

AGENDA

ADMINISTRATIVE BOARD

of the

COUNCIL OF DEANS

December 16, 1971
Chancery I, Embassy Row Hotel
12 noon - 3 pm

LUNCHEON

- I. Consideration of the Minutes of the October 29, 1971 Meeting
- II. Program Proposal of the Business Officers Section
- III. Relationship of the Council of Deans to the Organization of Student Representatives
 - A. Report of the Chairman of the OSR to the Chairman of the COD
 - B. Planning for the February Meeting
- IV. Relationship of the AAMC to Related Health Organizations
- V. Planning Future Meetings of the COD
 - A. February Meeting
 - 1. Program Session
 - 2. Business Session
 - B. Spring Meeting

INFORMATION ITEM

Council of Deans Nominating Committee

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MINUTES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

October 29, 1971

Adams Room

Washington Hilton Hotel

Washington, D. C.

12:00 p. m. - 1:30 p. m.

Present:

(Board Members)

Carleton B. Chapman, M. D.
Ralph J. Cazort, M. D.
William F. Maloney, M. D.
Sherman M. Mellinkoff, M. D.
David E. Rogers, M. D.
Charles C. Sprague, M. D.
Harold C. Wiggers, Ph. D.

(Guests)

William A. Zimmerman
Hugh E. Hilliard
Thomas A. Fitzgerald

(Absent)

Kenneth R. Crispell, M. D.
Clifford G. Grulee, M. D.

(Staff)

Thomas J. Campbell
John A. D. Cooper, M. D.
Joseph A. Keyes
Katherine L. Keyes
Joseph S. Murtaugh
James R. Schofield, M. D.
Bart Waldman
Marjorie P. Wilson, M. D.

I. Call to Order

The meeting was called to order at 12:15 p. m.

II. The Minutes of the September 17, 1971 Meeting

The minutes of the previous meeting were approved as written.

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

Mr. Zimmerman (Chairman of the Business Officers Section) opened the discussion by introducing himself; Mr. Hilliard (Immediate Past Chairman); and Mr. Fitzgerald (Chairman-Elect). He referred to the background paper prepared by

Mr. Campbell relating the history, objectives, and activities of the Business Officers Section (BOS). Mr. Zimmerman explained that the organization's fundamental objective is the advancement of medical education through improvement of financial management of medical schools. This is accomplished through the professional development of the business officers, through the development of appropriate relationships with the agencies with which the business officers must deal, and by providing assistance to the Council of Deans through studies and reports. As an example of this latter activity, the efforts of the BOS in the review of the LCME financial questionnaire and the subsequent recommendations for revisions were cited. As an official Section of the AAMC for a period of four years, the BOS has developed a strong regional organization, has held a series of workshops on matters of mutual interest and has permitted a closer personal relationship to develop among its membership.

The reason for the BOS representation at this meeting of the Administrative Board was to attempt to determine with greater specificity the meaning and implications of the status of "Section" within the AAMC, for instance what this entitles the BOS to in the way of staff and budget support. Earlier in the year a BOS Committee had forecasted the financial requirements of the organization. It was their estimate that a total budget of \$14,000 would be required to maintain a desirable level of operations in a fashion which would not impose a substantial burden on the most active members' institutions. Current efforts have been supported by grant funds available at the rate of \$4,000 per year. The cause of concern at present is that the members who are most active and contribute the most to the AAMC through their time and effort are currently supported financially in these endeavors almost exclusively by their parent institutions. It was the judgement of the Section that this situation is inequitable. They believed that the AAMC should support these activities directly or that there should be a levy on each institutional member of the Section.

Dr. Cooper explained that the Executive Council controls the budget and that presently available funds are already committed. On the subject of staff support it was made clear that the AAMC staff was available according to their expertise and commitment to support appropriate

Association activities regardless of what council or subgroup initiated the effort.

One issue requiring consideration was that matter of communications. It was agreed that the President's Weekly Activities Report should be utilized as a vehicle for communicating developments in the field of financial affairs, at least in the immediate future, as a preferable alternative to the initiation of a new BOS newsletter.

The Board agreed that the BOS has been serving a useful purpose and that it was important that an appropriate means be found to ensure the continuing viability of the organization. Since the matter of the AAMC subunit relationships is to be taken up at the December Retreat of the AAMC Executive Committee, it was judged inappropriate that the Board take any definitive action at this meeting. The following interim actions were agreed to:

1. The BOS would develop a program outline for the set of activities which they proposed to undertake during the forthcoming year. This would then be reviewed by the COD Administrative Board to provide the deans an opportunity to concur in the direction of energies. To the extent that agreement is reached, the Association will then be faced with the responsibility for providing the appropriate staff and financial support to the extent that it is physically and fiscally feasible. The BOS leadership will prepare such a document within the next several weeks, and the matter will be an agenda item at the next Administrative Board meeting on December 16, 1971.
2. The COD members of the Executive Committee will ensure that the matter of the BOS receives adequate attention at the Retreat. Further details of the financial and programmatic relationships of the Sections to the Councils will be worked out in that forum.

IV. Forthcoming Meetings of the COD

The Board devoted the remaining portion of the meeting to planning future meetings of the Council of Deans. The next meeting of the AAMC is scheduled for February, 1972; the COD will meet then, but it will be primarily a business meeting with little opportunity for putting on a program

session.* The spring meeting received extensive consideration. It was determined that this meeting should be held in a retreat environment and should extend over a two or three day period. Since April 19-22, 1972 were dates open at the Aspen Meadows and seemed to fit well with other important meeting dates, that time and place were decided upon. The meeting will be formatted to give AAMC-Institute treatment to a topic which will stimulate a new look at the problems of governance. One approach might be to develop alternate models of the medical school of the future, to examine the forces and trend which will produce such configurations, sort out their implications, and attempt to specify the skill and organizational requirements of such models. The Board agreed that the Chairman should appoint a Steering Committee to further plan such a meeting.

V. New Business

There was no new business. However, several members used this time as an opportunity to alert the Chairman of certain matters which were of concern to some deans and which would be brought up at the COD meeting. They were: 1.) the pressure on the schools being generated by substantially increased applications and related admissions problems, and 2.) concerns related to the statement on the responsibility of academic medical centers for graduate medical education.

VI. Adjournment

The meeting adjourned at 1:25 p. m.

* Subsequently CAS Chairman, Dr. Clark, and Dr. Swanson met with Dr. Chapman and Dr. Wilson; this group determined that a joint CAS-COD meeting was not only feasible but desirable. Planning for such a meeting has begun on the Staff-Council-Chairmen level. Tentative topics: Admissions and curriculum. This joint meeting - program session - will be scheduled for the morning of Friday, February 4, to be followed by regular Council business meetings in the afternoon.

II. Program Proposal of the Business Officers Section

The attached memorandum was submitted by the Chairman of the Business Officers, Thomas A. Fitzgerald, in response to the determination of the COD Administrative Board at its last meeting that the appropriate next step in clarifying the relationship of the Section to the Council would be Board review of the BOS program proposal for the forthcoming year.

The Airlie House Retreat of the Executive Committee of the Executive Council, staff and others of the AAMC constituency resulted in the determination that the Executive Council should be provided a formal statement for their approval defining the nature and function of organizations of the Association not presently provided for in the Association Bylaws. It is anticipated that such a document will be available for consideration and adoption of the Executive Council meeting February 5, 1972. Action at that time will obviously require that existing sections and groups bring themselves into conformance with such guidelines as are adopted. In order that such interim action as is feasible not be delayed however, it is recommended that the Administrative Board specify its understanding of the purposes of the sections related to the Council of Deans as follows:

1. The professional development of the membership;
2. The provision of expert advice and consultation to the Association on matters within the functional areas under the purview of the membership;
3. The identification of problems or potential problem areas within the functional areas under the purview of the membership.

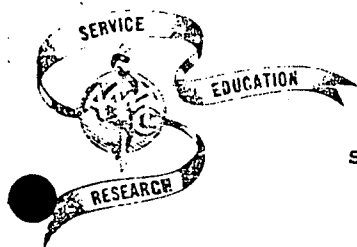
It is further recommended that the Administrative Board endorse the Business Officers program to the extent that

1. The financial and statistical standards activities are concentrated on supporting the efforts of the AAMC to make appropriate revisions in the LCME Annual Medical School Questionnaire - Part I - Financing;
2. The professional development activities are sharply focused on the functional areas directly within the cognizance of business officers, are limited to three areas of primary concern to the BOS, and are presented for the review of the Board at its February 3, 1972 meeting;
3. External relations are engaged in only with respect to

those activities formally communicated to and planned in conjunction with the President of the Association;

4. Information resources activities are related to and result from further AAMC decisions relating to the further development of medical center information systems;
5. Internal governance committee activities such as those relating to bylaws and nominations are deferred pending the approval by the Executive Council of the statement specifying the nature and function of organizations of the Association other than those provided for in the current Association Bylaws.

It is further recommended that the Administrative Board propose to the Executive Council that the Association reimburse the BOS for expenses incurred in the conduct of one meeting of the BOS Executive Committee held in Washington at the Association headquarters.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

November 30, 1971

Memorandum To: Council of Deans
Administrative Board

From: Business Officers Section

Subject: Business Officers' Program for 1972

The Section is pleased to present to the Board for their consideration, recommendations and approval the proposed program for 1972. Prior to a discussion of specifics, we would like to reaffirm the overall objective of the Section; that is, "to advance medical education, particularly in the areas of business, fiscal and administrative management of medical schools."

For purposes of rendering the following program we will not repeat the history and accomplishments of this body, as they were already reported in Mr. Thomas Campbell's staff paper. We feel, however, that his paper is a significant addendum to this report.

An early response to the proposed program activities, as described below, is greatly appreciated as it would enable the implementation of program modifications at the Section's scheduled January 1972 meeting.

Program descriptions and the role of each of the participating committees combined constitute the total 1972 program. A detailed description of each committee's contribution is included. For a description of the composition of the Executive Committee and Standing Committees please refer to Exhibit I.

Financial and Statistical Standards Committee

To coordinate and plan the development of more uniform and better understood financial and statistical records and reports.

PROGRAM 1972

1. The major thrust of committee will be directed toward completion of the revision of the Annual Report on Medical School Financing begun during the past year. However, as an integral part of the work on the annual questionnaire, we also plan to lay the groundwork for in-depth study and guideline recommendations related to total medical school financial reporting, financial analysis techniques and other medical center financial reporting. *

(continued)

We understand that due to the importance of the activities of this committee and the Annual Questionnaire that the AAMC plans to develop a staff committee to provide additional input to revision of the Annual Questionnaire.

* See Exhibit II for details.

Information Resources Committee

To devise and recommend ways to collect, catalogue, and disseminate information pertaining to medical center and university business policies and procedures.

PROGRAM 1972

1. To review statistical and quantifiable data inputted by medical schools to the AAMC which may be duplicatory in content. Our objective will be, wherever possible, to streamline this type of information such that it meets the intended needs of the AAMC, is as consistent as possible in reporting format and presented in its clearest form.
2. To focus further attention on the management information system data base established by the AAMC Workshop on management information systems. Our intent is to assess the potentiality of varying uses of this data by various medical schools. We will look to the feasibility of component part usage versus the total systems approach.
3. The third objective with which we will deal will be to contrast medical schools throughout the country with the objective of conveying information, pertaining to their established or developing management information systems, to other interested medical schools. These systems would be publicized so that every school through the nation could contact involved schools directly to learn of the work being done or planned.

Professional Development Committee

To conceive, develop, and implement programs for the improvement of the skills of those engaged in the fiscal management of medical education.

PROGRAM 1972

1. To implement courses for continuing education of medical school business officers and staff. The following courses have been selected based on a survey which was mailed to all members of the Business Officers Section.
 - A - Management Information Systems for Medical Schools
 - B - Budget Techniques
 - C - Business Systems and Procedures--New Developments and Trends Affecting Medical Schools

- D - Program Budgeting Systems
- E - Financial Reporting for Medical Schools
- F - Research Administration
- G - Administrative Problems Involving Hospital Affiliations
- H - The Department of Health Education and Welfare--Organization and Operation, Rules and Regulations--Pertinent Legislation
- I - Management of Auxiliary Services--Medical Centers
- J - Comprehensive Health Care Programs Management
- K - Federal Legislation Concerning Health Centers
- L - Space Utilization Evaluation Techniques
- M - Personnel Services
- N - Management Decision-Making Techniques
- O - Electronic Data Processing
- P - Administrative Handbooks (Planning and Development)

Of the 16 courses listed, it is estimated that approximately 6 of the courses will be eliminated and that the program will consist of 10 courses, each one running for approximately 3.5 hours of classroom instruction. In this preliminary outline, it is assumed that the courses will be held following the annual meeting of the association to be held November 1972.

For details pertaining to course content see Exhibit III.

External Relations Committee

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.

PROGRAM 1972

Experience over the last three years has revealed that the major thrust of this committee has been to respond to requests from various federal agencies as concerns the implementation of new or revised administrative and fiscal procedures. It is difficult, therefore, to predetermine the full scope of program activities for 1972. There are, however, certain programs currently assigned to this committee. They are:

1. To review the preliminary recommendations of the Interagency Task Force on Non-Governmental Institutions. The first two sets of recommendations presently under review deal with the following:
 - a) Reporting of expenditures and cash flow information under grants and contracts with universities, hospitals, and certain other non-profit institutions.
 - b) Payment methods for grants and contracts with universities, hospitals and certain other non-profit institutions.
2. To respond to a request from the Division of Research Resources, National Institutes of Health, to review administrative and fiscal

procedures affecting the Animal Resources Program, the Biotechnology Resources Program, the General Clinical Research Centers Program and the General Research Support Program. Preliminary plans have been made to convene a conference in mid-January 1972. It is anticipated that NIH will absorb the full cost of this conference.

3. To continue to explore with DHEW ways for the department to aid institutions in complying with HEW's program for improving the quality of grantee management.
4. To develop an effective liaison with the National Association of University and College Business Officers - Committee on Governmental Relations. The committee has recently established a special sub-committee on health affairs. Mr. Robert G. Lindee, Associate Dean for Administration, Stanford University School of Medicine, is a member of this group as well as the BOS External Relations Committee. This unique situation will enable us to maintain continuing open lines of communication between both business organizations.

By-Laws Committee

To review and recommend revisions of the By-Laws and to interpret them when requested.

PROGRAM 1972

Normally this committee engages in activities which are considered of a "housekeeping" nature. The BOS, however, has now developed to a point where the duties and responsibilities of the four aforementioned committees must be more adequately defined. The committee, therefore, will undertake a study designed to define the nature of the breadth and scope of the duties and activities in which the other committees are presently engaged.

Program Committee

To plan and arrange the agenda for the national meeting.

PROGRAM 1972

The BOS Program Committee is presently organized and prepared to initiate plans for the annual meeting, subject to direction from the AAMC, as concerns overall theme, time allotments, etc.

Nominating Committee

To submit slate of recommended officers for elections. Nominate members of committees upon request of chairman.

PROGRAM 1972

This committee's activity is concerned with matters of an "in-house" nature. Its activities do not normally require budgetary support.

Regional Program 1972Midwest - Northeast - South - West

PROGRAM 1972

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. Accordingly, programs at the regional level are developed and sponsored under the direct leadership of the elected regional officers. It has been the tradition that each region sponsor two annual meetings. Programs for these meetings for 1972 have not as yet been finalized; however, budgetary support from the Council of Deans is unnecessary, as meetings are usually supported on the regional level.

Budgetary Requirements 1972

The obvious success of a program of this size and scope is contingent upon a kind of financial support capable and elastic enough to meet the ever changing needs of an ever growing and developing environment; thus, allowing the Section the opportunity to truly service the best interests of the entire medical school community.

The amount of core support requested from the AAMC will certainly be influenced by the kind of support that can be generated from private sources. In this regard, the AAMC staff has successfully negotiated for the grant of funds in the amount of \$4,800 from the Kellogg Foundation, for support of the activities of the Financial and Statistical Committee. If there is any possibility of obtaining additional funds from outside sources then we approximate the need for core support at \$15,000 per annum. These funds would be utilized primarily to finance travel, per diem and out-of-pocket expense for members of the various committees.

At this time we feel it is impractical to prepare a detailed line item budget. The preparation of such a budget will certainly be influenced by the Council's reaction to the proposed program as well as any modifications to that program by the BOS Executive Committee. It is, however, our opinion that the first priority for the use of any core support funds, that may be derived from AAMC sources, will be to finance meetings of the BOS Executive Committee.

In this regard, we plan scheduling three working sessions of the Executive Committee during the 1972 year. The third session will be scheduled in conjunction with the Annual Meeting. Since the members of that committee normally attend that meeting there will be no need to finance that session.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Business Officers Section

National Officers and Executive Committee

National Officers

Chairman

Thomas A. Fitzgerald
Assistant Controller
Director Research &
Training Program Management

New York University Medical Center

Chairman-Elect

Daniel P. Benford
Executive Assistant to the Dean

Indiana University School of Medicine

Secretary

Lawrence J. Guichard
Business Manager

Tulane University School of Medicine

Treasurer

A. E. Williamson
Executive Assistant to the
Vice President and Dean

University of Colorado Medical Center

Immediate Past
Chairman

William A. Zimmerman
Associate Dean for Business Affairs

University of Oregon Medical Center

Regional Chairmen

Northeast

Hubert A. Davis
Chief Business Officer

Tufts University School of Medicine

South

Floyd L. Hagan
Budget Director

Medical University of South Carolina

Midwest

Cyril W. Kupferberg
Business Administrator

University of Chicago
Pritzker School of Medicine

West

Robert L. MacHugh
Associate Administrative Director

University of Washington School of Medicine

STANDING COMMITTEES

Nominating

Chairman

William A. Zimmerman
Associate Dean for Business Affairs

University of Oregon

Member

Ronald A. Lochbaum
Assistant Comptroller

Duke University

Member

David C. House
Executive Officer

Dartmouth Medical School

Member

J. Howard Feldman
Assistant to the Vice Chancellor

University of Kansas

(ex officio)

Daniel P. Benford
Executive Assistant to the Dean

Indiana University

STANDING COMMITTEES

Program

Chairman

James M. Peters
Fiscal Officer

Cornell University

Member

James C. Rich
Assistant to the Vice President
for Financial Management and Planning

Georgetown University

Member

James P. McLean
Administrative Assistant to the Dean

University of Florida

Member

Harold W. Reinert
Business Manager

Pennsylvania State - Hershey

(ex officio)

A. E. Williamson
Executive Assistant to the
Vice President and Dean

University of Colorado

Information Resources

Chairman

Thomas A. Rolinson
Staff Officer

University of California - Irvine

Member

Kenneth L. Kutina
Director of Planning

Case Western Reserve University

Member

Donald H. Lentz
Administrative Associate

University of Michigan

Member

Julius E. Weeks
Associate Dean for Business Affairs

University of Texas - Dallas

(ex officio)

A. E. Williamson
Executive Assistant to the
Vice President and Dean

University of Colorado

STANDING COMMITTEES

Financial & Statistical
Standards

Chairman

C. Robert Richardson
Associate Dean for Business Affairs

University of Texas - Houston

Member

Hugh E. Hilliard
Controller and Associate Treasurer

Emory University

Member

Jerry Huddleston
Director of Fiscal Services

Ohio State University
College of Medicine

Member

Charles Semple
Business Manager

University of California
Davis School of Medicine

(ex officio)

T. A. Fitzgerald
Assistant Controller

New York University

External Relations

Chairman

Clifton K. Himmelsbach, M.D.
Associate Dean for Research

Georgetown University

Member

Alfred F. Beers
Business Manager and Assistant Comptroller

University of Pennsylvania

Member

Robert G. Lindee
Associate Dean for Administration

Stanford University School of Medicine

Member

C. N. Stover, Jr.
Assistant Dean for Administration

University of North Carolina
School of Medicine

(ex officio)

T. A. Fitzgerald
Assistant Controller

New York University

STANDING COMMITTEES

By-Laws

Chairman

E. Wayne Drehmel, Ph.D.
Assistant to the Dean

University of Minnesota

Member

Thomas R. Murray
Director of Business Administration

Thomas Jefferson University

Member

Richard C. Webster
Assistant University Business Manager

University of Southern California

Member

Eddie K. Parker
Assistant to the Dean for Business Affairs

University of Kentucky

(ex officio)

Lawrence J. Guichard
Business Manager

Tulane University

Professional Development

Chairman

Marvin H. Siegel
Business Manager for Medical Affairs

University of Miami

Member

Lauren W. Blagg
Associate Dean for Finance

University of Utah

Member

Open

Member

Open

(ex officio)

Daniel P. Benford
Executive Assistant to the Dean

University of Indiana

EXHIBIT IIFinancial and Statistical Standards Committee

PROGRAM DETAILS 1972

A - PRIMARY PROGRAM - ANNUAL REPORT ON MEDICAL SCHOOL FINANCING

This part of the committee work will obviously begin with an effort to inform the new committee members as to the work done during the past year. An information packet will be mailed on December 1, 1971. After reviewing the efforts to this point, the committee will meet (hopefully on January 14, 1972) to discuss this work and develop specific plans for the 1971-72 year. During this meeting, the basic assumptions used in previous work will be critically reviewed. The results of this meeting will be reported to the Executive Committee at its first meeting.

The current plan calls for a completed draft of the questionnaire to be ready for testing by February 29, 1972. Testing will be conducted during the month of March in a sample group (approximately 12) of medical schools across the country. The month of April will be devoted to assembly and analysis of the test results. The committee will then meet in early May to finalize the questionnaire. The results of this session will be reported to the Executive Committee at its meeting in May, aiming for a final recommendation on June 1, 1972.

Assuming that the final report is acceptable, it could be mailed to all U. S. medical schools on August 1, 1972 for reporting of the 1971-72 school year information with a due date of October 1, 1972. Since all schools will have worked with the revision by November of 1972, an explanatory session might be a worthwhile part of the program at the annual meeting of the AAMC. If this should become a part of the annual meeting program, the committee would meet again in October of 1972 to plan the program.

B - SECONDARY PROGRAM - TOTAL FINANCIAL REPORTING AND ANALYSIS TECHNIQUES FOR MEDICAL SCHOOLS AND MEDICAL CENTERS

Although this part of the committee activity is termed secondary program, it is by no means of secondary importance. While the questionnaire work deals primarily with current funds revenues, expenditures and transfers, there are many other areas of medical school and/or medical center financial reporting.

College and University Business Administration (Revised Edition) currently serves as the generally accepted guide for financial reporting in educa-

tional institutions. This basic guide should be augmented with additional guidelines specifically directed to the medical education community. Terminology should be examined and special information requirements stated. The integration of medical school reporting with that of the parent university and/or total medical center should also be included.

A rough look at the scope of this project would indicate the possibility of four years of careful study and recommendations phased as follows:

- a) Annual Questionnaire on Medical School Financing - dealing with current operating funding.
- b) Total Medical School Financial Reporting - dealing with all aspects of reporting for the medical school only.
- c) Medical School Financial Analysis Techniques - dealing with the functional analysis of medical school funding.
- d) Total Medical Center Financial Reporting - dealing with the relationship of medical school reporting to other health science schools and health care facilities.

It must be pointed out that this project would be directed only at functional reporting and not overlapping the current work related to cost analysis. However, the information resulting from cost analysis studies will certainly be enhanced by starting with better functional financial information. Any study of financial reporting should also exchange progress notes with people involved in total information reporting so as to enhance both activities.

In brief summary, the project work in overall financial reporting should result in published guidelines for financial reporting relating to the medical education community. These guidelines should augment existing information in a manner that would assist the business officer in responding to the informational needs related to the funding of medical education.

PROPOSED SCHEDULE OF EVENTS

- | | |
|-------------------|--|
| December 1, 1971 | - Mail information on 1970-71 committee work to 1971-72 committee members. |
| January 14, 1972 | - Financial and Statistical Standards Committee meeting. |
| January 28, 1972 | - Executive Committee meeting. |
| February 29, 1972 | - Draft of Questionnaire to be completed. |
| March 1, 1972 | - Draft Questionnaire submitted to selected schools for test. |
| March 31, 1972 | - Completed test Questionnaires returned to committee. |

- April 1-15, 1972 - Test results assembled and mailed to committee members.
- April 15-30, 1972 - Review of test results by committee members.
- May 5, 1972 - Financial and Statistical Standards Committee meeting.
- May 15-19, 1972 - Executive Committee meeting (during this week.)
- June 1, 1972 - Final recommendation to AAMC.
- August 1, 1972 - Revised Questionnaire mailed to U. S. medical schools for reporting of 1971-72 school year.
- October 1, 1972 - Completed Questionnaires returned to AAMC.
- October 13, 1972 - Financial and Statistical Standards Committee meeting.
- November 5-10, 1972 - Explanatory session on revised Questionnaire during time of national meeting.

EXHIBIT IIIProfessional Development Committee

PROGRAM DETAILS 1972

A - MANAGEMENT INFORMATION SYSTEMS FOR MEDICAL SCHOOLS

This course received the most interest in the questionnaire. It should be closely coordinated with the workshop on the Management Information System for a Medical Center (data base) but should complement this workshop in that a part of the course should be devoted to an explanation of a data base and the work that has been done on developing a data base for a medical center, and the remainder of the course should be devoted to various types of management information for making reports and systems that should be employed by medical school business personnel, in order to assist in the efficient management of the medical school and the medical center as a whole.

B - BUDGET TECHNIQUES

This course should be taught by the budget officer of one of our large universities, and should be taught by someone, either from the medical school or completely familiar with medical school budget techniques. The course should include suggested procedures for a complete budget cycle, including preparation, presentation, implementation, and control, and should also distinguish between various categories of funds and how these funds should be controlled and considered in the budget system.

C - BUSINESS SYSTEMS AND PROCEDURES - NEW DEVELOPMENTS AND TRENDS AFFECTING MEDICAL SCHOOLS

This course would consist of a discussion of new computer systems, new business equipment, and other recent developments in business systems that can add efficiency to the operation of medical centers. It might also include some material on various types of accounts receivable systems, payroll systems, etc.

D - PROGRAM BUDGETING SYSTEMS

This course would include an explanation of the meaning of program budgeting and a discussion of the advantages and disadvantages insofar as its implementation in a medical center. This course could either be taught as a separate course in addition to the course on budget techniques, or it could be included as part of that course.

E - FINANCIAL REPORTING FOR MEDICAL SCHOOLS

This course would consist of reviewing all types of financial statements used by medical centers. It would include a discussion of the information contained in these financial statements, and at what level of management these statements should be used. This course would also include a discussion of the annual expenditure questionnaire prepared by medical centers and submitted to the Association of American Colleges, and relate the information in these statements to the other statements prepared by the medical center.

F - RESEARCH ADMINISTRATION

This would include a discussion of the procedures for the administration of research grants, beginning with the preparation of the grant request by a faculty member (principal investigator) through departmental and other administrative channels to the granting agency. It would also include a discussion of pertinent Federal rules and regulations concerning the administration of research grants emphasizing documents which should be referred to in the administration of grants and contracts. It would also include suggestions as to records that should be maintained at various levels, in order to efficiently administer grants awarded.

G - ADMINISTRATIVE PROBLEMS INVOLVING HOSPITAL AFFILIATIONS

This course would examine the relationships between a medical school and its teaching hospital, both from the point of view of a teaching hospital owned and operated by a university medical school and a teaching hospital owned and operated by an organization other than the university or college medical school. The course would emphasize techniques for improving communications between the medical school and the teaching hospital and various matters that are of a mutual concern, and how these matters can best be resolved. This would include such areas as house staff, bed allocation, participation by medical students in the hospital patient care program, etc.

H - THE DEPARTMENT OF HEALTH EDUCATION AND WELFARE - ORGANIZATION AND OPERATION, RULES AND REGULATIONS - PERTINENT LEGISLATION

This course should be taught by an appropriate official of the Department and should familiarize medical school business officers and staff members with those aspects of the Department that concern medical centers. Major emphasis would be placed on a discussion of the National Institutes of Health, how they are organized, how they operate, and similar information.

I - MANAGEMENT OF AUXILIARY SERVICES - MEDICAL CENTERS

This course would discuss the operation of medical center service departments such as, medical instrumentation, biomedical communications, animal colonies, etc. The material would include a discussion of how these departments are organized, reporting relationships, methods of funding, record keeping, types of services rendered, relationship to faculty members, and administration, etc.

J - COMPREHENSIVE HEALTH CARE PROGRAMS MANAGEMENT

This would include an analysis of programs such as, family medicine, comprehensive child care, etc. It would explain the Federal legislation which created these programs, the rules and regulations regarding their activities and, in particular, special provisions such as, use of matching funds. Also to be included would be a description of the programs themselves, including the type of patient care service rendered, the relationship of these programs to other medical center programs, and the benefits that these programs bring to the medical center and the community at large.

K - FEDERAL LEGISLATION CONCERNING HEALTH CENTERS

This course would include a discussion of such Federal laws as the Medicare, Medicaid Law, the Comprehensive Manpower Training Act of 1971, etc. The pertinent provisions of each of these laws will be explained. Current Federal level of expenditures will be discussed as well as other information of a similar nature.

L - SPACE UTILIZATION EVALUATION TECHNIQUES

Computer as well as non-computer systems for maintaining information regarding the distribution and utilization of medical center space will be discussed. This course also will relate space management (assignment, utilization, and review) and relate this to other aspects of medical center management.

M - PERSONNEL SERVICES

A review of the ideal personnel system for a medical center including recruitment, training, and evaluation of employees. Discussion of the Fair Labor Standards Act as it affects health centers and similar legislation. The effects of the Federal Wage/Price Freeze on personnel administration. The development and implementation of a uniform pay plan for all non-academic employees. Other related information.

N - MANAGEMENT DECISION-MAKING TECHNIQUES

A discussion of the various types of management decisions that must be made in order to efficiently carry on the business of a typical medical center and recommended techniques for effectively making these decisions on a timely basis.

O - ELECTRONIC DATA PROCESSING

A brief introduction to electronic data processing and ways in which data processing systems can most effectively aid in the overall management of a typical medical center.

P - ADMINISTRATIVE HANDBOOKS (PLANNING AND DEVELOPMENT)

Various examples of administrative handbooks and policies and procedures manual would be discussed. Methods of developing and publishing manuals of this type will be included. A discussion of the types of material that can be included in these manuals and other information of a related nature.

III. Relationship of the Council of Deans to the Organization of Student Representatives

A. Report of the Chairman of the OSR to the Chairman of the COD

55 Cromwell
San Antonio, Texas
December 2, 1971

Carleton B. Chapman, M.D.
Dean
Dartmouth Medical School
Hanover, NH 03755

Dear Dr. Chapman:

Enclosed is my report as Chairman of the OSR to you as Chairman of COD.

The first Annual Meeting of the OSR was productive. All of the necessary organizational details were dealt with. The process of defining the role of students in the AAMC also was begun.

This latter is perhaps the most difficult and definitely the most important issue before the OSR this year. As you can deduce from the list of committees and the resolutions considered, the interests and concerns of the OSR representatives are many and at the moment ill defined.

In keeping with the general direction of the Association, it will be the primary goal of the OSR this year to answer questions of priorities for student involvement and initiatives. As this goal takes shape and substance, I will make additional reports to you.

I would like to take this opportunity to formally thank you for your interest in support of the OSR and its activities.

Sincerely yours,


Larry Holly

LH:ca

This report of the activities of the Organization of Student Representatives at the Annual Meeting in Washington, D.C. is comprised of the following sections:

1. A revised and complete list of the members of the OSR with their address and the institution which they represent.
2. The names of the officers of the OSR elected at the meeting
3. Copies of the Agenda from the October 28 meeting and that from the October 29 meeting.
4. The text of the opening address by Larry Holly to the OSR
5. The titles of committees established by the OSR and a brief description of their function.
6. Membership of each committee with the Chairman if each designated.
7. Copies of the two resolutions passed by the OSR
8. Copies of several resolutions considered by the OSR but which were either not acted upon or were tabled until the February meeting.
9. A copy of the rules and regulations adopted by the OSR and approved by the assembly of the Association.
10. A text of Dr. Donald Wharton's address to the OSR on October 29 is not available to be included in this report.

OFFICERS OF THE ORGANIZATION OF STUDENT REPRESENTATIVES

Chairman

Larry Holly
University of Texas, San Antonio

Chairman-Elect

Kevin Soden
University of Florida, Gainesville

Secretary

Steven Ketchel
University of Arizona

REGIONAL REPRESENTATIVES

Southern Region

Harold Stewart
University of Oklahoma

Western Region

Allen Richardson
University of California, Los Angeles

Central Region

Sol Edlestein
Wayne State University

Northeast Region

Geraldine Richter
Georgetown University

REPRESENTATIVES-AT-LARGE

Winston C. Hughes
University of Southern California

Larry Wellikson
Temple University

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Organization of Student Representatives

October 28, 1971

AGENDA

- 7:00 P.M. Seating of Delegates
 Opening Address, Larry Holly
- 7:20 P.M. Rules and Regulations,
 Discussion and Adoption
- 8:20 P.M. Report of the Nominating Committee
- 8:30 P.M. Regional Caucus - designation of regional representatives
 to COD Administrative Board
- 9:15 P.M. Nominations from the Floor
- Candidates Speeches (3 minutes each)
- Election of 3 Officers
- Announcement of Regional Representatives
- Election of Additional Assembly Members
- 10:00 P.M. New Business - Plans for the Future
- a. Resolutions
- b. Resolutions to COD

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Organization of Student Representatives

AGENDA

October 29, 1971

- 7:00 P.M. Announcement of meeting on 10/30 between Dr. Cooper and Chairman and Chairman-elect. Results of meeting to be discussed at 7:00 P.M., 10/30/71.
- 7:10 P.M. Election of Representatives-at-large and introduction of resolution concerning schools of Osteopathy.
- 7:30 P.M. Formation of O.S.R. Committees.
 a) Nominations Committee
 b) Finance Committee
 c) Liaison with External Organizations (SAMA, SNMA, etc.)
 d) Committee on Rules and Regulations
 e) Minority Affairs Committee
 f) Action Committees
- 8:00 P.M. Dr. Wharton's address
- 9:00 P.M. Representatives to AAMC and GSA Committees
 1) Journal of Medical Education
 2) International Medicine
 3) AAMC Student Affairs
 GSA Steering Committee
- 9:20 P.M. Meetings and Communications
 1) Meet with COD and GSA on regional basis
 2) O.S.R. meeting in February
 3) National Newsletter - Chairman
 4) Regional correspondence
 Regional representative
- 9:50 P.M. Additional Items

TEXT OF OPENING ADDRESS BY LARRY HOLLY TO OSR

The irony that American Medicine finds itself a part of is aptly described by Rosemary Stevens in her book, American Medicine and the Public Interest. She says:

Recent developments in medical education represent a striking success. The average doctor has been transformed in sixty years from an incompetent physician, whose strength lay in the "bedside manner" of his mystique, to a specialist...buttressed by an array of diagnostic and treatment aids and techniques. American doctors are among the best trained technological physicians in the world. Together, however, they are not providing optimal medical care; and it is this factor which has become the educational paradox - the manpower crisis- of the 1970's.

Simply stated the irony is, "GOOD DOCTORS BUT BAD MEDICINE".

You and I upon completion of post-graduate training will be among the best qualified physicians in the world today. We will not practice in the anecdotal medicine of herbs and spices as did our great grandfathers, rather we will practice the medicine of EKG's, EEG's, TIDEL VOLUMES, SERUM CREATININES and TISSUE BIOPSIES. In short, we will be good doctors.

But what of our medicine, that is, the delivery of daily health care to John Doe, Susie Smith and Clarence Jones. In the middle of a crisis if in the right place or if financially able they will receive excellent medical care. However, if in the wrong place or if financially unable, they may in fact receive no care at all. In addition the facilities for non-crisis or preventive medicine are almost exclusively restricted to infectious diseases and even those are inadequate. In short, we have a description of the remaining half of our irony, BAD MEDICINE.

Why is this ironical? Listen to the definition of irony: an incongruity between the actual result of a sequence of events and the normal or expected result. In 1910 the Flexner report addressed itself "to the task of reconstructing the American medical school on the lines of the highest modern ideas of efficiency and in accordance with the finest conceptions of public service." This report facilitated the assurance that our M.D.s would be GOOD DOCTORS. Unfortunately, good medicine which was expected to follow as a result did not. In 1970 the Carnegie commission report was concerned with the "vital importance of adopting the education of health manpower to the changes needed for an effective system of delivery of health care in the United States". Here it is implied that academic and scientific excellence alone in the training of a physician will not insure GOOD MEDICINE.

What relevance does a discussion of GOOD PHYSICIANS AND BAD MEDICINE have to do with an organizational meeting of the OSR? A great deal, I think.

In 1967 Bob Graham, A SAMA officer, first made the suggestion that the AAMC have an organized student input. At the Annual Meeting in the Fall of 1968, the assembly of the association passed a resolution supporting the inclusion of students in the activities of the association. In the Fall of 1970, each medical school dean was asked to send a representative of his institution to the Annual Meeting in Los Angeles. From that group of representatives a steering committee was elected to meet with the president and chairman of the association and devise a plan for student input. In February of 1971, in Chicago, the assembly approved the recommendation made by the steering committee for the formation of the Organization of Student Representatives.

Now the relevance of the irony, GOOD DOCTORS AND BAD MEDICINE. We have in name an organization and in fact an irony. It is my hope that the OSR within the AAMC can while maintaining the academic excellence in medical education begun by Flexner in 1910 move toward the accomplishment of the concerns of the Carnegie report of 1970, that is, GOOD MEDICINE for the United States.

C O M M I T T E E S

Finance: To write a grant application with the assistance of the staff to underwrite the activities of the OSR

Rules &

Regulations - To review the rules and regulations which have been adopted and to make recommendations for any changes.

Action

Committee - To examine appropriate areas of concern to the OSR and make recommendations for formation of task forces or establishment of goals

Liaison

Committee - To evaluate the working relationship between OSR and other student areas

Political

Action - To examine appropriate governmental and legislative activities for the OSR

Nominations - To provide nominations to OSR, GSA and AAMC committees

Senior

Electives - To compile and maintain a list of electives available to senior medical students

Minority

Affairs - To parallel the activities of the Minority Affairs section of the GSA and to generate new goals and directions

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ORGANIZATION OF STUDENT REPRESENTATIVES

COMMITTEES

December 1, 1971 - November 30, 1972

FINANCE

Richard O'Connor, Chairman
Cliff Clark
Hal Strelnick
David Green
Peter Sherris
Earl Yunes
Tom Williams
Larry Holly

RULES & REGULATIONS

David Curfman, Chairman
John Horneff
Russ Keasler
John McPhail
Mark Cannon
Kevin Soden

ACTION COMMITTEE

John Palmintier, Chairman
Harold Stewart
Joseph Hillman
Robert Whipple
Mark Widome
Juan Iturregui-Pagan
Jane Henney

LIAISON

John Ward, Chairman
Timothy Smith
Eugene Belogorsky
Jan Weber
Gerald Germano
Robert Walther
Gary Peterson
Vinny Voci
Steven Ketchel

The OSR Chairman is Ex Officio
on all Committees

11/30/71-LH

W#8225

POLITICAL ACTION

Barry Sussman, Chairman
Geraldine Richter
Kenneth Pariser
Todd Swick
Leonard Finn
Jim Sbarbaro
Nelson Goldberg
Gordon Josephson
Dan Pearson
Donald Berwick
Earl Yunes

NOMINATIONS

Jeff Ackerman, Chairman
Larry Ransom
Martin Craven
Kevin Soden

SENIOR ELECTIVES

Barbara Costin, Chairman
Tony Castle
Maureen Herlihy
Larry Ransom
Boyd Myers
Blane Crandall

MINORITY AFFAIRS

Vernon Daly, Chairman
Alfonzo Jones
Alice Rothchild
Nathania Jones
Dan Longo
Bob Rankin
James Pendleton
Tom Simpson
William Terrell

GUEST

Tim Nice, Student Body President
Kirksville College of Osteopathic Med.
Kirksville, MO 63501

ASSEMBLY RESOLUTION

1. Resolution as proposed by the Resolutions Committee - October 30, 1971.

"For the institutional members of the AAMC to prepare effectively students for the delivery of health care in the U.S.A. it is important that all students of human medicine and their respective schools be provided the opportunity for *participation* [representation] in the Association.

"Therefore, be it resolved that the AAMC strive toward providing for the active *participation* [membership] of schools of *osteopathic medicine* [osteopathy] in the Association and that the President and the Executive Council explore all possible steps towards accomplishing this goal."

2. Action of the Assembly.

- A. Motion to amend substituting words *italicized* for those in [] adopted by voice vote.
- B. Motion to table principle motion adopted.

R E S O L U T I O N

Be It Resolved:

That the National Intern and Resident Matching Program retain the option for married students to match together under the program.

RESOLUTION:

It is our assumption that a fundamental human right is good health. It is with this perspective that we affirm:

Any factor having a detrimental effect on the health of an individual must be a subject of concern and opposition by all health workers.

Therefore, this body states UNCONSCIONABLE:

1. The war in Indochina is detrimental to the achievement of health and well-being, not only upon the battlefield, but at home where it perverts our priorities and distracts us from our primary commitments to medicine and health.
2. Destruction of the environment is counter to the goal of a healthy society.
3. The inequitable distribution and quality of health care delivery is a serious source of disease and human misery.

Be It Resolved:

1. The AAMC must actively appose the war in Indochina by pressuring the government and war related industry. Doctors must be encouraged to resist the draft and to refuse to use medical skills for military ends such as in the development chemical and biological warfare.
2. The AAMC establish a program dealing with the health hazards of environmental pollution which will include:
 - A. Recommendations to all medical colleges to establish curricula concerning the health hazards of environmental pollution
 - B. Recommendations that research into the dangers of environmental pollution be encouraged and the results of these studies be made available to the communities in which they are found.
 - C. Lobbying effort in Congress to establish stricter anti-pollution legislation
3. The AAMC encourage industry to recognize its responsibility for the pollution of the environment and to take immediate action to remedy this problem.

4. The AAMC develop and distribute a position supporting a national health plan whose structure is such that all the resources of the health sciences are available equally to all citizens, regardless of the financial resources of such citizens.
5. The AAMC support the growth of neighborhood health centers developing both within and beyond the auspices of medical schools in recognition of the importance of accessible health care of educating communities about health and of the opportunities health students and doctors will have to learn from these clinics, to become more sensitive to patient needs, and to come in contact with patients in both a crisis oriented and preventative medicine setting.

Be It Resolved:

That the AAMC require for accreditation of its medical school affiliates prohibition of admissions discrimination on the basis of sex, and that active recruitment of women at the high school and college levels be established.

In addition, the AAMC must require representation in proportion to the number of women applicants, but not less than one woman on the admissions committee of the respective institutions.

ADMISSION OF MINORITY GROUPS

Be It Resolved:

That the AAMC require for accreditation of all its medical school affiliates the admission and retention of minority group students in each of its entering classes of at least the proportion that such groups are represented in the national population; aimed at creating a physician-patient ratio within these communities equal to that which exist in the nation-at-large; and recognizing minority groups as those who for political, economic, or social reasons have been excluded from the mainstream of American life, specifically, Blacks, Puerto Ricans, American Indians and Mexican Americans; and be it recognized that such efforts aimed at admission will necessitate the commitment to devise and support programs at the secondary and higher education levels to assure applicants will be available; and recognizing that such goals may necessitate the re-examination and assesment of current admission policies in the several institutions dedicated to the training of the nations physicians.

III. Relationship of the Council of Deans to the Organization of Student Representatives

B. Planning for the February Meeting.

The leadership of the OSR has indicated a desire on the part of the students to engage in some kind of joint session with the COD at the February meeting. The most feasible alternative would appear to be:

1. A joint session for approximately one hour at the end of the COD business meeting on February 4.
2. A combined reception on the evening of the 4th.
3. Both of the above.

Recommendation: That the Administrative Board decide what combined function if any should be held at the February meeting.

IV. RELATIONSHIP OF THE AAMC TO RELATED HEALTH ORGANIZATIONS

One of the chief concerns of students attending the initial meeting of the Organization of Student Representatives was the relationship of both the student organization and the Association to the related and allied health professions and their organizations. This concern was a recurrent theme in many of the campaign speeches of candidates seeking election to OSR offices and subsequently found expression in a resolution forwarded to the Assembly. The students, acutely aware of the complexities of health care delivery in modern settings, perceived a pressing urgency to engage in joint considerations of problems of health education and health care delivery with their colleagues in these related professions. Dismayed that only medical students were eligible to become voting members of the OSR, some voiced the opinion that such a restriction should soon be eliminated, or alternatively that an appropriate accommodation be made to provide for the active participation of other categories of health professions students in the AAMC.

This general concern found more specific expression in a resolution passed at the second meeting of the OSR which was forwarded through the Resolutions Committee to the Assembly (text of resolution attached - Attachment I). This resolution envisioned, as an appropriate first step, the increased involvement of students and schools of osteopathic medicine in the affairs of the AAMC. The Assembly tabled the resolution pending an exploration of the issues involved in such a course. The purpose of this paper is to trace certain historical developments relevant to the consideration of the appropriate relationship of the AAMC to schools of osteopathic medicine and other health professions organizations.

The Coggeshall Report

The ecumenical spirit reflected in the students' approach to the appropriate make-up of the AAMC was foreshadowed in the Coggeshall Report, submitted to the Executive Council of the AAMC in April 1965.

"Organization of the association should be concerned with the improvement of health in all its aspects, particularly in the comprehensive function of education for health and medical sciences and also in improved care, treatment, research, and other aspects. It should evidence authentic consideration of broad national and public interests and those of universities.

Representation in the association should include all principal elements of the university community involved with education for health and medical sciences. Provision should also be made for participation of other related organizations, expression of their views, and effective working relationships with and among them. It

should be mainly an association of institutions and organizations, but both formal and practical provisions should be made for active involvement of responsible and concerned individuals."

The Report therefore recommended for the Executive Council's consideration two new mechanisms of participation.

"(4) AFFILIATE MEMBERS

Also within the association's framework of organization, it is recommended that provision be made for suitable participation of other organizations concerned with health and medical sciences. Recognizing that there is a broad range of interest among organizations, and varying types of organizations, two different types of relationships should be provided. The difference between them should be identified by the nature and purpose of the organizations involved and by the mutual preference of the relating organization and the association.

The first of these relationships should provide for "affiliate members." Organizations directly and responsibly involved in education for health and medical sciences should be encouraged to become directly affiliated with the association. For this purpose, it is recommended that a third class of membership be created, by which such organizations could become affiliate members upon application. Affiliate members should be entitled to representation in the over-all governing body but should not otherwise have decisive voice in affairs of the association. Affiliate members should come largely from among the teaching hospitals and the organizations of teachers and researchers of various scientific and clinical subjects.

(5) RELATED ORGANIZATIONS

In addition to actual members, it is recommended that the association recognize as "related organizations" other organizations primarily concerned with education or practice in health and medical sciences. Formal continuing working relations should be established with related organizations, and specific organizational arrangements should be made for their involvement in affairs of the association. Working relations should include such activities as exchange of information and publications, participation in meetings and activities,

joint studies and experimental or demonstration projects, and limited participation in policy and program considerations of the respective organizations.

The related organizations should be expected to include those (such as the American Medical Association) with which the association has already established cooperative contact, plus other professional or institutional associations, the various professional organizations by medical specialty, voluntary citizen organizations in the health field, and others with common interests."

In a subsequent reorganization the AAMC has made provision for participation of those which the Report recommended as affiliate members "largely from among the teaching hospitals and organizations of teachers and researchers of various scientific and clinical subjects" through the establishment of its Councils of Teaching Hospitals and of Academic Societies.

Subsequent discussions relating to the formal recognition of "related organizations" by the AAMC stimulated the response by those concerned that they considered it highly inappropriate to be so named or related to the formal organizational structure of the AAMC. Other mechanisms have been sought to achieve the goals enunciated by the Coggeshall Report.

The Federation of Associations of Schools of the Health Professions

One mechanism for carrying out the Coggeshall Report's call for closer working relationships with related health organizations has been the founding of the Federation of Associations of Schools of the Health Professions which the AAMC was instrumental in establishing in 1968.

Constituent organizations include associations of university-based schools educating health professionals as well as associations of other accredited schools which award a doctor's degree in a health profession.

The Council of the Federation, representing all member organizations, meets quarterly. Liaison representatives of federal agencies and several organizations of the health professions are invited to participate in the Council's deliberations.

The Council of the Federation considers issues and problems of interest to the member associations, their constituent institutions, faculties and students. Recent discussions have concerned accreditation, licensure, the operating policies and procedures of federal health and education agencies, health manpower legislation, support for health professions education, student recruitment, minority group representation in the health professions, and the supply and retention of military health personnel.

On occasion, the Council has issued position statements on current issues and has presented testimony before congressional committees.

Member organizations include:

- American Association of Colleges of Pharmacy
- American Association of Colleges of Podiatric Medicine
- American Association of Dental Schools
- American Association of Osteopathic Colleges
- Association of American Veterinary Medical Colleges
- Association of Schools and Colleges of Optometry
- Association of American Medical Colleges
- Association of Schools of Allied Health Professions
- Association of Schools of Public Health
- Association of University Programs in Hospital Administration
- National League for Nursing (Council on Baccalaureate and Higher Degree Programs)

Coalition for Health Funding

Another method of the AAMC's relating to organizations which share an interest in the health field has been through participation in the Coalition for Health Funding, a grouping of 22 health related organizations whose purpose has been to secure adequate Federal funding for health programs. Included among the members of the Coalition are American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Association of Dental Schools, American Nurses Association, and Association of Schools of Allied Health Professions. Attached (Attachment II) is a summary of the Coalition's activities through September 1971. This year Dr. John A. D. Cooper, President of the AAMC, served as Chairman of the Coalition's Steering Committee.

It can be seen that the AAMC has been aware of its responsibilities with respect to developing appropriate relationships with the full spectrum of health professions organizations. With respect to the more specific recommendation of the OSR relating to developing closer ties with schools of osteopathic medicine, consideration of the following history may be useful.

Schools of Osteopathy

BACKGROUND: Formal training in osteopathic medicine began in 1892; the establishment of the first school of this type was in the State of Missouri. The number of schools proliferated until 1910 at which time twelve such schools were in existence. Subsequent to 1910 the number dwindled to six. These six existed for some years until 1962 when the Los Angeles

College of Physicians and Surgeons, an Osteopathic School, became the California College of Medicine. The opening of a new school in 1969 as a college of Michigan State University raised the number to seven.

There are approximately 14,000 doctors of osteopathy known to exist in the United States. These doctors of osteopathy are licensed to practice in nearly all states; however, there are some limitations on what kinds of practice they can do in certain states. Since 1968 Osteopaths have possessed the same privileges to practice surgery and medicine as do MDs in forty-two states and the District of Columbia. In thirty states, they take the same licensing board examinations as do the MDs.

THE AMA: The American Medical Association has expended considerable effort in consideration of the field of osteopathic medicine and its probable and possible relationship with eclectic medical practice. A cluster of papers on this subject was presented at the 65th Annual Congress on Medical Education of the AMA in February 1969. These papers were published in the Journal of the American Medical Association July 7, 1969.

The American Medical Association has taken a number of specific steps which have resulted in the drawing of the practice of osteopathic medicine and eclectic medicine closer together. The steps taken by the AMA are as follows:

1. County and state medical societies may accept qualified osteopaths as active members and therefore provide for their membership in the American Medical Association.
2. Accredited hospitals may accept qualified osteopaths for appointment to their medical staffs.
3. Internships approved by the AMA were made available to qualified graduates of schools of osteopathy as of January 1, 1969.
4. Some of the specialty boards have declared their intent to accept for examination those osteopathic graduates who have completed AMA approved internships and residency programs and who have met other requirements applicable to all board candidates.

In the matter of the conversion of the Los Angeles College of Physicians and Surgeons to the MD graduating California College of Medicine, an interesting method was used. In 1962, 2,700 graduates of this institution with the doctor of osteopathy degree were re-graduated with the MD degree. Apparently, this was done so that these individuals could qualify for a regular license to

practice medicine and surgery under the medical practice act provisions of the State of California.

There are reports that other colleges of osteopathic medicine have held serious considerations of conversion from their format status to regular MD degree granting institutions fully accredited by the usual procedures employed by the Liaison Committee on Medical Education. However, there are also reports that the older members of the American Osteopathic Association look with disfavor upon such alteration of the status of any more of their doctor of osteopathy degree-granting institutions and have probably engaged in some efforts to retard such developments.

THE AAMC: The Executive Council of the Association of American Medical Colleges in its meeting on December 18, 1969, enacted the following policies:

1. The AAMC will be receptive to the interests of osteopathic schools that wish to become more closely associated with eclectic medicine.
2. Relations and discussions between AAMC staff and representatives of schools of osteopathy will be conducted openly with correspondence concerning accreditation and site visits handled as in the case of all medical schools.
3. Staff will be expected to handle requests for accreditation in the fashion analogous to that of a developing medical school.
4. Staff will be expected to work co-operatively with the American Medical Association and to keep in touch with the local groups concerned with the evolution of these osteopathic schools with whom the AAMC is working.

IN SUMMARY: Both the AMA and the AAMC appear to have established certain principles and have adopted certain practices which allow a greater inter-mingling of activities of osteopathic schools with the schools of medicine, and the inter-mingling of the practioners of osteopathic medicine with the practioners of eclectic medicine. In general, it would appear, however, that most of the actions of the AMA and the AAMC are related to the proposed modification of the osteopathic schools into the eclectic version of medicine which is taught in the cluster of medical schools belonging to the Association of American Medical Colleges. Resistance on the part of members of the American Osteopathic Association may not make such absorptions possible, however, with the result that osteopathic colleges may continue their separate existence for quite some time. If this prediction holds true then the trend toward absorption into eclectic medicine of the osteopathic physicians would deviate from the earlier experience of absorption of

homeopathic medicine into eclectic schools of practice, as was done in the earlier part of this century.

Recommendation

From the above discussion it is apparent that the students' desire for a cooperative and coordinated approach to working through problems of health education and health care services among the various health professions groups is highly consistent with the traditions, philosophy and recent history of the AAMC. To date, however, these relationships have developed at the organizational level rather than at a level which fosters personal interchange among the students and professionals. While this is a natural result of the current structure of this and other associations whose membership is primarily institutional in character, the value of such personal interchange is not to be denied. Indeed, the OSR resolution arose out of the context of the annual meeting which attracted the attendance of approximately 2,800 medical educators. A primary motivation of many in attendance was just such an interchange.

It would appear then that one of the considerations behind the students' action was the desire to develop the OSR as a forum for the interchange of students views on a scale not limited to a pre-MD participation.

It is therefore recommended as a further step toward enhancing productive interrelationships among the health professions that the Administrative Board advise the OSR to seek, with the assistance of the AAMC staff, the development of such a forum for students of the health professions under the aegis of the Federation of Associations of Schools of the Health Professions.

ASSEMBLY RESOLUTION

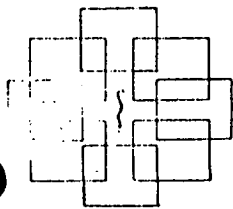
1. Resolution as proposed by the Resolutions Committee - October 30, 1971.

"For the institutional members of the AAMC to prepare effectively students for the delivery of health care in the U.S.A. it is important that all students of human medicine and their respective schools be provided the opportunity for *participation* [representation] in the Association.

"Therefore, be it resolved that the AAMC strive toward providing for the active *participation* [membership] of schools of *osteopathic medicine* [osteopathy] in the Association and that the President and the Executive Council explore all possible steps towards accomplishing this goal."

2. Action of the Assembly.

- A. Motion to amend substituting words *italicized* for those in [] adopted by voice vote.
- B. Motion to table principle motion adopted.



COALITION FOR HEALTH FUNDING

One Dupont Circle

Washington, D.C. 20036

FOR IMMEDIATE RELEASE

September 30, 1971

Contact: Charles Fentress
(202) 466-5170

Although the appropriation process for fiscal year 1972 has not yet been completed, it is perhaps appropriate at this stage to assess the effect of the efforts of the Coalition for Health Funding in attempting to secure a higher level of federal support for HEW health programs.

In summary, for the programs of the National Institutes of Health for which the Coalition made a recommendation, the actual appropriation agreed to in the House-Senate conference was under the Coalition's recommendation by \$66.7 million. The appropriation allowed in the conference report for the programs of the Health Services and Mental Health Administration was \$17.9 million less than the Coalition's recommendation. No appropriations were made for those health manpower programs the authorizing legislation for which is still pending in the Congress.

While the full measure of the Coalition's objectives was not achieved, the increases above the President's budget made by the Congress constituted a substantial achievement. The Coalition had sought a total increase above the President's budget for NIH and HSMHA programs of \$632.5 million. For these same programs the Congress allowed an increase of \$547.8 million above the President's budget. Actions in both House and Senate to increase significantly the Presidential request in major health programs, we believe, were significantly influenced by Coalition activities and its specific recommendations for appropriation increases.

Although the amendment on the House floor sponsored by the Coalition to add \$200 million to the appropriation bill as reported by the House appropriation

committee failed of passage, that failure, in some part, was due to the fact that the House committee brought to the floor an appropriation bill that was \$321 million over the President's request. In reporting this to the House, the committee chairman made reference to efforts of interested groups to secure increased appropriations as a matter which bore upon the committee's activities. This, indeed, is high recognition of the Coalition's efforts.

Perhaps the greatest achievement in the Coalition's activities was that of sustaining a unified, common front among some twenty-two diverse health groups many of which had very specific and limited objectives in the appropriation field. The fact that such groups merged their separate efforts into a common and unified endeavor to gain greater recognition for health funding in the federal appropriation process is an important milestone in achieving a more unified health front in the nation.

We intend to direct this combined strength toward obtaining full appropriation of the levels of support authorized for health manpower programs as soon as that legislation passes the Congress. We will also press the Executive Branch for full apportionment of funds appropriated for health programs in FY 1972.

We hope next year that we can build upon the progress thus far to use this unified force in the most constructive manner possible in providing the Congress with a non-governmental view of the levels of support required for major national health programs.

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V. Planning Future Meetings of the COD

A. February Meeting

1. Program Session

The Council of Deans and the Council of Academic Societies will hold a joint program session at the Palmer House in Chicago, Friday, February 4, 1972. The meeting will begin at 9:00 am and end at 12:30 pm. The first 1 1/2 hours will be devoted to a discussion of the rationality of the selection process for medicine. The second 1 1/2 hours will deal with the concepts of the three-year undergraduate medical curriculum. A position paper on each subject will be presented and a panel will be utilized to stimulate discussion.

2. Business Session

By virtue of the discussions at the previous meeting we are committed to a consideration of several matters at the business session which will commence at 2:00 pm. These include: 1) the "fifth pathway" of the AMA Council on Medical Education for the American students studying abroad to enter the mainstream of American medicine by means of undertaking a year of clinical experience under the aegis of an accredited American medical school; 2) Problems being encountered in the admissions process (to the extent this is not covered in the program session; 3) A status report on the Faculty Roster Study and (perhaps) 4) A consideration of the relationship of the Council to the Business Officers Section.

In addition, the matter of the development of an Organization of Faculty Representatives may be an appropriate item, depending upon the status of recommendations deriving from the Airlie House Retreat. A proposal may be ripe for presentation and discussion at this time, although it is anticipated that appropriate Council action should be deferred until the spring meeting, a course which will permit more extended consideration and study of the proposal.

Medical School - VA Hospital affiliations is a topic of continuing interest and may be appropriate to consider at the February meeting if it is anticipated that sufficient time will be available.

V. Planning Future Meetings of the COD

B. Spring Meeting

Staff will report on progress of planning the Spring Meeting.