now by and large very brief and business-like and did not.

The discussion then turned on the nature of the modern deanship and the depth and types of problems. It was suggested that some of the problems encountered in the Council of Deans were symptomatic and sometimes reflected fundamental identity problems which are occurring in the academic institutions. There was a caution that the fever could not be cured by breaking the thermometer. The AAMC clearly had to look to all means of assistance from better scheduling and planning of meetings to more knowledgeable and effective responses to specific technical questions. The gut issue was how to achieve a really significant experiential activity which could materially influence the effectiveness of the leadership of the medical schools--and soon.

After a brief exchange on who might be receptive to such an effort, the need to identify a cadre of younger men coming along was discussed. A critical question--can a Dean be educated to become a manager or does he do better to try to become educated to use managers in a more effective way?

After further analysis of what had happened at earlier seminars, the group began to examine the relationship of the subject matter of the seminar and the approaches to problem-solving applied to the subject matter in the seminars, or technically, content and process. The first firm conclusion to be reached was that a successful effort would depend on a group of deans who really wanted to work on the idea, undertaking it. The awareness of the necessity of having managerial skills within the medical profession is basic to such an undertaking.

A concern was expressed about how to broaden the base of interest first within individual schools and then, among schools. This led to questions regarding how to engage the Dean's team in addition to himself, the necessity of follow-through, the matter of how long it takes to actualize such concepts and skills to solve problems, how many schools and how many people could become involved formally in such an activity, and when it could begin.

Some provocative ideas were offered relating to the broader involvement of individuals in decision making in the schools--actually everyone at times seems to be clamoring to get into the decision making act. In many ways this is highly desirable, and at other times it precipitates chaos. Some examples of changing patterns--with a more integrated curriculum,

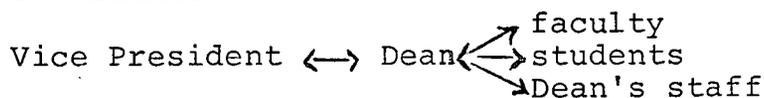
there is less departmental focus, other influences are also tending to diffuse the traditional departmental power foci; the Dean must function as a focus to bring students and faculty together; the lives of the private schools are becoming more like those of state institutions as they become more and more dependent upon external tax monies.

As the position and function of the Dean in this fast moving climate was discussed, the relationship of the Dean to the Vice President for Medical Affairs emerged as a matter of great interest. The suggestion was made that it might be useful to describe a series of models of this relationship and investigate them to see how they are functioning.

The recent Macy Report on governance was discussed and the possibility that the data collected from the participating schools might prove to be more interesting and useful than the published report was suggested. It was further suggested that this group might request the data be made available through the AAMC for study.

A list of possible workshop topics was compiled--

1. How to handle/respond to decision-making/demanding Governance



2. "Own problems"
3. Planning
4. Faculty compensation (and tenure)
5. Faculty and house staff unionization
6. Resource allocation -- tight budget
7. Medical school-hospital relationships

The nature and scope of a management consultant group which could really be helpful and what role AAMC could fulfill in its development brought forth a number of critical insights but no final answers. The utility of mixing "old hands" with behavioral components was brought out, as well as the importance of feeding younger men of potential into the system as a means of developing the leadership of the future.

Some time was devoted to the nature of the accreditation visits and the usefulness of the view of an outside group of interested

and experienced individuals. The deficiencies of the one-time visit were apparent, however, whereas it is quite another matter to work with an institution over time to resolve problems and implement new managerial processes. The resources needed in such a consulting system could become rather staggering, and the question remained as to how to develop them. The need to speed up that process was also sensed.

Suggestions for short- and long-range efforts were made as follows:

Short-Range --

1. Workshops
2. Opportunities for Deans to meet and talk through mutual problems
3. Technical assistance center

Long-Range --

1. Identify potential young people; provide training opportunities
2. AAMC sponsored consulting capability; develop own competence within individual schools; share experience with other centers

The remainder of the meeting then focused on the utilization of the mechanism of a new series of Dean's Seminars to begin to deal with specific managerial problems and to develop a kind of network or internal system of expertise. There was general agreement that the study of specific problems (content) had to be blended with the development of personal and team skills in dealing with problems (process). Also, the knowledge and expertise existing in the medical community itself had to be blended with expertise in the behavioral and social sciences.

Next steps were explored at length and such matters as planning for the series, pretests, pilot studies, size of planning and participating groups, timing, consultants and faculty were discussed. There was a clear consensus that it was important to have the Deans themselves involved in the planning and structuring of any future series.

The following tasks were then identified:--

1. Identification of an additional ten schools (to test thinking against a larger group)
2. Bring these additional schools into the planning

3. Design workshop for teams .
4. Pretest

There was considerable concern that the initial participants understand the possible long-range prospects and what the overall scheme could become. There was also concern expressed that a high potential learning group might result in the AAMC being locked into an apparent elite group. Needless to say, the commitment to next steps on the longer range on the part of any participants would involve a commitment of resources of time, money and people. In this regard, there was considerable discussion throughout the meeting about the fact more and more young people see organization, management and institutional change as an important and fundamental part of their careers. This has been by and large neglected by the present generation of leaders. It was observed that this new look has taken some destructive as well as constructive forms. An important point was made that individuals in top managerial positions in medicine, as in a growing number of industrial corporations, should be protected and be permitted the same kind of developmental relationships outside their own institutions as other professional counterparts. This is clearly in the academic tradition.

The details of the Planning Meeting to take place in June or July were then decided upon. A very flexible agenda for the session was adopted since it is the purpose of the meeting to try out these ideas on a larger audience, to seek the ideas and additional views of the expanded group as well as their support, if the latter is in order. The agenda will be essentially as follows: --

- I. To Go Over the Ground Covered by the Ad Hoc Group
- II. Explore the Commitment of the Planning Group
- III. Plan the First Workshop

The meeting was adjourned at approximately 2:00 p. m.

University of Missouri - Columbia



228 Medical Science Building
Columbia, Mo. 65201

SCHOOL OF MEDICINE
Office of the Dean
July 29, 1971

Telephone
314 442-5111 Ext. 611

John A. D. Cooper, M.D., Ph.D.
President
Association of American Medical Colleges
1 Dupont Circle N.W.
Washington, D.C. 20036

Dear John:

This is simply a brief note on some of the key policy issues which I believe surfaced at the July 20-21, 1971 meeting of the Planning Committee for Institutional Management Development. Obviously, the minutes of the meeting itself will define more clearly the details as well as thoughts of next steps in the development of a program. However, it seemed to me that there were a couple of issues expressed which potentially relate to future AAMC policy and are worthy of separate comment.

Both thoughts arose spontaneously within the group on July 21 and I sensed a fairly broad consensus concerning them. The first was a clear expression of acknowledgement of the accomplishments of the AAMC in impacting on public policy as it relates to the schools of medicine and the academic medical centers. Out of this came a feeling of trust and an expression of the quality of staff responsibility of an order of magnitude which I had not heard expressed in my ten years of involvement in the AAMC. What was being said, at least as I heard it, was simply that you and your competent staff have engaged this issue which had been a pressing one in the eyes of the membership in years gone by in an effective kind of way. They were saying that you ought to be given broad degrees of freedom in pursuing these issues and that they would be supportive of the leadership that was provided through their own congressional contacts.

The second point was a feeling being expressed that the time had now come for placing more emphasis within the AAMC on getting at the internal problems occurring within each school of medicine and within each academic medical center. In a sense there was a recapitulation of the pain that was expressed at the May 20 Council of Deans meeting, but it had a more positive flavor to it. They were saying, yes, we have pain, let's accept that fact, and move on to try to find some cures for the symptoms from which we are suffering. They were saying that many of these problems are common, it is senseless to try to approach them totally independent of one another, and the AAMC can appropriately play a coordinating and leadership role in helping us seek positive solutions.

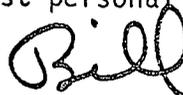
Granted that some of the positivism (as opposed to the negativism of May 20) is a direct result of the selectivity that went in the choice of those attending the July 20-21 meeting. However, in any organization it seems to me that one ought to be responding to those who are willing to move toward positive solutions rather than mirroring the inactivity of those who are overwhelmed by their problems. To me, that in no small part is what leadership is all about.

I would urge you to give this issue of getting at problem solving on an institutional base through the coordination of on-going activities and through the leadership of the AAMC a high priority in your own thinking. I would further urge you through discussions with the Executive Council and through the administrative boards of the various councils to begin to build on this effort. Further, it would seem to me to be quite appropriate to give consideration to the appropriate mechanisms of developing staff capabilities either within the AAMC or in combination with consultative efforts of others.

Obviously, I feel quite strongly about this personally or I would not have made the kinds of commitments which I have made in terms of time to this. I can assure you if it is desired I will continue to try to be helpful in whatever way I can to future developments in this area. I firmly believe that the future of the medical schools and academic medical centers of this country are as dependent upon this issue as they are upon the evolution of national and local legislation.

If I can add anything relative to this at the Executive Council meeting on September 17, I would be glad to do so.

Best personal regards,



William D. Mayer, M.D.
Dean and Director

WDM:mas

cc: Dr. Marjorie Wilson
John Danielson