

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

September 5, 1974

MEMORANDUM

TO: Members of the Administrative Board of the Council of Deans

FROM: Joseph A. Keyes, Director, Division of Institutional Studies

SUBJECT: Meeting of September 19, 1974

Enclosed is the Administrative Board Agenda for the September 19, meeting. In an effort to conserve time and avoid redundancy, the "Reports" section of the Executive Council meeting is being scheduled for a joint luncheon meeting of the three administrative boards from 1 - 4 p.m. on the 19th. It is hoped that by this means the "Actions" section of the Executive Council Agenda can be completed prior to a threatened loss of a quorum brought about by airline scheduling problems.

We have continued our recent practice of including in the Board Agenda book only those items not included in the Executive Council book. Please bring both books to the meeting.

Also enclosed for your information is the agenda of the OSR Administrative Board for its meeting of September 13 and 14.

Encls.

COUNCIL OF DEANS ADMINISTRATIVE BOARD

AAMC Conference Room  
Thursday, September 19, 1974  
9:00 a.m. - 1:00 p.m.

I. Call to Order	
II. Chairman's Report	
III. Approval of Minutes . . . . .	1
IV. Action Items:	
1. Spring Meeting, 1975	
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2. Distinguished Service Members - Report of Nominating Committee: Dr. Grulee and Dr. Cazort	
3. Executive Council Actions - (Executive Council Agenda Book)	
a. Report to CCME on Physician Distribution	
b. Report of the AAMC Task Force on the GAP Report	
c. Statement on New Research Institutes and Targeted Research Programs	
d. Resignation of Executive Council Members	
V. Discussion Items:	
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2. Board input to Annual Retreat Agenda	
3. Annual Survey of Dean's Compensation - Dr. Paul Jolly . . . . .	61
4. American Faculty Teaching Abroad - Dr. Emanuel Suter . . . . .	63
5. Report of Ad Hoc Committees on JCAH Standards (Executive Council Agenda Book)	
6. Report of Ad Hoc Committees on COTH Membership (Executive Council Agenda Book)	
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1. Annual Meeting Programs	
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b. COD-CAS-COTH Joint Program . . . . .	67
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2. Appointment of Task Force on AAMC Groups (Executive Council Agenda Book)	
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4. Resignation of William Mayer . . . . .	75
5. Resignation of William Maloney . . . . .	77

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

June 20, 1974  
 9:00 a.m. - 4:00 p.m.  
 Conference Room, AAMC Headquarters

PRESENT

(Board Members)

Ivan L. Bennett, Jr., M.D.  
 J. Robert Buchanan, M.D.  
 Ralph J. Cazort, M.D.  
 Clifford G. Grulee, M.D.  
 Andrew Hunt, M.D.  
 Julian R. Krevans, M.D.  
 William D. Mayer, M.D.  
 Robert L. Van Citters, M.D.

(Guests)

Daniel Clarke-Pearson  
 N. L. Gault, Jr., M.D.  
 D. C. Tosteson, M.D.

(Staff)

Jane Becker  
 Nan Hayes  
 Doris Howell, M.D.  
 Amber B. Jones  
 Joseph A. Keyes  
 Susan R. Langran  
 James R. Schofield, M.D.  
 Emanuel Suter, M.D.  
 Marjorie P. Wilson, M.D.

ABSENT

John A. Gronvall, M.D.  
 William F. Maloney, M.D.

I. Call to Order

Dr. Papper, Chairman, called the meeting to order shortly after 9:00 a.m.

II. Minutes of the Previous Meeting

The minutes of March 21, 1974, meeting was approved as circulated.

III. Review of 1974 Spring Meeting

The Board expressed general satisfaction with the COD Phoenix Meeting.

1975 COD Spring Meeting

A Program Committee, chaired by Dr. Krevans, was chosen to determine an appropriate site and tentative program for the COD Spring Meeting in 1975.

### III. 1975 COD Spring Meeting (cont'd)

It was decided that the program for the Council of Deans Spring Meeting should examine the issues involved in the Medical Education Process--as opposed to Management, Political or Financial Issues.

There was some discussion as to whether the topic Medical Education should encompass only undergraduate medical education or deal with the entire continuum from pre-Baccalaureate studies through graduate medical education. The Program Committee will address itself to these and other questions, and report back to the Board in six weeks time.

### IV. Annual Meeting Program Planning

The Board reviewed the tentative program prepared by the staff for the Joint COD-CAS-COTH Meeting in November. It concluded that the proposed package was too ambitious to undertake in a single session.

The Board directed its Chairman to meet with the CAS and COTH Chairmen to work out the details of a program which would focus on the identification of the key problems to be faced by each of the groups--deans, hospital directors and faculty--as they approach the assumption of Institutional Responsibility for Graduate Medical Education. Care should be taken to avoid having the session develop premature "AAMC Policy" on these matters. The purpose of this meeting should be to identify the key questions that need to be resolved in any negotiations which must necessarily take place at the institutional level.

The Board also suggested that it might be appropriate to hear the views of a 4th year medical student and/or a house officer on this subject.

### V. Election of Institutional Members

The Board recommends that the following medical schools be nominated by the Executive Council to the Assembly for Full Institutional Membership in the AAMC, provided that this action is ratified by the full Council of Deans on November 13, 1974:

1. University of Massachusetts  
Worcester
2. State University of New York at  
Stony Brook Medical School
3. Texas Tech University  
School of Medicine
4. University of Texas Medical School at Houston

V. Election of Institutional Members (cont'd)

Board Concern with the Accreditation Process

The action item relating to the election of Institutional Members stimulated a discussion of the relationship between AAMC membership and accreditation. This, in turn, led to the expression of considerable concern on the part of Board members regarding the adequacy of the current LCME accreditation process. The Board concluded that it would set this item aside for appropriate and extended consideration at its September meeting. In the interim the Chairman was requested to work with the staff, and others as appropriate, to develop pertinent background materials for the September meeting.

VI. GAP Task Force Progress Report

At the March 22, 1974, Executive Council Meeting, upon the recommendation of the COD Administrative Board, the Executive Council appointed a Task Force to develop an Association position on the Goals and Priorities Committee Report to the National Board of Medical Examiners.

The Administrative Board heard an interim report presented by the Chairman of the Task Force, Dr. Neal Gault. Dr. Gault presented tentative Task Force recommendations. Briefly summarized, the recommendations are as follows:

The AAMC should endorse--

1. the separation of the evaluation process of educational programs and accreditation of medical schools from the licensure and certification practices.
2. an internal evaluation of undergraduate medical education. The AAMC should assist and reinforce this process by providing to the faculty counseling, access to appropriate evaluation methods, and ways of involving external agencies in the evaluation method.
3. the proposition that the LCME in the accreditation process should place a greater emphasis on the internal evaluation of medical school programs. The AAMC should provide resources to assist the medical schools in developing appropriate evaluation mechanisms.
4. the concept of a pass-fail qualifying examination for entry into graduate medical education. The examination should not be used as a criteria for the M.D. degree, and the results should be kept privileged information between the physician and the graduate medical education program to which he or she is accepted.

5. the internal evaluation of graduate medical education and assist the medical school faculties in developing appropriate evaluation methods and instruments.
6. the certification of exceptional qualifications in a specific field of medicine.
7. (a) a "gateway" to unsupervised, unrestricted practice of medicine which can be determined earlier than completion of graduate medical education. (b) a core of accredited graduate medical education should be successfully completed before licensure is granted for independent practice. (c) Specialty Board Certification should be an alternative pathway to unrestricted licensure to practice medicine.
8. the recommendation that the NBME assist agencies responsible for re-certification and re-licensure in the event that episodic qualifying examinations become a part of the process.
9. the recommendation that students, although not mentioned in the report, should have appropriate representation in whatever NBME reorganization evolves.

#### VII. DISTINGUISHED SERVICE MEMBERS

A nominating committee to be chaired by Dr. Mayer and including Drs. Grulee and Cazort was appointed to submit names to the Council of Deans for nomination to Distinguished Service Members.

In a separate action, the Board voted to urge that the Executive Council require that nominations submitted to it for such membership be accompanied by a description of the "active and meritorious participation" in the affairs of the Council and the AAMC which justifies each candidate's election to this category of membership.

#### VIII. LETTER FROM CLIFFORD G. GRULEE, JR., M.D. ON JUNE 3, 1974, REGARDING EXTRANEIOUS MATERIALS FROM DHEW

Dr. Grulee suggested in his letter of June 3, 1974, to Dr. Marjorie Wilson that the confusion resulting from the deluge of irrelevant HEW materials could be prevented if the AAMC monitor this extraneous material and advise HEW. Dr. Wilson replied that AAMC presently tries to keep the medical schools informed of relevant HEW information and asked if other Board members had a similar experience. The discussion which followed did not generate any consensus as to an appropriate role for the AAMC in screening the kinds of questionnaires of concern.

IX. ISSUES, POLICIES AND PROGRAMS OF THE AAMC (GREEN BOOK)

The Board concluded that this document accomplished well the identification of issues of importance to the AAMC and its constituency, and set out well the AAMC's stance on these issues. The hope was expressed that in the future the document would go further in identifying the level of resources and the emphasis given to each issue by the AAMC.

Five areas were pointed out which did not seem to be pursued with the emphasis commensurate with their importance:

1. Institutional responsibility for graduate education
2. Programs of continuing medical education
3. Integration of Quality Care Assurance Programs into Clinical Education
4. Relations between medical schools and teaching hospitals
5. National Matching Program administering medical school admissions

It was suggested that the PPBS proposal to be discussed at the executive session of the Executive Council would clarify the concerns regarding the emphasis and resources devoted to each issue by the AAMC.

The Board generally endorsed the recommendation that the Executive Council approve for publication the "Green Book" entitled, "Issues, Policies and Programs of the Association of American Medical Colleges." It is further recommended that the Executive Council stipulate that the document be distributed to the constituent members of the Association with additional distribution to be at the discretion of the AAMC President. It suggested in addition:

1. That the document be distributed in looseleaf form to permit easy revision.
2. That revisions be made from time to time as appropriate, but that a comprehensive revision be undertaken at least annually.
3. That the revisions indicate what steps have been taken to implement the policy positions and what the status of the implementation is.
4. That a careful record of the distribution be made so that revisions would reach each recipient, and outdated sheets could be destroyed.

X. AAMC POSITION ON THE REPORT AND RECOMMENDATIONS OF THE FMG TASK FORCE

The Board's consideration of the Task Force Report took place in the context of a previous discussion of the deliberations of the Task Force considering the NBME Committee on Goals and Priorities (GAP) Report. There was a clear divergence of opinion regarding the wisdom of a universal requirement that all candidates for graduate medical education programs pass a single exam.

Because acceptance of the FMG Task Force recommendations would involve accepting the principle of a single qualifying exam; and

Because the Board felt that there were procedural deficiencies in the action taken by the COD on this issue at the Spring Meeting,

The Board voted to recommend that the Executive Council not adopt the FMG Task Force Report at this time but refer the matter to each of the Councils for full deliberation and place this on the Agenda of the Assembly for action this November.

The matter was viewed as being of such importance and so intimately related to the GAP Report that the Board concluded that closing on this issue at this time--as a matter of formal AAMC Policy--would be premature.

XI. PROPOSAL FOR THE ESTABLISHMENT OF A LIAISON COMMITTEE ON CONTINUING MEDICAL EDUCATION

After a short discussion in which questions were asked regarding the equity of numerical composition for LCME representation, the Board endorsed the recommendation that the Executive Council approve the establishment of a Liaison Committee on Continuing Medical Education. It is further recommended that the Executive Council specify that in establishing a long-range financing plan for the LCCME all costs of that body's activities should be recovered from fees assessed to programs of continuing medical education.

XII. STATEMENT ON THE RESPONSIBILITIES OF INSTITUTIONS, ORGANIZATIONS AND AGENCIES OFFERING GRADUATE MEDICAL EDUCATION

The Board endorsed the recommendation that the Executive Council ratify the Statement on the Responsibilities of Institutions, Organizations and Agencies Offering Graduate Medical Education.

XIII. SEATTLE BIOMEDICAL RESEARCH MANPOWER REPORT

The Board endorsed the recommendation that the Executive Council endorse the recommendations of the Seattle Research Manpower conference.

XIV. AAMC POLICY STATEMENT ON NEW RESEARCH INSTITUTES AND TARGETED RESEARCH PROGRAMS

The Board urged that the Executive Council return the proposed statement to the Committee for redrafting. The Board concluded that a number of separately identifiable issues were inappropriately joined and addressed in the Statement. Each of these issues should be separately addressed in a revision of the document.

Some of these are:

1. Fragmentation of NIH
  - New Institutes
  - New autonomy for existing institutes (NCI, NHLI)
2. "Diversion of Research to Patient Care"--explosive and inappropriate statement.
3. Discrepancy between "modified periodically to accomplish" and "cannot endorse additional categorical disease institutes."
4. Basic scientific information (#1 at bottom) is arguably available as a knowledge base for attacking any given "specific disease."

XV. REPORT OF THE NATIONAL HEALTH INSURANCE TASK FORCE

The recommendation that the Executive Council approve the report of the National Health Insurance Task Force to form the basis of any future AAMC position on national health insurance was passed with one member registering a no vote. He felt strongly that the issue of national health insurance should not be a concern of the AAMC since it does not fall within the purpose clause of the AAMC's charter: "the advancement of medical education."

XVI. REPORT OF AD HOC REVIEW COMMITTEE ON MCAAP

After discussion among Board members and following the presentation of recommendations by Daniel Clarke-Pearson, chairperson of the OSR, the Administrative Board proposed the following modifications to the Committee's recommendations for Executive Council action:

1. Under ADMINISTRATIVE RECOMMENDATIONS, 3. the following words should be added after the word assessment in the first sentence "... and for improving access for minorities to medical school admissions."
2. Under the heading Program Development Recommendations 2, (A) the words "for the next two or three years" should be deleted.
3. In Appendix A, Objectives of MCAAP, Section 2, the words "to encourage and advocate" should be substituted for the words "to initiate and coordinate."

XVII. REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION

The Board endorsed the report of the Committee.

XVIII. PROPOSED AAMC STATEMENT ON MOONLIGHTING BY HOUSE OFFICERS

After consideration of an alternate statement on moonlighting submitted by the OSR, the Administrative Board endorsed the Committee's draft statement on moonlighting with the following addition: "(4) The LCGME should take the necessary steps in its process of approval of graduate medical education programs to assure compliance with the above guidelines."

XIX. GUIDELINES FOR GROUPS

The Board recommends that the Guidelines for Groups adopted by the Executive Council in March of 1972 which appears on pp. 62 and 63 of the Executive Council Agenda Book be amended as follows:

1. Statement number 2 which reads "All Group activities shall be under the general direction of the AAMC President or his designee from the Association staff" should be amended by adding the following words "and shall relate to the appropriate council as determined by the Executive Council."
2. Statement number 5 which reads "The activities of Groups shall be reported periodically to the Executive Council" should be amended by deleting the words "Executive Council" and substituting the words "Council designated under number 2 above."

By separate action the Board recommended that the Group on Student Affairs, the Group on Medical Education, the Group on Business Affairs, the Group on Public Relations and the Planning Coordinators Group be designated by the Executive Council to relate to the Council of Deans.

XX. DISCUSSION ITEM

Report of the Organization of Student Representatives--  
Mr. Daniel Clarke-Pearson, chairperson of the OSR,  
indicated to the Board that a report of their  
Administrative Board meeting will be presented at the  
Executive Council meeting.

XXI. INFORMATION ITEMS

The following information items were brought to the  
attention of the Board:

1. Report on the Early Decision Plan for Medical School Admissions.
2. Reprint from the Federal Register on proposed regulations for "Limitations on Coverage of Costs Under Medicare."
3. Letter of May 17, 1974, regarding proposed regulations to implement Section 223 of the Social Security Amendments of 1972.
4. Memorandum from John A. D. Cooper regarding Proposed AMA Guidelines for Housestaff Contracts.
5. Proposed Workshop Agenda on the Ethical Aspects of Medical Care held by the National Academy of Science, September 18, 1974.
6. Conference Report on National Research Training and Protection of Human Research Subjects Act of 1974.
7. Draft Questionnaire regarding Injuries Sustained During Research, proposed by Division of Biomedical Research.
8. Memorandum regarding Scholarly Activities and Medical School Faculty--A Historical Perspective.

XXII. ADJOURNMENT

Dr. Papper adjourned the meeting at 4:00 p.m.

PROGRAM  
for  
THE COUNCIL OF DEANS SPRING MEETING, 1975

The Administrative Board expressed its interest in devoting the next Spring Meeting to a discussion of undergraduate medical education.

The attached program proposal focuses on--

- 1) The approaches to teaching basic sciences
- 2) The role of research
- 3) The value of various settings to the teaching of clinical medicine
- 4) The worth and accomplishments of innovative programs.

This represents an attempt to identify key issues about which there is both substantial interest and considerable disagreement. Additionally, these issues together would seem to define the dichotomy between the approaches and perspectives of the "traditional" schools and the majority of the developing schools. Thus this kind of program could provide a forum for an open dialogue between the representatives of these institutions.

## PROGRAM

for

## THE COUNCIL OF DEANS 1975 SPRING MEETING

## "On Undergraduate Medical Education: A Disputation of Certain Unsettled Propositions"

- I. The Basic Sciences Should be Taught--
  - A. At the college level, prior to medical school.
  - B. In discipline-centered blocks prior to the study of clinical medicine.
  - C. In the context of clinical problems.
- II. Biomedical Research--
  - A. Plays an essential role in the education of a physician.
  - B. Should be deemphasized in favor of research on health services delivery.
- III. Clinical Education--
  - A. In geographically dispersed settings is superior to that dependent exclusively on the university hospital.
  - B. In the ambulatory clinic and physician office is essential to the education of a primary care physician.
- IV. Innovative Programs--
  - A. Have proven their quality through sound evaluation.
  - B. Are an effective response to societal needs.

Alternative Program #2  
for  
COUNCIL OF DEANS SPRING MEETING 1975

"Undergraduate Medical Education: An Examination of the  
Selection of Students"

- I. The Preparation for Medical Education--
  - A. A discussion of the diversity of backgrounds presented by those seeking medical education. What is necessary? What is desirable? What is sufficient? What problems are presented to the medical school by the diversity of preparations?
  - B. A discussion of the interface between pre-bacclaireate training and pre-M.D. education. Are there sufficient lines of communication between the institutions responsible for these phases of a physician's education? What more is needed?
  - C. What are the effects of competition for selection? On the successful candidate; on the unsuccessful?
  
- II. The Personal Characteristics Requisite to Medical Education--
  - A. Cognitive factors--what level of achievement in what subject areas is necessary? Desirable? Sufficient? How are these to be measured?
  - B. Non-cognitive factors--what personal or behavioral characteristic must the candidate possess? Should he possess? How are these to be measured?
  - C. Non-cognitive factors--what role does the geographic origin or ethnic heritage of the candidate play? Should it play? What role do his career goals and expectations play? Should they play?
  
- III. The Admissions Process--
  - A. A discussion of the make-up and function of the admissions committee. The role of the faculty. The role of the dean and his assistants. The role of the university. The role of the state and federal governments. The role of the community. The role of community physicians. The role of the undergraduate school and health professions advisors.
  - B. The process of selection. The role of tests and interviews. The mechanics of the process: how are judgments formed. Early decision plans. Matching plans. The role of AMCAS.
  - C. Political and Ethical Problems of Selection.

Spring Meeting 1975 - Location

We hold tentative reservations on the following facilities:

1. La Coquile - Palm Beach, Florida  
April 2 - 5, Wednesday - Saturday  
\$65.00 single occupancy -- Full American Plan
  
2. Rancho Bernado - San Diego, California  
April 3 - 6, Thursday - Sunday  
\$31.00 single occupancy -- European Plan  
(Meals approximately \$14.00 per day)
  
3. The Drake Oakbrook - Chicago, Illinois  
April 20 - 23, Sunday - Wednesday  
\$25.00 single occupancy -- European Plan

Additional information is supplied on the following pages. More descriptive material will be available at the meeting. The San Diego and Palm Beach locations would appear to offer the more attractive climate and resort facilities. The greater room rate at Florida will be offset in the aggregate total cost to the council members by the greater cost of transportation to the west coast for the majority of schools.

Chicago offers the least expensive facilities and is very convenient to transportation.

LA COQUILLE  
CLUB  
PALM BEACH 33480

AUG 13 1974

August 13, 1974

Mr. Joseph Keyes  
Director of Institutional Studies  
Assn. of American Medical Colleges  
Suite 200, One DuPont Circle  
Washington, D. C. 20036

Dear Mr. Keyes:

In accordance with a telephone conversation with Mr. Savidge, we are pleased to hold for you on a tentative basis, the dates April 2 to April 5, 1975, for your Council of Deans meeting. These accommodations for your group of approximately 140 people would be available at our projected April Conference Rates of:

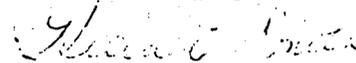
\$37.50 daily per person double occupancy;  
\$65.00 daily single occupancy; and suites,  
\$50.00 daily for the parlor, plus the  
regular bedroom rate.

These Rates are Full American Plan, which includes three meals of your choice, of course.

Also, suitable meeting rooms would be available for your use at no additional charge.

I am enclosing two of our Meeting Planner's brochures, which contain information on our new Executive Seminar Center, as well as other facilities here at La Coquille. When Mr. Savidge returns to the office, he will be in touch with you regarding any details you may wish to discuss. Meanwhile, if I can provide you with any additional information, please let me know.

Sincerely yours,



Helen E. Smith

Secretary to Michael W. Savidge  
Resident Manager & Director of Sales

Enclosure

The Inn  
at  
RANCHO BERNARDO

TENTATIVE CONFIRMATION

Requested by: Jos. A. Keyes Date: 8/20/74

Agency: Holtmaster

Name of Group: ASSN. of AMERICAN Medical Colleges

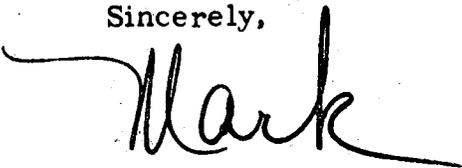
Main Arrival Date: Apr. 3, 1975

Main Departure Date: Apr. 6, 1975

50 Doubles      75 Singles      \_\_\_\_\_ Suites

This group reservation will be held until 9/20/74, unless you request a later release date. After the release date, we will consider the rooms available for sale, on a first-come basis.

Thank you for considering The Inn. I hope we'll have your group here.

Sincerely,  


Mark L. Mowrey  
Director of Sales

MLM/cs

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## at RANCHO BERNARDO

- Guest Rooms:** Total of 150 double occupancy rooms -- all with two queen beds. 125 of these rooms were opened new in 1970. All air-conditioned, with color television, tub-shower, double sinks, guest telephones and full patio, all in rich Spanish decor.
- Suites:** Total of 7 one-bedroom with parlor suites. Wet bar in each.
- Meeting Rooms:** Total of 7 separate, 4 if combined. See brochure.
- Dining Rooms:** El Bizcocho and Cattle 'n Cask. Breakfast, lunch and dinner, European or American Plan every day. Cocktails served in both dining rooms and the cocktail lounge, La Taberna.
- Entertainment:** Live music for dancing every night except Mondays.
- Golf:** Challenging P. G. A. 18-hole course bordering The Inn rated at 71.1. Plenty of golf carts available, but not mandatory. Starting times for groups at The Inn protected by contract and given first priority. Golf bags are taken directly to the Pro Shop at check-in. Also, a new 27-hole Executive Course with no Par 5's. Pars are 30-30-30 on this one.
- Climate:** Sunshine nearly every day of the year. See enclosed chart. Very low humidity year-round.
- Location:** 25 minutes north of San Diego by freeway. Two hours drive south from Los Angeles. 20 minutes inland from the Pacific Ocean and beaches.
- Recreation:** Shuffleboard, ping pong, badminton, volleyball, 2 swimming pools and 4 tennis courts, with tennis instructions available. Bicycle rentals on premises. Horse-back riding available close to The Inn.
- Shopping:** Rancho Bernardo shopping center and the Mercado. See brochure. 25-30 minutes from Saks, I. Magnin, etc., in La Jolla, or Fashion Valley and Mission Valley Malls.
- Racing:** Thoroughbred racing at Del Mar, in season, 30 minutes. Thoroughbred and Greyhound racing at Caliente in Tijuana, Mexico, 45 minutes. Stock car racing at El Cajon Raceway, El Cajon, 30 minutes, or Carlsbad Raceway, Carlsbad, 25 minutes.
- Ladies Activities:** Tours of Sea World, San Diego Zoo, Old Town, Tijuana, Harbor Cruise, La Jolla, Mission Bay and San Pasqual Wild Animal Park just a few minutes north of The Inn.
- Conference Equipment:** Audio-Visual list in brochure. Closed circuit television hookup and 220 V. outlets available in Bernardo Room.
- Limousine Service:** Limousine service is available from The Inn to pick up and deliver guests from the San Diego Airport or private airfields in the vicinity.

No charge on lodging for children in same rooms with parents. Rollaways \$5.00.

Group meals can be served outdoors or in the conference rooms. Gourmet and specialty meals available.



at

RANCHO BERNARDO

## GROUP RATES

Effective September 1, 1974 to September 1, 1975

### EUROPEAN PLAN

SINGLES	\$31.00 per day (queen size bed)
DOUBLES	\$34.00 per day (queen size bed)
SUITES	\$75.00 per day (parlor & bedroom, king size bed)

All rates plus tax

No charge on lodging for children in same room with parents. Rollaways are \$5.00

Limousine service to and from the San Diego Airport by advance notice,  
\$6.00 per person each way to January 31, 1975 as of February 1, 1975  
\$7.00 per person each way.

Golf is \$6.00 per person for 18 holes. Carts are \$8.00. Tennis is \$2.00 per court per daylight hour, \$4.00 per court per night-lighted hour.

\* Some of our guests request Modified or Full American plan, which includes 2 or 3 meals. However, we recommend the European Plan. It usually works out less expensive for you and causes less confusion in the main dining room for your guests and for The Inn.

Your guests can still sign for all charges and the final billing can be allocated to the individual and to the Master account in any manner you prefer.



AUG 22 1974

YORK AND CERMAK ROADS . . . OAK BROOK, ILLINOIS 60521 • 654-2230  
August 20, 1974

Mr. Joseph Keyes  
ASSOCIATION OF AMERICAN  
MEDICAL COLLEGES  
1 DuPont Circle, N.W.  
Washington, DC 20036

Dear Mr. Keyes:

Delighted to chat with you by phone Monday concerning plans for your Annual Meeting in April 1975. I'm hopeful that we can have you folks with us in the event that your membership decides on a Midwest location.

Our proposal to you would be on the dates of April 20-23, 1975. These dates are presently available for further discussion, as well there are some alternates we might discuss should other dates be preferred.

We can offer you 125 guest accommodations for arrival on Sunday, April 20 with departure on Wednesday April 23. Our present group rates are \$25.00 single occupancy, \$30.00 for twins or doubles. If we do have any rate increases between now and April 1975 I would say that it would only be about \$1.00 on both singles and twins. As I mentioned, these rates we offer are for the european plan only. The american plan is not available at the Drake Oakbrook.

Conference space as well as miscellaneous meeting equipment, with the exception of projectors would be provided without additional cost. I think its also important to point out a group of your size would occupy a good portion of our 172 room hotel and hence, your group will receive the majority of attention and service from our staff.

As we get into the meal areas I had originally suggested that, in the interest of time, I would recommend private group luncheons. However, since you have indicated you do not anticipate afternoon sessions I feel your members could use our public dining rooms for

*A resort hotel...30 minutes from the loop!*

Mr. Joseph Keyes  
August 20, 1974  
Page 2

luncheon service. Below is a summary of prices in our public dining rooms.

Breakfast-full buffet-\$2.95  
Luncheons-\$2.75-\$5.00  
Dinner-\$5.95-\$12.00

Private Group Meal Functions:

Breakfast-\$4.25-\$5.25  
Luncheon-\$5.00-\$8.00  
Dinner-\$7.50-\$12.00

The recreational facilities that would be available during the month of April are as follows:

Nine hole executive golf club - on the property  
Indoor Swimming Pool with sauna & whirlpool  
Outdoor tennis courts - indoor courts available  
one-half mile from hotel  
Fresh Meadows Golf Club - 18 hole course - one-half  
mile from the hotel  
Recreation room

Finally, Mr. Keyes, I am enclosing a transportation brochure for service between O'Hare International Airport and the Drake Oakbrook. The bus service, Continental Air Transport Co., has a regular schedule at a rate of \$2.65 per passenger. The Oak Brook Limousine Company which operates on a request schedule from both the hotel and the airport is \$5.25 per passenger for the 15 minute trip.

I am happy to hold the dates of April 20-23 on your behalf on a "tentative basis" and I will look forward to hearing from you sometime during the middle of September and, perhaps, discuss further arrangements.

Again, thank you for your interest.

Very sincerely



J.A. Tomaselli  
Manager Conference Sales

JAT/ln



ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

August 27, 1974

MEMORANDUM

TO: The Administrative Boards of the COD, CAS and COTH  
FROM: Joseph A. Keyes, Director, Division of Institutional Studies  
SUBJECT: Background Material for Administrative Board Examination of LCME Accreditation Process

The purpose of this paper is to assist the Administrative Boards in their examination of the process of undergraduate medical education accreditation. It provides a brief description of the LCME and its role in accreditation; it then reviews three facets of accreditation--the standards, the evaluators, and the procedures for evaluation. Finally, it summarizes the results of the process for the year 1973-74, and lists the actions of the LCME for the past three academic years.

Since 1942, accreditation of educational programs of medical education leading to the M.D. degree has been conducted through the agency of the Liaison Committee on Medical Education (LCME). This committee was formed to facilitate the cooperation of the AMA and the AAMC in accomplishing their common goal of enhancing and maintaining the quality of medical education. Prior to that date, the activities of the two associations were conducted independently. The AMA's Council on Medical Education, one of four standing committees of the House of Delegates, was organized in 1904, began inspecting medical schools in 1906, and assisted in the Carnegie Foundation study of 1909 which resulted in the "Flexner Report." The AAMC, first organized in 1876 and reorganized in 1890, set standards for membership as a means of upgrading the quality of medical education and has published its list of member schools since 1896.

The LCME is currently a 15-member committee constituted as follows: 6 are appointed by the AAMC Executive Council; 6 are members of the AMA Council on Medical Education; 2 are "public representatives" selected by the committee itself; 1 is a "federal representative" designated by the Secretary of Health Education and Welfare on the invitation of the Liaison Committee. Thus the process of accreditation involves the community of practicing physicians, the academic community and the public.

Accreditation, originally a kind of voluntary peer review signifying that an approved program had received public recognition as meeting certain minimal standards of quality, has become an

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integral part of the process of two governmental activities, licensure and funding of programs. Graduation from an approved program is a condition of eligibility for professional licensure in many states. Approval by an agency recognized by the Commissioner of Education is a statutory prerequisite of eligibility for an institution's receipt of federal funds under many programs. The states vary in their licensure provisions, some specify the approving agency in the medical practice act, some leave this to the board of medical examiners; some specify the AMA, some the AAMC, and some the LCME. The current practice of both the AMA and the AAMC has been to meet these various requirements by delegating authority for making the accreditation decisions to the LCME subject to a somewhat pro forma ratification by the sponsoring agencies. This approach, combined with the specific review and recorded opinion of each survey report by each member of the cognizant body of both sponsoring agencies (the Executive Council of the AAMC and the Council on Medical Education of the AMC) serves to preserve the early and immediate involvement of the practicing community, the academic community and the public in an administratively manageable fashion.

The committee receives staff support from both the AMA and the AAMC, the secretariate alternating between the two associations annually. The professional staff of the two associations serve as secretaries on site visit teams. The expenses of the committee are borne equally by the two parent associations.

1. Standards. The Functions and Structure of a Medical School, developed by the LCME and adopted in 1972 by the AAMC Assembly and in 1973 by the AMA House of Delegates, is the basic policy document of the LCME.

The objectives of the document are set out in the introduction as follows:

"It is intended that this material be used to assist in attainment of standards of education that can provide assurance to society and to the medical profession that graduates are competent to meet society's expectations; to students that they will receive a useful and valid educational experience; and to institutions that their efforts and expenditures are suitably allocated.

The concepts expressed here will serve as general but not specific criteria in the medical school accreditation process. However, it is urged that this document not be interpreted as an obstacle to soundly conceived experimentation in medical education."

Thus, this document avoids setting out detailed requirements such as student-faculty ratios, number of books in the library, or number of beds per student. Its purpose is to set out some basic guidelines within which a high degree of professional judgment can be exercised.

In order to assist site visitors in their evaluation, a check-list derived from this document has been developed. (Attachment I) This check-list, which is given to each survey team member, sets out a series of discrete statements expressing the explicit expectations of the LCME contained in Functions and Structure. With respect to each, the question is asked, "Does the school conform?"

The LCME is presently considering these procedures with a view to answering the following questions. Are these standards adequate and appropriate? If not, in what respect are they deficient? Are they in the proper form? Are they understood by the academic community, by the evaluators, by the public?

Do these standards meet the criteria set forth in the "Criteria for Recognition of Accrediting Agencies and Associations of the Office of Education?" (Attachment II)

Do these standards require further elaboration after the manner of the Southern Association of Colleges and Schools? (Attachment III, excerpt of the research standard from that Association's 27-page brochure.)

2. The Evaluators. Each institution surveyed is evaluated through a process involving multiple levels of review. After review by the institution itself, the first and key review is done by the survey team which visits the school.

Each team is made up of four persons, two selected to represent the AMA and two, the AAMC. The team chairman represents one association, the team secretary is a staff member of the other. The teams are selected on a preliminary basis at a conference held prior to the academic year of the survey between the staffs of the AMA and the AAMC responsible for the operation of the LCME. Every effort is made to select a team with a balance of experience and expertise best suited to evaluate each institution. Where particular problem areas are known to exist, the team is constituted with an eye to the problems, and evaluators with skills viewed as particularly relevant to an understanding of such problems are requested to serve on the team.

Characteristically, the AMA selects a practicing clinician and an administrator as its representatives, frequently choosing from among the members of the CME and its Advisory Committee. The AAMC, having access to basic scientists and hospital administrators, frequently selects such persons to represent it, but relies heavily on deans and clinical faculty members as well. The final composition of the teams is, of course, dependent upon the availability of the prospective team members on the survey dates and their willingness to serve. It is also subject to their acceptability to the institution, though this has never proved to be a significant problem. The chief problem in composing the teams is acquiring the agreement to serve on the team from those identified as appropriate evaluators.

Attachment IV is a listing of those who have served as site visitors over the past three years, along with a somewhat simplified identification of their roles.

The following questions are posed. Have appropriate visitors been selected? Are there additional qualified people who should be asked to serve? How should the pool of visitors be identified? Should any of the visitors be disqualified? Is the process of selecting the team appropriate? If not, how should it be modified?

3. The Procedures. Each institution to be accredited is contacted several months in advance of the anticipated visit and an acceptable date is agreed upon. An extensive presurvey questionnaire is forwarded to the school with a request that it be completed in time for the site visit team to review approximately a month in advance of the visit. The team secretary, after consultation with the team chairman, negotiates an appropriate schedule of interviews with a designated representative of the school. Attachment V is a sample schedule. After the visit, the survey report is prepared by the team secretary, reviewed and revised by the team members, sent to the dean of the institution visited for correction of factual errors, and then distributed to the 54 members of the LCME, the AAMC Executive Council, the AMA Council on Medical Education (CME) and the CME Advisory Committee on Undergraduate Medical Education. A ballot accompanies the report and each of the reviewers is requested to provide his recommendation to the LCME on two matters: a) whether to accept the report, and b) whether to approve the team's recommendations. A composite vote sheet is prepared for the LCME agenda book which displays each reviewer's vote, recommendations and comments. (See Attachment VI) This material is taken into account as the LCME deliberates on the final action to be taken. Frequently, especially where the decision is a difficult one, a member of the team is present to respond to questions about the report or the institution.

The following tables summarize the results of this process for the 22 reports on which there has been final LCME action during the past year:

<u># of Reports</u>	<u>Votes not to Accept</u>
9	0
8	1
1	2
2	3
1	4
<u>1</u>	8 (of 30)
22	

Thus, out of 54 possible votes on each report, and an average of about 35 actual votes, 17 of 22 reports received either unanimous acceptance or one dissenting vote; only one received over 10% negative votes of the total panel; two received over 10% negative votes of those actually voting. If there is widespread dissatisfaction over the quality of the reports, these vote sheets do not reflect it.

The second question on the advisory ballot, whether to approve the team recommendation, produces a greater level of disagreement as displayed in the following table:

<u># of Reports</u>	<u>Dissenting Votes</u>
6	0
4	1
2	2
1	3
1	4
3	5
2	6
1	8
1	9
1	22
<u>22</u>	

Thus about half of the reports had two or fewer votes dissenting from the team recommendation. A more complete display of the relationships between the team recommendations, the ballot responses and the final LCME action appears as Attachment VII.

4. The Results. A review of the final LCME decisions, with respect to these 22 schools, discloses the following:

A. Regular Accreditation Actions. In 17 cases the LCME action was the same as the team recommendation. In one case an additional requirement of a progress report was imposed. One school received a four-year approval and was required to submit a progress report in contrast to the team's recommended seven-year approval. In one case the team's recommendation was accepted with an increase in the maximum number of students permitted to be matriculated, in another this number was decreased by the LCME from that recommended by its survey team. One decision was deferred.

B. New VA-Medical Schools (P.L. 92-541 subchapter I). The LCME acted upon the request of four schools for a letter of reasonable assurance of accreditation (LRA) to provide eligibility for funding under the new VA-Medical School program with the following results:

<u># of Schools</u>	<u>Team Recommendation</u>	<u>LCME Action</u>
1	Yes	Yes
1	Yes	No
2	No	No

C. VA-Assistance to Existing Schools, VA (P.L. 92-541 subchapter II). Twenty-four schools requested LRA's to meet the eligibility requirement for the subchapter II VA assistance.

These were reviewed by a Task Force of the LCME prior to LCME action. Sixteen were recommended for approval and eight for disapproval. The LCME accepted all of these recommendations.

D. Summary of LCME Activities and Actions.

i. 1971-72 LCME Activities and Actions

32 Medical schools surveyed  
 10 Full accreditation for a period of seven years  
 7 " " " " " " five "  
 4 " " " " " " three "  
 5 " " " " " " two "  
 6 Provisional accreditation  
 2 Letters of reasonable assurance granted  
 9 Schools requested and received staff consultation visits

ii. 1972-73 LCME Activities and Actions

34 Medical Schools surveyed  
 9 Full accreditation for a period of seven years  
 8 " " " " " " five "  
 5 " " " " " " three "  
 7 " " " " " " two "  
 5 Provisional accreditation  
 7 Proposals to establish medical schools brought to the attention of LCME  
 2 Letters of Reasonable Assurance granted  
 1 School placed on "open probation"  
 19 Schools submitted progress reports for LCME consideration  
 6 Schools requested and received staff consultation visits

iii. 1973-74 LCME Activities and Actions

\*39 Medical Schools surveyed  
 10 Full accreditation for a period of seven years  
 1 " " " " " " four years  
 1 " " " " " " three "  
 6 " " " " " " two "  
 2 " " " " " " one year  
 4 Provisional accreditation  
 4 Proposals to establish medical schools brought attention of LCME  
 1 Letter of Reasonable Assurance issued VA P.L. 92-541 subchapter I

\*Not all the surveys conducted during 1973-74 have been acted upon by LCME.

## 1973-74 LCME Activities and Actions (continued)

- 3 Letters of Reasonable Assurance denied VA P.L. 92-541 subchapter I
- 9 Schools submitted progress reports for LCME consideration
- 5 Schools requested and received staff consultation visits
- 16 Letters of Reasonable Assurance issued VA P.L. 92-541 subchapter II
- 8 Letters of Reasonable Assurance denied VA P.L. 92-541 subchapter II

## LIAISON COMMITTEE ON MEDICAL EDUCATION

Check List - For use by members of Medical School Survey Teams.

Statements are derived from Functions and Structure of a Medical School (1973). Does the school conform to the statement?

DEFINITION AND MISSION	Yes	No
1. A medical school IS an aggregation of resources that have been organized as a definable academic unit to provide the full spectrum of education in the art and science of medicine in not less than 32 months, culminating with the award of the M.D. degree.	_____	_____
2. The educational program MUST be sponsored by an academic institution that is appropriately charged within the public trust to offer the M.D. degree.	_____	_____
3. The principal responsibility of the medical school IS to provide its students with the opportunity to acquire a sound basic education in medicine and also to foster the development of life-long habits of scholarship and service.	_____	_____
4. A medical school IS responsible for the advancement of knowledge through research.	_____	_____
5. Each school IS responsible for development of graduate education to produce practitioners, teachers, and investigators, both through clinical residency programs and advanced degree programs in the basic medical sciences.	_____	_____
6. Another IMPORTANT role for the medical school is participation in continuing education aimed at maintaining and improving the competence of those professionals engaged in caring for patients.	_____	_____
7. As a central intellectual force within the center, the medical school SHOULD identify those needs that it might appropriately meet and create programs consistent with its educational objectives and resources to meet them.	_____	_____
8. A medical school SHOULD develop a clear definition of its total objectives, appropriate to the needs of the community or geographic area it is designed to serve and the resources at its disposal.	_____	_____
9. When objectives are clearly defined, they SHOULD be made familiar to faculty and students alike.	_____	_____
10. Schools SHOULD be cautious about overextending themselves in the field of research or service to the detriment of their primary educational mission.	_____	_____

## EDUCATIONAL PROGRAM

- |   | Yes | No |
|---|-----|----|
| 1. Each student SHOULD acquire a foundation of knowledge in the basic sciences that will permit the pursuit of any of the several careers that medicine offers.   | —   | —  |
| 2. The student SHOULD be comfortably familiar with the methods and skills utilized in the practice of clinical medicine.  | —   | —  |
| 3. Instruction SHOULD be sufficiently comprehensive so as to include the study of both mental and physical disease in patients who are hospitalized as well as ambulatory.  | —   | —  |
| 4. (Instruction) SHOULD foster and encourage the development of the specific and unique interests of each student by tailoring the program in accordance with the student's preparation, competence, and interests by providing elective time whenever it can be included in the curriculum for this purpose. | —   | —  |
| 5. Attention SHOULD also be given to preventive medicine and public health, and to the social and economic aspects of the systems for delivering medical services.  | —   | —  |
| 6. Instruction SHOULD stress the physician's concern with the total health and circumstances of patients and not just their diseases.   | —   | —  |
| 7. Throughout, the student SHOULD be encouraged to develop those basic intellectual attitudes, ethical and moral principles that are essential if the physician is to gain and maintain the trust of patients and colleagues, and the support of the community in which the physician lives.                  | —   | —  |

## ADMINISTRATION AND GOVERNANCE

- |  |   |   |
|--|---|---|
| 1. A medical school SHOULD be incorporated as a nonprofit institution.   | — | — |
| 2. Whenever possible it SHOULD be a part of a university . . . .   | — | — |
| 3. If not a component of a university, a medical school SHOULD have a Board of Trustees composed of public spirited men and women having no financial interest in the operation of the school or its associated hospitals.   | — | — |
| 4. Trustees SHOULD serve for sufficiently long and overlapping terms to permit them to gain an adequate understanding of the programs of the institution and to function in the development of policy in the interest of the institution and the public with continuity and as free of personal and political predilections as possible. | — | — |

## Administration and Governance (continued)

- |  | Yes | No |
|--|-----|----|
| 5. Officers and members of the medical school faculty SHOULD be appointed by, or on the authority of, the Board of Trustees of the medical school or its parent university.  | —   | —  |
| 6. The chief official of the medical school, who is ordinarily the Dean, SHOULD have ready access to the University President and such other University officials as are pertinent to the responsibilities of his office.                                      | —   | —  |
| 7. He SHOULD have the assistance of a capable business officer and such associate or assistant deans as may be necessary for such areas as student affairs, academic affairs, graduate education, continuing education, hospital matters and research affairs. | —   | —  |
| 8. The medical school SHOULD be organized so as to facilitate its ability to accomplish its objectives.  | —   | —  |
| 9. Names and functions of the committees established SHOULD be subject to local determination and needs.   | —   | —  |
| 10. Consideration of student representation on all committees IS both DESIRABLE and USEFUL.  | —   | —  |
| 11. The manner in which the institution is organized, including the responsibilities and privileges of administrative officers, faculty and students, SHOULD be clearly set out in either medical school or university bylaws.                                 | —   | —  |

## FACULTY

- |  |   |   |
|--|---|---|
| 1. The faculty MUST consist of a sufficient number of identifiable representatives from the biological, behavioral and clinical sciences to implement the objectives that each medical school adopts for itself.                     | — | — |
| 2. ..the faculty SHOULD have professional competence as well as an interest in research and teaching in the fields in which instruction is to be provided.   | — | — |
| 3. Inasmuch as individual faculty members will vary in the degree of competence and interest they bring to the primary functions of the medical school, assignment of responsibility SHOULD be made with regard to these variations. | — | — |
| 4. The advantage to the student of instruction by such physicians (who are practicing in the community), as well as by those in full-time academic service, SHOULD be kept in mind.  | — | — |

## Faculty (continued)

- |  | Yes | No |
|--|-----|----|
| 5. Nominations for faculty appointment: ORDINARILY involve participation of both the faculty and the Dean, the role of each customarily varying somewhat with the rank of the appointee and the degree to which administrative responsibilities may be involved. | —   | —  |
| 6. Reasonable security and possibility for advancement in salary and rank SHOULD be provided (to the faculty).   | —   | —  |
| 7. A small committee of the faculty SHOULD work with the Dean in setting medical school policy.  | —   | —  |
| 8. (The committee) MAY be organized in any way that would bring reasonable and appropriate faculty and student influence into the governance of the school.  | —   | —  |
| 9. The faculty SHOULD meet often enough to provide an opportunity for all to discuss, establish, or otherwise become acquainted with medical school policies and practices.  | —   | —  |

## STUDENTS

- |  |   |   |
|--|---|---|
| 1. The number of students that can be supported by the education program of the medical school and its resources, as well as the determination of the qualifications that a student should have to study medicine, ARE proper responsibilities of the institution.           | — | — |
| 2. ...it is DESIRABLE for the student body to reflect a wide spectrum of social and economic backgrounds.  | — | — |
| 3. Decisions regarding admission to medical school SHOULD be based not only on satisfactory prior accomplishments but also on such factors as personal and emotional characteristics, motivation, industry, resourcefulness, and personal health.                            | — | — |
| 4. Information about these factors CAN BE developed through personal interviews, college records of academic and non-academic activities, admission tests and letters of recommendation.   | — | — |
| 5. There SHOULD be no discrimination on the basis of sex, creed, race, or national origin.   | — | — |
| 6. ORDINARILY, at least three years of undergraduate education are required for entrance into medical school although a number of medical schools have developed programs in which the time spent in college prior to entering medical school has been reduced even further. | — | — |
| 7. The medical school SHOULD restrict its specified premedical course requirements to courses that are considered essential to enable the student to cope with the medical school curriculum.  | — | — |

## Students (continued)

- |   | Yes | No |
|---|-----|----|
| 8. A student preparing for the study of medicine SHOULD have the opportunity to acquire either a broad, liberal education, or if he chooses, study a specific field in depth, according to his personal interest and ability. | —   | —  |
| 9. Advanced standing MAY be granted to students for work done prior to admission.   | —   | —  |
| 10. REQUIRE that transfers between medical school be individually considered so that both school and student will be assured that the course previously pursued by the student is compatible with the program he will enter.  | —   | —  |
| 11. There SHOULD be a system for keeping student records that summarizes admissions, credentials, grades, and other records for performance in medical school.  | —   | —  |
| 12. These records SHOULD reflect accurately each student's work and qualifications by including a qualitative evaluation of each student by his instructors.  | —   | —  |
| 13. It IS very IMPORTANT that there be available an adequate system of student counselling.   | —   | —  |
| 14. Academic programs allowing students to progress at their own pace are DESIRABLE.  | —   | —  |
| 15. There SHOULD be a program for student health-care that provides for periodic medical examination and adequate clinical care for students.   | —   | —  |

## FINANCES

- |  |   |   |
|--|---|---|
| 1. The school of medicine SHOULD seek its operating support from diverse sources.  | — | — |
| 2. The support SHOULD be sufficient for the school to conduct its programs in a satisfactory manner.                       | — | — |
| 3. (The support) SHOULD reflect, as accurately as possible, the educational, research, and service efforts of the faculty. | — | — |

## FACILITIES

- |   |   |   |
|---|---|---|
| 1. A medical school SHOULD have, or enjoy the assured use of, buildings and equipment that are quantitatively and qualitatively adequate to provide an environment that will be conducive to maximum productivity of faculty and students in fulfilling the objectives of the school. | — | — |
| 2. Geographic proximity between the preclinical and clinical facilities is DESIRABLE, whenever possible.  | — | — |

## Facilities (continued)

- |   | Yes                                       | No  |
|---|---|---|
| 3. The facilities SHOULD include<br>faculty offices and research laboratories<br>student classrooms and laboratories<br>a hospital of sufficient capacity for the<br>educational programs<br>ambulatory care facilities<br>a library  | _____<br>_____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____<br>_____ |
| 4. The relationship of the medical school to its<br>primary or affiliated hospitals SHOULD be<br>such that the medical school has the unquestioned<br>right to appoint, as faculty, that portion of<br>the hospital's attending staff that will<br>participate in the school's teaching program | _____                                     | _____                                     |
| 5. All affiliation agreements SHOULD define clearly<br>the rights of both the medical school and the<br>hospital in the appointment of the attending<br>staff.  | _____                                     | _____                                     |
| 6. Hospitals with which the school's association<br>is less intimate MAY be utilized in the<br>teaching program in a subsidiary way but all<br>arrangements should insure that instruction<br>is conducted under the supervision of the<br>medical school faculty.                              | _____                                     | _____                                     |
| 7. A well maintained and catalogued library,<br>sufficient in size and breadth to support<br>the educational programs that are operated<br>by the institution, IS ESSENTIAL to a medical<br>school.   | _____                                     | _____                                     |
| 8. The library SHOULD receive the leading medical<br>periodicals, the current numbers of which<br>should be readily accessible.   | _____                                     | _____                                     |
| 9. The library or other learning resource SHOULD<br>also be equipped to allow students to gain<br>experience with newer methods of receiving<br>information as well as with self-instructional<br>devices.  | _____                                     | _____                                     |
| 10. A professional library staff SHOULD supervise<br>the development and operation of the library   | _____                                     | _____                                     |

### Standards

The recently published criteria for Recognition of Accrediting Agencies and Associations of the Office of Education, DHEW, include the following references to standards:

"149.2 Accrediting means the process whereby an agency or association grants public recognition to a school, institute, college, university or specialized program of study which meets certain established qualifications and educational standards, as determined through initial and periodic evaluation...

149.6 (b) Responsibility. Its (the agency) responsibility will be demonstrated by the way in which --

... (2) (ii) The agency or association publishes or otherwise makes publicly available:

(A) The Standards by which institutions or programs are evaluated.

... (5) It maintains a program of evaluation of its educational standards designed to assess their validity and reliability.

... (8) It accredits only those institutions or programs which meet its published standards and demonstrates that its standards, policies and procedures are fairly applied and that its evaluations are conducted and decisions rendered under conditions that assure an impartial and objective judgment."

## STANDARD ELEVEN\*

## Research

As long as colleges and universities have been established, members of their faculties have made significant contributions through the discovery of new knowledge. The zest for discovery of truths as well as for the communication of knowledge is an essential characteristic of an atmosphere conducive to the development of scholarship.

For adequate support of his individual research program, the teacher-investigator must frequently seek funds from outside sources. In recent years ever-increasing financial support for research has been made available through private and governmental agencies. Such contractual or sponsored research has become an integral part of the activities of colleges and universities today.

Policies relative to research should insure conformity of this activity to the stated purposes of the institution, provide an appropriate balance between research and instruction, and guarantee control of administration of the research by the institution. The investigator's freedom in research, including direction and communication of results, should be preserved.

In using funds from contracts, grants, and contributions in support of research, the institution should not become dependent upon that portion allowed for indirect or overhead cost in support of its regular operating budget.

## Illustrations and Interpretations

1. *Administration*

Although many advantages accrue to institutions from research support possibilities through private and governmental agencies, problems often arise through research contract and grant procedures and administration. As a means of dealing with these problems, the administration of research should provide for conformity of research activities to the stated purposes of the institution.

Responsibility for contractual research should be related to departmental administration. If departmental administration fails to provide leadership, lack of morale and lack of coordination of activities can result.

The institution should have a clear policy relative to the division of responsibility between research and other activities. Certainly each institution may set up its own policy,

\* The Southern Association of Colleges and Schools, Standards of the College Delegate Assembly, December 13, 1972, Atlanta, Georgia, Southern Association of Colleges and Schools, 1972, pp. 26-27.

but it seems essential that some policy be established and that all concerned conform to the stated policy.

The institution should develop definite policies relative to summer salaries paid from contract and grant funds, to salary supplements during the regular academic year, and to research consultative services undertaken by faculty members. These policies may well vary from institution to institution, but again a clearly understood policy is needed.

Administration of research contracts and grants should attempt to minimize the amount of time utilized by the teacher-investigator in seeking support for and in administering individual research contract and grant programs. Much time can be saved him if the administrative organization within the institution provides relief for as much responsibility as possible in administrative matters.

## 2. *Institutional Control*

In accepting funds from outside agencies, the institution must maintain control of its policies relative to research and instruction. Many agencies attach rather stringent regulations directing and limiting the character of research if they provide funds to support it. The rapid growth in acquisition of research grants from and contracts with outside agencies can endanger the institutional control of its activities unless this prerogative of the college or university is carefully guarded.

Continuity of support for general institutional research activities should not be endangered through the acquisition of research contracts and grants. Grants are given and contracts are made for limited lengths of time. When and if the institution becomes dependent, even partially, upon such funds for faculty salaries or graduate fellowships and assistantship stipends in support of graduate programs, termination of grants or contracts may mean the entire educational program, as well as the research activities, would be seriously jeopardized.

## 3. *Primacy of Teaching Obligations*

Discharging responsibility to granting agencies must not reduce teaching effectiveness on the part of the teacher-investigator. The faculty member receiving support from without the university for his research program naturally feels responsible to the granting agency to accomplish the research expected, but teaching obligations must not be neglected in order that this responsibility be discharged.

4. *Faculty Morale*

Care should be exercised that support from outside agencies in some areas within the college or university does not affect adversely morale in other areas through development of jealousies. If teaching loads are reduced so that obligations to outside agencies may be satisfied, resentment on the part of persons in other areas, or even in the same area, can be significant basis for low morale. The administrative officers of the institution should provide research support and time for those who are not in a position to seek grants.

5. *Expenditure of Research Funds*

An institution has the prerogative of developing its own policy of purchasing procedures and, in general, purchases with contract funds should conform to the established procedural policy. Most granting agencies state clearly that purchasing procedures using grant funds must conform to the institution's policies; however, it is not essential that policies governing expenditures of research funds be the same as those governing expenditures of general funds.

6. *Freedom of Investigation*

The elements inherent in undertaking "classified" research should not tend to destroy the principles of freedom of investigation and of reporting results. This freedom has always been a sacred prerogative of faculties of educational institutions of higher learning, whether privately or publicly supported.

## AMA REPRESENTATIVES FOR SURVEY VISITS

Evaluator	1973-1974	1972-1973	1971-1972	GENERAL FIELD			
				Dean/ Administrator	Hospital Administrator	Basic Scientist	Clinician
Allan Bass		1	1			X	
Steven Beering	1			X			
E. N. Boettcher		1			X		
Warren Bostick	1	1	1	X			
James Campbell	1						X
Bland Cannon	2	2	1	X			
H. Meade Cavert	1						X
Earle Chapman		1	1				X
Jack W. Cole		1					X
F. Coleman			1	X			
J. Conger							X
Patrick J.V. Corcoran	1	1			X		
Perry Culver		1	1	X			
James Dennis	1	1	1				X
R. C. Derbyshire	1	1		X			
John Dixon		1					X
F. Eagle		1					X
Richard Ebert	1						X
Harlan English			1				X
Russell Fisher	1						X
Ed Flink		1	1				X
Eva Fox	1				X		
John G. Freymann	1					X	
Allwyn Gatlin			1				X
Sam Harbison	1	1	1				X
James Haviland	1	1	1				X
William Holden	1	1					X
Charles Hudson		1			X		
John E. Ives	1		1	X			
William Kellow				X			
Gerald A. Kerrigan	1		1	X			
Charles Kidd			1			X	
William Knisely	1		1				

## AMA REPRESENTATIVES FOR SURVEY VISITS

Evaluator	GENERAL FIELD						
	1973-1974	1972-1973	1971-1972	Dean/ Administrator	Hospital Administrator	Basic Scientist	Clinician
Francis Land	1	1	1				X
George Leroy	1			X			X
Morton Levitt		1					X
William Maloney		1		X			
Richard Manegold	1	1					X
Horace Marvin	1	1	1			X	
R. Magraw			1	X			
William Meacham	1						X
Thomas Mou	1			X			
Merle Mussleman	1						X
H. Nicholson		1				X	
John Nunemaker	1	1					X
Stanley Olson			1	X			
Claude Organ	1						X
F. Paustian		1					X
Warren Pearse			1	X			
Edward Pelegrino	1	1	1	X			
Ken Penrod	1	1		X			
Chase Peterson	1			X			
Gilles Pigeon		1		X			
Bernard Pisani	1	1	1				X
Warren Point	1			X			
Bryce Robinson	1	2	1				X
W. Rial			1				X
Edward Rosenow	1	1	1				X
William Ruhe		1	1	X			
John Sheehan			1	X			
T. Sherrod		1				X	
F. Simeone		1					X
William A. Sodeman	1	1	1	X			
John Stapleton			1	X			
Robert Stone			1	X			
M. Watts		1		X			

AMA REPRESENTATIVES FOR SURVEY VISITS

GENERAL FIELD

Evaluator	1973-1974	1972-1973	1971-1972	GENERAL FIELD			
				Dean/ Administrator	Hospital Administrator	Basic Scientist	Clinician
William Wartman	1					X	
Joseph White	1	1	1	X			
H. Wiggers			1	X			
J. Jerome Wildgen	1						X
William Willard	1	1	1	X			
David Wilson	1	1	1		X		
Michael Wilson			1			X	X
Vernon Wilson		1		X			
SECRETARIES							
David Babbott			1				
Warren Ball	1						
John Ballin	1	1					
. Barclay			1				
Anne Crowley	1						
Richard Egan	6	4	2				
J. Fauser		1					
Leonard Fenninger	1						
Asher Finkel	1	1	1				
H. Glass	1		1				
Norman Hoover			1				
Rut Howard			1				
Ralph Kuhli			1				
D. Lehmkuhl		1					
Glen R. Leymaster	3	2	1				
Clark Mangum	1						
H. Nicholson			4				
Edward Petersen	4	4					
Philip White		1	1				
T. Zimmerman			1				

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## AAMC REPRESENTATIVES FOR SURVEY VISITS

Evaluator	1973-1974	1972-1973	1971-1972	GENERAL FIELD			
				Dean/ Administrator	Hospital Administrator	Basic Scientist	Clinician
George Agard			1	X			
Bobby R. Alford	1						X
J. E. Anderson	1					X	
Len H. Andrus	1						X
Sam Asper			1				X
Truman Blocker	2		1	X			
Daniel Bloomfield	1			X			
Edward Bresnick	1					X	
John Brøbeck	1					X	
Robert Bucher	1			X			
Ralph Cazort	1	1		X			
G. Cartmill			1		X		
Carleton Chapman			1	X			
John Chapman	1	1	1	X			
A. L. Chute		1					
Samuel E. Clarke, Jr.	1		2			X	
Jack M. Colwill	1						X
William G. Cooper		1					
Kenneth Crispell	3	2	1	X			
Joyce Davis	1	1				X	
John Dietrick	1			X			
William Drucker	1	1		X			
Dick Ebert			1				X
James Eckenhoff		1	1	X			
L. Elam		1					
Paul Elliott	1			X			
R. Estabrook		1				X	
J. Feffer		1		X			
Pat Fitzgerald			1				
Christopher Fordham	1	1		X			
Shervert Frazier	1	1					X
Neal Gault	1	1		X			

AAMC REPRESENTATIVES FOR SURVEY VISITS

GENERAL FIELD

Evaluator	1973-1974	1972-1973	1971-1972	GENERAL FIELD			
				Dean/ Administrator	Hospital Administrator	Basic Scientist	Clinician
Clifford Grulee	1	1	1	X			
T. Stewart Hamilton	1		1		X		
R. Hardin		1					
R. Heyssel					X		
Doris Howell		1	1				X
Clyde G. Huggins	1					X	
Andrew Hunt	1	1	1	X			
G. Irwin			1	X			
Paul C. Johnson	1					X	
Thomas D. Kinney	1	1	1	X			
Ernst Knobil	1	1	1			X	
Jack Kostyo			1			X	
Lucian Leape			1				
Morton Levitt	1						X
Robert A. Liebelt	1	1	1			X	
Marion Mann	1	1		X			
Robert Q. Marston	1			X			
R. G. McAuley		1					
Frank McKee		1					
Manson Meads		1		X			
Max Michael			1				X
Howard Morgan	1	1				X	
R. Hugh Morgan		1					
J. Myers			1				X
Stanley Olson	1	1		X			
Robert Page	1			X			
Carter Pannill	1	1		X			
Emanuel Papper		1		X			
John Parks			1	X			
Lsyle Peterson	1					X	

AAMC REPRESENTATIVES FOR SURVEY VISITS

GENERAL FIELD

Evaluator	1973-1974	1972-1973	1971-1972	GENERAL FIELD			
				Dean/ Administrator	Hospital Administrator	Basic Scientist	Clinician
Walter Rice	1		1	X			
William Rieke			1			X	
G. Gordon Robertson	1	1				X	
R. Saunders		1					
Roy Schwarz	1	1				X	
D. Scarpelli		1		X			
J. R. Schofield		1		X			
Stuart Sessoms	1				X		
W. Shorey			1	X			
Parker Small	1					X	
Donn Smith	1			X			
Cheves Smythe	1	1	1	X			
Robert D. Sparks		1		X			
Charles Sprague	1	1		X			
John Stagle			1		X		
Robert Stone		1					
M. Suter			1	X			
Isaac Taylor	1			X			
Dan Tosteson			1			X	
C. John Tupper	1	1	1	X			
Carlos Vallbona	1						X
Douglas Walker	1	1					X
William B. Weil, Jr.	1		1				X
Alfred Wilhelmi			1			X	
George Wolf			1	X			
SECRETARIES							
David Babbott		1					
Michael Ball	1						
Thompson Bowles		1	1				
William Cooper	1						
James Erdmann	1	1					
Doris Howell	2						

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AAMC REPRESENTATIVES FOR SURVEY VISITS

GENERAL FIELD

Dean/ Hospital Basic  
Administrator Administrator Scientist Clinician

1973-1974      1972-1973      1971-1972

SECRETARIES (cont'd)

Roy Jarecky	1	1	1
Davis Johnson	1	1	1
Richard Knapp	1	1	2
Carter Pannill		1	
Walter Rice		1	1
J. R. Schofield	3	4	3
Frank Stritter	1		1
Emanuel Suter	2	1	
August Swanson		1	1
Marjorie Wilson	1	2	1

Schedule for Survey Visit, June 12 - 15Monday, June 12

~~8:30 - 9:00 a.m.~~ ~~9:00 a.m.~~ Dr. J. Robert Buchanan, Dean and Dr. Fletcher H. McDowell, Associate Dean

9:25 Meet other Associate Deans

Team ATeam B

9:45 Dr. Fritz F. Fuchs, Professor of Obs-Gyn Dr. Fred Plum, Professor of Neurology

10:45 Mr. M. James Peters, Fiscal Officer

11:30 Dr. Charles A. Santos-Buch, Associate Dean - Student Affairs

12:15 p.m. Lunch with students

1:15 Dr. Arthur H. Hayes, Jr., Associate Dean - Academic Programs

2:00 Dr. Thomas H. Meikle, Jr., Associate Dean (Basic Sciences), Chairman, Admissions and Dean, Graduate School of Medical Sciences

2:45 Members of Basic and Clinical Science Faculty Councils

Team ATeam B

3:30 Dr. James L. Curtis, Associate Dean - Minority Groups

Mr. Erich Meyerhoff, Director of the Library

Tuesday, June 13

9:00 a.m. Dr. J. Robert Buchanan, Dean

9:30 Dr. E. Hugh Luckey, President, The New York Hospital-Cornell Medical Center

Team ATeam B

10:30 Dr. John A. Evans, Professor of Radiology Dr. Paul A. Ebert, Professor of Surgery

11:30 Dr. John T. Ellis, Professor of Pathology Dr. William T. Lhamon, Professor of Psychiatry

● 12:30 p.m. Lunch with house staff (and young faculty)

Team A

Team B

1:30 Dr. W. P. Laird Myers, Chief of  
Medicine, Memorial Hospital

Dr. Alton Meister, Professor of Biochemistry

2:30 Dr. Alexander G. Bearn, Professor of  
Medicine

Dr. Michael A. Alderman, Assistant Professor  
of Public Health (substituting for  
Dr. Walsh McDermott, Professor)

3:30 Dr. Robert F. Pitts, Professor of  
Physiology

Dr. George G. Reader, Professor of Public  
Health-elect

Wednesday, June 14

9:00 a.m. Dr. Roy C. Swan, Professor of Anatomy

Dr. William F. Scherer, Professor of  
Microbiology

10:00 Dr. David D. Thompson, Director, The New York Hospital

Team A

Team B

● 1:00 Dr. Wallace W. McCrory, Professor of  
Pediatrics

Dr. Walter F. Riker, Professor of  
Pharmacology

12:00 Noon Lunch Faculty - younger group

1:00 p.m. Dr. Bruce H. Ewald, Director, Laboratory Animal Medicine

2:00 Dr. Charles L. Christian, Chief of Medicine, Hospital for Special Surgery

3:30 President

Thursday, June 15

9:00 a.m. - Dr. Buchanan

10:30 a.m. - President or Provost

FROM: Glen R. Leymaster, M.D.

RE: Survey of

BY: Kenneth E. Penrod, Ph.D.(Chairman); Robert G. Page, M.D.  
Douglas Waugh, M.D.; Michael F. Ball, M.D.; James B. Erdmann, Ph.D. (Secretary)

RECOMMENDATIONS: That be granted full accreditation for seven years as of the final date of this survey,

The survey team also recommends to the Executive Council of the Association of American Medical Colleges that be granted full Institutional Membership.

This recommendation for approval should be interpreted to apply to the currently requested increases of class size for the first year from 93 to 108 and for the third year from 32 to 56. Approval for these class sizes is contingent upon presenting satisfactory evidence to the LCME that:

- (a) a mechanism is established for orderly planning and development of expansion activities.
- (b) additional clinical faculty are acquired in areas of need as identified in the report.

The team does not endorse expansion beyond these levels for either of the above classes without the specific review of the LCME.

The Dean should submit a letter to the LCME Secretary early in 1975 detailing progress in achieving these contingencies.

<u>Name</u>	<u>Accept</u>	<u>Approve</u>	<u>Comment</u>
<u>COUNCIL ON MEDICAL EDUCATION, AMA</u>			
Bostick	X		Approval for a term limited to 5 years. (7 years is too long). They have too much to do. I believe their class (freshman) increase should be delayed at least 1 year.
Burgher	X	X	
Cannon	X	X	Approval with contingencies.
Fisher	X	X	Concur with limitations on increasing student body.
Haviland	X	X	The 7 year approval hedged by the tight restrictions would appear to call for more progress reports than the single item for 1975.
Pisani	X	X	Recommendations and suggestions regarding clinical department are very important and call for early implementation.
Sodeman	X		Approval for a term limited to 4 years. The current status of clinical facilities, lack of 3 permanent departmental chairmen, lack of development of institutional and departmental objectives, and lack of final basic science coordination, I believe warrant less than full approval.
White	X		Approval for a term limited to 3 years. I cannot vote approval for seven years for a school unable to accommodate its full entering class at the clinical level. This needs discussion.

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<u>Name</u>	<u>Accept</u>	<u>Approve</u>	<u>Comment</u>
Wildgen	X		Pathology appears weak. Autopsy Rate & Volume not recorded. Excellent approach in Family Medicine but no mention of student contact before 4th year. I suggest earlier involvement.
V. Wilson	X	X	In 2 1/2 years a great deal has happened. The areas of criticism should be remedied if the present trend is maintained.
<u>PUBLIC MEMBERS, LCME</u>			
Inskip	X	X	Approval for 7 years, with stipulations.
Stark	X	X	Approval for 7 years.
<u>FEDERAL REPRESENTATIVE, LCME</u>			
Stone	X	X	Approval for 7 years
<u>ASSOCIATION OF AMERICAN MEDICAL COLLEGES</u>			
Buchanan	X	X	
Cazort	X	X	
Clarke-Pearson	X	X	Excellent Report.
Cole	X	X	
Crispell	X	X	Amazing improvement, a long way to go.
Cronkhite	X	X	
Derzon	X	X	Approval as noted.
Estabrook	X	X	Approval only as long as class size is 108. I strongly vote that class size should not increase above 108 per entering class until another survey is completed and adequate facilities are demonstrated.
Grulee	X	X	
Hamilton		X	Despite (or because of) the length of this report, I had difficulty getting a mental picture of the school. I missed specific comments such as ratios of applicants to places, average scores, etc. Among the problems (for me) was the statement that the school needs a new hospital without comment as to whether the area needs the beds, how it will be constructed or financed. This is 1974, not 1964.
Kinney	X	X	The matter of class size should be carefully considered at meeting of LCME
Knobil			Report Not Acceptable - Approval for a term limited to 5 years. Contents of report are O.K., but as an official document of AMA and AAMC it is excessively sloppy in appearance and replete with spelling and typographical errors. Such shoddiness should be unacceptable. Seven years is a lot too long a period of accreditation for this institution.
Krevans	X		Approval for a term limited to 4 years. It seems to me that there are enough critical unresolved issues that another look is justified before 7 years.
Lewine	X	X	Findings seem to indicate borderline decision between full accreditation and more limited approval.

<u>Name</u>	<u>Accept</u>	<u>Approve</u>	<u>Comment</u>
Mellinkoff Papper	X X	X X	Caveats Noted. There are some serious problem areas at ; especially in the area of clinical faculty recruitment and expansion of some teaching facilities. However, one must be impressed by the Visiting Team's impression of the progress made since the last site visit. Certainly the credits far outweigh the deficits and the School deserves full recognition with the stipulated qualifications.
Petersdorf Tosteson Tupper	X X X	X X X	Approval for a term limited to 3 years. In spite of commendable progress, the continuing problems are so real that more than a 3 year approval seems incomprehensible.
Van Citters	X		Approval for a term limited to 2 years. The recommendations for 7 years accreditation & full institutional membership are not consistent with citation of 16 "Serious Weaknesses"-- "require immediate action" (See Pages 66-69) I think this operation has a Hell of a way to go before it can be looked on as a first line going concern.
<u>ADVISORY COMMITTEE, AMA</u>			
Brown	X	X	Should be definite that approval extends only to entering class size of 108.
Bucher	X	X	
Derbyshire	X		In view of the many deficiencies I think the decision of the team was most generous.
Fox Magraw	X X	X X	Approval for regular term with conditions-- The issues associated with the imposition of foreign trained students onto a new curriculum, and newly formed faculty and the apparently successful resolution of problems and successful completion of studies merit a survey report all to themselves. Where is the money for a tertiary care hospital going to come from? What is the population the hospital will serve?
O'Neal	X	X	Excellent report - good details for insight.
<u>ADDENDUM</u>			
Culver	X	X	Many helpful recommendations in this report made by the Survey Team. I am increasingly of the persuasion that a Flexnerian basic science curriculum along departmental lines & with repetition is the preferable approach to medical education.

September, 1973 - June, 1974

HOOL	TEAM RECOMMENDATION	ACCEPT REPORT	APPROVE RECOMMENDATION	FINAL LCME ACTION
any Medical College	Continued full approval for seven years as of 9/23/73 and continued membership in the AAMC.	YES 39 NO 0	YES 39 NO 0	Same as team recommendation
iversity of exas Medical Sc chool at Houston	Full accreditation for two years as of 9/27/73 and membership in the AAMC. Recommended entering class not be increased above present 48 until present building program completed.	YES 41 NO 0	YES 40 + 1 ? NO 0	Same as team recommendation
iversity of hicago Pritzker chool of Medi- ine	Continued full approval for seven years as of 10/3/73 and continued membership in the AAMC.	YES 39 NO 0	YES 39 NO 0	Same as team recommendation
yo Medical chool	Continued provisional approval pending resurvey before graduation of first class. Number of entering students should continue to be 40. Facilities are more than adequate for the admission of up to ten more students into the second year, a total of 50 students, through the prospective contract with North Dakota, or by other means.	YES 37 NO 0	YES 37 NO 0	Same as team recommendation
iversity of orth Dakota chool of Medi- ine	Continued full approval as a School of Basic Medical Science and continued membership in the AAMC. Provisional approval as an M.D. degree-granting School which will implement a third-year curriculum for 40 students by contract in 1974 and a fourth year curriculum for 40 students in 1975.	YES 36 NO 1	YES 27 NO 9	Same as team recommendation with additional statement: SINCE THE CURRENT SITUATION IS DIRECTED TO THE DEVELOPMENT OF AN M.D. DEGREE GRANTING INSTITUTION, THE SCHOOL WILL BE SURVEYED IN APPROXIMATELY TWO YEARS DURING THE ACADEMIC 1975-76 YEAR IF DEVELOPMENT PROCEEDS AS PLANNED.

SCHOOL	TEAM RECOMMENDATION	ACCEPT REPORT	APPROVE RECOMMENDATION	FINAL LCME ACTION
University of Nebraska	Full accreditation for a period of two years with a progress report submitted in one year to LCME, and continued membership in the AAMC.	YES 31	YES 27	Same as team recommendation with additional statement: PROGRESS REPORT IS REQUESTED BY NOVEMBER 1, 1974, WHICH RESPONDS TO THE NUMEROUS CONCERNS EXPRESSED BY THE TEAM UNDER THE SUMMARY AND CONCLUSIONS OF THE REPORT.
		NO 1	NO 5	
Kahnemann Medical College and Hospital	Full accreditation for a period of one year and continued membership in the AAMC. Postponement of authorization for increasing by 50 students the size of the entering class (entering class in 1973 was 154).	YES 38	YES 33	Same as team recommendation
		NO 1	6	
College of Medicine & Dentistry of New Jersey -- Rutgers Medical School	Full accreditation for a period of seven years and continued membership in the AAMC. Approval applies to currently requested increases of class size for the first year from 93 to 108 and for the third year from 32 to 56. Approval for these class sizes is contingent upon presenting satisfactory evidence to LCME that: a) a mechanism is established for orderly planning and development of expansion activities and b) additional clinical faculty are acquired in areas of need as identified in the report. The Dean should submit a letter to the LCME Secretary early in 1975 detailing progress in achieving these contingencies.	YES 29	YES 26	FULL ACCREDITATION FOR A PERIOD OF FOUR YEARS WITH PROGRESS REPORT DUE NO LATER THAN OCTOBER 1, 1974 PROVIDING DETAILS OF ADDITIONAL FACULTY RESOURCES PROVIDED TO MEET THE OBLIGATION TO THE INCREASED NUMBER OF STUDENTS. Otherwise same as team recommendation.
		NO 3	6	
University of Massachusetts	Full accreditation for a period of two years with membership in the AAMC. Progress report in one year concerning staffing of the Departments of Pharmacology, Obstetrics and Gynecology,	YES 35	YES 34	Same as team recommendation
		NO 1	NO 2	

Pediatrics and Psychiatry. Although the class size planned, namely 64 in 1974 and 100 in 1975, is appropriate, it is suggested that the faculty give consideration to the admission of 100 students in 1974.

CHOO... TEAM RECOMMENDATION ACCEPT REPORT APPROVE RECOMMENDATION FINAL LCME ACTION 3

CHOO...	TEAM RECOMMENDATION	ACCEPT REPORT	APPROVE RECOMMENDATION	FINAL LCME ACTION
exas Tech Univer- sity School of Medicine	Full accreditation for a period of one year and full membership in the AAMC. Recommended that the entering class not be increased beyond 40 students until the present building program is completed, an event now expected to occur in mid-1975.	YES 31 NO 3	YES 29 NO 5	Same as team recommendation
edical University of South Carolina	Full accreditation for a period of seven years and continued membership in the AAMC.	YES 36 NO 0	YES 31 NO 5	Full accreditation for a period of four years with a Progress Report due by January 1, 1976 concerning finances. Full membership in the AAMC.
iversity of Mis- souri--Kansas City School of Medicine	1. Full accreditation for a period of two years. Because of the unusual difficulties involved in understanding this innovative and complex program, the next survey team should include 1 or two members of an earlier team. 2. Approval for enrollment of 72 students in the third year for 1974-75. 3. Approval for enrollment of 80 first year students in 1974 and 90 in 1975. This plan is in accord with the School's own projected rate of growth. 4. Recommends admission of up to 12 additional students (in advance standing) into years 3, 4, or 5 in accord with the conditions outlined by Dr. Dimond, which includes the intent to offer these opportunities to nurses, oral surgeons, and Ph.D.'s in the life sciences, with no student to be awarded the M.D. degree after less than 24 mos. in residence in the Medical School. 5. Full membership in the AAMC.	YES 22 NO 8	#1 #2 #3 #4 #5 YES 27 27 22 9 27 NO 4 4 9 22 4	1. Full accreditation for two years. 2. Enrollment of 72 year 3 students in 1974-75. 3. Enrollment of 72 year 1 students in 1974-75 and 72 students in 1975-76. 4. Approval of admission of 1 to three additional students to years 3, 4, & 5 in 1974. Total number of students admitted to advanced standing should not total more than ten by the 1975-76 year.

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SCHOOL	TEAM RECOMMENDATION	ACCEPT REPORT	APPROVE RECOMMENDATION	FINAL LCME ACTION
University of Southern California	Full accreditation for a period of seven years and continued membership in the AAMC.			Same as team recommendation
UCLA School of Medicine	Full accreditation for a period of seven years and continued membership in the AAMC.	YES 36 NO 1	YES 36 NO 1	Same as team recommendation
Boston University School of Medicine	Full accreditation for a period of seven years and continued membership in the AAMC. Entering class of up to 133 students in 1975-76.	YES 21 NO 0	YES 20 NO 1	Same as team recommendation
SUNY-Stony Brook Medical School	Full approval for a period of two years and the number of first-year students be limited to 48 for the year 1974-75, and to 60 for the year 1975-76. Membership in the AAMC.	YES 30 NO 2	YES 29 NO 3	Same as team recommendation
Medical College of Ohio at Toledo	Full approval for a period of three years and continued membership in the AAMC. Progress report request early in 1976 describing progress in the development of the Basic Science Graduate Program, the Clinical Graduate Program, and the faculty of the clinical departments in the affiliated hospitals. Faculty and facilities are considered adequate for the entering classes namely 80 in 1974 and 96 in 1975. Should an entering class larger than 100 for 1976 be contemplated, the 1976 report should be expanded to include progress in the completion of basic science facilities and staffing of basic science departments.	YES 18 NO 1	YES 19 NO 0	Same as team recommendation

CHOOOL	TEAM RECOMMENDATION	ACCEPT REPORT	APPROVE RECOMMENDATION	FINAL LCME ACTION	5
University of Arkansas School of Medicine	Full accreditation for a period of seven years and continued membership in the AAMC.	YES 18 NO 1	YES 18 NO 1	Same as team recommendation	
University of Hawaii School of Medicine	Continued provisional accreditation for an entering class of 66 students and continued membership in the AAMC.	YES 19 NO 0	YES 17 NO 2	Same as team recommendation	
			LRS Prov. Ac.		
Texas A & M University/Baylor College of Medicine	Recommends against issuing letter of reasonable assurance and against provisional accreditation at this time.	YES 19 NO	YES NO	Same as team recommendation	
Southern Illinois University School of Medicine	Continued Provisional Accreditation and continued provisional membership in the AAMC. No further acceptances to the first-year class entering June 1974 shall be offered after March 12, 1974; Acceptances offered prior to March 12 for places in the June 1974 places shall be honored; If students who have been previously accepted places in the class withdraw, they shall not be replaced unless the number of students accepted for admission shall be 48 or less; in this circumstance additional acceptances may be offered in order to enroll 48 students; No students shall be accepted for advanced standing after March 12, 1974; School to be resurveyed in January or early February, 1975. Until completion of this survey and action by the LCME, acceptances for the entering class in June 1975 shall be limited to 48 students.	YES 24 NO 4	YES 28 NO 0	Same as team recommendation with the number of students being 60 instead of 48 - this was based on the fact that the LCME had earlier on accepted the school's planned expansion which included 60 students for 1974-75. 48 students were specifically indicated for 1973-	
University of Connecticut School of Medicine	Full accreditation for a period of four years with continued membership in the AAMC. Progress report by January 1, 1976 with detailed information on the specified items.	YES 34 NO 0	YES 30 NO 4	Same as team recommendation	

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SCHOOL	TEAM RECOMMENDATION	ACCEPT REPORT	APPROVE RECOMMENDATION	FINAL LCME ACTION
University of Nevada School of Medicine	Full accreditation for a period of two years and continued membership in the AAMC. Entering class should not be increased beyond the present size of 48, and a Letter of Reasonable Assurance for expansion beyond this size is not issued. Progress Report in June, 1975 concerning the state budget for the years 1975-76.			Same as team recommendation
Loma Linda University School of Medicine	Continued full accreditation for a period of seven years and continued membership in the AAMC. Progress Report due as of October 1, 1974 and a limited resurvey during the 1974-75 academic year.	YES 35 NO 1	YES 28 NO 8	Action deferred to next LCME meeting.

## Review of Annual Survey of Dean's Compensation

The purpose of the Deans' Compensation Survey is to provide each dean with an indication of where he stands with respect to other deans in similar positions and to assist those responsible for appointing new deans in establishing appropriate levels of compensation. Judging from personal conversations by phone, many of the deans have a strong interest in the study and report, and their cooperation has always been excellent.

Our attempts to meet the objectives of the study are necessarily limited by the anonymity of the survey and the small amount of descriptive information requested -- only region and control (public/private). One might expect that additional factors would have a bearing on compensation, including

1. Scope of dean's responsibilities for teaching hospital(s) and other health professions schools.
2. Number of years in current position at present institution.
3. Number of years as a dean in any medical school.
4. Location of medical school, i.e. high cost versus low cost area.
5. Size of school enrollment.
6. Size of operating budget.

If the name of the medical school were to be known most of the above data could be accessed from the AAMC's general data base.

The Division of Operational Studies would like advice from the deans regarding future surveys. Specifically,

1. Are these reports helpful, and should they be continued?

2. If they are to be continued, should they continue to be anonymous and without institutional identification?
3. What changes in the survey data collection, reporting and time frame would the deans recommend?

### American Faculty Teaching Abroad

News reports are appearing in increasing number telling the American public that faculties from U.S. medical schools are engaged as visiting professors by a few foreign medical schools with relatively high enrollment of American students.

While the American student probably benefits from such practice, it raises two possible concerns. It may weaken our argument that our medical schools cannot possible take a larger number of students without substantial faculty increase. Furthermore, our own medical schools are supporting a trend which we are convinced is contrary to the national interest and particularly to the interest of our medical education system.

This matter is brought to the attention of the Board in order to alert the members of these possible problem areas and to raise the question of whether it should be a matter of concern.

## U.S. Medics Now Teach In Mexican University

By LYNNE CARRIER  
Copley News Service

GUADALAJARA, Mexico — In the dusty outskirts of Guadalajara, Mexico's second-largest city, a modern university hospital is offering a new program that may well benefit its thousands of American and Mexican medical students.

Guest professors from Harvard, Stanford, the University of California and other prestigious medical schools are arriving in Mexico to participate in this pilot program. Each visiting lecturer teaches a course in his medical specialty for three to four weeks.

Known as the Block System, this in-depth specialized curriculum is currently used by a number of American medical schools.

But its adoption at the Guadalajara Autonomous University will affect the largest American student body outside of the United States.

An estimated 2,000 U.S. citizens — roughly half the enrollment — are studying now at the Autonomous University's School of Medicine.

The application crunch continues even though American students pay a steep \$2,000 a semester for tuition plus a \$1,000 admission fee. Ameri-

cans must also be fluent in Spanish, meet grade requirements, and obtain a student visa for the duration of studies in Mexico.

The new program is likely to enhance the university's attractiveness. Dr. Angel Leano Hospital, a beautifully designed facility boasting the best equipment available, opened for business last Feb. 4, and the Block System program went into effect immediately. Under the direction of the dean of medicine, Dr. Nestor Velasco Perez, the curriculum was carefully organized to include subjects required in Mexico.

The energetic young dean left it flexible enough to add recent medical breakthroughs over and beyond the standard requirements.

Dr. William D'Angelo, a medic from the State University of New York, was then asked to invite outstanding American professors as guest lecturers. D'Angelo had organized a similar arrangement for the Autonomous University in Mexico City, and the New York professor wooed a panoply of talented colleagues to Guadalajara as well. The university pays the visiting professors' travel and living expenses, but apart from that, the American professors donate their teaching time.

COUNCIL OF DEANS ACTIVITIES AT THE ANNUAL MEETING, 1974

			<u>Room</u>
<u>Tuesday - November 12, 1974</u>			
7:30 a.m. - 8:45 a.m.	New Dean's Breakfast (Executive Council & Staff)		Parlor #419
9:00 a.m. - 12 noon	Program on Quality Assurance & PSRO's		Waldorf
12 noon - 1:30 p.m.	COD Administrative Board Luncheon		Dining Room #8
3:00 p.m. - 5:00 p.m.	COD Business Meeting		Williford C
6:30 p.m. - 8:30 p.m.	Group on Public Relations-- Deans Reception		Beverly
8:00 p.m. - 11:00 p.m.	Seminar on Foreign Medical Graduates		Williford B & C
<u>Wednesday - November 13, 1974</u>			
7:30 a.m. - 8:45 a.m.	Deans of New and Developing Schools Breakfast		Dining Room #1
9:00 a.m. - 12 noon	Plenary Session		International Ballroom
2:00 p.m. - 5:00 p.m.	COD/CAS/COTH Program "Specialty Distribution of Physicians"		International Ballroom
6:00 p.m. - 7:30 p.m.	AAMC General Reception		Grand Ballroom
<u>Thursday - November 14, 1974</u>			
9:00 a.m. - 12 noon	Plenary Session		International Ballroom
1:00 p.m. - 4:00 p.m.	Assembly		Williford
4:30 p.m. - 6:00 p.m.	Minority Affairs Program		Williford
6:00 p.m. - 7:30 p.m.	AAMC General Reception		Grand Ballroom

CAS-COD-COTH JOINT MEETING

AAMC ANNUAL MEETING  
 Wednesday, November 13, 1974  
 2:00 - 5:15 P.M.

SPECIALTY DISTRIBUTION OF PHYSICIANS

2:00 - 2:30 P.M.      *A Congressional Perception of the Problem*

Mr. Stephen E. Lawton  
 Counsel for the Subcommittee on  
 Public Health & Environment  
 of the House Interstate and  
 Foreign Commerce Committee

2:30 - 3:00 P.M.      *Redistribution of Specialty Training  
 Opportunities - Options for the Private  
 Sector*

Arnold S. Relman, M.D.  
 Chairman, Department of Medicine  
 University of Pennsylvania  
 School of Medicine

3:00 - 3:30 P.M.      *Redistribution of Specialty Training  
 Opportunities - Options for the Government*

Theodore Cooper, M.D.  
 Deputy Assistant Secretary for Health  
 Department of Health, Education and  
 Welfare

3:30 - 3:50 P.M.      Intermission

3:50 - 5:15 P.M.      Panel Discussion

*The panel discussion will take the form  
 of a question and answer session during  
 which the following three individuals  
 will direct questions to the above  
 speakers.*

Chairman: Julius R. Krevans, M.D., Dean  
 University of California, San Francisco  
 School of Medicine

Robert A. Chase, M.D., Chairman  
 Department of Anatomy  
 Stanford University School of Medicine

Charles B. Womer, Director  
 Yale-New Haven Hospital



## THE UNIVERSITY OF UTAH

SALT LAKE CITY 84132

JOHN A. DIXON, M.D.

VICE PRESIDENT FOR HEALTH SCIENCES

July 23, 1974

Emanuel M. Papper, M.D., Dean  
University of Miami  
School of Medicine  
P. O. Box 875  
Miami, Florida 33152

Dear Manny:

This letter constitutes my report as Chairman of the Council of Deans Nominating Committee to you as the Chairman of the Council of Deans. The Committee met at 2:00 p.m. on July 8, 1974, by conference telephone call. At that time we had available to us the tallies of the advisory ballots submitted by the Council of Deans.

By the unanimous vote of the Nominating Committee, the following slate of officers is proposed:

Chairman-elect of the Assembly: Leonard W. Cronkhite, Jr., M.D.  
Executive Vice President, Children's Hospital Medical Center

Council of Deans Representatives to the Executive Council:  
J. Robert Buchanan, Dean, Cornell University College of  
Medicine (Northeast)

Neal L. Gault, Dean, University of Minnesota Medical School  
(Mid-West Great Plains)

Note: These offices are filled by election of the Assembly. Consequently, the slate proposed for the Assembly's consideration will be developed by the AAMC Nominating Committee, of which I am a member. Thus, these names will be submitted in the form of a recommendation from our Nominating Committee to that Nominating Committee.

The following offices will be filled by vote of the Council of Deans. The slate proposed by your Nominating Committee is as follows:

Chairman-elect of the Council of Deans: John A. Gronvall, M.D.  
Dean, the University of Michigan Medical School (Midwest-  
Great Plains)

July 23, 1974

Member-at-Large, Council of Deans Administrative Board:  
Andrew Hunt, Jr., M.D., Dean, Michigan State University  
College of Human Medicine

These nominations, I believe, accurately reflect the wishes of the members of the Council of Deans. I am confident that we have a slate which will contribute substantially to the work of the Association.

Thank you for the opportunity to serve in this capacity.

Sincerely,

John A. Dixon, M.D.

JAD/cw

cc: Joseph A. Keyes ✓  
John H. Moxley III, M.D.  
John W. Eckstein, M.D.  
Richard Janeway, M.D.  
Donald N. Medearis, Jr., M.D.

UNIVERSITY OF MIAMI  
MIAMI, FLORIDA 33152

Mailing Address:  
VICE PRESIDENT FOR MEDICAL AFFAIRS  
AND DEAN, SCHOOL OF MEDICINE  
P. O. BOX 520875, BISCAYNE ANNEX

Location:  
ROOM 1146A - ROSENSTIEL MEDICAL  
SCIENCES BUILDING  
1600 N. W. 10TH AVENUE

30 July 1974

John A. Dixon, M.D.  
Vice President for Health Sciences  
The University of Utah  
Salt Lake City, Utah 84132

Dear John:

I am very grateful to you and to all of our colleagues on the Nominating Committee of the Council of Deans for your recommendations. I am in hearty and complete agreement with the slates proposed. Leonard Cronkhite will do a splendid job for us. I am delighted with the nominations of Bob Buchanan, Neal Gault and Andy Hunt for the various positions in which you have nominated them.

I am most delighted with the nomination for Chairman-elect for the Council of Deans of John Gronvall for a great many reasons.

In short, I thank all of you for so splendid a job on behalf of the Council of Deans and on behalf of the AAMC in general.

I do hope that all of the slate will carry the day at the Annual Meeting.

My warmest regards and appreciation.

Sincerely yours,



E. M. Papper, M.D.  
Vice President for Medical Affairs  
and Dean, School of Medicine

EMP:jg

- cc: Joseph Keyes ✓
- John H. Moxley III, M.D.
- John W. Eckstein, M.D.
- Richard Janeway, M.D.
- Donald N. Medearis, Jr., M.D.



228 Medical Science Building  
Columbia, Mo. 65201

SCHOOL OF MEDICINE  
Office of the Dean

4/10 23 1374

Telephone  
314-882-2923

October 20, 1974

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

Dear John:

This letter is simply to formalize my resignation from the Administrative Board of the Council of Deans and the Executive Council of the Association of American Medical Colleges effective September 1, 1974. Obviously, this action is appropriate and consistent with my resignation of the Deanship of the University of Missouri-Columbia School of Medicine effective that same date. I do hope that it will be possible for me to continue my involvement with the Association in various other kinds of ways in the future. As you know, although we have occasionally disagreed in some details, I am strongly committed to the Association as the major force affecting medical education in this country.

I assume you will be receiving a letter shortly from Joe White indicating that after September 1 he will function as the Interim Dean of the School of Medicine in addition to his role as Provost for Health Affairs until a new Dean is selected here.

Many thanks for your friendship and strong support over these many years.

Best personal regards,

William D. Mayer, M.D.  
Dean

WDM:mas

cc: Joseph M. White, M.D.  
Marjorie Wilson, M.D.  
Mr. Joe Keyes



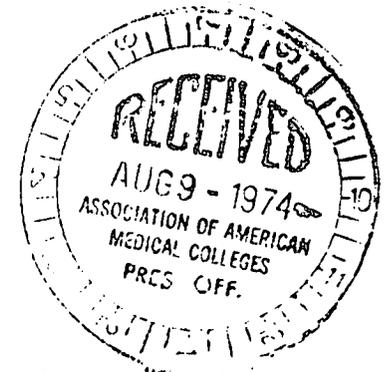
OFFICE OF  
HEALTH PLANNING

TUFTS UNIVERSITY

MEDFORD  
MASSACHUSETTS 02155

August 6, 1974

Dr. John Cooper. President  
Association American Medical Colleges  
1 Dupont Circle  
Washington, D.C.



Dear John:

I have submitted my formal resignation from the Council of Deans Administrative Board and the Executive Council to Manny Papper. As I told him, I do this with great regret and sense of loss of associations I have been involved with over a period of 13 years in working in various capacities in the Association.

On the other hand, I am enthusiastic about my new opportunities at Tufts. I have accepted a newly created position at Tufts which allows me to shed the direct operational responsibilities for the Medical School as its Dean. I will now report to the President as Health Planning Administrator for the University. My concerns will be University wide in all functions that deal with Health Education. It is primarily a policy planning role, an internal and external communications role and an integrative function.

May I once again tell you John that it has been a great pleasure and satisfaction to watch the Association grow to be a strong organization of importance to the nation in its health concerns under your excellent leadership. I wish you and the A.A.M.C. every continued success and thank you and the A.A.M.C. for the many opportunities for learning and for service that it has provided me.

Sincerely,

*Bill*

William F. Maloney, M.D.  
Health Planning Administrator

WFM/daw