



**association of american
medical colleges**

**AGENDA
FOR
COUNCIL OF DEANS**

**ADMINISTRATIVE BOARD
THURSDAY, SEPTEMBER 14, 1978
9 a.m.-1 p.m.
EDISON ROOM
WASHINGTON HILTON HOTEL
WASHINGTON, D.C.**

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
September 14, 1978
9 a.m. - 1 p.m.
Edison Room
Washington Hilton Hotel

AGENDA

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

Minutes

June 22, 1978
9 a.m. - 1 p.m.
Independence Room
Washington Hilton Hotel

PRESENT

(Board members)

Steven C. Beering, M.D.
Stuart A. Bondurant, M.D.
John E. Chapman, M.D.
Christopher C. Fordham III, M.D.
Neal L. Gault, Jr., M.D.
Richard Janeway, M.D.
Julius R. Krevans, M.D.
William H. Luginbuhl, M.D.
Robert L. Van Citters, M.D.

(Staff)

Janet Bickel
Robert Boerner
Judith Braslow
John A. D. Cooper, M.D.
Kathleen Dolan
Betty Greenhalgh
Thomas Kennedy, M.D.
Joseph A. Keyes
James R. Schofield, M.D.
John F. Sherman, Ph.D.
Marjorie P. Wilson, M.D.

(Guests)

Paul Elliott, Ph.D.
Robert G. Petersdorf, M.D.
Paul Scoles
Peter Shields

I. Call to Order

The meeting was called to order at 9:15 a.m.

II. Chairman's Report

Dr. Krevans opened the meeting with a short discussion of a series of unrelated items. He first pointed out the discussion item on the ACE meeting of presidents of universities with medical schools. He suggested that their interest in issues of equal concern to the deans and the AAMC raised the possibility that the presidents should be invited to join the Council of Deans at their spring meeting. He recommended that the idea be discussed at this meeting and perhaps referred to the committee that would be planning the spring meeting.

Dr. Krevans next reported very briefly on a meeting he had attended with a small group of deans from the Maryland, Pennsylvania, and Washington, D.C. area hosted by Dr. Ross at Johns Hopkins. At that meeting, there was considerable discussion about the "credibility" of the AAMC and the degree to which it is representative of the deans. The experience suggested that both the AAMC staff and the deans on the Administrative Board ought to look into ways for the Association to be more effective.

Dr. Krevans also brought up the May 19 Deans' Salary Questionnaire which had been sent out. Seventy eight responses had been received and while not unanimous, a substantial majority considered the survey informative and useful and concluded that the AAMC should continue to do the surveys. While there was some sentiment that a more appropriate format could be developed after consultation with those experienced in this area, the chief concern of Board members was with its timeliness, as some of the deans felt the need to receive the results earlier in order to utilize it in their financial and budget planning. The Board recommended that the studies be continued.

Finally, Dr. Krevans announced that he would be appointing a committee to nominate Distinguished Service Members. This category of membership is for persons who have been actively involved in the affairs of the AAMC and who are ineligible to serve as a representative of one of the classes of institutional, academic societies as described in the bylaws.

III. Minutes of the Previous Meeting

The minutes of the March 23, 1978, meeting of the Administrative Board were approved as submitted.

IV. Action Items

A. Election of Provisional Institutional Members

Having met the qualifications for membership, Morehouse College School of Medicine was recommended to the Executive Council for election to Provisional Institutional Membership in the AAMC by the Assembly.

B. AAMC Affiliate Institutional Membership

The AAMC Bylaws provide for Affiliate Institutional members and define this category of members as "medical schools and colleges of Canada and other countries." The Bylaws specify that the Executive Council shall set other criteria for membership.

The AAMC had received a formal request from a foreign medical school for Affiliate Institutional status and the Association could expect to receive other requests, possibly from schools with educational programs about which the Association has no means of receiving an objective evaluation.

Formerly, the Philippines Medical School was a member of the AAMC, but recently dropped its membership since it was not a U.S. school. The American University of Beirut, however, is a full institutional member; there was some discussion of the appropriateness of this status. (An historical artifact which is difficult to change now because of international sensitivities.) It was agreed that a policy concerning foreign medical schools does need to be established.

ACTION

The recommendation that the Executive Council require accreditation by the Liaison Committee on Medical Education as a prerequisite for election to Affiliate Institutional Membership was approved by the Board.

C. AAMC Biomedical and Behavioral Research Policy

Dr. Thomas Morgan of the AAMC staff arrived to discuss this issue with the Board. Following the March COD Administrative Board meeting and the COD Spring Meeting, revisions and editorial changes had been made in the statement. The two areas that were the focus of most of the changes were: (1) public participation in the research planning and approval process had been questioned, particularly the role of the Health Systems Agencies in the approval process. As a result of particularly the interest of the COD and of COTH, changes had been made in this area; (2) there was some criticism of the reliance on multi-disciplinary training grants as a mechanism for the training of Ph.D.'s by the CAS Board, which resulted in slight revisions in this area.

ACTION

The Administrative Board recommended the adoption of this by the Executive Council.

D. Discharge in Bankruptcy of Student Loans

At its March meeting, the Executive Council considered a series of questions relating to whether the Association should make a public statement on this issue and whether any other action would be appropriate. The matter was referred to the AAMC Task Force on Student Financing for further study and recommendation.

In the intervening period, "60 Minutes" devoted a segment of its program to the issue of defaults on student loans and bankruptcy discharge of student loans. While there was not an adequate differentiation between the two and while there were no statistics provided in support of the contentions, the program gave high visibility to the use of these avoidance devices by recently graduated members of the professions of law and medicine. The cavalier attitude of those interviewed toward their financial obligations cannot but contribute to an erosion of the public esteem for the medical profession. Furthermore, the public highlighting of this issue may substantially erode public support for the efforts of this Association to achieve more adequate levels of student financial assistance.

While the default and bankruptcy rate of M.D. graduates does not create an overwhelming financial problem, the image it creates of the medical profession, and the damage that it may do to the availability of future financial assistance to medical students who follow, argue for the Association taking a strong position on this issue.

Three actions were proposed at the June meeting: (1) That the Association make a strong public statement deploring the use of discharge in bankruptcy as a means to avoid the financial obligation incurred by medical students; (2) That the Association urge its member schools to take all appropriate steps to minimize the default rate and to oppose the petition for discharge in bankruptcy in appropriate cases, i.e. where they are a creditor; (3) That the Association seek legislation which prohibits the discharge of all student loans for a period of at least five years after they become due except when a severe hardship would result to a student or his or her dependents.

Paul Scoles, chairperson of the OSR Board, explained that group's dislike for the proposed AAMC policy statement on this subject. The OSR believed that medical students are not defaulting on their loans nor declaring bankruptcy in increasing numbers to any greater extent than other students; that the AAMC policy statement should include a discussion of why persons are forced into the position of defaulting or declaring bankruptcy; and that suggestions for better mechanisms to pay back loans should be included as part of the AAMC policy. The OSR suggested that more data on the number of medical students defaulting or declaring bankruptcy be a prerequisite to the adoption of any statement on the subject.

Drs. Beering and Chapman, who attended the AMA Section on Medical Schools meeting, reported that this subject came up there. According to the AMA data, 6% of the medical students have defaulted on their student loans and one-half of that has

been collected. Dr. Beering then moved that this issue be studied and that the AAMC not adopt a statement at this time.

It was the recommendation of the OSR that any statement be made a part of the Task Force on Student Financial Aid Report which will come out in September. In the discussion which followed, it was agreed that institutions which carry loans normally try to make the effort to avoid the filing of bankruptcy by students and that those in difficulty should ask those institutions to adjust the repayment schedule. Since students are aware of the interest rates when they accept the loan, it is a poor argument that medical students be excused from defaulting because the debt burden is difficult.

ACTION

The Board recommended delaying the issuance of an AAMC statement on this matter until at least September.

E. Report of the Task Force on Minority Student Opportunities in Medicine

Paul Elliott, chairperson of the Task Force, appeared before the Administrative Board to present this report. While the general feeling of the Task Force was that the societal mood reflects a decreasing commitment to affirmative action and a backing off in terms of funding and programmatic effort, medical schools have consistently furnished leadership in the area of affirmative action. Particular credit must be given to the twelve medical schools which were visited and which provided programmatic examples which served as the basis for the Task Force recommendations. With one exception, everything in the Task Force report is in place and operating successfully at at least one medical school. Thus the Task Force concluded that the recommendations in the report are feasible and workable.

The first major goal of the Task Force, to increase the number of minority students in the medical schools, thus increasing the representation of minorities in the practice of medicine, can only be accomplished by increasing the pool of qualified applicants from the undergraduate and high school levels. To accomplish this, significant funding is needed and to date there have been very few legislative proposals which support this. The Pepper Bill is one of few which addresses the problem of aiding and encouraging economically disadvantaged students to pursue training in the biomedical sciences.

Discussion then centered on goal number one which listed nine specific recommendations of how to increase the pool of qualified applicants to medical schools. There was considerable concern that by recommending this report to the Executive Council, the Administrative Board was implying that each medical school would

be responsible for implementing all objectives, a task which is probably impossible. Dr. Elliott suggested that an additional recommendation be attached, stating that medical schools should review their own environmental and support systems and that if pieces were missing, schools could use the recommendations in this report as guidelines for improving their system.

Dr. Beering suggested that the report go to the Executive Council with a statement saying that the COD Administrative Board had reviewed this fine report and while recognizing the diversity of our constituent members we recommend that this report be made available to each one of them and that they be encouraged to review their own programs in light of this report and adopt the recommendations that are feasible, realistic and reasonable in their own situation.

Dr. Luginbuhl expressed his concern that goal number one in the report does not attack the root of the problem. He maintained that it is not sufficient to go back to only the undergraduate and secondary level in increasing the pool of qualified applicants, but that the root of the problem begins in the grade schools. Without some attention to the root of the cause, it obviously would be impossible to reach the goal. Dr. Elliott indicated that an additional comment on this part of the problem could be attached to the report.

There was also general concern that by stating in print the goal of increasing the pool of qualified applicants by 1984 is to already legislate our failure in fulfilling that goal. If it is known in advance that such a goal cannot be met within the next six years, it seems incongruous to expect it. Dr. Elliott suggested that a date is needed because that indicates that it is a serious goal; no date implies a lack of sincerity in accomplishing the goals at all. He indicated, however, that the Task Force would probably be able to handle a more realistic date; in fact, the year 2000 had been suggested by members of the Task Force. It was his feeling that a date was more important than a specific date. In follow-up to this, Dr. Fordham suggested that a preliminary objective be attached to goal number one, for example, that 80% of this goal be reached by 1984. Such a compromise in the language might enable the schools to get over the hurdles in goal number one.

All of the comments and suggestions brought up at the COD Administrative Board meeting would be brought to the Executive Council for discussion there.

- F. Recent Manpower Reports from GAO, National Academy of Sciences, and CCME

Dr. Petersdorf reported that two task forces (Task Force on Graduate Medical Education and Task Force in Support of Medical

Education) were studying these reports. He proposed to have a meeting with the Chairman of the Councils and key staff members within the next month. At this time, the group would review these reports with the object of developing an interim proposal to present at the September meeting.

G. Financial Considerations for Admission to Medical School

Within the last few months the press has engaged in a new round of reports of alleged irregularities in the admissions practices of U.S. medical schools. A series of articles has appeared in the New York Times, the Washington Post, and the Chronicle of Higher Education detailing allegations of selling admissions at New York Medical College and Boston University Medical School. Old stories about Chicago Medical School and political corruption in Pennsylvania have been repeated. The allegations have been picked up by the Associated Press and have appeared across the country. They have resulted in critical editorials in the New York Times, and critical commentary by Murray Kempton on the CBS Radio Network. The HEW Inspector General has initiated an investigation of Chicago Medical School practices and their relationship to government student assistance programs.

The AAMC is frequently queried on its policy on these issues and whether we would impose sanctions on members violating our policy. As a sponsor of the LCME the Association has endorsed the Guidelines to "Functions and Structure of a Medical School." That document contains the following pertinent statements: "There must be no secret factors in the selection process;" and "It is essential that the selection procedure be so designed that there will be freedom from political, financial, or alumni influence in the selection of students."

While these guidelines are appropriate for an accrediting agency, the current situation suggests that the Association should adopt a more explicit policy stating that admissions of students should be based on their individual merits and the probability that they will fulfill the goals established by the institutions, and not related to any real or apparent fund raising activities.

The general consensus of the group was that the policy of the AAMC be stronger than the recommended statement. It was suggested that the statement read that the "AAMC vigorously reaffirms. . ."

ACTION

On motion seconded and passed, the Board recommended that the statement be amended to read as follows:

"The AAMC vigorously reaffirms its policy that admission of students to medical school should be based on their individual merits and the probability that they will fulfill the goals established by the institution. There should be no actual or perceived relationship between the admission and financial contributions."

There was some discussion of the relationship of accreditation to the solicitation of contributions from applicants. While this practice may be legal if a school publishes its policy, that nevertheless appears to be a basis for an action by the LCME on the school's accreditation. It was decided that the AAMC policy statement on financial consideration should not be linked explicitly to accreditation.

H. Recommendations of the CCME Committee on the Opportunities for Women in Medicine

The general opinion of the group was that this report was confusing to follow and not a very good basis for the examination of problems women encounter in the medical field. The Board members felt that the report warranted considerable editing and rewriting with a focus on specific problems faced by women in medicine. It was suggested that the AAMC comments on the report be provided to the CCME Committee.

ACTION

The Board recommended to the Executive Council that no action be taken on the wording of the report, but that the CCME be instructed to work on the clarity and content of the material. If there arose any intention by the CCME to widely release the report, the Board would require that the report be sent back after revision for approval to disseminate it.

The reports recommendations were considered separately. While they did not appear to be particularly helpful or useful, the Board, nevertheless, did not object to the AAMC approving them. This was primarily a result of the concern that the AAMC not appear obstructionist in this matter.

V. Discussion Items

A. 1979 COD Spring Meeting

Discussion of the 1978 spring meeting indicated that members generally liked the location and the content of the meeting. One problem encountered with this meeting, as with those in the past, was that a large number of people left before the business meeting was conducted on Wednesday morning. Suggestions for improving this included scheduling a full last day rather

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than the present half day or perhaps holding the meeting from a Wednesday-Saturday. This schedule would enable those who wished to remain for the week-end to do so and might take the momentum out of an early departure in mid-week as has been occurring.

ACTION

Dates approved for the '79 spring meeting were April 22-25 with the recommendation that Vacation Village in San Diego be contacted as to hosting the group.

VI. Information Items

A. ACE Meeting with University Presidents

Dr. Wilson reviewed the memorandum in the agenda which described the meeting and the issues identified. Each of the issues were of equal concern to both presidents and deans of medical schools. The question raised was to what extent do university presidents now become involved and interested in working with the medical school deans. It seemed an appropriate opportunity for the AAMC to provide leadership in this area.

If the AAMC were to participate in this endeavor, the university presidents could be invited to join with the deans at the COD spring meeting. A potential format for this joint meeting would be to extend the meeting time by one day, enabling both groups to hold individual sessions as well as a joint meeting. The location was then raised and it was generally agreed that the midwest area would be more convenient for the majority of deans and presidents to attend.

There was some concern among Board members about implementing this idea. For example, if presidents were invited but could not attend, they might send as their representative, the Vice President or another official. The Board felt that this would be unacceptable. There was also concern that the presence of the presidents at the meeting would require an entirely different approach than had become traditional. Several felt that this would destroy the one opportunity the deans had to meet together informally and without outsiders.

Dr. Sherman raised a couple of thoughts at this time. One, the relationships among the president, vice president and the dean are in the process of change and we should be aware of how responsibilities become defined. Second, health legislation has a tremendous impact on the university and the presidents of the universities at this time are not accustomed to dealing with it. Thus, anything the AAMC could do to enhance a better understanding of the issues and the relationship between the deans and the presidents might be worthwhile considering.

It was decided that any decision should be put off until September. However, it was recognized that by that time it would be too late to invite the presidents in conjunction with the COD meeting since hotel space would be reserved by then. It was suggested by Dr. Luginbuhl that perhaps we could work on scheduling the spring meeting two years in advance. There was a general consensus that this was a good idea.

B. OSR Report

Paul Scoles, chairperson of the OSR, gave a report of that group's Wednesday meeting. He also solicited support from the Administrative Board for the continuation of the OSR publication, the OSR Report. During the last year, the OSR Report was published on an experimental basis and three issues had resulted. It was the feeling of the OSR that this publication was a good way to communicate with medical students throughout the country. Thus they planned to request funds for the continued publication of the Report for three issues a year. The basic format would consist of one specific topic covered thoroughly in each issue with the coming fall edition to be devoted to Financing for Medical Students. The request for continued funding would be presented to the afternoon session of the Executive Council.

C. Report on AMA Section on Medical Schools

Drs. Beering and Chapman reported on the meeting they attended. Highlights included a panel discussion on recertification and relicensure along with a discussion of various resolutions concerning bankruptcy, student loans, and H.R.2222.

Dr. Chapman also indicated that the AMA is concerned about the relationship between themselves and the AAMC. The AMA is exhibiting an interest in closer relationships with deans and medical schools. Dr. Fordham suggested the possibility of the AAMC and the AMA reinstituting a collaborative meeting such as we previously had in cosponsoring a Congress on Medical Education. The Board thanked Drs. Beering and Chapman for reporting on their activities as officers in the Section on Medical Schools and urged them to continue to regularly report on their meetings.

D. 1978 NIRMP Match and Attendant Violations

Dr. Krevans stated that due to time limitations, discussion of this item would have to be delayed until the September meeting.

VII. Adjournment

The Administrative Board meeting was adjourned at 1:10 p.m.

CONSTITUENT RELATIONS

At its last meeting, the Executive Committee discussed an item entitled "Public Relations," which was stimulated by the resolution presented by Phillip Caper to the Council of Deans Spring Meeting. Dr. Krevans has suggested that the resolution be considered a symptom of a public relations problem for the Association. The Executive Committee agreed with Dr. Krevans' conclusion that the Association was actively engaged on many issues that were not fully recognized by its membership. This was a source of continuing concern and the discussion was directed toward finding better ways to inform the membership of significant activities. Several ideas were discussed and the Chairman requested that the staff explore this matter further and bring back recommendations to the committee at its next meeting. The following represents the Executive Staff analysis of the situation.

Drawing primarily on the discussion of Dr. Krevans with small groups of deans, a list of deans' complaints or concerns was developed. It included: 1) the concern that the deans were receiving insufficient information about the AAMC activities; 2) the statement of some deans that they were receiving far too much information from the AAMC to permit them to really discern what was happening; 3) the feeling among many deans that they had inadequate opportunities to be involved in the development of AAMC policies; 4) the perception that there were insufficient lines of communication between the deans and the AAMC leadership; 5) the allegation that the AAMC was not really representing the deans' views on Capitol Hill; 6) the statement that AAMC policy positions appeared self-serving and consequently counterproductive; 7) the concern that the AAMC had little credibility with university presidents. These problems will be dealt with individually below.

1. Insufficient information about AAMC activities. Staff review indicates that the most significant activities of the AAMC receive adequate coverage in a variety of sources and publications, particularly the Weekly Activities Report and the Deans' or Assembly memoranda (pink memos). Since the staff was confident that the information was being disseminated to the deans, the decision was made to treat this complaint as an indication of other problems, e.g., the packaging of information materials and the adequacy of personal communications. (see below)

2. Information overload. Some deans complained that the volume of mail from the AAMC is overwhelming and in fact inhibits rather than facilitates their becoming well-informed about AAMC affairs; not all of the mail is useful to them nor requires their personal attention. Analysis: In some respects this complaint is difficult to credit since the mail is reasonably well identified and its importance to the dean of the medical school should be readily apparent. The Weekly Activities Report is informational and its use should be self-evident. The pink memos are limited in number (about 50/year) and are usually a synopsis or a cover sheet for more substantive material

enclosed for information, review or action. It is true that not all of the memos require the deans personal attention, but they are sent through the deans office as a matter of courtesy. This permits the dean rather than the AAMC to determine who is the appropriate institutional recipient of materials. Proposed action: Each pink memorandum that requires the deans personal attention and/or requests a specific action should be so marked in a highly visible fashion.

3. Insufficient involvement in AAMC policy development. A frequently expressed concern on the part of the deans was that they were inadequately involved in the process of developing AAMC policy. Many felt that the presentation of the fully staffed and developed positions at the meetings of the Association in effect presented them with a fait accompli which did not necessarily fully represent their views. Perhaps more significantly this represents a feeling among many that they are deprived of any opportunity to really contribute to the work of their Association. Analysis: The following suggestions were presented as a means of dealing with this problem: a) more personal communications with individual members of the Council of Deans; b) broadened membership on AAMC committees and task forces; c) distribution of the Executive Council Agenda to all members of the Council of Deans.

- a) More personal communications with members of the council. This seemed to be an important aspect of the solution and specific details are discussed below in item number 4.
- b) Broaden the membership on AAMC committees and task forces. In the development of recommendation for membership on AAMC committees and task forces, first consideration is given to the selection of members who are in a position to provide the Association with the best guidance and sound advice. A second consideration is the appropriate distribution of representatives from the various constituent councils. A third set of considerations might be called demographic: large school, small school; region of the country; established school versus new school, etc. Since it serves the objectives of both economy and efficiency to limit the size of the task forces and committees and since there is a tendency to call upon individuals who have served well in the past, it appears that there is a fairly substantial number of deans who have never served on such a body. Thus the apparent solution would be to appoint to each Association task force or committee at least one dean who has never before served in such a capacity.
- c) Distribute the Executive Council Agenda to all members of the Council of Deans. This suggestion is attractive in that it would be an efficient use of staff time and energy. There would be no necessity to duplicate or to reformulate materials for broader distribution. It would inform all members of the Council comprehensively on matters currently receiving the Association's attention. This suggestion was made at one of the small

group meetings of deans. A drawback to this approach is that many items appear in the Executive Council Agenda in draft form or in an early stage of consideration. It would probably be unwise to give such material wide distribution. To do so would inhibit our ability to time public release of an item and to assure the circulation of only one version. An alternative to distributing the entire agenda would be to distribute only the face sheet listing the items to be considered. The drawback of this is that it provides neither background material nor a real identification of the issues being considered. It is hard to see how the distribution of such an agenda page would facilitate either the transfer of information or the ability to participate in Executive Council deliberations. An alternative approach depending heavily on personal communication by members of the Administrative Board is suggested below.

4. Inadequate communication between deans and AAMC leadership. Several suggestions were offered and each appears both feasible and desirable: a) the Chairman of the Council of Deans should continue the practice of meeting with small groups of deans; b) Administrative Board members should call at least three colleagues with whom they would not ordinarily have communications in advance of each Executive Council meeting specifically for the purpose of discussing the Executive Council Agenda with them; c) the AAMC president should initiate a program of placing at least three phone calls monthly to deans with whom he would not ordinarily discuss AAMC affairs to solicit their advice on a current issue of significance.

5. The AAMC does not really represent the deans' views on Capitol Hill. This complaint seems to have two aspects to it. One is that the Association is inadequately informed about what the deans' views actually are. Thus the personal communications suggested above would be an appropriate approach to supplement the information we receive by way of questionnaire and business meeting action items. A second aspect of the problem may be that the deans do not know what contacts are being made by the Association to members of their delegation. Thus it was suggested that the Association staff initiate the practice of informing each dean every time a member of his state's delegation has been contacted. This could be done by memo, simply indicating the date, time, and nature of the contact. This would be purely for the individual deans' information to be sure that he is aware of AAMC staff communications with his delegation.

6. The AAMC positions are self-serving. A frequently stated concern was that the AAMC positions are not viewed by members of the public, members of Congress and Congressional staffers as being responsive to social needs, that they are self-serving and consequently counterproductive. Analysis: Since the AAMC is a membership organization with a major objective of protecting interests of its members, it is natural and even appropriate that its positions have an element of self-interest in them. A second consideration is that the "self-serving" allegation is frequently merely a highly charged way of saying that the Association does not agree either with the objective or the precise means of achieving it that appears attractive to the particular member or staffer with whom the matter is

being discussed. Nevertheless, it does appear possible for the Association to take positions on matters that are clearly within its purview and of primarily public rather than self-interest. An example of this is the policy statement on admission to medical school and the proposed statement on the withholding of services by physicians. Finally the Association may appear more responsive to the public interest by adopting some kind of system imposing sanctions on members who violate policy positions on matters of public interest. This item is on the Executive Council Agenda.

7. The AAMC has no credibility with university presidents. This problem is somewhat illusive and difficult to deal with. The deans of the medical schools have far more intimate and direct working relationships with university presidents than the AAMC does. Thus, in part a president's view of the AAMC will be a reflection of the dean's portrayal of the Association to him.

The AAMC has recently intensified its efforts to work with such organizations at One Dupont Circle as the American Council on Education, the American Association of Universities, and the National Association of State Universities and Land Grant Colleges to improve communication and increase the effectiveness of coordination on policy matters. Now, for example, an AAU staff person is invited to attend all Executive Council meetings. Recently these organizations have sponsored meetings on the relationship between medical schools and universities and the Association has participated as appropriate. It may be desirable for the Council of Deans to sponsor additional discussions with representative groups of university presidents. (The COD Administrative Board has this under consideration.) Finally, the Association might find it appropriate to offer its information services to university presidents. The Weekly Activity Report, for example, may assist university presidents to understand more about activities on the Washington scene and the nature of the AAMC efforts.

ISSUES ARISING FROM NBME POLICIES AND PROCEDURES
REGARDING THE EVALUATION OF APPLICANTS FOR ADVANCED STANDING

At the Council of Deans Spring Meeting, Dr. James Eckenhoff, Dean of the Northwestern University School of Medicine and member of the National Board of Medical Examiners, described the interest of the NBME in having the deans' advice on matters of NBME policy regarding the evaluation of students for advanced standing. Dr. Krevans suggested that this matter deserved more substantial deliberation than was possible at that meeting and promised that the COD Administrative Board would consider it at an early meeting. He also requested that Dr. Eckenhoff stimulate the development of an issue paper on the subject for the Board's consideration. Dr. Edythe Levit, President of the NBME, has provided the attached material. She has also agreed to join the Board for this discussion.

Attachment

NATIONAL BOARD OF MEDICAL EXAMINERS

Issues Arising from Current Policies and Procedures Regarding the Evaluation of Applicants for Advanced Standing in Medical Schools in the United States and Canada

Discussion and Action of National Board Executive Committee
on March 22, 1978

The Executive Committee of the National Board of Medical Examiners, at its meeting on March 22, 1978, reviewed and discussed the current status of the Part I Evaluation Program. The committee endorsed the recent modifications made in both the Evaluation Program and the COTRANS Program for 1978, which derived from consultation and mutual agreement between the AAMC and NBME staff members. The extension of the COTRANS Program to serve all U.S. citizens seeking transfer from medical schools in foreign countries enabled establishment of a uniform policy for evaluation of all such individuals under the COTRANS Program. In parallel with this agreement, and in cooperation with the AAMC, the National Board revised its eligibility requirements for evaluation under individual school sponsorship such that for 1978 this program was made available only for examinees not eligible for COTRANS under the revised criteria for that program. Thus, examinees not eligible for COTRANS, but eligible for evaluation under individual school sponsorship include: (1) students in or graduates of accredited graduate or non-M.D. health professional schools in the U.S.A., (2) foreign citizens in foreign medical schools, and (3) students who have been dropped from accredited medical schools in the U.S.A. or Canada and are being offered an opportunity to seek readmission.

In its discussion of this topic, the Executive Committee recognized that the above provisions did not take into account the fact that medical schools without accreditation by the LCME are accepting students and are operating within the territories of the United States, specifically in Puerto Rico. The existence of such schools creates an unusual situation with respect to U.S. citizens enrolled in these unaccredited medical schools and wishing to apply for evaluation and transfer to accredited medical schools. This new category of potential applicants is not addressed through the COTRANS Program in that COTRANS serves U.S. citizens in foreign medical schools (not accredited by LCME), and implicitly excludes U.S. citizens in non-accredited schools in the U.S. and its territories. Also, eligibility for the Part I Evaluation Program under individual medical school sponsorship does not explicitly provide for such applicants.

In the course of these discussions, the Executive Committee also expressed concern about the continued use of the regular Part I of the certifying examination for the purpose of evaluating eligible student applicants for transfer and admission to advanced standing. It was noted that this procedure was established many years ago in response to the expressed needs of medical schools regarding certain individuals, e.g., those holding Ph.D. degrees in the biological sciences, who might be considered for admission with advanced standing. In response to this need, the National Board permitted medical schools to sponsor such students for Part I for evaluation purposes only and for convenience arranged to accommodate them at regular test centers in medical schools. In succeeding years, with the increasing enrollment of Americans in foreign medical schools, and with the establishment of COTRANS, the number of individuals participating in this evaluation program has grown considerably. In permitting this large number of evaluation examinees to sit for the regular Part I examination, the National Board is now faced with

logistical problems on the one hand, and on the other, an increasing concern about the advisability of admitting to the regular certifying examination any students other than those enrolled in accredited medical schools and therefore eligible for National Board certification.

Based upon full discussion of these several issues, the following resolution was passed by unanimous vote of the Executive Committee on March 22, 1978:

Whereas the NBME has consistently been responsive to the needs of medical schools, the potential problem of providing a certifying examination (Part I) for the evaluation of U.S. nationals applying for transfer to medical schools accredited by the Liaison Committee on Medical Education from non-accredited schools requires resolution. It is moved, therefore:

- (1) That the Chairman identify an appropriate representative of the NBME to discuss this problem with the AAMC with the intent that the responsibility for its resolution be clearly defined through the development of a uniform policy by accredited medical schools regarding sponsorship of these applicants to take the Part I examination; (emphasis added)
- (2) That until a policy of sponsorship has been developed by the medical schools, the NBME continue its existing policy of providing the Part I examination only to those categories of potential transfer students already defined by the NBME and agreed upon by the AAMC and only when a specific request is submitted by an accredited medical school for each applicant, or through COTRANS;
- (3) That the staff of the NBME investigate the cost and implications of developing and providing an examination distinct from certifying examinations for the purpose of evaluating eligible student applicants for transfer to accredited medical schools.

Issues for Consideration by the Administrative Board of the Council of Deans

Explicitly stated in these resolutions is the fact that the National Board has been and wishes to be responsive to the needs of medical schools. At the same time, the potential problems concerning eligibility of U.S. citizens enrolled in non-accredited medical schools and wishing to transfer to accredited medical schools, cannot be addressed by the National Board alone. This problem must be resolved through cooperative, integrated efforts of the AAMC, the medical schools, and the NBME.

As stated in Resolution (1), the National Board is requesting that the AAMC and the accredited medical schools in this country develop a uniform policy regarding sponsorship of applicants from non-accredited U.S. medical schools to take the Part I examination. Once the medical schools have developed a position in this matter, the National Board can then reconsider the desirability of revising its existing policy concerning eligibility for the evaluation program. Pending a response from the medical schools and the AAMC, the National Board will continue its existing policy as indicated in Resolution (2).

Resolution (3) related to the general concern at the National Board regarding the present situation wherein the evaluation program and the regular certification program are being served by the same examination. The logistical problems related to the large number of examinees being evaluated for transfer to an accredited medical school have already been addressed by the National Board through the establishment of special regional centers. This now provides an opportunity to administer a separate examination for this purpose on a date (or dates) other than the regularly scheduled dates for Part I, as well as at different localities.

It is current thinking at the National Board that admission to the regular certifying examination should be limited to those students enrolled in accredited medical schools and therefore eligible for National Board certification. This provision would permit the continuation of the non-candidate category of examinees, since these students are enrolled in accredited medical schools and are eligible for retroactive credit toward National Board certification. This matter will be addressed during the coming months by the staff and Executive Committee of the National Board and we will wish to confer with the AAMC when our plans are more fully developed, and of course prior to implementation of a change in the present system. The needs of the medical schools regarding the type and amount of information a new examination should yield about an examinee will be given particular consideration.

EJL
1 June 1978

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REQUEST OF GSA CHAIRPERSON REGARDING ANNUAL MEETING

Dr. Marilyn Heins, Chairperson of the Group on Student Affairs, wrote to Dr. Cooper and requested that he urge each medical school dean to assure that the student dean is "informed of the importance" of the GSA meeting at the annual meeting and provided "the time and travel funds to attend." After discussing this with Dr. Krevans, Dr. Cooper responded that the COD Administrative Board would discuss this matter at its September meeting. He also suggested that she submit a complete agenda for that meeting for the Board's review. Her response is attached.

Attachment



WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

C. S. MOTT CENTER FOR HUMAN
GROWTH AND DEVELOPMENT
275 E. HANCOCK
ROOM 344
DETROIT, MICHIGAN 48201
PHONE 313-577-1903

OFFICE OF THE ASSOCIATE DEAN

August 3, 1978

John Cooper, M.D.
AAMC, Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear John:

Thank you for your letter of July 21, 1978. I am pleased that the administrative board of the Council of Deans will discuss the October 26th meeting of the Group on Student Affairs. To give the board a perspective of what we hope to accomplish, I am enclosing a memo I distributed at our Steering Committee Meeting on June 10, 1978 as well as a letter from Dr. Sullivan, Vice-Chairman of GSA and Chairperson of the Planning Committee. The agenda will not be complete until September.

Our goal is to look at ourselves carefully and critically in order to decide how we can best function in the next decade. We hope by focusing on specific issues we can focus on proper directions for the GSA.

Thank you for your support and help.

Sincerely,

Marilyn Heins, M.D.
Associate Dean

MH/jk

enclosures (2)

cc: Dr. Krevans
Mr. Keyes ✓
Mr. Boerner
Dr. Sullivan

Suggestions for New Orleans All-Day GSA Conference

1. Proposed title: "GSA - Planning for the 80's"
2. I think the meeting should start with a twenty minute speech on the history of GSA (Jack Caughey) followed by a brief explanation of what we hope the conference will accomplish.
3. I do not think there should be formal presentations but rather workshop-type meetings with a skilled leader and a recorder. Participants of each workshop should be led into brainstorming discussions and instructed to come up with specific answers to questions which can then be brought back to the group as a whole.
4. Topic areas that I think might be used for workshops:
 1. Admissions
 2. Advising during medical school (personal and academic)
 3. Professional advising including the dean's letter process
 4. Financial aid problems as they impact on medical students in the 80's
 5. Helping the minority student into the mainstream of medical education
 6. Records: Maintaining good record systems, confidentiality, and legal requirements
 7. Other
5. I would ask each workshop group to discuss the specific issue specifically and require the workshop leader and recorder to come back to the group with specific answers to the following questions:
 1. What does GSA see as the crucial issues in this area during the next decade?
 2. What can GSA do in this area?
 3. How can GSA help other members of GSA to perform these tasks?
 4. How can GSA help students?
 5. How can GSA maintain an identity and a focus and communicate meaningfully with the AAMC?
6. I envision a plenary session at the end of the day during which the report of each group would take place and action items would be discussed or voted upon.
7. Attendees at the conference should sign up for the workshops in advance to avoid wasting time at the conference.

Marilyn Heins, M.D.
June 10, 1978

MH/cl



UNIVERSITY OF MINNESOTA
TWIN CITIES

Office of Admissions and Student Affairs
Medical School

Box 293 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

(612) 373-8091
Offices at 139 Owre Hall
July 25, 1978

Dear Colleague:

As you probably know, there will be an all-day meeting of the Group on Student Affairs of the AAMC on Thursday, October 26, 1978, at the time of the Annual meeting of the AAMC in New Orleans.

For some time, many of us in the GSA have felt that the time allotted to our Group was so short that the concept of exchange of information and ideas amongst the GSA members was severely limited. Even though our regional groups do meet annually, we suffer, by definition, from regionalization since we seldom know what other regions are experiencing. Hence, the necessity for a meeting in which all the medical schools in the GSA can be represented.

The purpose of this letter is two-fold: First, to announce formally that the meeting on October 26th will take place, and to ask that you or some representative from your school attend. The facilities of Tulane Medical School will be used and the number of registrants will be limited to about 200.

Second, I would like you to suggest topics which you feel warrant in-depth discussion at such a meeting. Some of those already brought up have been: Minority admissions post Bakke; medical students studying abroad; the potential decline in medical schools; etc. Please send me a list of other topics which you would like discussed.

If the purpose of a Medical School is to educate medical students to become the physicians of the future, then it is mandatory that those of us involved with the education and training of these students must have the best background possible to insure that this education take place.

It is the intention of those of us planning the meeting that it be a "working session" to involve all the participants present. After a short general session outlining the background and history of the GSA and some of the problems we encounter, we will be divided into smaller individual groups with a specific charge to attempt to solve a problem. Hopefully, by using the collective ideas of group members, we can come up with solutions to be presented to the entire group in the final hour.

Again let me extend the invitation to you to be present at this October meeting. Should you not be the person in your Medical School to represent your school, would you be good enough to give this letter to your school's appropriate representative? Also, to provide as wide representation as possible, please send me suggestions for topics you would like discussed. I look forward to seeing you in New Orleans in October.

Yours sincerely,

W. Albert Sullivan, Jr., M.D.
Associate Dean
(Vice Chairman - GSA)



BROWN UNIVERSITY Providence, Rhode Island • 02912

Division of Biology and Medicine

June 26, 1978

Julius R. Krevans, M.D., Dean
University of California
at San Francisco
School of Medicine
Third and Parnassus
San Francisco, California 94143

Dear Dr. Krevans:

This letter constitutes my report as Chairman of the Council of Deans' Nominating Committee to you as Chairman of the Council of Deans. The committee met at 1:30 P.M. EDT on June 16, 1978, by telephone conference call. At that time we had available to us the tallies of the advisory ballots submitted by the Council of Deans.

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

Chairman-Elect of the Council of Deans:
Stuart Bondurant, M.D., Dean and President
Albany Medical College

Member-at-Large of the Council of Deans Administrative Board:
Allen W. Mathies, Jr., M.D., Dean
University of Southern California

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

Chairman-Elect of the Assembly:
David L. Everhart, President or Charles B. Womer, President
Northwestern Memorial Hospital University Hospitals of Cleveland

June 26, 1978

The Nominating Committee, aware of the AAMC tradition of rotating the chairmanship to a representative of the Council of Teaching Hospitals every fourth year focused its deliberations on members of that Council. The advisory ballots included an equal number of recommendations for David Everhart and Charles Womer. The Nominating Committee concluded that the best course of action would be to bring both of these names to the AAMC Nominating Committee with the advice that either would be an appropriate nomination.

Council of Deans Representatives to the Executive Council:

Clayton Rich, M.D., Dean
Stanford University

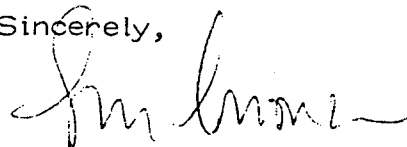
William H. Luginbuhl, M.D., Dean
University of Vermont

John E. Chapman, M.D., Dean
Vanderbilt University

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

Thank you for the opportunity to serve in this capacity.

Sincerely,



Stanley M. Aronson, M.D.
Dean of Medicine

SMA:cr

cc: Ephraim Friedman, M.D.
James T. Hamlin III, M.D.
Charles C. Lobeck, M.D.
Harry P. Ward, M.D.
Joseph A. Keyes