

COUNCIL OF DEANS  
ADMINISTRATIVE BOARD  
January 15, 1975  
9 a.m. - 1 p.m.  
AAMC Conference Room

AGENDA

	<u>Page</u>
I. Call to Order	
II. Chairman's Report	
III. Action Items:	
A. Approval of Minutes -----	1-6
B. Executive Council Actions--	
1. Consideration of the CCME Report on the Foreign Medical Graduate (Executive Council Agenda)-----	(31)
2. Report of the AAMC Task Force on Groups (Executive Council Agenda)-----	(84)
3. Report of the Ad Hoc Committee to Review the JCAH Guidelines for Medical Staff Bylaws (Executive Council Agenda)-----	(71)
4. Proposed Revisions to CCME Report on the Primary Care Physician (Executive Council Agenda)-----	(30)
5. Consideration of OSR Resolutions (Executive Council Agenda)-----	(87)
D. Consideration of OSR Rules and Regulations Revisions-----	7-19
E. Review of the Survey of Deans' Compensation-----	20-26
IV. Discussion Items:	
A. Report of the AAMC Task Force on the GAP Report (Executive Council Agenda)-----	(88)
B. Follow-up on Report of American Faculty Members Teaching at Guadalajara -----	27-29

## V. Information Items:

- A. Recommendations of the OSR Chairperson ----- 30,31
- B. Consideration of Policy on New Specialty  
Boards--A CAS Discussion Item ----- 32-34
- C. Report on the Pilot Admissions Matching Program  
(To be distributed at the meeting)
- D. Report of the AAMC Officer's Retreat ----- 35-43

Joint Administrative Board  
Luncheon

1 p.m. - 4 p.m.

Discussion of Health Manpower  
Policy of AAMC

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

September 19, 1974  
9:00 a.m. - 1:00 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.  
John A. Gronvall, M.D.  
Clifford G. Grulee, M.D.  
Andrew Hunt, M.D.  
Julius R. Krevans, M.D.  
Emanuel M. Papper, M.D.  
Robert L. Van Citters, M.D.

(Guests)

Mark Cannon  
Daniel Clarke-Pearson  
Sherman M. Mellinkoff, M.D.

(Staff)

Michael Ball, M.D.  
Jane Becker  
John A.D. Cooper, M.D.  
Nan Hayes  
James Hudson, M.D.  
Paul H. Jolly, Ph.D.  
Joseph A. Keyes  
Susan R. Langran  
James R. Schofield, M.D.  
Emanuel Suter, M.D.  
Bart Waldman  
Marjorie P. Wilson, 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 June 20, 1974, meeting were approved as circulated.

III. Spring Meeting, 1975

Two preliminary drafts of potential spring meeting programs, developed by staff and discussed briefly with the program committee, were presented for Board consideration. Both dealt with undergraduate medical education; the first focused on schemes for organizing the curriculum and the appropriate organization locus for various components; the second focused on the process, values and implications of the selection of students. The Board clearly desired to have a program which dealt with the process of education but was not convinced that the draft program did this appropriately. The range of

potential issues appeared too broad to deal with in the time allotted, the matters too diffuse, and the issues framed in too bland a manner to stimulate interest and controversy. There were divergent views as to the productivity of dealing with the political implications of the educational issues. Several felt that the appropriate approach would be to identify societal needs and pressures and to examine the ways in which schools might appropriately respond. Others felt that too much attention has been devoted to the political and managerial concerns of deans. Their desire was that this meeting focus on their academic role and address the ways in which they might assist their faculties become more effective and sophisticated educators.

There was no final resolution of these views and the matter was returned to the program committee for further work.

#### IV. Distinguished Service Members

The nominating committee, Drs. Grulee and Cazort, made no new nominations for election of Distinguished Service Members, but did suggest that the criteria for membership be reviewed and clarified.

#### V. Report to CCME on Physician Distribution

The Administrative Board recommended the adoption of the report entitled "Physician Manpower and Distribution: The Primary Care Physician." This is to be viewed as one in a series of reports relating to physician manpower distribution.

#### VI. Statement on New Research Institutes and Targeted Research Programs

At the June COD Administrative Board Meeting, the Board urged that the Executive Council return the proposed Statement on New Research Institutes and Targeted Research Programs for re-drafting. Dr. Michael Ball of the AAMC staff presented a revised statement to the Board. The Board approved the revision and recommended the adoption of the proposed policy statement.

VII. Resignation of Executive Council Members

August 1, 1974, William F. Maloney, M.D. resigned as dean of Tufts University School of Medicine, creating a vacancy on the Executive Council. The Board nominated William H. Luginbuhl, M.D., Dean of the University of Vermont College of Medicine, for election to fill William Maloney's unexpired one-year term.

September 1, 1974, William D. Mayer, M.D. resigned as dean of the University of Missouri-Columbia School of Medicine creating another vacancy on the Executive Council. Since his term has almost expired, the Board referred his replacement to the Assembly for election this November.

VIII. New Institutional Member

The Administrative Board recommends that the Executive Council recommend Wright State University School of Medicine to the Assembly for election to Provisional Institutional Membership in the AAMC, contingent upon ratification by the full Council of Deans.

IX. Health Services Advisory Committee Recommendations

The Board endorsed for Executive Council action recommendation No. 1 of the Health Services Advisory Committee Report. After extended discussion, the Board expressed its recognition of the importance of the development of appropriate data base regarding the characteristics and distribution of health professionals to effective national health policy planning. Nevertheless, the Board specifically declined to endorse the recommendation of the Health Services Advisory Committee to support the approach of Section 707 of Senate Bill § 3585. The Board requested that a more extensive study of alternative approaches be undertaken and the advantages and disadvantages be identified.

X. Review of LCME Accreditation Process

At the June 20, 1974, COD Administrative Board Meeting, the Board expressed concern regarding the adequacy of the current LCME accreditation process. Discussion of this item was postponed until the September meeting at which time pertinent background material would be presented for discussion. In the light of the background material compiled by the AAMC staff, the Board discussed the LCME accreditation process. Marjorie P. Wilson, M.D. and James R. Schofield, M.D.

of the AAMC staff responded to the Board's questions.

In recognition of the important role of the survey team, the Board offered suggestions concerning the selection and appointment of team members. One suggestion was made that each dean recommend to the LCME 5 to 10 individuals at his school who he feels would be competent site team members. It was also suggested that, in advance of choosing a team, a calendar of proposed visits be sent to prospective team members so that they can choose a convenient time to participate. Staff responded that this appeared to be infeasible because of the balancing and adjusting which the team formation requires.

The Board took no formal action on this matter, but expressed its continuing interest in the process of accreditation and its desire to see it continually improved.

#### XI. Board Input to Annual Retreat Agenda

The Board discussed the importance of improved communication between the assembly and those participating in the annual retreat (chairman and chairman-elect of each council and assembly, OSR chairperson and AAMC executive staff). It was suggested that some time before the Retreat Dr. Cooper explain the purpose of the retreat and ask for discussion suggestions from the Assembly in his Weekly Activities Report. An example of potential issues is the establishment of a national health professions data base, advantages and its associated potential problems.

#### XII. Annual Survey of Deans' 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.

Dr. Paul Jolly of the AAMC staff asked the deans if the compensation survey should be continued. If it is to be continued, Dr. Jolly asked for suggestions relevant to data collection and format.

The Board endorsed the continuation of the AAMC Annual Survey of Deans' Compensation, and approved of the continued inclusion of fringe benefit data. It stressed, however, that the format for presenting Survey results be kept as simple as possible.

### XIII. American Faculty Teaching Abroad

Dr. Emanuel Suter, Director of the AAMC Division of International Medical Education, reported that American faculty are being engaged as visiting professors by a few foreign medical schools with relatively high enrollment of American students.

Dr. Suter reported that while the American student probably benefits from such practice, it raises two possible concerns. It may weaken our argument that our medical schools cannot possibly take a larger number of students without substantial faculty increase. Secondly, the practice lends support to a trend which may be contrary to the national interest and particularly to the interest of our medical education system. This matter was brought to the attention of the Board as an information item in order to alert the members of possible problem areas and to raise the question of whether it should be a matter of concern.

The Board agreed that it was a matter of potential concern, but it did not feel confident that there was any remedial action that was appropriate at this time. It desired to know more about the issue. Dr. Suter agreed to present more detailed information at the next meeting.

### XIV. Report of COTH Ad Hoc Committee on JCAH Standards

The Board recommended that the Executive Council approve the report for transmission to the Joint Commission on Accreditation of Hospitals. The Board suggested, however, that prior to forwarding the report, the committee examine the potential for enhancing the quality of accreditation through less frequent but more thorough site visits.

### XV. Report of the COTH Ad Hoc Committee on COTH Membership Criteria

Dr. Andrew Hunt summarized the report and answered questions of Board members. After a short discussion, the Board endorsed the report of the committee.

In a separate action the Board requested that the committee examine further the problems resulting from the trend toward the establishment of university affiliated residency programs in primary care specialties in hospitals without the requisite number of additional programs. Recommendation No. 3 of the report may appropriately be amended or interpreted to permit exceptions to the membership criteria in the case of such hospitals.

## XVI. Information Items

### 1. Annual Meeting Programs

The COD-CAS-COTH Joint Program and the PSRO program were presented as information items to the Board.

### 2. Appointment of a Task Force on Groups

At the June 20, 1974, COD Administrative Board Meeting and later at the Executive Council meeting, questions were raised concerning the relationship of AAMC groups to the governing bodies and the staff. At that time Dr. Tosteson appointed a Task Force of the Executive Council to make clear recommendations as to the role, relationship, and support of these groups within the AAMC.

Dr. Van Citters, chairman of the Task Force, gave an interim report to the Administrative Board on the Task Force's progress. Final recommendations will be made at the annual retreat in December and the recommendations of the retreat will be passed on to the Executive Council in January. Dr. Van Citters reported that the Task Force is in the process of identifying the problem areas and will pursue this further at the November Annual Meeting.

### 3. Report of Nominating Committee

Dr. Papper referred the Board to the letters in the agenda appendix relevant to the nominating committee's recommendations.

### 4. Report of the Organization of Student Representatives

Mr. Daniel Clarke-Pearson, chairperson of the OSR gave a brief report to the COD Administrative Board outlining OSR Administrative Board activities. At their meeting on September 13-14, 1974, the OSR Board a) approved all Executive Council agenda action items, b) discussed proposals for a change in their rules and regulations, c) considered a number of resolutions carried over from the regional groups' spring meetings, d) made plans for the Annual Meeting, and e) discussed with Drs. Cooper and Sherman of the AAMC the present status of the National Health Manpower legislation.

## XIII. Adjournment

Dr. Papper adjourned the meeting at 1:00 p.m.



### III. D. Consideration of OSR Rules and Regulations Revisions

On November 11, 1974, the OSR voted to revise its Rules and Regulations. The AAMC Bylaws (Section III) require that the Rules and Regulations be approved by the Council of Deans. Because of the time constraints, this Board determined on November 12, 1974, not to bring the matter to the full Council, but rather to consider the revisions at its own January meeting and to act on behalf of the Council with respect to this matter.

The attached document provides a comparison of the Rules and Regulations as they had been previously approved with the revised version as voted by the OSR on November 11, 1974.

Subsequent review of the changes by the Association's legal counsel has disclosed the necessity of certain changes to bring this document in conformity with the AAMC Bylaws and to preserve the AAMC's tax status. Two of these changes relate to the necessity of assuring that the officers and voting board members of the OSR are, at the time that they serve, "institutional representatives," that is, officially designated by their medical schools as the schools' representative to the OSR. Thus, Section 4. D will need to be revised to include this requirement and Section 4. F to specify that the immediate past chairperson of the Organization will have only non-voting status on the Administrative Board. Section III of the AAMC Bylaws also provides that the OSR shall "recommend to the Council of Dean the Organization's representatives to the Assembly." Thus the OSR Rules and Regulations Section 5 should be revised to account for the COD role in the approval of Assembly members from the OSR.

The necessity of these changes have been brought to the attention of the OSR officers and presumably they will be made by the OSR Board at its meeting on January 14, 1975.

The revisions pose certain additional policy issues which the COD Administrative Board may wish to consider prior to approving the document.

Section 3. A, specifying the process by which members of the OSR are to be selected, previously provided that "The selection should facilitate representative student input." The proposed additional language, "and only students may vote in the selection process," would appear to preclude selection by an action of a committee which included faculty and/or members of the school administration. This appears to be in direct conflict with the COD Guidelines (attached) which provides that the process of selection should "facilitate representative student input and be appropriate to the governance of the institution." This comment also applies to the last phrase in Section 3. D.

Section 4. A 4) provides for an Administrative Board with a minimum of 10 members and a maximum of 10 percent of the total

OSR membership. The COD Administrative Board may wish to consider the policy and fiscal implications permitting the OSR Board to expand in this open ended fashion.

Finally, the Board may wish to consider the desirability of according "formal action" status to the results of regional meetings implicit in Section 7. E(2). No other component of the AAMC provides for formal business sessions at regional meetings. Additionally, while it may be viewed as unlikely that an identical motion will be passed by three of four regions, this mechanism would permit the accord of formal status to a motion which has less than majority support. This is a possibility of even greater likelihood in the case of regional meetings which attract a small attendance.

The OSR Board is in receipt of this background paper. This, it may consider these matters at its meeting and provide additional proposed revisions to its Rules and Regulations for the COD Board review.

Recommendation: To consider the OSR Rules and Regulations and to approve the document if satisfied that the legal and policy questions are appropriately resolved.

PREVIOUS OSR RULES AND REGULATIONS

REVISIONS

OSR RULES AND REGULATIONS AS MODIFIED BY  
OSR ON 11/11/74

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

No Change

Section 1. Name

The name of the organization shall be the Organization of Student Representatives of the Association of American Medical Colleges.

No Change

Section 2. Purpose

The purpose of this Organization shall be 1.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education, 2.) to provide a means by which medical student views on matters of concern to the AAMC may find expression, 3.) to provide a mechanism for medical student participation in the governance of the affairs of the Association, 4.) to provide a vehicle for the student members' action on issues and ideas that affect the delivery of health care.

*Reordering of items 1, 2, and 3. Rephrasing of item 4.*

*The purpose of this Organization shall be 1.) to provide a means by which medical student views on matters of concern to the Association may find expression; 2.) to provide a mechanism for medical student participation in the governance of the affairs of the Association; 3.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education. 4.) to provide a vehicle for the student members' action on issues and ideas that affect the multi-faceted aspects of health care.*

Section 3. Membership

A. Members of the Organization of Student Representatives shall be medical students representing institutions with membership on the Council of Deans, selected by a process appropriate to the governance of the institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

*Deletion of last phrase in Sentence 1. Change in Sentence 2.*

A. Members of the Organization of Student Representatives shall be medical students representing institutions with membership on the Council of Deans. The selection should facilitate representative student input, and only students may vote in the selection process. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

B. Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization.

C. Each school shall choose the term of office of its Organization of Student Representatives member in its own manner.

No Change.

No Change

Addition of Section 3.D.

D. Each institution having a member of the Organization of Student Representatives may select one or more alternate members, who may attend meetings of the Organization but may not vote. The selection of an alternate member should facilitate representative student input, and only students may vote in the selection process.

#### Section 4. Officers and Administrative Board

A. The officers of the Organization of Student Representatives shall be as follows:

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) serve as ex officio member of all committees of the Organization, (c) communicate all actions and recommendations adopted by the Organization to the Chairman of the Council of Deans, and (d) represent the Organization on the Executive Council of the Association. The Chairperson must be an official member of the Organization at the time of his or her election and must have attended the previous Organization of Student Representatives annual meeting and the most recent meeting of his or her region. In the event that no Organization of Student Representatives member satisfying these criteria seeks the office of Chairperson, these criteria shall be waived.

Addition of Section 4.1.b  
Deletion of last two sentences (content contained in new Section 4.D.)

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

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2. The Vice-Chairperson, whose duties are to preside or otherwise serve in the absence of the Chairperson. If the Vice-Chairperson succeeds the Chairperson before the expiration of his term of office, such service shall not disqualify the Vice-Chairperson from serving the full term as Chairperson.

3. The Secretary, whose duties it shall be to (a) keep the minutes of each regular meeting, (b) maintain an accurate record of all actions and recommendations of the Organization, and (c) insure the dissemination of minutes of each regular meeting and a record of all actions and recommendations of the Organization and of the Organization's representatives on the committees of the AAMC within one month of each meeting.

II

B. The term of office of all officers shall be for one year. All officers shall serve until their successors are elected.

C. Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.

*Deletion of second sentence*

*Deletion of entire Section*

*Addition of entire Section*

*Addition of entire Section*

*Combining of Sections B and C. Change and addition as noted.*

2. The Vice-Chairperson, whose duties it shall be to preside or otherwise serve in the absence of the Chairperson.

3. Four Regional Chairpersons, one for each of the four regions, which shall be congruent with the regions of the Council of Deans.

4. Representatives-at-large elected by the membership in a number sufficient to bring the number of seats on the Administrative Board to ten or to a total equal to ten percent of the Organization of Student Representatives membership, whichever is greater.

3. Officers shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. Regional Chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year.

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Addition of entire  
Section

Addition of entire  
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Addition of entire  
Section

Changes as noted

D. There shall be an Administrative Board composed of the Chairperson, the Vice-Chairperson, the Representatives-at-Large, the Secretary, and one member chosen from each of the four regions, which shall be congruent with the regions of the Council of Deans. Regional members of the Administrative Board shall be elected at the Annual Meeting by regional caucus.

C. Officers shall be elected by majority vote, and the voting shall be by ballot.

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. Each officer shall have been an official Organization of Student Representatives member within one year of his or her election. The Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying these conditions seek the office of Chairperson, in which case these additional criteria shall be waived.

E. Nomination for office may take place two procedures: (1) submitting the name and curriculum vitae of the nominee to the Association thirty days in advance of the annual meeting or (2) from the floor at the annual meeting, a seconding motion being required each nomination so made.

F. There shall be an Administrative Board composed of the Chairperson, the Vice-Chairperson, the Regional Chairpersons, the Representatives-at-Large, and the immediate past Chairperson of the Organization.

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E. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees, with the Vice-Chairperson serving as the Chairperson when it so functions.

*Change in the second sentence as noted.*

G. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. *It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.*

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall be determined according to the following priority:

*No Change*

- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Vice-Chairperson of the Organization of Student Representatives;
- 3) The Secretary of the Organization of Student Representatives;
- 4) Other members of the Administrative Board of the Organization of Student Representatives, in order of ranking designated by the Chairperson, if necessary.
- 5) Members of the Organization of Student Representatives elected by the membership in a number sufficient to fill any additional positions on the Assembly which may be vacant.

*Deletion of Items 3 and 5*

- 1) *The Chairperson of the Organization of Student Representatives;*
- 2) *The Vice-Chairperson of the Organization of Student Representatives;*
- 3) *Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson if necessary.*

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Addition of entire  
Section

Section 6. Succession

If the Chairperson of the Organization is for any reason unable to complete the term of office, the Vice-Chairperson shall assume the position of Chairperson for the remainder of the term. Further succession to the office of Chairperson, if necessary, shall be determined by a vote of the remaining members of the Administrative Board.

Section 7. Meetings, Quorums, and  
Parliamentary Procedure

A. Regular meetings of the Organization of Student Representatives shall be held in conjunction with the AAMC Annual Meeting.

No Change

B. Special meetings may be called by the Chairperson upon majority vote of the Administrative Board provided there be given at least 30 days notice to each member of the Organization.

No Change

Addition of item  
7.C.

C. A simple majority of the voting members shall constitute a quorum.

Change as noted

C. Regional meetings, with the approval of the Association, may be held between annual meetings.

D. Formal actions may result by two mechanisms: (1) by a majority of those present and voting at meetings at which a quorum is present and (2) when three of four regional meetings have passed an identical motion by a majority of those present and voting.

No Change

D. A simple majority of the voting members shall constitute a quorum at regular meetings, special meetings, regional meetings, and Administrative Board meetings.

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Addition of entire section

F. All official members have the privilege of the floor at regular meetings, special meetings, regional meetings, and Administrative Board meetings. The Chairperson of each meeting may at his or her discretion extend this privilege to others in attendance.

Addition of entire section

G. Resolutions for consideration at any meeting of the Organization, including regular meetings, must be submitted to the Association thirty days in advance of the meeting. This rule may be waived for a particular resolution by a two-thirds vote of those present and voting at the meeting.

Addition of entire section

H. The minutes of regular meetings and Administrative Board meetings shall be taken and within thirty days distributed to members of the Organization.

E. Where parliamentary procedure is at issue, Roberts Rules of Order (latest edition) shall prevail, except where in conflict with Association Bylaws.

No Change

F. All Organization of Student Representatives meetings shall be open unless an executive session is announced by the Chairperson.

No Change

Addition of entire Section

Section 8. Students Serving on AAMC Committee

Students serving on AAMC Committees should keep the Chairperson informed of their activities.

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Section 7. Operation and Relationships

A. The Organization of Student Representatives shall report to the Council of Deans of the AAMC and shall be represented in the Executive Council of the AAMC by the Chairperson of the Organization of Student Representatives

No Change

B. Creation of standing committees and any major actions shall be subject to review and approval by the Chairman of the Council of Deans of the AAMC.

No Change

Section 8. Adoption and Amendments

These Rules and Regulations shall be adopted and may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives or which 30 days prior written notice of the Rules and Regulations change has been given provided that the total number of the votes cast for the changes constitute a majority of the Organization's membership.

Section Title Change

Deletion of underlined phrases  
Other changes as noted

Section 10. Amendment of Rules and Regulations

These Rules and Regulations may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

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GUIDELINES FOR THE  
ORGANIZATION OF STUDENT REPRESENTATIVES  
ADOPTED AT THE COUNCIL OF DEANS MEETING  
May 20, 1971

This document indicates those matters mandated by the Association Bylaws in italics and those adopted as Guidelines in roman.

ORGANIZATION

*There shall be an Organization of Student Representatives which shall be related to the Council of Deans and which shall operate in a manner consistent with the Rules and Regulations approved by the Council of Deans. (Part III.)*

COMPOSITION

*The OSR shall be comprised of one representative from each Institutional Member and Provisional Member of the COD, chosen from the student body of each such member. (Part III.)*

SELECTION

A medical student representative from each participating Institutional Member and Provisional Member of the COD shall be selected by a process which will facilitate representative student input and be appropriate to the governance of the institution. The dean of each participating institution shall file a description of the process of selection with the Chairman of the COD and shall certify to him annually the name of the student so selected.

MEETINGS

*Annual Meeting. The OSR shall meet at least once a year at the time and place of the COD Annual Meeting in conjunction with said meeting. (Part III.)*

To facilitate the smooth working of the organizational interrelationships, the above shall be interpreted to require that the Annual Meeting of the OSR be held during the period of the Association's Annual Meeting, not simultaneously with the COD meeting. This meeting will be scheduled in advance of the COD meeting at a time which will permit the attendance of interested or designated deans.

## ACTIVITIES

The OSR will:

- Elect a Chairman and a Chairman-Elect.
- Recommend to the COD the Organization's representatives to the Assembly. (10% of OSR membership)
- Recommend student members of appropriate committees of the Association.
- Consider other matters of particular interest to the students of Institutional Members.
- Report all actions taken and recommendations made to the Chairman of the COD. (Part III.)

## RELATIONSHIP TO COD

The Chairman and Chairman-Elect of the OSR are invited to attend the COD meetings to make such reports as requested of them by the COD Chairman, to act as resource persons to express the concerns of students when invited, and to inform themselves of the concerns of the deans.

## RELATIONSHIP TO THE EXECUTIVE COUNCIL

The Chairman of the OSR shall be an ex officio member of the Executive Council with voting rights. (Part IV, Sec. 2.)

## RELATIONSHIP TO THE ASSEMBLY

The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the COD and a number of the OSR equivalent to 10 percent of the members of the Association having representatives in the OSR.

Each such representative (to the Assembly) shall have the privilege of the floor in all discussions and shall be entitled to vote at all meetings. (Part IV, Sec. 4.)

The Chairman of the Assembly may accept the written statement of the Chairman of the COD reporting the names of individuals who will vote in the Assembly as representatives chosen by the OSR. (Part IV, Sec. 3.)

## COMMITTEES

*One representative of the OSR to the Assembly shall be appointed by the Chairman of the Assembly to sit on the Resolutions Committee. (Part VII. Sec.1.)*

The Chairman of the COD will nominate student members to appropriate committees of the Association upon receipt of the recommendations of the OSR.

## RULES AND REGULATIONS

The OSR shall draw up a set of Rules and Regulations, consistent with these Guidelines and the Bylaws of the AAMC, governing its internal organization and procedures. The Rules and Regulations shall be consonant with the goals and objectives of the COD.

The initial meeting of the OSR shall be organized by the Committee chosen at the October, 1970, meeting of the Association to carry forward the formation of the OSR and shall be chaired by the Chairman of that group.

## FINANCES

At its May 20 meeting, the COD voted to recommend to the Executive Council that the finances of the OSR be handled in the following manner:

- The Association will meet the cost of the travel required for authorized student participation in Association committee activities, i.e., Executive Council, Administrative Board, and designated committee meetings.
- Staffing expenses will be allocated by the President by administrative action.
- Other costs associated with student participation will be individually arranged at the institutional level.
- The participating institutions shall incur no additional institutional assessment to the Association upon the initiation of this proposal. Expenses incurred by the Association in support of this organization will be met within currently budgeted funds or from appropriate external sources.

### III. E. Review of the Survey of Deans' Compensation

At the Administrative Board meeting of September 19, 1974, staff sought the Board's advice regarding the desirability of continuing the survey of deans' compensation and of expanding its scope to include additional factors which might have a bearing on compensation so that the resulting analysis might be more illuminating. Several items were listed as examples of factors which might be explored. Most of these related to potential indicators of the scope of the dean's responsibilities and to certain institutional characteristics.

The Board's response was generally favorable with respect to continuing the survey, but unfavorable with respect to increasing its complexity. One of the survey's chief virtues and the explanation of the excellent percentage of returns in the eyes of the Board was the survey's simplicity and the concomitant ease of responding. The dean himself could complete the questionnaire with minimal effort and without involving his staff.

Before the Board's advice had been communicated to the staff person with the operating responsibility for survey, substantial work had been completed in the design of a revised instrument. Rather than reject these efforts, the decision was made to return the matter for the Board's further review. Attached is a draft of the revised instrument as well as a list of the analytical tables which could be generated as a result of such a survey.

It is our view that there is potential utility in pursuing this expanded survey. While unquestionably more complex, the requested information relates entirely to biographical data and to the terms of employment and compensation. Because this information is probably within the immediate knowledge of the dean himself, this instrument would seem to preserve that virtue of the previous survey. The question remains whether or not the additional complexity makes the instrument unacceptably burdensome.

Recommendation: That the Board review the revised instrument and the analyses which it would make possible; that the Board provide staff its advice as to the desirability of pursuing the matter.

COMPENSATION SURVEY

FOR

DEANS OF MEDICAL SCHOOL FACULTIES

1974-75

Please check the appropriate answers. Where a written response is required, please print or type.

PART I

A. Title of your administrative position:

- 1) \_\_\_ Dean (of Medical Affairs, Medical Faculty, or Medicine, etc.)
- 2) \_\_\_ \*Dean and Vice President (for Health Affairs, Health Sciences, or Medical Affairs, etc.)
- 3) \_\_\_ +Dean and Director of the Medical Center
- 4) \_\_\_ Acting or Interim Dean
- 5) \_\_\_ Other - Please specify 6) \_\_\_\_\_

*\*Check if equivalent title is indicative of executive responsibility for coordination of all health science-related academic programs.*

*+Check if equivalent title is indicative of executive responsibility for coordination of all health science-related services.*

B. Term of Appointment:

- 7) \_\_\_ Annual Review
- 8) \_\_\_ Contract
- 9) \_\_\_ Indefinite
- 10) \_\_\_ Other - Specify 11) \_\_\_\_\_

If by contract, for what length of time was it negotiated:

- 12) \_\_\_ Years

C. To whom does the dean report?

- 13) \_\_\_\_\_

AAMC Form 0191

D. Were you a member of a medical school faculty at the time of your appointment as dean?

- 14)  YES, of this school
- 15)  YES, at another medical school
- 16)  NO

E. Please indicate academic rank held at time of appointment:

- 17)  Professor
- 18)  Associate Professor
- 19)  Assistant Professor
- 20)  Other - Specify 21) \_\_\_\_\_

In what department was academic rank held? (in case of joint appointments list primary one)

22) \_\_\_\_\_

F. Please indicate present academic rank:

- 23)  Professor
- 24)  Associate Professor
- 25)  Assistant Professor
- 26)  Other - Specify 27) \_\_\_\_\_

Do you have tenure in this position? 28)  YES 29)  NO

G. Have you had administrative experience at this institution prior to serving in your current capacity?

- 30)  YES
- 31)  NO

If "YES" please indicate prior experience:

- 32)  Assistant Dean for 33)  Years
- 34)  Associate Dean for 35)  Years
- 36)  Department Chairman for 37)  Years
- 38)  Other - Specify
- 39) \_\_\_\_\_

H. Have you had administrative experience at another institution prior to serving in your current capacity?

- 40)  YES
- 41)  NO

If "YES" please indicate prior experience:

- 42)  Assistant Dean for 43)  Years

(see next page)



Deans' Compensation Survey

44) \_\_\_ Associate Dean for 45) \_\_\_ Years

46) \_\_\_ Department Chairman for 47) \_\_\_ Years

48) \_\_\_ Other - Specify 49) \_\_\_\_\_

I. Have you gained administrative experience outside the academic environment?

50) \_\_\_ YES 51) \_\_\_ NO

If "YES" please check the applicable location(s) of previous non-academic administrative experience:

52) \_\_\_ Business and Industry  
(include laboratories)

53) \_\_\_ Federal government

54) \_\_\_ State or local government

55) \_\_\_ Hospitals

56) \_\_\_ Foundations or charitable organizations

57) \_\_\_ Non-profit special interest groups

58) \_\_\_ Other - Specify 59) \_\_\_\_\_

J. Please indicate your highest academic degree attained:

60) \_\_\_ M.D.

61) \_\_\_ Ph.D.

62) \_\_\_ M.D., Ph.D.

63) \_\_\_ M.D., Sc.D.

64) \_\_\_ M.D., M.P.H.

65) \_\_\_ M.D., D.P.H.

66) \_\_\_ Other - Specify 67) \_\_\_\_\_

If M.D. please name discipline or specialty:

68) \_\_\_\_\_

K. Please state your age: 69) \_\_\_\_\_

L. For how many months have you held your current position: 70) \_\_\_\_\_

PART II

A. Please state your annual gross salary (exclude deferred compensation or fringe benefits) 71) \$ \_\_\_\_\_

B. Has your annual gross salary changed while in your current position within the past 12 months?

72) \_\_\_ YES, it increased.

73) \_\_\_ YES, it decreased with a concurrent increase in deferred compensation. 74) \_\_\_ NO

If "YES" please state the dollar change to your gross salary: 75) \$ \_\_\_\_\_

C. Please state the annual cash value of any deferred compensation 76) \$ \_\_\_\_\_

D. Please state the annual cash value of your fringe benefits: 77) \$ \_\_\_\_\_

E. Which fringe benefits are you receiving at NO personal cost?

78) \_\_\_ Health insurance

79) \_\_\_ Individual only

80) \_\_\_ Individual and family

81) \_\_\_ Major medical insurance

82) \_\_\_ Individual only

83) \_\_\_ Individual and family

84) \_\_\_ Disability insurance

85) \_\_\_\_\_ Length of coverage

86) \_\_\_ Life insurance

87) \$ \_\_\_\_\_ Amount of coverage

88) \_\_\_ Professional liability

89) \$ \_\_\_\_\_ Amount of coverage

90) \_\_\_ Other insurance (include travel)

91) \$ \_\_\_\_\_ Amount of coverage

F. Please indicate the appropriate retirement plan(s) available to you at your present institution:

92) \_\_\_ Social Security

93) \_\_\_ TIAA-CREF

94) \_\_\_\_\_ % Salary institution contributes

95) \_\_\_\_\_ % Salary individual contributes

96) \_\_\_ State Retirement Plan

97) \_\_\_\_\_ % Salary state contributes

98) \_\_\_\_\_ % Salary individual contributes

99) \_\_\_ University/College Retirement Plan

100) \_\_\_\_\_ % Salary institution contributes

101) \_\_\_\_\_ % Salary individual contributes

102) \_\_\_ Other

103) \_\_\_\_\_ % Salary institution contributes

104) \_\_\_\_\_ % Salary individual contributes

G. Is there a mandatory retirement age for your position?

105) \_\_\_ YES

106) \_\_\_ NO

If "YES" please state mandatory retirement age: 107) \_\_\_\_\_

H. Are tuition benefits for your children offered?

108) \_\_\_ YES, if attending my institution.

109) \_\_\_ YES, if attending my institution or any other accredited institution.

(see next page)

110)  Yes, if attending any accredited institution in the state system.

111)  Yes, if attending any accredited institution in a reciprocating po  
112)  NO

I. Please check the perquisites available to you:

113)  Automobile

114)  Automobile maintenance

115)  Gasoline credit card

116)  Expense allowance

117)  Limited 118)  Unlimited

119)  Housing allowance

120) \$ \_\_\_\_\_ Annual Amount

121)  Parking privileges

J. How many weeks of vacation accrue to you each year? 122) \_\_\_\_\_ Weeks

K. How many of those vacation weeks did you use last year: 123) \_\_\_\_\_ Weeks

L. Does your institution permit you to engage in independent consultant work for extra income?

124)  YES

125)  YES, with limitations on time invested

126)  YES, with limitations on additional income earned

127)  NO

If "YES" please indicate those activities permitted:

128)  Private medical practice

129)  Academic consultation

130)  Lectureship

131)  Publication/patent

132)  Other - Specify 133) \_\_\_\_\_

PLEASE CHECK

<u>Geographic Location:</u>	<u>Ownership:</u>
134) <input type="checkbox"/> Northeast	138) <input type="checkbox"/> Public
135) <input type="checkbox"/> Midwest	139) <input type="checkbox"/> Private
136) <input type="checkbox"/> South	
137) <input type="checkbox"/> West	

OPTIONAL: 140) \_\_\_\_\_ Name

141) \_\_\_\_\_ Institution

COMPENSATION SURVEY FOR DEANS  
OF MEDICAL SCHOOL FACULTIES  
1974-75

A. DEAN - GROSS SALARY

Table 1	-	Trend for Gross Salary
Table 2	-	Regional Differentials in Gross Salary
Table 3	-	Ownership Differentials in Gross Salary
Table 4	-	Gross Salary Variance by Academic Degree
Table 5	-	" " " " Administrative Experience
Table 6	-	" " " " Age
Table 7	-	" " " " Faculty Rank
Table 8	-	" " " " Term of Appointment
Table 9	-	" " " " Title
Table 10	-	Deferred Compensation
Table 11	-	Gross Salary Changes within Past Twelve Months
Table 12	-	Covariation of Compensation Correlates

B. DEAN - FRINGE BENEFITS/PERQUISITES

Table 13	-	Trends for Fringe Benefits
Table 14	-	Regional Differentials in Fringe Benefits
Table 15	-	Ownership Differentials in Fringe Benefits
Table 16	-	Fringe Benefits At No Personal Cost
Table 17	-	Fringe Benefits At No Personal Cost and Gross Salary Level
Table 18	-	Assessment of Retirement Plans
Table 19	-	Tuition Benefits and other Perquisites
Table 20	-	Independent Consultant Work for Extra Income: Flexibility and Limitations

C. DEAN - TOTAL COMPENSATION

Table 21	-	Trend for Total Compensation
Table 22	-	Regional Differentials in Total Compensation
Table 23	-	Ownership Differentials in Total Compensation
Table 24	-	Total Compensation Variance By Academic Degree
Table 25	-	" " " " Administrative Experience
Table 26	-	" " " " Age
Table 27	-	" " " " Faculty Rank
Table 28	-	" " " " Term of Appointment
Table 29	-	" " " " Title
Table 30	-	Covariation of Compensation Correlates

IV. B. Follow-up on Report of American Faculty Members Teaching at Guadalajara

At the last meeting of the COD Administrative Board, it was requested that additional background material be provided for further discussion of the issue. Enclosed is a summary of the information we have. This was discussed in a similar form by the CAS Administrative Board in November.

## U.S. FACULTY VISITING AT THE UNIVERSIDAD AUTONOMA DE GUADALAJARA

During the past year, the Medical Faculty of the Universidad Autonoma de Guadalajara instituted a visiting American professor program for the U.S. citizens enrolled in the medical school. Faculty were recruited to cover clinical topics through lectures and patient demonstrations. Sixty-seven faculty members from 22 U.S. medical schools were recruited; each spent approximately ten days in Guadalajara. They were encouraged to bring their families and expenses were paid in lieu of an honorarium. Forty-two faculty came from schools in the Northeast region, four from the South, seven from the Midwest and eleven from the West.

They were distributed among the following areas:

<u>Number of Faculty</u>	<u>Field</u>
7	Cardiology
1	Dermatology
3	Endocrinology
6	Hematology
4	Infectious Disease
1	Forensic Medicine
1	Social Medicine
5	Respiratory Disease
8	Neurology
4	Renal Medicine
4	Ophthalmology
3	Otolaryngology
9	Orthopedics
2	Psychiatry
5	Medical Education

The precise length of the academic term in Guadalajara is not known. Using the average 38 week term for the third year in U.S. medical schools, and assuming a ten day contribution by each visiting faculty member, it can be calculated that U.S. faculty provided approximately three full-time equivalent faculty for the teaching of clinical topics.

This development at Guadalajara raises several serious questions.

1. It may be assumed that this English-speaking faculty is providing a significant portion of the education of the U.S. students, many of whom have difficulty because of their lack of training in Spanish and therefore are not able to benefit maximally from their Mexican professors' lectures and demonstrations. It is acceptable pedagogically to teach all of the clinical subjects listed above in the lecture-demonstration format with a faculty of three full-time equivalents? Would this be tolerated in U.S. medical schools? What are the implications?

2. How will providing these educational services to a foreign school be viewed when U.S. faculty generally claim to be overburdened by the steadily increasing student bodies in their own institutions?
3. The Universidad Autonoma de Guadalajara has a specific policy of charging high tuition and fees to the U.S. students it can attract in order to provide lower tuition and fees for Mexican citizens. Should U.S. faculty provide services to a school with these policies?

This year another cadre of faculty are being recruited. It appears that about the same number will respond. What should the stance of the COD and the AAMC be?

V. A. Recommendations of the OSR Chairperson

Daniel Clarke-Pearson, OSR Chairperson, addressed the annual meeting of the OSR in November and made a series of recommendations regarding the role of the OSR in the AAMC and procedures for its operation. These are provided on the attached sheet for your information.



## CHAIRPERSON'S RECOMMENDATIONS

\*Presented by Dan Clarke-Pearson at the  
AAMC Annual Meeting  
November 10, 1974

1. The AAMC bylaws be changed to include the OSR as a full council; the OSR be independent from the Council of Deans; and the OSR be given voting privileges on an equal basis with the other councils.
2. Houseofficers be included in the governance of the AAMC and that this representative houseofficer input come from the existing houseofficer organizations--the Physicians' National Housestaff Association and the Interns and Residents Business Session of the AMA.
3. The OSR staff must be fully aware of AAMC policies, must be in touch with the issues, and must keep the OSR and its Administrative Board informed of developing issues so that we can make our input before, not after, AAMC policy is established.
4. The AAMC bylaws be amended so that student appointments to AAMC committees are made only by the OSR.
5. In terms of OSR budget:
  - a) the OSR should be given the right to discuss our financial needs with the AAMC budget committee.
  - b) that the budget be clearly defined for the OSR and that the OSR Administrative Board be informed monthly of expenditures and balance.
  - c) that the OSR be given the right to spend the budgeted funds as it sees fit.
6. The OSR, as an advocate of pre-medical students, ask that the AAMC clearly define the costs of administering MCAT and AMCAS so that the net income from these services can be determined. In addition, I recommend that the OSR review the cost to the pre-med student to apply through AMCAS to determine whether AMCAS is worth the service the student receives.
7. The OSR develop a feedback mechanism so that other OSR members can make input to the individual OSR members on AAMC committees. The OSR develop a means of communication between and among its committee members and all OSR members about the issues the committees are addressing.
8. During the coming year, the means be developed so that the OSR Chairperson elected at next year's annual meeting will be required to take on the responsibilities of OSR leadership on a full time basis. This means, of course, that a reasonable stipend must be found to support the OSR Chairperson.
9. The AAMC in cooperation with other national medical student groups such as SNMA and SAMA sponsor an institute and workshops aimed at developing better medical student government at each medical school with the primary purpose of stimulating more representative student input on national issues.
10. The leaders of the various medical student groups meet periodically to discuss common problems and to develop unified student policy.

\*Full text of the address is available upon request from AAMC, One Dupont Circle, NW, Washington, D.C. 20036.

V. B. CONSIDERATION OF POLICY ON HOW NEW SPECIALTIES SHOULD BE DESIGNATED  
AND NEW SPECIALTY BOARDS APPROVED

The designation of new specialties and the approval of new specialty boards has, in the past, rested with the AMA and the American Board of Medical Specialties. There is a Liaison Committee on Specialty Boards with equal representation from the ABMS and the Council on Medical Education of the AMA. Recommendations of this Liaison Committee must be approved by both the ABMS and the House of Delegates of the AMA before a new specialty can be designated and a board created. At present there is a movement to create a Board for Emergency Medicine. The accompanying letter from Jack Nunemaker to the ABMS Membership provides some information regarding the status of negotiation for this board.

The question now has been raised regarding whether the Coordinating Council on Medical Education and its parent organizations should be involved in the decision to designate a new specialty and create a specialty board. Although the Coordinating Council has been in existence for two years, the Council on Medical Education and the ABMS have unilaterally conducted negotiations for the creation of the new Board of Emergency Medicine. Logically, the CCME should be the agency which sanctions the creation of new boards because the CCME has jurisdiction over graduate education as well as undergraduate education in medicine, and must develop policies for the accreditation of all programs in all specialties. A committee has been created, made up of members of the CCME and the LCGME, to consider this question. Guidance from the Administrative Board is needed regarding whether the Association should press for involvement of the CCME. Because the designation of new specialties and the creation of new boards inevitably has major impact upon our academic institutions, it would appear advantageous for the Association to have a voice in decisions in this area through the Coordinating Council.

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# AMERICAN BOARD OF MEDICAL SPECIALTIES

JOHN C. NUNEMAKER, M.D.  
Executive Director

DAVID E. SMITH, M.D.  
Associate Director



1603 Orrington Avenue, Suite 1160  
Evanston, Illinois 60201  
(312) 491-9091

December 12, 1974

## MEMORANDUM

TO: Secretary of Each Member Board  
Executive Officer of Each Associate Member

FROM: Executive Director, ABMS

SUBJECT: Emergency Medicine *EM*

ACTION: For your information

This is a progress report on contacts of Central Office staff regarding certification in Emergency Medicine.

On Sunday, December 1, Dr. Smith and Dr. Nunemaker were asked to meet with representatives of the American College of Emergency Physicians during the AMA meeting in Portland. The purpose of this meeting was to discuss briefly the procedures involved in application for a new specialty board.

It was noted that there had been a meeting on November 16, 1974 of an Ad Hoc Committee on Standards for Graduate Medical Education in Emergency Medicine under the Chairmanship of Dr. Vernon Wilson, Chairman of the Council on Medical Education's Committee on Emergency Medicine. New specialty boards were not discussed at that Conference, however.

It was also indicated that contact had been made with the National Board of Medical Examiners regarding preparation of an examination for qualification in Emergency Medicine which might have future application to a certification examination.

There was further discussion of the Essentials for Approval of Examining Boards in Medical Specialties and the role played by the Liaison Committee for Specialty Boards in the administration of requests for approval of new Boards. ABMS staff indicated that any group petitioning for a new Board carried the responsibility of developing all necessary liaison with every other specialty group which might be concerned with education and/or certification in the particular field being considered for specialty certification.

In the course of the discussion, some representatives were familiar with the history of the procedures leading to approval of the American Board of Family Practice. It was noted that one of the important elements in this

Emergency Medicine  
December 12, 1974

2.

approval was inclusion of representatives of five other primary boards on the American Board of Family Practice. The question was raised as to whether this arrangement for participation of other primary boards was projected for only limited application in terms of time. No such arrangement was included in the consideration of the Liaison Committee for Specialty Boards, and this has recently been confirmed with officials of the American Board of Family Practice.

It was also noted that the American College of Emergency Physicians was not concerned with certification in Critical Care Medicine, but was concerned with establishment of a primary board in Emergency Medical Care.

The point of this memorandum is to advise ABMS member organizations that plans are being made for application for approval of a new Board at some appropriate time in the future, and that representatives of a variety of specialty organizations may be contacted by representatives of the American College of Emergency Physicians and/or the University Association for Emergency Medical Services for support in this endeavor.

THE NEW PHYSICIAN for December 1974 carries an illuminating article on Emergency Medicine and the goals of the groups mentioned in this memorandum.

JCN:ce

V. D. REPORT OF THE AAMC OFFICERS' RETREAT

December 11-13, 1974

Officers Present:

Dr. Sherman M. Mellinkoff (Chairman)  
Dr. John A.D. Cooper (President)  
Dr. John F. Sherman (Vice-President)  
Dr. Ivan L. Bennett, Jr. (Chairman, COD)  
Dr. John A. Gronvall (Chairman-Elect, COD)  
Dr. Jack W. Cole (Chairman, CAS)  
Dr. Rolla B. Hill (Chairman-Elect, CAS)  
Mr. Sidney Lewine (Chairman, COTH)  
Mr. Charles B. Womer (Chairman-Elect, COTH)  
Mr. Mark Cannon (Chairperson, OSR)  
Dr. Cynthia B. Johnson (Vice-Chairperson, OSR)  
Dr. Kenneth R. Crispell (Distinguished Service Member)

Staff Present:

Mr. Charles Fentress  
Dr. H. Paul Jolly  
Dr. Richard Knapp  
Dr. Emanuel Suter  
Dr. August Swanson  
Mr. J. Trevor Thomas  
Mr. Bart Waldman  
Dr. Marjorie Wilson

The retreat of the Association's officers was held December 11-13 at the Belmont Conference Center, Elkridge, Maryland. Individuals invited to attend included the Chairman and Chairman-Elect of the Association and of each Council, the OSR Chairperson and Vice Chairperson, the "coordinator" of the Distinguished Service Members, and the Executive Staff.

The discussion and recommendations of the retreat participants are presented below in the outline format in which each issue was considered.

## I. AAMC Organization and Governance

### A. COTH Membership Criteria

Membership criteria proposed by a COTH task force had been presented to the Executive Council and referred back to the COTH Administrative Board to provide for the inclusion of affiliated community hospitals having only a family practice residency. COTH representatives felt that a strong commitment to medical education must be shown by a hospital in order to qualify for COTH membership. The view was expressed that the nomination of an affiliated hospital by a dean might be considered to be sufficient evidence of this commitment. The issue of COTH size was also considered, since it was agreed that COTH should never try to include the over 1500 hospitals having graduate training programs and since some deans had previously expressed the view that COTH had grown too large. It was agreed that hospitals having a significant commitment to medical education should not be excluded and that a new task force which would include deans should be appointed to review the mechanics of accomplishing this.

### B. Housestaff Representation

The question of including housestaff representation in the Association was discussed by the retreat participants. The OSR had suggested this item, expressing the belief that house officers should have a voice in Association affairs. A number of alternate methods by which house officers could be included in the Association, either as a governing organization such as the OSR, or in a less formal status, were presented.

Since no formal request had been presented to the Association by any group representing house officers and since a representative of the Physicians National Housestaff Association had expressed some opposition to the idea, the retreat participants felt that no action should be taken at this time. They specifically indicated that the AAMC should avoid, at all costs, giving recognition to any group which might function as a union. In discussing further alternatives, it was emphasized that if residents were to be included, the Association should seek only to represent them as teachers and students. Employee interests of house officers should never be served through the AAMC.

Doctor Bennett expressed the strong feeling that the Association should observe the housestaff situation, waiting until employee issues, which dominate the house officers' interests, calm down. He also felt that the AMA/housestaff relations should be observed for a period of time.

The retreat participants agreed that formal housestaff representation should be postponed, but that the Association should seek qualified housestaff input to appropriate committees and explore the possibility of having the deans or program directors invite house officers to the annual meeting.

### C. Report of the Task Force on Groups

A task force of the Executive Council had been appointed to consider the appropriate role of the five existing groups within the AAMC, the most desirable relationship of the groups to the staff and to the Councils, and the appropriate level of staff and financial resources which should be devoted to supporting groups. The task force's report supported the existing organizational structure and allocation of resources. It went on to recommend a formal mechanism by which groups could recommend items to be considered by the Executive Council and the constituent Councils.

The retreat participants expressed their full support for the recommendations of the task force and agreed that the task force report should be circulated immediately to the group chairmen with invitations to the January meeting of the Executive Council.

### D. Distinguished Service Members

Doctors Mellinkoff and Crispell discussed the first meeting of the Association's Distinguished Service Members which had been held at the annual meeting in November. The minutes of this meeting were distributed for information.

The retreat participants felt that the role which had been identified by the Distinguished Service Members was appropriate and should be pursued with enthusiasm. It was also agreed that some limit on the size of this group be sought in discussions with the Councils which recommend their election. It was also felt that editorials for the Journal of Medical Education should be sought from members of this group.

## II. Relationships with Other Organizations

### A. CCME, LCME and LCGME

The retreat participants discussed the general structure and function of these three bodies and then addressed specific issues raised in the retreat agenda. It was agreed that Dr. Cooper should be appointed as an AAMC representative to the CCME. It was also felt that expansion of the LCME membership, beyond the current AMA-AAMC composition, should be addressed on the merits of participation by other organizations and should not be handled as a political question. Strong feelings were expressed that at least one, and maybe all of the additional groups being proposed, should not be added on the merits of their contributions to the accreditation of undergraduate medical education.

The question of staffing the CCME was discussed but it was felt to be an issue which should not be confronted until some problem arose regarding the staffing by the AMA. It was also felt that the question of which policies should be forwarded to the CCME and which policies should be considered independently by the AAMC should be addressed on an individual issue-by-issue basis.

B. Association for Academic Health Centers and Federation of Associations of Schools of the Health Professions

Relationships with groups representing schools of other health professions were reviewed. It was agreed that the Association's close liaison with the AAHC should be continued as in the past. Special relationships with groups representing dentistry, nursing and public health were strongly supported. It was felt that the Federation should only serve as a forum for discussion and should not be used to advance positions on national legislation.

III. Staff Activities

A. Resource Allocation

Doctor Sherman reviewed in detail the process by which the staff was attempting to identify component activities and assign dollar allocations on an actual time and dollars spent basis. He outlined the methodology for this process which included the establishment of a Program and Budget Review Committee and would eventually include a system of evaluation of each of the component staff activities. The retreat participants were presented with an array of 148 distinct activities, along with a description of each and the number of person years devoted to each. Doctor Sherman also presented the dollar allocations devoted to four of the aggregate categories of activities, as well as an array of the percentage of Association manpower being assigned to each general classification.

The retreat participants supported the concept of the program budgeting and expressed the view that this activity would be more useful as an internal educational tool than for any other purpose. It was stressed that the figures would never be accurate and should not be relied on too heavily. Mr. Lewine indicated that if the figures were within ten percent of the actual numbers, the Association would be doing well. He also expressed a strong feeling that any attempt to determine priorities through a mechanism of program assessment would be futile.

The mechanics of the study were reviewed and the feeling expressed that the personnel figures presented needed to reflect dollar expenditures and not simply person years. The treatment of Federal Liaison activities by including them in the substantive areas was supported.



Doctor Bennett reminded the retreat that priorities must also be looked at in terms of which activity, when reduced, will save the most dollars. This meant that a decision to cut back an activity would be meaningless unless the number of people and/or the travel funds could be reduced.

It was agreed that the January Executive Council meeting would be presented with the process being undertaken. Representatives of each Council would be asked to assess the expectations of the Council members regarding this display and its ultimate effect on the setting of priorities. The retreat participants also discussed inconclusively the concept of asking a management consultant to work with the Association on this activity.

#### B. Space Requirements

Doctor Cooper and Mr. Thomas discussed the activities of the Building Committee, the expanded space requirements of the Association, and the Washington, D.C. real estate market. The Building Committee had recommended that the staff actively seek either the outright purchase of an existing facility or the leasing, with option to buy, of office space where the staff activities could be consolidated. Mr. Thomas indicated that market conditions in the Washington area were extremely unfavorable to this type of action. It was recommended that the AAMC continue to lease space at One Dupont Circle and elsewhere as needed. More favorable market conditions are anticipated within two to three years.

The retreat participants concurred in this recommendation, adding that it would be psychologically disadvantageous to purchase office space at a time when general economic conditions affecting the constituency were so restricting.

### IV. Physician Production and Distribution

#### A. Federal Support of Medical Education

The retreat participants reviewed the steps which had been taken since the meeting of the Assembly to reconsider the Association's position on health manpower legislation. They agreed with the appointment of a Task Force on Health Manpower, chaired by Dr. Daniel Tosteson, and reviewed the questionnaire which had been sent to the full AAMC membership. It was felt that the substantive consideration of health manpower policies should be left to the task force with recommendations to come before the Executive Council.

In anticipation of the task force report, it was recommended that meetings be arranged with potentially influential individuals. The discussion then turned to suggestions of people who would be appropriate contacts with House and Senate leaders. It was also suggested that deans and hospital directors be encouraged to visit nearby, underserved areas to establish the basis for future outreach programs.

### B. Output and Adequacy

The question of expanding and improving staff activities in the area of assessing the output and adequacy of physician supply was discussed. The retreat participants felt that the two issues should be separated-- that output measures and predictors be improved, but that any attempts to measure adequacy be dropped. It was recommended that staff stay aware of studies of needs conducted by others and to also be familiar with the methodologies used. The maintaining of a bibliography of such studies was recommended.

It was also recommended that the schools be encouraged to analyze their local areas and work within these regions to alleviate identifiable shortages. It was felt, however, that any Association statement relating to physician needs of the Nation would fail to convince Congressional leaders that shortages do not exist and that more physicians are not the solution.

### C. Specialty Distribution

The retreat discussed various proposals which had been advanced to regulate and reallocate residency training positions. In particular, they reviewed the proposal contained in the House health manpower legislation which would designate the CCME as the body to regulate both the numbers of residency programs and their distribution by specialty.

It was generally felt that by enforcing stricter accreditation criteria, the number of residencies could be reduced to an acceptable amount. In addition, the introduction of a uniform qualifying examination would limit the demand for marginal residency programs. It was felt that these qualitative controls should be attempted before any absolute limits were placed.

On the issue of supporting the particular provisions of the House bill, the retreat did not reach a consensus. It was generally agreed that the development of an Association policy on this should be the work of the Task Force on Health Manpower. The political expectations of both Mr. Rogers and Senator Kennedy in this area were discussed. It was agreed that any discussions with them should emphasize the overall approach of changing the income differences of primary care physicians and specialists through a national health insurance mechanism.

#### D. Geographic Distribution

The retreat participants briefly considered an appropriate position on geographic distribution and again felt that specifics of this issue relating to legislation should be reviewed by the Task Force on Health Manpower. They reiterated their support for voluntary programs by which the schools and hospitals would work within their regions to alleviate manpower problems. In addition, support was expressed for a tracking program by which the Association would assist the schools to develop a data base tracing ultimate career and residence choices of their students.

#### V. Replacement of NIH Director

It was reported that the Washington Post had just published a story saying that NIH Director, Dr. Robert Stone, had been asked to resign. A general discussion of the process by which the NIH director would be selected ensued and strong feelings were expressed that this not be a political appointment. It was agreed that the Association would ask that a career NIH'er be appointed as the director and would specifically request that the new director be someone with scientific qualification who could provide continuity of leadership.

#### VI. Consideration of the House Health Manpower Bill

During the course of the retreat, Dr. Cooper was informed that Mr. Rogers' health manpower bill had passed the House under a suspension of the rules by an overwhelming margin. The specific provisions of this bill were reviewed with the retreat participants and it was felt that if Mr. Rogers would agree to modifying several provisions of his bill in conference, the Association would support his bill and ask the Senate to go to conference. Provisions singled out for modification were mandatory service, enrollment increase waivers, and the requirement that 25 percent of capitation money be spent in remote educational sites.

#### VII. Study of Medical Practice Plans

Doctors Cooper, Sherman and Jolly reviewed a proposed study of practice plans in effect in all U.S. medical schools. The sensitivity and viability of the study were reviewed by the retreat. Although the retreat participants agreed that this information would be useful to the Association in establishing credibility on matters of medical school financing, it was strongly felt that this would be information which the schools and the faculty members would be reluctant to divulge. In some cases, individual salary information was not even available to the institutions.

It was agreed that a qualitative study of the practice plans themselves would be acceptable, but a quantitative study of how much medical practice income is involved would be impractical.

#### VIII. Multimedia Learning Materials Project

Doctor Swanson reviewed the Association's collaborative activities with the National Library of Medicine in the area of cataloging and evaluating multimedia learning materials. One component of this project was to identify areas in which improved multimedia educational materials are needed. As a follow-up to this activity, the Association conducted a feasibility study of establishing a Multimedia Learning Advancement Program as a mechanism for the Association to develop the capability of influencing the production and distribution of these materials.

Support for this project would be sought from foundations and the Federal agencies. Approximately \$500,000 per year would be needed to support the Association's core activities exclusive of any project support. Doctor Swanson described the feedback loop which would enable the program to become self-supporting once distribution of the materials began.

The retreat participants agreed that this was a worthwhile project and that the Association should proceed to explore the possibility of generating outside funding. Caution was recommended over accepting a large portion of the funding from any agency which provides support for other Association activities. It was felt that these other activities should not be jeopardized in order to develop the substantial support required by this program.

#### IX. 1975 Annual Meeting

Doctor Mellinkoff suggested that the theme of the 1975 annual meeting be "Quality in Medical Education and Care." The retreat participants agreed but felt that it should be modified to cover only "Quality in Medical Education." By narrowing the theme in this way, the "continuum of medical education in the post-Flexnerian era" could be considered.

A format by which one plenary session would be devoted to this theme and one plenary session devoted to political speakers and issues was accepted. It was also agreed that the Assembly meeting should come earlier in the week and that the joint Council program should follow the final plenary session.

X. National Health Insurance and Its Effect on Medical Education

Doctor Mellinkoff proposed that the Association might wish to appoint a task force to look specifically at the educational component of national health insurance and to recommend provisions which might optimize the effect that national health insurance would have on medical education. It was suggested that each council might wish to have a task force to consider these broad questions with some provision made for coordination. The retreat participants agreed that further consideration of this would take place at the January meeting of the Executive Council.