Miss Littlemeyer

association of american medical colleges

AGENDA

FOR

COUNCIL OF DEANS

ADMINISTRATIVE BOARD
THURSDAY, MARCH 31, 1977
9:00 AM - 1:00 PM

KALORAMA ROOM
WASHINGTON HILTON HOTEL
WASHINGTON, D. C.

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 466-5100

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
March 31, 1977
9 a.m. - 1 p.m.
Kalorama Room
Washington Hilton Hotel

AGENDA

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

January 13, 1977
9 a.m. - 1 p.m.
Chevy Chase Room
Washington Hilton Hotel

PRESENT

(Board Members)

Steven C. Beering, M.D.
Stuart A. Bondurant, M.D.
Christopher C. Fordham III, M.D.
Neal L. Gault, M.D.
John A. Gronvall, M.D.
Julius R. Krevans, M.D.
William H. Luginbuhl, M.D.
Chandler A. Stetson, M.D.

(Staff)

Robert J. Boerner
John A. D. Cooper, M.D.
Thomas J. Kennedy, Jr., M.D.
Diane Newman
Jaimee S. Parks
James R. Schofield, M.D.
Bart Waldman
Marjorie P. Wilson, M.D.

(Guests)

Ivan L. Bennett, Jr., M.D.
Thomas A. Rado, Ph.D.
Paul Scoles

ABSENT

Robert L. Van Citters, M.D.

I. Call to Order

The meeting was called to order at 9:00 a.m. by John A. Gronvall, M.D., Chairman.

II. Chairman's Report

The Chairman introduced the new members of the Board, Stuart A. Bondurant, M.D., President and Dean, Albany Medical College, who was elected to the Board to serve the unexpired term of

Dr. J. Robert Buchanan, and Steven C. Beering, M.D., Dean, Indiana University School of Medicine, elected Member-at-Large.

The first action of the Administrative Board was a resolution wishing a quick recovery to Joseph A. Keyes, who had been stricken with what was hoped to be a very short term incapacity.

III. Minutes of the Previous Meeting

The minutes of the September 16, 1976 meeting of the Administrative Board were approved as submitted.

IV. Executive Council Actions

A. Approval of Subscriber

Action:

The Administrative Board recommended approval of the Marshall University School of Medicine, Huntington, West Virginia, for Subscriber status.

B. LCGME Bylaws

Action:

The Board recommended approval of the LCGME Bylaws as presented.

C. LCCME Bylaws

Action:

After expressing the hope that the LCCME will establish standards and carry out the accreditation of programs of sufficient quality that its actions will be recognized and adopted appropriately by states in their carrying out of state level responsibilities and functions, the LCCME Bylaws were approved as presented.

D. Guidelines for Functions and Structure of a Medical School

The Administrative Board acknowledged that the revision of the Guidelines presented for action had met all the earlier criticisms and in their present form provided a very useful and important elucidation of the basic accreditation policy contained in the Functions and Structure of a Medical School. The Board was satisfied that they will provide an essential guide for members of site visit teams in evaluating the programs of an institution

as well as other bodies interested in or empowered to relate with medical schools and their educational programs.

There was a brief discussion about the importance of the continuum of medical education and collegiality of the entire medical school faculty responsible for undergraduate medical education with particular reference to departments of basic sciences.

The OSR Chairperson commented that while the OSR had approved the Guidelines as presented, the OSR Administrative Board wished to register their interest in the further modification or addition of several items when the opportunity might arise in the future for updating of the Guidelines. These concerns were acknowledged for the record and will be forwarded to the LCME for its future reference.

Action:

The Board recommended that the Executive Council approve the LCME Guidelines for Functions and Structure of a Medical School as presented. The Board acknowledged the interest registered by OSR in further modification of several items when the Guidelines may be updated at some future time. Further, the Board recognized Dr. James Schofield for his dedicated service in completing the Guidelines and bringing this important document into general use.

E. Other Executive Council Actions

The Chairman called attention to the remaining Executive Council actions as listed in the Executive Council agenda indicating that while he had selected the several items just discussed for particular attention, he did not wish to preclude discussion of any or all of the other items to be acted upon at the Executive Council meeting. He, therefore, called for further discussion by the members.

1. Specialty Recognition of Emergency Medicine

The AAMC has been asked for the second time by the Liaison Committee on Specialty Boards (LCSB) for a statement or testimony on the recognition of the American Board of Emergency Medicine. When asked last fall to provide testimony, the Association responded by indicating that it would not have a position on the substantive question of whether emergency medicine should be recognized as a specialty.

However, the AAMC advised that the impact of creating a new specialty, particularly in dollar terms, should be thoroughly studied and analyzed before recognition was granted. Dr. Cooper wrote a letter on October 13, 1976 to this effect, asking petitioners for recognition to carry the burden of demonstrating the full financial impact of creating a new specialty. Further, the AAMC is on record supporting the policy that the Coordinating Council on Medical Education should grant recognition to new specialties before the establishment of any new specialty board occurs. Several members of the Administrative Board indicated that they believed the AAMC should make input on the substantive question of recognizing emergency medicine as a specialty as well as pushing for consideration of the financial impact of a new specialty board. There was a strong consensus that the AAMC should continue to comment through the mechanism of its participation in the CCME and the LCGME. It was pointed out that the statements of the specialty groups are invariably identified as self-serving, but in this instance, the AAMC can perform a very important and appropriate function in pointing out the importance of the exploration of the full financial impact. However, there was a consensus that the "total package" should be examined from all points of view, that is, both the substantive educational and patient care questions as well as the financial impact questions before any final decision was reached.

V. Discussion Items

A. Uniform Application Process for Graduate Medical Education

The GSA Steering Committee reviewed a proposal from the coordinator of graduate clinical training programs at Northwestern University School of Medicine regarding the feasibility of a standardized application form and a uniform application process for the first year of graduate medical education. The GSA Steering Committee rejected the notion that a centralized AMCAS-type service be established for this application activity but endorsed certain other elements of the proposal. A standardized application form including essential biographic, demographic and career information about senior medical students was considered appropriate. The student would be required to complete only one graduate medical education form which could then be reproduced in the dean's office and distributed to directors of all programs to which the student wished to apply. The application could be accompanied by an official medical school transcript, a dean's letter and even additional faculty letters of evaluation.

The Board concluded that a standardized form as an initial step could be a very useful procedure to facilitate the process of applying to graduate medical education programs. Additional information could then be requested by any institution interested in further consideration of the applicant. The matter of what information should be included in the form would need careful consideration and therefore the Board supported the study of this question by an appropriate working group which could draft a form and propose an appropriate procedure for its use. It was understood that such a form and proposal would then be submitted to the three councils for their review and approval.

B. Student Representation on the LCME

The OSR Chairperson was asked to present the view of the OSR on this question. This matter had been placed on the Executive Council agenda at the request of OSR representatives and a copy of the OSR resolution was included in the agenda. The advantages and disadvantages of student representation were aired. Clearly, the students are directly affected by the accreditation process, since it is their undergraduate education which is under review. Further, students can bring a different perspective to bear in the review of these educational programs, particularly the evaluation of the adequacy of the student support mechanisms such as counseling, financial aid, housing, recreational facilities. The students pointed out that the input of residents is facilitated through their membership on the LCGME.

The principal objections to student participation in the LCME are on pragmatic grounds. First of all, the LCME members are appointed for a three-year term, and even these experienced members who are either in the category of expert member or public member and have many years of experience in their respective fields, require a considerable orientation. Understandably, the student appointments could, in all probability, be for one year. Further, there is a considerable time commitment involving four two-day meetings in addition to the expected participation on at least one or two site visits lasting four days apiece. In addition, each LCME member is expected to read all of the site visit reports and provide written comments on perhaps some 40 to 50 programs annually. Membership on an accrediting body is considered incompatible with representation of any particular or specific constituency. Individuals serving on the LCME must be totally independent of any organizational commitment and must be free to act as fully competent individuals and evaluators and any notion of representing a particular point of view or bias or

reporting to a particular constituency is totally inappropriate. Any other philosophy would be incompatible with autonomy requirements of those official bodies which confer recognition on the LCME for various purposes and with the sensitive and often confidential nature of the LCME deliberations.

With regard to the parallelism between housestaff representation on the LCGME and student representation on the LCME it was pointed out that housestaff are not represented on the residency review committees but on the next level of policy implementation. In the case of the LCME, which is the body which does the actual accrediting, the students are represented at the policy level as voting members of the AAMC Executive Council. This was construed by the Administrative Board as reflecting a certain degree of parallelism.

A number of thoughtful and innovative suggestions were forthcoming from the discussion of this matter and the attempt of the Administrative Board to seek additional opportunities for student input. It was pointed out that the OSR Accreditation Handbook was now a routine part of the accreditation procedure and testimony was made as to the utility of the document and its application based on the experience of those present who have had the responsibility for carrying out accreditation site visits. It was evident that this had contributed materially to the conduct of the accreditation process and of assuring attention to those matters of particular interest to students. The most appealing suggestions related to the possibility of developing a fellowship which could be sought by interested students, possibly supported by foundations for a full year of study and participation in the accreditation process. An alternative enthusiastically endorsed by the LCME staff was the possibility of a student elective to be served with the Secretariat of the LCME for possibly a three-month period.

It was ultimately concluded that because of the FTC challenge of the LCME and the general disruption of the normal conduct of the essential business and strenuous schedule related to the LCME in the coming months, that this was an inappropriate time to pursue any major change in its present construction. Therefore, the COD Administrative Board recommended that no definitive action be taken at this time either to recommend for or against the representation of students on the LCME.

C. Officers' Retreat Items

1. Regionalization and Fractionalization of the AAMC

The issue of whether the AAMC is responding effectively to the needs of member (and developing) schools that have identified common and/or special interests and meet separately appears to relate primarily to the Council of Deans. There are four groups that have questioned their particular roles within the AAMC: Deans of the Midwest-Great Plains Region; the Deans of the Southern Region; the Deans of New and Developing, Community-Based Medical Schools and the Consortium of Thirteen Medical Schools. The Deans of the Northeastern Region and those of the Western Region do not meet on a regional basis, although various states or multi-state subgroups do exist to discuss or act upon local issues. In contrast, the Southern and Midwest-Great Plains Deans meet regularly (approximately twice a year) and a feature of their meetings recently has been a discussion of their perceived lack of participation/representation in the AAMC. While individuals of each of these geographic areas participate in the AAMC governance structure, Administrative Board and Executive Council, in numbers equal to or exceeding the other regions (the Rules & Regulations require that nominations be made "with due regard for regional representation"), there have been substantial numbers of individuals in the past who feel that they have no effective or at least not an adequate role in the AAMC. The Deans of New and Developing Schools was established in 1969 by Drs. DuVal and Hunt as an informal group of deans with common concerns not shared by deans of an established institution. The Dean of the Rockford School of Medicine of the University of Illinois College of Medicine, a prominent member of this group, sponsored a meeting in 1972 of "Community-Based Medical Schools". In 1974, in recognition of the substantial overlap in the participants of these two groups, and in an effort to stimulate the participation of more experienced deans, the rule limiting membership to schools which had not yet graduated two classes of students was dropped and the name of the Deans of New and Developing Schools was expanded to include Community-Based Medical Schools. Additionally, a specific effort was made by the Chairman to include deans of subsidiary campuses of schools which had not yet been accredited by the LCME. Because the group was self-identified, its activities self-initiated, and it included a substantial number of non-AAMC members, the staff has played a relatively low-key, liaison role. This limited role was in part designed

to prevent the perception that the AAMC was being too heavy-handed in limiting the activities of the group, and in part to avoid AAMC intrusion into the affairs of institutions and satellite programs. Also, it is obvious that there is a very limited staff available to provide logistical support to Council of Deans-related meetings.

The Consortium of Thirteen Medical Schools is a group of private institutions which meets several times annually to share approaches to mutual problems and concerns particularly in the area of admissions standards and procedures.

Each of these groups may well be meeting needs that the AAMC is not well-equipped to meet. They provide a forum for smaller group deliberations and do not require the sanction of the Executive Council for their activities. Thus far, they have not made substantial demands on the AAMC budget. Generally, the groups have been united by somewhat amorphous but identifiable interests and objectives. The concern has been whether the AAMC is responding to their needs appropriately. Dr. Krevans' plans to speak with all or most members of the Council of Deans in small groups of from 10 to 20 during the coming year is relevant to this discussion. His purpose is to learn as directly as possible, what the deans' concerns and interest are with respect to AAMC/COD programs and operations.

After considerable discussion of this matter, the Board concluded in the same vein as the officers attending the Retreat in December, that where dissatisfaction was expressed, the Association must be alert and sensitive, but that the particular set of concerns was of relatively modest dimension and called for greater attention and sensitivity to the interests of all groups, but no formal structural change in the Association. It was judged natural and predictable that alliances would form along the lines of commonly identified interest, but there was a clear consensus that it would be a mistake to translate such concerns into a new structural arrangement requiring formal Bylaws and other organizational changes.

Further, the existing mechanisms for input from the regions both on substantive matters and with regard to the nomination of individuals to serve on the Administrative Board and

Executive Council, from those regions, were emphasized. For example, the regional membership could caucus and decide to unanimously suggest a given individual from among its membership for nomination to serve as a member of the Administrative Board when suggestions to the Nominating Committee were requested annually. The Board also urged that the minutes of the Administrative Board continue to be sent to each dean. The members of the Administrative Board were admonished by the Chairman to give high priority to fulfilling their responsibility for providing a communication linkage to the regions from which they come, both from the standpoint of input to Executive Council deliberations as well as feedback to their fellow members, not in the sense of instructed representatives, but in the collegial mode of performing the communication link function.

2. Relationship of Vice Presidents to AAMC

After full discussion, once again, of the question which comes up periodically of the relationship of the Vice Presidents for Health Affairs to the AAMC and to the Council of Deans, the Board urged that the AAMC continue to develop and enhance its relationships with other organizations such as the Association of American Universities, the National Association of State Universities and Land Grant Colleges, the Federation of Associations of Schools of the Health Professions and the American Council on Education. The importance of developing good relationships with the University presidents at both the local and national level was stressed. It is one means to avoid medical schools becoming increasingly separate from the other parts of the University.

It was noted that Ivan Bennett will be a member of the American Council on Education board this year. Also, the AAMC has been asked to be the lead organization on Health Manpower by the AAU and the NASULGC. It was also pointed out that some 23 deans also have the title of Vice President and in 18 institutions there is a dean but no vice president.

3. Task Force on Graduate Medical Education

The Chairman pointed out that the AAMC is beginning serious work on the basic issues surrounding graduate medical

education. Along the way, in the coming year, there are several meetings relating to this subject: the Council of Deans' Spring Meeting, and the Annual Meeting in November with both the plenary sessions and the conjoint COD/CAS/COTH sessions focused on this subject. It is salutory that the AAMC is seeking a senior individual who will devote a substantial portion of his time to work with the soon to be appointed Task Force on Graduate Medical Education. It was suggested that an important initial charge to such a task force would be that it develop the list of key issues to be addressed, looking at the longer term future of graduate medical education and not only think through what matters should be addressed, but what priority assignments should be made to the consideration of this series of issues.

Members of the Board were invited to nominate prospective members for the task force. Several members also suggested that a definite charge should be developed for the task force including a definition of its goals and purposes. It was felt that a preliminary planning meeting might be held consisting of representatives of the COD, CAS, and COTH Administrative Boards to develop a framework for the work of the Task Force on Graduate Medical Education.

4. Thompson Amendment

The OSR Chairperson was asked to present to the Board the resolution passed by OSR urging that the AAMC support the Thompson Amendment. In doing so, the OSR indicated that it recognized that there are existing mechanisms, particularly in the teaching hospitals represented by the deans, faculty and directors who are members of the Executive Council, for dealing with the issues of concern to the OSR about the terms and conditions relating both to the educational and service components of the housestaff experience. There was concern, however, that these mechanisms rested with the benevolence of the program directors. There was a more basic and substantial concern regarding institutions which do not meet appropriate standards in their graduate medical education programs and have neither the desire nor the will to do so. The OSR sees no alternative but to seek a more permanent mechanism to assure that terms and conditions are negotiable.

It should be noted, that the Council of Deans Administrative Board and the OSR Administrative Board had met for dinner on the previous evening and spent several hours in concentrated discussion of the whole matter. The COD Board recognizing that the OSR and the COD and other councils were in the sense adopting two intransigent positions, argued that it was quite necessary confronting the reality of the Thompson Bill to adopt a very strong position in opposition to the bill. However, the final recommendation of the COD Administrative Board was as follows:

Action:

The Board recommended to the Executive Council that the AAMC do everything within its power to defeat the Thompson Bill, focusing on the narrow issue addressed in the bill as previously introduced. In addition, the Board urged the AAMC to seek ways to influence and stimulate improvement in conditions where they exist which are not conducive to excellent housestaff education and patient care. Support of the LCGME and identification of these concerns in developing the charge to the Task Force on Graduate Medical Education were identified as two important avenues for action in this regard.

5. Health Manpower Legislation

Dr. Thomas Kennedy reported that the AAMC had had a relatively limited response to the memorandum to the Assembly #76-52 in which two questions were asked: one relating to whether or not the AAMC should take the initiative in proposing correcting amendments to the legislation, and the second question relating to definitions. Dr. Kennedy further reported that he believed the Bureau of Health Manpower was doing a very conscientious job in trying to write reasonable regulations that would impose no undue burdens on the medical schools. It was also pointed out by members of the Executive Committee who were present that Congressman Rogers was adamant that he would do everything in his power to preclude reopening the manpower legislation at this time. After extensive discussion the Board concluded that it was improbable that any change could be effected and the possibility of stimulating additional problems by attempting to modify the legislation. Rather than permitting the record to show only that the Executive Council voted down a proposal that the AAMC initiate efforts to change the legislation however, the Board members generally favored the suggestion of

Clayton Rich that the Executive Council indicate its intention that the AAMC would continue to work to improve the understanding of the necessity for maintaining the independence of the academic processes, particularly those relating to admissions and curriculum, from government regulation and that every effort be directed toward this end in current and future legislation.

6. Outlook for the 95th Congress

Attention was directed to the retreat report covering the outlook for the 95th Congress. No other items from the retreat report were discussed at this time.

VI. Report of the OSR Chairperson

The Board received the report of the OSR Chairperson.

VII. Discussion of APM Proposal for Affiliation with AAMC

A letter from Dr. Al Tarlov, Chairman of Medicine, University of Chicago, who is Secretary-Treasurer of the Association of Professors of Medicine was distributed to the Administrative Board. The APM having met with John Cooper, John Sherman, Gus Swanson, and Tom Morgan at the time of the Annual Meeting in San Francisco, November 14, wished to explore the possibility of enhancing the APM's effectiveness on broader national issues in health care, education and research by creating a greater interaction with the AAMC, possibly including an APM desk at the AAMC headquarters.

The proposal went on to suggest that an APM office might be established at the AAMC headquarters, that it might be staffed by a senior AAMC officer on a part-time basis, with a secretary and other staff appointed as appropriate to its functions.

It was felt that the proposed arrangement could give the APM an awareness of the important issues which it did not presently have and that it could give the AAMC a directness in its relationships with a large constituency which could further improve the AAMC's effectiveness.

It was recognized by the Board that this was a salutory step in the long struggle to achieve a very positive recognition that the AAMC indeed could represent faculties. The obvious advantages to the APM were also immediately recognized from the standpoint

of access to the AAMC capability ranging from educational matters to access to legislators at the national level. Concerns expressed with regard to such affiliations had to do with the drain on AAMC resources, both professional and financial, the relationship to the governance structure and the relationship to all other organizations which might have an interest in similar affiliations. It was the general consensus of the Board that the proposal from the APM represented a very important development for the AAMC.

The Board concluded that very positive consideration should be given to the proposal, but that the response should rest on a careful analysis of all the issues inherent in the relationship. Clearly, this represents a precedent and the investment in careful analysis and planning initially would levy essential groundwork for future developments.

VIII. Information Items

Attention was called to the information items on the agenda and Dr. Chandler Stetson was asked to report as Chairman of the Program Planning Committee for the COD Spring Meeting. He summarized developments to date and indicated that a meeting of the program committee would take place the next morning to finalize the details of the program so that we might proceed to contact the appropriate speakers.

IX. Adjournment

The meeting was adjourned at 1:00 p.m.

AAMC MEDICAL LIBRARIANS GROUP

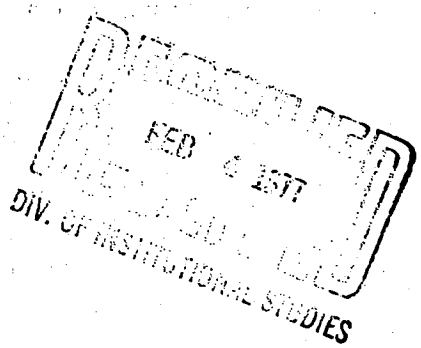
The attached correspondence includes a letter from Gerald Oppenheimer, Assistant Director of Libraries for Health Sciences at the University of Washington and member of the Board of the Medical Library Association and a letter from Dr. Van Citters forwarding that document for consideration by the AAMC. Mr. Oppenheimer proposes that the AAMC establish a "section or subsection on medical school libraries."

The AAMC Executive Staff has reviewed this proposal and has referred it to the Council of Deans' Administrative Board for its consideration. The concerns identified by Dr. Van Citters seem particularly relevant to your deliberations.

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

School of Medicine
Office of the Dean

31 January 1977



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

Dear Joe:

I enclose for your information and consideration a letter which I recently received from the Director of the Health Sciences Library here at the University of Washington.

The letter is self-explanatory; in brief, it is a request that the AAMC consider formation of an organization of librarians.

The letter was written to me because the local librarian is a member of the Board of the Medical Library Association and is aware that I have a similar position in the AAMC. Although he has proposed that I bring this to the attention of the Executive Council, I believe that protocol would hold that it be forwarded to you initially for staff review and perhaps then for consideration for the COD administrative board agenda, since the spawning of new special interest groups, and their care and watering, have caused some concern in recent years.

Sincerely,

Robert L. Van Citters, M.D.
Dean

tvk

Enc.

University of Washington Correspondence

INTERDEPARTMENTAL

January 24, 1977

Robert L. Van Citters, MD
Dean, School of Medicine
A345 Health Sciences SC-64

Dear Van,

This note will elaborate on the subject of our recent telephone conversation and will outline some of the considerations which prompted me to propose the creation of a section or subsection on medical school libraries within the American Association of Medical Colleges.

As I see it, the overall purpose of such a move would be to promote closer cooperation between medical school libraries and AAMC, particularly in a way which allows for better understanding of, and closer adherence to, AAMC goals and objectives.

The establishment of such a section would create a formal channel of communication between the Association and the libraries and provide a voice for academic medical libraries which presently lack corporate existence. Medical school libraries generally have institutional membership in the Medical Library Association which has as one of its groups a Medical School Library section. I am presently a member of the Board of the Medical Library Association and therefore quite familiar with the workings of MLA. It is my belief that even if the present largely social character of this latter group were augmented by a more cohesive and programmatic structure it would not achieve the degree of independence which I deem desirable to relate successfully to the organization representing the institutions we serve. I do not foresee any conflict, however, by the creation of an AAMC section. Medical school libraries will need to continue to concern themselves with matters relating to the profession as a whole but need equally, I think, the means to pursue their own special programmatic effectiveness.

A librarian section within AAMC should be able to identify and to enumerate common ground and common causes and become the vehicle to find general solutions to common problems. If one of the primary aims in this area is to make medical school libraries more functional and responsive, I see merit in being able to call on such a section to engage in projects which are beyond the means of individual schools or libraries, or which need not or should not be duplicated at each and every institution. I am thinking here, of course, primarily of fact finding, general policy questions, etc. rather than of individual service modes which are matters private to an individual school and its library.

Specific examples of areas to which attention might be directed by the proposed section are given below. The list has been kept very brief and should not be regarded as exhaustive by any means.

It seems to me that, e.g., the relationship of the library to continuing medical education programs is insufficiently explored and requires a general position statement. The interaction of the medical school library and learning resource centers and their participation in programs involving non-book media is not sufficiently elaborated to lead to a more generally useful pattern of support for faculty efforts.

I would also like to suggest that the library needs to be kept much more au courant, and systematically, relative to general trends, particularly future long-term ones, of medical curricula.

Another issue affects those libraries specifically which report to the Director of University Libraries (or some such equivalent) rather than to the Dean of the Medical School, the Vice President for Health Affairs, etc. Continuing attention to this issue might, without disturbing existing administrative relationships, create opportunities for better understanding and improved support for the medical school library within the University setting.

This issue has also some bearing on another point: the whole matter of the quality, and the improvement thereof, of the medical school library and its staff. Investigations in this area, whether or not standards or performance standards are involved, might be particularly suited to collaboration with the Medical Library Association.

Finally, it seems to me important that the Association be concerned with the financial base of the library operation, including federal funding support. I suggest that it would be useful, e.g., for the Association to be able to rely on a librarians' section (in connection, of course, with other arms of the Association) to study, and to develop position papers, not only with respect to the Medical Library Assistance Act but with an array of other health legislation, as e.g. the National Health Planning Act, which create problems but also offer opportunities for the medical school library.

My colleagues and I would deeply appreciate your placing this issue on the agenda of the AAMC Executive Council for its next meeting. I hope for a successful outcome, and would, of course, be prepared to discuss this suggestion with you at any time, if you wish.

Sincerely,

Gerald J. Oppenheimer
Assistant Director of Libraries
for Health Sciences

GJO:pmk

cc: Marion A. Milczewski
J. Thomas Grayston
Maureen M. Henderson

AMA SECTION ON MEDICAL SCHOOLS

The attached letter was sent to all U.S. medical school deans. A number of COD members have suggested that this matter is an appropriate item for discussion at the COD Spring Meeting. It is placed on the Board Agenda in anticipation of such a discussion.

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751 6000 • TWX 910 221 0300

JAMES H. SAMMONS, M D
Executive Vice President
(751-6200)

Participation by representatives of medical schools in the determination of policies of the American Medical Association has been a goal of the Officers, the Board of Trustees, and the Council on Medical Education of the Association for a number of years.

The AMA House of Delegates, at its meeting in early December 1976, favorably considered Report P of the Board of Trustees, *Medical School Participation in the AMA*, which recommended the formation of a Section on Medical Schools. Discussion before the Reference Committee was uniformly favorable and the report was adopted by the House of Delegates. The AMA Council on Constitution and Bylaws immediately submitted for the consideration of the House of Delegates the bylaw amendments necessary to implement the Board of Trustees report. These bylaw amendments were also adopted by the House of Delegates. For your information, I am enclosing copies of the Board and Council reports.

The organizational meeting of this Section is scheduled for Saturday, June 18, 1977, at the Fairmont Hotel in San Francisco. The Section will elect a Chairman, Vice Chairman, Secretary, Delegate and Alternate Delegate. The Section may prepare and submit reports, recommendations, or resolutions to the House of Delegates. The Section may review any reports or resolutions previously submitted to the House of Delegates and recommend a response to the Delegate. The officers of the Section elected at the organizational meeting will meet later the same day with the officers of the other scientific sections. The delegate, and alternate delegate, elected by the Section will be seated in the House of Delegates when it convenes on June 19, 1977.

The House of Delegates of the American Medical Association meets twice each year as the policy making component of the Association. The House of Delegates includes representatives of the state medical societies, the scientific sections, a section of medical students, and a section of residents.

Many physicians in academic medicine have through their participation in the activities of the American Medical Association contributed significantly to the profession and to the public. I am hopeful that the formation of this Section will result in more effective participation by members of the profession responsible for the administration of medical schools in the affairs of the Association.

To organize this new Section, it will be helpful to know if you, as the chief administrative officer of the medical school, will participate, and to know the three members of the administration or faculty of your medical school who will participate with you in the Section.

You will note in the report of the Council on Constitution and Bylaws, page one, lines 21-25, a provision permitting the chief administrative officer, if he is not an Active Member (Regular or Direct) of the AMA, to recommend a person who is an Active Member to serve as a representative.

The Association does not reimburse the cost of attending meetings of its sections.

I am enclosing a form to indicate your intent to participate and to list your representatives, with a reply envelope addressed to the Secretary, Council on Medical Education. Although we hope that all four of the representatives of each school will attend the organizational meeting, please complete the form even if you do not know at this time if all will attend. Further information will be addressed to each person listed. An early response to facilitate the necessary arrangements for the organizational meeting will be appreciated.

I look forward to your participation in this Section, confident that this new relationship between the medical schools and the American Medical Association will be mutually helpful.

Sincerely,

James H. Sammons MD

James H. Sammons, MD

JHS/gg
Encls.

AAMC/GPR LEGISLATIVE ALERT TELEPHONE NETWORK

The Association does not now have an effective vehicle for quickly notifying deans of rapidly changing Federal legislation.

We are able to keep the deans informed of routine legislation through Deans' Memos, articles in the Weekly Activities Reports and sometimes mailgrams. If a crisis arises during subcommittee action, staff can telephone selected deans who have members of their state serving on the subcommittee in order to provide input to the Congress. Our problem lies in the fact that we have no effective and economical method of alerting all of the deans of an urgent and immediate problem, such as a veto override attempt, which quite often occurs within 24 hours of the veto.

For several years there has existed a loosely structured telephone network involving members of the Group on Public Relations. The Association staff will call the national officers of the Group with legislative information and a request for possible action by the schools. In turn each officer would place five calls and each person would then place another five calls until, in theory, the message has been spread over the country. This has not worked well. The Council of Academic Societies has a similar network called a "Cascade". It is difficult to determine how well this system works.

If the GPR Network is to continue there is a need to refine it so it becomes more effective and that it includes a mechanism for reporting back to AAMC the results of the efforts, so a head count of Congressional members can be kept. It is suggested the following be done:

1. A mechanism for the GPR member to consult with the Dean to determine appropriate action.

2. Identification with the Dean of the appropriate individuals such as board members, administrators, faculty, alumni, to assist in contacting the congressional delegation.

3. Selection of the communication method--telegram, telephone, or personal contact--depending on the time constraints.

4. Develop a means for documenting the number and content of the communiques sent by the institution's representatives.

5. Report the action taken by the academic medical center and the nature of the Congressional reaction to the AAMC so a master count can be kept to evaluate the effectiveness of the effort.

We seek the deans' advice as to whether the network should be abolished, or kept and strengthened. We need advice on whether the GPR is an appropriate mechanism for such an activity, or if there is a better way of quickly communicating with the deans.

PROPOSED OSR NEWSLETTER

At the AAMC Officers' Retreat, several approaches for strengthening the OSR were discussed. One assumption upon which this discussion was based was that many medical students are unaware of OSR's existence and are uninformed about its activities and accomplishments. In this context, the suggestion was made that issuing an OSR newsletter to all medical students might significantly enhance the image of the OSR as a viable and important medical student group. It was decided that if such a newsletter were published, it should be similar in content to the Bulletin Board and should be bulk-mailed in sufficient quantity to either the OSR representative or the student affairs officer at each medical school for local distribution. The obvious logistical problems involved in mailing and distribution raise the question of whether the newsletters would actually reach and be read by enough students to have an impact on OSR's visibility. Dr. Gronvall concluded the Retreat discussion by expressing the willingness of the COD board to pursue this suggestion further with the OSR board during the year.

For the purposes of discussion, samples of existing AAMC publications of varying format appear on the following pages. If the OSR and COD boards agree that AAMC should publish a newsletter for all medical students, the format might be patterned after one of these publications.

Questions that should be considered by the OSR and COD boards during discussion of this issue include:

1) Do the anticipated benefits to the OSR of increased publicity and visbility justify the increased expenditure involved in printing and mailing a publication to all medical students?

2) If the OSR and COD Administrative Boards decide that such a newsletter should be published, what format would be most appropriate and how should we recommend that distribution be handled at the local school level.

NOTE: Sample publications appear in the OSR Board agenda only.

Recommendation: That the COD receive the report of the OSR Chairperson on this matter and discuss the newsletter in the context of the OSR recommendation.