



**association of american  
medical colleges**

**AGENDA  
FOR  
COUNCIL OF DEANS**

**ADMINISTRATIVE BOARD  
THURSDAY, JANUARY 21, 1982  
9 a.m. — 12:30 p.m.  
INDEPENDENCE ROOM  
WASHINGTON HILTON HOTEL  
WASHINGTON, D.C.**

COUNCIL OF DEANS  
ADMINISTRATIVE BOARD  
Thursday, January 21, 1982  
9:00 am - 12:00 pm  
Independence Room  
Washington Hilton Hotel

AGENDA

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I. Call to Order	
II. Report of the Chairman	
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IV. Action Items	
A. GSA Recommended Changes in Traffic Rules (Executive Council Agenda)-----	(16)
B. Proposed Health Planning Bill (Executive Council Agenda)-----	(17)
C. ACGME Consensus Statements (Executive Council Agenda)-----	(32)
D. Biennial Report of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (Executive Council Agenda)-----	(35)
E. Special Request for Assistance in Providing Clerkship Experiences--Current Status of Meharry Medical College	6
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A. Strategies for the Future: An AAMC Work Plan (Executive Council Agenda)-----	(40)
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

Wednesday, September 9, 1981  
2:00 pm - 5:30 pm  
Jackson Room  
Washington Hilton Hotel  
Washington, D.C.

PRESENT

(Board Members)

Steven C. Beering, M.D.  
David R. Challoner, M.D.  
John E. Chapman, M.D.  
John W. Eckstein, M.D.  
Richard Janeway, M.D.  
William H. Luginbuhl, M.D.  
Allen W. Mathies, Jr., M.D.  
Richard H. Moy, M.D.  
Leonard M. Napolitano, Ph.D.  
Edward J. Stemmler, M.D.

(Guests)

Julius R. Krevans, M.D.  
Richard Wilbur, M.D.

(Staff)

James Bentley, Ph.D.  
Peter Butler  
John A. D. Cooper, M.D.  
Betty Greenhalgh  
Melinda Hatton  
Amber B. Jones  
Thomas J. Kennedy, Jr., M.D.  
Joseph A. Keyes, Jr.  
Richard M. Knapp, Ph.D.  
Mary McGrane  
James Schofield, M.D.  
Emanuel Suter, M.D.  
Kathleen Turner

I. Call to Order

The meeting was called to order at 2:10 pm.

II. Report of the Chairman

Dr. Beering had no formal report to present to the Board. He did announce that the OSR was in an all day meeting and thus there would be no report from the students during the Board meeting. He invited Mr. Joseph Keyes to introduce Amber Jones of the AAMC staff. Ms. Jones who has served as Assistant Director for Management Programs for the Department of Institutional Development recently announced that she had accepted a position with Albany Medical College as Vice President for Planning effective September 21, 1981.

III. Approval of Minutes

The minutes of the June 25, 1981 meeting of the Administrative Board were approved as submitted.

#### IV. Action Items

##### A. Election of Institutional Members

On motion, seconded and carried, the Board endorsed the election of the following institutions to Full Institutional Membership in the AAMC:

Ponce Medical School  
University of South Carolina School of Medicine  
Northeastern Ohio Universities College of Medicine

##### B. Election of Distinguished Service Members

At the June COD Administrative Board meeting, Dr. Beering appointed the following to serve on the Distinguished Service Member nominating committee: David R. Challoner, M.D., Chairman, John W. Eckstein, M.D. and Edward J. Stemmler, M.D. This committee solicited recommendations from the general membership of the Council of Deans. Recommendations were received and the committee met by telephone conference call on Friday, September 4th. Dr. Challoner presented the report of this committee.

He began by reviewing the written criteria which the committee used in considering the recommendations. These included the Association bylaws which state that "Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any membership described under Section 1" (regular membership categories) and the procedures established by the Administrative Board which require that each candidacy be supported by a description of the "active and meritorious participation of the candidate in the affairs of the AAMC while a member of the Council of Deans."

Based upon these criteria, the Distinguished Service Member nominating committee recommended Robert L. Van Citters for election to Distinguished Service Membership in the AAMC.

Board members discussed whether or not guidelines for election to Distinguished Service Membership were appropriate and whether or not this category should be continued. It was agreed that this was a worthwhile distinction and it should continue. It was suggested, however, that Mr. Keyes monitor the nominees each year, adding any additional names for consideration of those who have been actively involved with the Association but who were not nominated.

The Board approved the recommendation of Robert L. Van Citters as a candidate for election to Distinguished Service Membership in the Association.

C. 1981 Association Awards

The Board endorsed the recommendation of the Flexner Award Nomination, Dr. Sherman M. Mellinkoff, and of the Research Award Nomination, Dr. J. Michael Bishop. The awards will be presented at the AAMC annual meeting plenary session on Tuesday, November 3.

D. ACCME Essentials

Dr. Suter of the Association staff presented a brief history of this document. It is the result of three years of work by the Goals and Priorities Subcommittee of the LCCME. The change in the structure of the committee from the LCCME to the ACCME resulted in a delay in the completion of the Essentials drafting process. A draft of the Essentials was sent out to all members of the Council of Deans as well as the Directors of Continuing Medical Education requesting their comments. The document contained in the Executive Council agenda was unanimously approved by the ACCME in June; The AAMCE was now requesting final approval by the member organizations. Several items required a clarification of intent; Dr. Suter and Dr. Wilbur assured the committee that the medical school organizational structure would not be an impediment to their approval by the ACCME as appeared possible under one interpretation of the Essentials.

The Board recommended that the Executive Council approve the AAMCE Essentials.

E. Response to Urban Institute Report

This item was on the agenda for the second time, having been discussed in detail during the June meeting. The current draft included changes recommended by both the COD and CAS Boards.

Discussion by the Board members centered on the concern that the AAMC appeared to be too much in agreement with the Urban Institute Report by stating in two places that the Association was in basic agreement with the report. Of concern was the focus of the report on the economic considerations for entering medicine. Board members, although recognizing the original charge to the Urban Institute related to the economic factors for entering medicine, thought it inappropriate for the AAMC response to fail to emphasize the broader academic, professional, and humanitarian motivation of students.

F. 1983 COD Spring Meeting Site

After polling the full membership of the Council of Deans regarding their preference for the meeting site for the 1983 Spring Meeting, the Board was required to make the final decision because of the narrow range in votes between the Alamos in Scottsdale, Arizona, and The Broadmoor in Colorado Springs, Colorado. After considering the items of cost and date choices, noting trivial differences in both, the Board voted to hold the 1983 COD Spring Meeting at the Alamos Resort Hotel in Scottsdale, Arizona, on April 6-9, 1983.

## V. Discussion Items

### A. AAMC Position on Competition Legislation

Dr. Richard Knapp of the AAMC staff summarized this to the Board. He reminded the Board that last year an ad hoc committee on competition had written a paper on competition which had been widely distributed. Now a second paper had been drafted which considered the AAMC position on competition legislation. In this paper, the AAMC recommends that competition legislation contain, among its other provisions, the following five principles: (1) Medicare and Medicaid participation. These should be a top priority if competition legislation is to be enacted. (2) Charity and Uncompensated Care. Competition legislation should include provisions for adequately compensating providers for treating patients unable to pay for services rendered. (3) Pricing. Hospitals must be permitted to modify present pricing policies. (4) Special Fund for Societal Contributions of Teaching Hospitals. Compensation legislation should establish a fund which would cover total expenditures for the stipends and benefits of all residents in approved residency programs; a mechanism to collect money for the fund should be based on a tax that should be spread equally among all purchasers of health care; the fund should be distributed on a per resident basis to the providers where the resident is receiving his/her training. (5) Evaluation. A commission should be appointed to monitor and evaluate the implementation and impact of compensation legislation.

Board members agreed this was a good basis for beginning this discussion. They offered some guidance to Dr. Knapp in revising this paper but expected to have more input in future meetings.

### B. Describing the Teaching Hospital: A Progress Report

Dr. Jim Bentley of the AAMC summarized the status of this undertaking. At the 1979 COTH Spring Meeting there evolved the discussion of how the Association makes policy decisions in the best interests of all its diverse members. It was then suggested that the staff study the COTH members noting similarities and differences and a committee was directed to do this. A project was undertaken to study the characteristics of 33 member hospitals. These hospitals were selected because of the availability of their computerized medical abstracts and medical billing data, the dimension of their educational participation, and their geographical location. Dr. Bentley then discussed a chapter outline of the final report and asked Board members to contact him regarding any comments they had to offer on the study.

Peter Butler of the AAMC staff highlighted findings of the case mix portion of this study, a top priority of the undertaking. For this portion of the study, only 23 hospitals were able to provide sufficiently comprehensive data as to length of stay and only 14 hospitals for charges and costs, thus reducing the sample for these portions of the study from the original 33.

Dr. Cooper noted the extensive effort and highly competent performance of Dr. Bentley and Mr. Butler in the conduct of the study.

C. Clarification of First-Year Enrollment Decreases Under  
Construction Grant Program

This agenda item was supplemented by a handout from Dr. Kennedy entitled Reconciliation Statute Nullified Enrollment Requirements. The main point of the topic stressed by Dr. Kennedy was that as of now there are no enrollment requirements for schools of medicine as a condition for eligibility under the HEAL Program or as part of their obligation under prior participation in the construction and capitation grant programs.

VI. Adjournment

The meeting was adjourned at 5:30 pm.

## SPECIAL REQUEST FOR ASSISTANCE IN PROVIDING CLERKSHIP EXPERIENCES

A recent consultation visit conducted, under the aegis of the LCME, to assist Meharry Medical College in improving its fiscal and academic status, resulted in a recommendation that the size of the student body be reduced to a size commensurate with the clinical teaching resources available to the school. This recommendation appears likely to be implemented. Nevertheless, for the next two years the school is committed to providing an education to the larger student body already matriculated. The consultants suggested that the Council of Deans of the AAMC would be responsive to a request from the school for assistance in placing a substantial number of those students in other accredited schools for some or all of their required clerkship experiences. Such a request has been forwarded to Dr. Luginbuhl in his capacities as Chairman of the Council of Deans.

Dr. Luginbuhl has placed this matter on the agenda for the Administrative Board for its consideration and has asked Dr. Beering, a member of the consultation team to present the matter. Dr. Schofield, a second member of the consultant group has prepared a briefing memorandum on the subject which appears on the following pages.

### Recommendation

That the Board consider:

- 1) whether the requested action is an appropriate role for the Council; and
- 2) if so, what form the Council's involvement, and that of the AAMC, should take.





# association of american medical colleges

MEMORANDUM

January 6, 1982

TO: Administrative Board, AAMC Council of Deans

FROM: J. R. Schofield, Director, Division of Accreditation *J. R. Schofield*

SUBJECT: Current Status of the Meharry Medical College; Request for Cooperation by Other Medical Schools in Providing Opportunities for Selected Meharry Students for Clinical Clerking Experiences During 1982-83 and 1983-84.

Background:

For several years the LCME has been concerned about the fiscal as well as academic status of the Meharry Medical College. The most recent survey was held during the 1980-81 session; in consideration of the report of that survey in April, 1981, the LCME extended accreditation for one year; but, the Secretary was instructed to inform the officials of the school that the accreditation of the M.D. program was in serious jeopardy unless major improvements could be instituted at once. Consultation was offered.

In April/May 1981, the Meharry Trustees appointed Richard Lester, M.D. a trustee, as President, replacing Lloyd Elam. The new president, by June, 1981, relieved three Vice Presidents, the Deans of Medicine and Dentistry, the hospital director and seven departmental chairmen. A financial consultant firm was employed, along with replacements for those persons who had been dismissed.

Consultation:

In September, 1981, President Lester requested that the LCME provide consultation to the school; this was done October 18-22, 1981; Drs. S.W. Olson, S. Beering, R. Estabrook, J. Clemmons and J. Schofield made the visit. A full report goes to the LCME on February 10, 1982.

The consultants found that President Lester and Meharry's Trustees had responded quite significantly to the LCME's warning letter. The instruction in the basic sciences was judged to be adequate with further improvements expected. (Facilities are superior). NBME tests are now required, with passing grades adjusted to national norms by 1983.

One component of the academic problem relates to the entering class size, which had grown from 64 in 1970 to 124 in 1981. The 124 new students entering in 1980 were joined by 38 students required to repeat the first year; total 162!

The Consultants have recommended that the entering class be no larger than 64 and that a post-baccalaureate year be established (with Fisk University) for the purpose of upgrading selected premedical students who had been educationally deprived, so that such students could later enter medical school able to be advanced on schedule.

The next problem relates to the paucity of clinical teaching patients available in the Meharry Hospital, which has a total bed capacity of 405 beds but a daily census of 89 in early 1981, but up to 150 in October 1981. Changes in administration, and in the faculty practice plan give hope of a rapid increase in the census of the hospital--a move now supported by the black ministers of Nashville.

But, 1982-83 and 1983-84, at Meharry, will be the final years of "big" classes, with 120 or so students needing third year clinical clerkships. With a census of 350 patients or up in the Meharry Hospital, possibly 60 or so third year clerks can be accommodated--provided fourth year students take electives at Nashville General, Vanderbilt Hospital, and elsewhere, as has been the recent practice.

Thus, there is a serious need for required clinical clerking opportunities for about 60 students in Internal Medicine, Pediatrics, Psychiatry, Ob-GYN, and Surgery during 1982-83 and 1983-84, if these students are to receive adequate educational experience.

It is my understanding that President Lester has requested the Council of Deans to consider assisting Meharry in making arrangements whereby other schools would accept small numbers of Meharry's third year students for some or all of the clinical clerkships during the 1982-84 period only.

NOTE: Both Dr. Beering and I can be available during the meeting of the Administrative Board to provide further information.

## REQUEST OF THE SOCIETY OF MEDICAL COLLEGE DIRECTORS OF CONTINUING MEDICAL EDUCATION

For the past several years the Society has sought to develop closer relations with the Council of Deans and the AAMC. In 1979 and 1980, the Chairman of the Council accepted an invitation to appear at the Society's annual meeting. The Society used these occasions to seek additional avenues of collaboration between the two organizations. The COD Administrative Board responded with the suggestion that there be a jointly sponsored program session held in conjunction with the 1981 AAMC annual meeting. This suggestion was adopted and on November 1st a program on "Information Technology: Implications for Medical Education" was offered. The speakers included Donald A.B. Lindberg, M.D., Martin M. Cummings, M.D., Phil R. Manning, M.D., and M. Roy Schwarz, M.D.

On Tuesday afternoon, November 3rd, the Chairman, Chairman-Elect, and the Immediate-Past-Chairman of the Society met with the Executive Committee of the Society. The event stimulated a rather frank exchange of views regarding objectives of the Society in forming and maintaining itself as an autonomous organization. The rather clearly enunciated objective of the Society, as expressed by its leadership, is to enhance the position of continuing medical education and CME program directors at both the local and national levels. It became evident that the Society believed that its organization is meeting these objectives in at least one primary respect: its very existence appears to be having a forceful impact in gaining the attention of the AAMC. This success in no way persuades the Society that it is appropriate to consider its own desolution in favor of pursuing their professional development activities as part of the AAMC's Group on Medical Education.

At the conclusion of the meeting, the Society's Executive Committee distributed two documents as examples of the work product of the Society. They are "Essentials for Medical College Continuing Medical Education" and "SMCDCME Goals and Objectives for the 1980's", enclosed on the pages provided. They invited the review of these documents by the COD Administrative Board.

### Background:

The establishment of the SMCDME in March, 1976, coincided with the AAMC Executive Council's action on the recommendation of a Task Force on Continuing Medical Education chaired by Dr. Luginbuhl. The Executive Council concluded that special action in CME should be initiated by the AAMC through establishment of an Ad Hoc Advisory Committee. Over the past five years the number of activities sponsored at our annual meeting by the Group on Medical Education has been increased significantly; at the same time the SMCDCME by offering its own programs in conjunction with the annual meeting. The AAMC staff and Ad Hoc Advisory Committee have been actively at work. The Committee prepared a report entitled, "Continuing Medical Education of the Physician--Conclusions and Recommendations," which was approved by the Executive Council in 1979. In addition, the committee and staff have initiated a number of projects which are still underway. Dr. Suter, the cognate AAMC staff member will be available at the Board meeting to discuss these activities and to elaborate on any further background which may be of interest.

## The Essentials for Medical College Continuing Medical Education

It is important to note that the Accreditation Council for Continuing Medical Education (ACCME) recently has developed and approved a new set of Essentials as a basis for accrediting organizations and institutions sponsoring continuing medical education activities. These Essentials are now in the process of approval by the ACCME member organizations (the Executive Council of the AAMC approved the Essentials at its September 1981 meeting).

The two documents overlap to a considerable extent, but differ by each being explicit in separate areas. For instance, Essential #1 of the SMCDCME is quite specific in prescribing a department or office as the administrative unit for the entire CME program, while the ACCME Essential #6 is more open ended in this regard. Conversely, Essentials #2, 3, 4, and 5 of the ACCME are quite specific in what is considered an acceptable approach to the planning of CME activities, while Essential #2 of the SMCDCME is not susceptible to every certain application. In general, the Essentials of the ACCME provide specific criteria for judging compliance with each essential, a feature absent from the SMCDCME Essentials. By design, the SMCDCME Essentials address areas that are peculiar to the medical school setting (Essentials #3, 5, and 6).

### Recommendation:

That the Board discuss this history of the relationship with the SMCDCME and the documents presented for review.

"Essentials for Medical College Continuing Medical Education"

A Statement of

The Society of Medical College Directors of Continuing Medical Education

The Society of Medical College Directors of Continuing Medical Education (SMCDCME) recognizes that the education and training of physicians for patient care extends through a continuum of undergraduate, graduate and continuing medical education during a life-time of medical practice. The Society believes that the medical colleges of the United States have educational, research and service responsibilities in each of the three segments of this continuum. The Society considers the following to be essentials if a medical college is to fulfill its responsibility in continuing medical education (CME).

This list of essentials is a product of careful consideration of medical college CME by many members of the Society over a period of more than two years. It is presented in the expectation that, to the extent these essentials are fulfilled, the medical college will benefit as will its physician constituents in practice and the patients they serve. The Society recommends these essentials as appropriate minimum standards for the CME component of medical college accreditation.

In this document each essential is stated and accompanied by a brief explanation.

Essential #1

There must be an identifiable unit, office or department that has overall responsibility for the development and management of the entire CME program.

This essential speaks for itself. Without such a locus of overall responsibility, the CME effort of the college becomes uncoordinated and diffuse, and does not thrive.

Essential #2

An institutional commitment to excellence in CME is essential.

The institutional commitment to excellence in CME should be at the same level as its commitment to excellence in other teaching, research or service activities. There should be evidence that this is indeed the case.

Essential #3

A genuine faculty commitment to CME is essential.

There should be explicit expectations that faculty members will participate at an appropriate level of performance in the CME activi-

ties of the college. There should be formal recognition of faculty participation in the CME activities of the college with identifiable recognition for academic advancement, remuneration, and other incentives.

#### Essential #4

There must be a substantial focus on the physician as a self learner.

Self-assessment should be developed and taught at the undergraduate and graduate level as well as in the individual practice situation. Medical college CME should be able to assist a physician to develop learning skills he or she uses best and be able to respond to an individual physician who has identified his or her own needs or goals for rendering quality care.

#### Essential #5

Research related to continuing medical education is an essential

CME activity in a medical college.

CME divisions or departments should conduct (1) program research to improve existing CME activities or to develop new ones, and (2) conduct research related to understanding the process of CME. There should be a budgetary designation for research and development. Administrative support is necessary. There should be research design and implementation capabilities, and the means to apply research conclusions to CME.

#### Essential #6

CME programs or activities must promote the medical college as a central resource for up-to-date information needed for excellence in patient care.

Medical colleges are repositories of medical knowledge with societal obligation and accountability to preserve, enlarge and transmit this knowledge base. Up-to-date information needed for excellence in patient care should be promptly available to practicing physicians. Medical college CME can serve as a role model for various learning approaches, such as, for example, a systematic curricular approach for its referral area.

#### Essential #7

It is essential that CME be a realistic competitor for medical college resources.

A medical college's commitment to CME is ultimately measured by the fiscal support provided to foster growth and excellence in this

area of institutional activity. While resources for basic and clinical research, patient care and the education of medical students and trainees are of high priority, CME should also be regarded as a realistic competitor for funds and resources. As minimal evidence of this commitment, the medical college CME program should have an annual core budget for basic support that is developed with regard to its total obligations, as distinct from the fiscal needs of individual program activities.

Adopted at annual meeting, Columbus, Ohio, May 19, 1981

## "SMCDCME Goals and Objectives for the 1980's"

The Society of Medical College Directors of Continuing Medical Education

These SMCDCME goals and objectives for the 1980's, together with the suggested processes for accomplishing them, should provide the Society with an instrument to help achieve its members' aspirations for the advancement of continuing medical education within the medical colleges of the nation.

The goals and objectives are the result of more than two years of discussion, review and comment by the membership of the Society, adoption in principle at the 1980 Fall Meeting, and then a final rewording by six mini-task forces, which also prepared the suggested processes or steps which might be taken to move toward each of the stated objectives. Evaluation of the process or the progress made toward reaching the objectives could be part of the agenda at future meetings.

### GOALS

Six goals are adopted as follows:

- Goal I Establish CME as an integral part of the mission of a medical college along with undergraduate medical education, graduate medical education, and research.
- Goal II Establish medical college CME as the primary segment in the continuum of medical education that fosters close interactions and exchange between academia and the community practice of medicine.
- Goal III Strengthen the medical college as a major CME resource for physicians in practice.
- Goal IV Establish research activities relevant to CME and strengthen them such that they become recognized as legitimate scholarly activities within the setting of an academic medical center.
- Goal V Establish SMCDCME as a focus or forum for cooperation in developing policies for enhancing CME activities of medical colleges and for coordinating CME activities.
- Goal VI Enhance the leadership role of SMCDCME in the development and implementation of CME standards, departments and programs in medical colleges, professional societies and other recognized organizations which seek to provide or influence CME.

### OBJECTIVES AND SUGGESTED PROCESSES

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### OBJECTIVES AND SUGGESTED PROCESSES

- Goal I    Establish CME as an integral part of the mission of a medical college along with undergraduate medical education, graduate medical education, and research.

Objective #1 Achieve incorporation of SMCDCME "Essentials for Medical College CME" into the criteria used by the LCME in the accreditation of medical colleges and into the criteria used by the ACCME in the accreditation of medical college CME programs.

Suggested Process Steps to achieve Goal I, Objective #1:

- a) All members of SMCDCME should agree to adhere to the Essentials and to obtain acceptance of them by their respective administrations and faculties.
- b) A task force of SMCDCME members should prepare a set of examples illustrating the application of the Essentials to a medical school CME program, and the institutional CME program to its undergraduate and graduate programs.
- c) A task force of SMCDCME members should compare the criteria and data-gathering forms used by LCME and ACCME with the SMCDCME "Essentials."
- d) SMCDCME should request the incorporation into the criteria of the LCME review process of SMCDCME's "Essentials for Medical College CME."
- e) SMCDCME should request the incorporation of its "Essentials for Medical College CME" into the ACCME accreditation process in respect to medical college CME programs.

Objective #2 Develop guidelines to assist medical colleges to implement SMCDCME "Essentials."

Suggested Process Steps to achieve Goal I, Objective 2:

- a) Form a task force to develop guidelines, examples of their implementation, and measures to assess whether the essentials have been realized (extension of enabling objective I.1.b).
- b) Submit guidelines, examples and evaluation measures to their respective and appropriate medical college administrative and faculty persons and committees for local approval and implementation.
- c) Members should submit guidelines, examples and evaluation measures to their respective and appropriate medical college administrative and faculty persons and committees for local approval and implementation.

Objective #3 Establish a written policy in each medical college stating that each faculty member has a responsibility to contribute appropriately to the institution's CME program, that these contributions will be considered for promotion and tenure equally with contributions to undergraduate and graduate teaching and research, and that the institution will provide the structure and support to achieve these purposes.

Suggested Process Steps to achieve Goal I, Objective #3:

- a) Obtain existing policy statements from the Society membership.
- b) Identify the ways in which these policies have been adopted and implemented.
- c) Develop a model statement, including rationale and suggested methods of implementation.
- d) Work within AAMC through its administration and committee structure to have CME accepted as an institutional responsibility.

Goal II Establish medical college CME as the primary segment in the continuum of medical education that fosters close interactions and exchange between academia and the community practice of medicine.

Objective #1 Develop and promote self-learning, self-assessment and communication skills at all levels of the continuum.

Suggested Process Steps to achieve Goal II, Objective #1:

- a) Include the development of self-learning, self-assessment and communication skills in Society research activities.
- b) Within the individual colleges of medicine seek to place greater emphasis on self-learning, etc.
- c) Design curricula to include self-assessment techniques and instruments.
- d) Encourage documentation of experiences as techniques for reassessment.

Objective #2 Modify undergraduate curricula and post-doctoral training to include educational needs identified in CME.

Suggested Process Steps to achieve Goal II, Objective #2:

- a) Involve practitioners on curriculum committees.
- b) Develop student participation in practice sites as a dependable part of the curriculum.
- c) Seek to attain inclusion of CME directors/faculty in medical school Curriculum and Executive Committees and Heads-of-Departments meetings.
- d) Develop attitudes in the medical schools which recognize medical education as a continuum that includes medical college, postgraduate training and continuing education.

Objective #3 Develop SMCDCME position statement dealing with CME as the final and longest segment of medical education.

Suggested Process Steps to achieve Goal II, Objective #3:

- a) Appoint a committee to write the statement.
- b) Present statement to executive committee for modification or approval prior to presentation to Society membership.
- c) Presentation to Society for rejection or ratification.

Goal III Strengthen the medical college as a major CME resource for physicians in practice.

Objective #1 Encourage medical colleges to collaborate with specialty societies and other providers of continuing medical education to urge and develop practice-oriented curricula for various specialties, considering the various and individual needs of practitioners in terms of knowledge, skills and competence.

Suggested Process Steps to achieve Goal III, Objective #1:

- a) A medical college or group of medical colleges should be designated to work with each specialty society to define competencies appropriate for the specialty and outline mutual objectives in the continuing education of members of the respective groups.
- b) The findings regarding competencies and objectives should be disseminated to all medical colleges.
- c) Self-assessment tests (including performance tests) should be developed to enable individual practitioners to determine mastery of designated competencies.
- d) Medical colleges should offer their faculties a series of workshops on educational methods.
- e) The Society should develop and disseminate to medical colleges a directory of resource persons with recognized skills in adult education methods.

Objective #2 Promote immediate-response consultation opportunities for practitioners, utilizing the telephone and/or other appropriate communication and response systems.

Suggested Process Steps to achieve Goal III, Objective #2:

- a) Encourage medical colleges that provide telephone consultation services to conduct research on the effectiveness of the service with special reference to comparisons of similar groups of physicians using and not using the service. This information should then be made available to colleges of medicine.

- b) Members should inform and seek the support of key department chairpersons regarding a well-organized immediate-consultation service.
- c) Make persons in leadership positions in hospitals aware of the possible referral advantages of an immediate-consultation service, utilizing appropriate communication modes.
- d) Establish dialogue regarding immediate-consultation services with the appropriate local and regional organizations and institutions to enhance effectiveness and avoid conflict and overlap.

Objective #3 Develop the medical college data base as a more effective resource for continuing medical education.

Suggested Process Steps to achieve Goal III, Objective #3:

- a) Arrange periodic regional conferences of medical college educational support services to plan joint research projects on effective teaching and learning methods. (The Group on Medical Education of the AAMC would also be a resource.)
- b) Offer a series of workshops on adult educational methods for appropriate medical college faculty and CME personnel.
- c) Develop methods and programs to utilize the vast repository of knowledge of the basic sciences available in medical colleges, with particular emphasis on clinically relevant forms for practitioners.
- d) The medical college should provide leadership in developing and implementing a regional assessment of CME needs in order to more effectively utilize the data base and resources of the medical college.
- e) The medical college educational and data base and resources should be made more readily available to practicing physicians through dissemination of information on library resources and other educational opportunities. Access to these should be simplified through appropriate arrangements and amenities.

Goal IV Establish research activities relevant to CME and strengthen them such that they become recognized as legitimate scholarly activities within the setting of an academic medical center.

Objective #1 Encourage program research to improve existing CME activities, basic CME research, and research appropriate to newer technology.

Suggested Process Steps to achieve Goal IV, Objective #1:

- a) Expand the activities of the Research Committee and promote collaborative research through this committee.
- b) Develop a research consortium or clearing house to record, catalog and distribute information to interested investigators.
- c) Publish a directory of on-going research activities among the members.

- d) Organize or sponsor workshops on CME research to review existing efforts, develop strategies to implement valid methods, and learn about sophisticated methodology and research tools from experienced researchers in a variety of disciplines. Workshops could be held in conjunction with Society meetings.

Objective #2 Bring the academic, monetary and administrative resources of medical colleges and their universities to bear in order to promote and accomplish research in CME.

Suggested Process Steps to achieve Goal IV, Objective #2:

- a) Produce a position paper emphasizing the importance of CME research, the need for support in terms of academic resources, fiscal resources, and faculty collaboration.
- b) Exert pressure via the Society's association with AAMC to have Deans recognize the need for, and support the efforts in, CME research.
- c) Have the Society act as a repository of information regarding successful efforts to obtain the resources of medical colleges.

Objective #3 Identify existing funding sources for support of research and development and make an effort to identify new sources.

Suggested Process Steps to achieve Goal IV, Objective #3:

- a) Publish summary of research support already in existence, possibly by polling membership.
- b) Organize a directory of funding sources.
- c) Develop several cooperative projects that might have more appeal to funding agencies.
- d) Exert pressure (via AAMC) on Medical College Deans to separate CME research from programming and support this research effort with "solid money."

Goal V Establish SMDCME as a focus or forum for cooperation in developing policies for enhancing CME activities of medical colleges and for coordinating CME activities.

Objective #1 Identify the special qualities of medical college CME that make it superior, describe these qualities, demonstrate they exist and promote them.

Suggested Process Steps to achieve Goal V, Objective #1:

- a) Appoint a committee to work on this objective (include Directors of the best programs in the country, basic scientists, clinical staff, professional educators, curriculum committee members).

- b) Develop a questionnaire that
  - a) would help CME Directors identify strengths and weaknesses in their own programs.
  - b) objectively measure areas of success and/or improvement in CME.
- c) Conduct programs at SMCDCME meetings to promote these important qualities.
- d) Promote through AAMC and ACCME the superior qualities of medical college CME.

Objective #2 Establish regional meetings for coordination and cooperation on the programming of CME activities.

Suggested Process Steps to achieve Goal V, Objective #2:

- a) Identify regions.
- b) Organize regional committees (include an SMCDCME executive committee member).
- c) Schedule a minimum of one meeting per year of medical schools within each region.
- d) Have one medical school within the region serve as a clearing house to avoid duplication and achieve balanced programming.
- e) Identify ways to coordinate, cooperate, evaluate and share successful practices as well as difficulties.
- f) Include at regional meetings the Directors of Medical Education who work in hospitals of the region.
- g) Establish a newsletter.
- h) Develop a loose-leaf notebook for members on planning, administering and evaluating CME.
- i) Develop a regional calendar.

Objective #3 Maintain a looseleaf annually-updated document on current SMCDCME policies.

Suggested Process Steps to achieve Goal V, Objective #3:

- a) Compile a list of specific SMCDCME policies.
- b) Update the list annually.
- c) Initiate collection of CME policies of medical colleges, then collate the data for the regions and then the nation.
- d) Expand the document to include facts and figures on resources, faculty, protocol, etc.



Goal VI Enhance the leadership role of SMCDCME in the development and implementation of CME standards, departments and programs in medical colleges, professional societies and other recognized organizations which seek to provide or influence CME.

Comment: If Goals I-V and their accompanying objectives are accomplished, Goal VI, which addresses "Leadership Status for SMCDCME," will have been essentially achieved. Two additional objectives seem appropriate, however.

Objective #1 Establish a working relationship with selected other national organizations in the field of CME.

Suggested Process Steps to achieve Goal VI, Objective #1:

- a) Identify other organizations in the field of CME.
- b) Assess current membership involvement with these organizations.
- c) Develop strategies for participation and responsible cooperative action with other organizations.
- d) Develop membership or institutional participation in other organizations wherever possible.

Objective #2 Identify and assist members with interest and potential for leadership.

Suggested Process Steps to achieve Goal VI, Objective #2:

- a) Support members currently seeking ascension in professional organizations, etc.
- b) Encourage professional development of current and related staff by attending workshops, holding exchange visits, making program comparisons, etc.
- c) Maintain communication among members to identify potential directors and assist in their placement, both colateral and upward.
- d) Establish a committee of people with known leadership achievements to outline "how they did it."
- e) Utilize workshops at national meetings as adjuncts to various plenary sessions and foster development and communication by way of newsletter items of interest to the membership.

Adopted at annual meeting, Columbus, Ohio, May 19, 1981