



**association of american
medical colleges**

**AGENDA
FOR
COUNCIL OF DEANS**

ADMINISTRATIVE BOARD

WEDNESDAY, SEPTEMBER 9, 1987

6:30 PM - 7:00 PM

GEORGETOWN WEST

THURSDAY, SEPTEMBER 10, 1987

8:00 AM - 12:30 PM

CAUCUS ROOM

WASHINGTON HILTON HOTEL

WASHINGTON, DC

FUTURE MEETING DATES

1987 Meeting Dates:

AAMC Annual Meeting -

November 7-12
Washington Hilton Hotel
Washington, D.C

1988 Meeting Dates:

Executive Council/COD Admin. Board -

February 24-25
June 22-23
September 7-8

AAMC Annual Meeting -

November 12-17
Hilton Hotel
Chicago, Illinois

COD Spring Meeting -

March 19-23
Inter-Continental Hotel
Hilton Head Island, SC

**COUNCIL OF DEANS
ADMINISTRATIVE BOARD MEETING**

Washington Hilton Hotel
Washington, DC

AGENDA

Wednesday, September 9, 1987

6:30 p.m. - 7:00 p.m.

Georgetown West

Joint Administrative Boards Session

*Guest Speaker: Congressman Fortney Stark
Chairman, House Ways & Means Health Subcommittee

7:00 p.m. - 9:30 p.m.

Jefferson East & West

Reception & Dinner

Thursday, September 10, 1987

8:00 a.m. - 12:30 p.m.

Caucus

COD Administrative Board Meeting

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III. Approval of Minutes	1
IV. Action Items	
A. Report of the Ad Hoc Committee on Housestaff Participation (Executive Council Agenda-----p. 17)	
B. Proposed Policies for the Establishment of a Jointly Sponsored AAHC/AAMC Group of Government Relations Representatives (Executive Council Agenda-----p. 34)	
C. ACCME Guidelines for Accrediting Enduring Educational Materials (Executive Council Agenda-----p. 52)	
D. Full Funding of Research Project Grants (Executive Council Agenda-----p. 39)	
E. Policy for Paying Capital Costs in COTH Hospitals (Executive Council Agenda-----p. 23)	
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- A. Report on November 1 Dean's Letter Release
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- B. Interim Report on the MCAT Essay Pilot Project
(Executive Council Agenda-----p. 90)
- C. Deferment of Student Loans
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VII. OSR Report

VIII. Old Business

IX. New Business

X. Adjourn

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

MINUTES

June 18, 1987
9:30 a.m. - 12:00 Noon
Cabinet Room

Washington Hilton Hotel
Washington, D.C.

PRESENT

(Board Members)

William Butler, M.D.
D. Kay Clawson, M.D.
Robert Daniels, M.D.
Robert L. Friedlander, M.D.
Louis J. Kettel, M.D., Chairman
Henry Russe, M.D.
W. Donald Weston, M.D.

(Guests)

Vicki Darrow, M.D.
Kimberly Dunn
Tom Sherman, M.D.*
Edward J. Stemmler, M.D.*

ABSENT

L. Thompson Bowles, M.D., Ph.D.
William B. Deal, M.D.
John Naughton, M.D.
Richard Ross, M.D.
Hibbard E. Williams, M.D.

(Staff)

M. Brownell Anderson
James Bentley, Ph.D.*
Robert Beran, Ph.D.*
Carolyn Demorest
Paul Jolly, Ph.D.
Thomas J. Kennedy, M.D.
Mary H. Littlemeyer

David Moore*

Wendy Pechacek
Robert G. Petersdorf, M.D.*
James R. Schofield, M.D.
John F. Sherman, Ph.D.*

August G. Swanson, M.D.
Kathleen Turner*

* Present for part of meeting

I. CALL TO ORDER

The meeting was called to order at 9:30 a.m., by Louis J. Kettel,
M.D., Chairman.

II. CHAIRMAN'S REPORT

Dr. Kettel reported that the Executive Committee met on June 17. Discussions centered primarily on the AAMC budget for the upcoming fiscal year. Expenditures will be increased due to the Association's reorganization, new programs, and upgrading executive salaries.

III. APPROVAL OF MINUTES

The minutes of the April 16, 1987 meeting of the COD Administrative Board were approved as submitted.

IV. REPORT OF THE PRESIDENT

Dr. Petersdorf's report was presented at the joint meeting of the Boards at breakfast. He was present to discuss any parts of his report on which the Board wished additional information and to answer any questions members might have.

He indicated that the COTH Administrative Board had considered the question of whether the AAMC should take a position on the matter of rules and regulations for housestaff officers, 80% or so of whom are trained in major teaching hospitals owned or affiliated with medical schools. Other agencies, such as the American Hospital Association (AHA), the American Medical Association (AMA), and the Accreditation Council for Graduate Medical Education (ACGME) may be expected to, if the AAMC does not. The COTH directed staff to draft some suggestions for policy to be presented at the September meeting. Drs. Petersdorf, Swanson, and Bentley will prepare a draft. The COD Administrative Board agreed that this was important.

Dr. Petersdorf indicated that a "Pink Memorandum" would be issued to the constituents soon urging that they contact their representatives and senators to enlist their support of the Biomedical Research Support Grant (BRSG) program, which provides relatively unencumbered funds to institutions to fill research gaps not met by other categorical programs. As it has done for the past ten years, the Administration is requesting no funding for BRSGs.

V. ACTION ITEMS

The COD Administrative Board considered the following action items:

A. Change in AAMC Statement on Medical Education of Minority Students

The Board discussed two points in the revised Statement on Medical Education of Minority Group Students that was proposed for adoption to replace the outdated version approved by the Executive Council in 1970. The first was the last sentence on page 19; "The person designated (with responsibility for minority student affairs) should be a member of a minority group..." Views expressed were that the sentence says "should" not "must," so that schools that cannot appoint a minority are not compelled to do so; and that this sentence strengthens the

previous statement, adopted almost two decades ago. No change was felt necessary in that sentence of the statement.

The second sentence in the second paragraph on page 20 was modified to read "The LCME should continue to (underscored words added) include in its membership and accreditation teams representatives from minority group members who have experience and knowledge in the education of minority group students."

ACTION: On motion, seconded and carried, the Board unanimously accepted the Statement on Medical Education of Minority Students with the one modification in the second sentence of the second paragraph on page 20.

B. Organizing the Group on Faculty Practice

Dr. James Bentley led the discussion of this topic, referring to the document in the Executive Council Agenda. At its April meeting, the COD Administrative Board had reviewed and commented on the original draft. Based on the COD Administrative Board's suggestions, a revision was prepared and submitted to all Boards for consideration. Four recommendations were presented for Executive Council approval in the revised document:

- (1) Establishing a professional development and educational organization to be known as the Group on Faculty Practice;
- (2) Limiting the membership in the Group on Faculty Practice to plans representing full-time faculty;
- (3) Limiting representatives to the Group on Faculty Practice to a single board president or chairman and a single plan administrator in each LCME-accredited medical school; and
- (4) Reserving any action on group bylaws, rules, or regulations until a staff report on AAMC groups is acted upon and the Group on Faculty Practice has had at least one organizational meeting.

The COD Administrative Board questioned the third recommendation because it restricted designees to the Group on Faculty Practice according to their title, i.e., "board president or chairman" and "administrator."

ACTION: On motion, seconded and carried, the Board unanimously agreed to adopt recommendations 1, 2, and 4 in the document and adopted the third recommendation with a modification that would permit the dean to designate two representatives to the AAMC Group on Faculty Practice, one a practice plan governance representative, and one a practice plan administrative representative.

C. ACGME Policy Matter

The COD Administrative Board, on motion seconded and carried, unanimously approved its position, previously adopted, to ratify the revision recommended.

D. New Schedule for Executive Council Meetings

ACTION: Upon motion, seconded and carried, the COD Administrative Board unanimously accepted the recommendation that the Executive Council hold three instead of four meetings a year. These are proposed to be held in February, June, and September.

E. Mandatory Health Benefits

The Board discussed what position the AAMC should take regarding current legislative efforts to require all employers to provide health benefits for their employees and for members of their employees' families. Several concerns were raised:

(1) What would be the impact on medical education of enactment of such legislation? That is, while it is an important social responsibility, is it an appropriate concern of the AAMC?

(2) This issue relates to increasing the amount of indigent care that faculty provide and to the need that institutions providing unreimbursed or underreimbursed care be compensated for it.

(3) Such legislation might well bankrupt small businesses.

(4) While the AAMC has always supported access to care, the lead in this complex issue might better be taken by another agency, such as the AHA, with AAMC lending its support to the AHA.

The COD Administrative Board took no action on this issue but expressed its interest in being kept informed of developments relating to mandatory health benefits.

F. Medical Care for the Indigent

Opening this discussion, Dr. Stemmler reported that this item was included in the AAHC-AAMC Forum agenda. The representatives agreed that care must be exercised to ensure that no position be taken that could possibly hurt those constituent institutions that have exceptional programs for indigents, such as Temple University, which serves North Philadelphia. OSR representatives avowed commitment to serve the indigent population was met with a cautionary note that in some states a proposal had been made that would de facto place in jeopardy the educational program and exploit medical students and residents in providing care to the indigent population. Whether the AAMC could appropriately take the lead in appealing to physicians for the provision of voluntary services was questioned. AAMC can point to the disproportionate share issue and the need to ensure that hospitals providing such services are reimbursed adequately for these services. The conclusion was reached that staff be asked to obtain data reflecting the current situation at both the state and institutional levels. When the data analysis is available, next steps can be planned. Something is to be done before the next meeting of the Forum in October, according to Dr. Stemmler.

Much may be learned from the AAMC-AAHC data collection and analysis. After that, further discussions may be more productive.

OSR representatives spoke in favor of an AAMC task force on indigent care.

G. Possible AAMC Activities related to AIDS

The COD Administrative Board discussed directions an AAMC Task Force on AIDS might take and data that are needed:

- (1) How many students, residents, and physicians have AIDS?
- (2) What about students' moral responsibility in caring for AIDS patients and fear vs. risk of exposure to AIDS?
- (3) What are the implications at the local level for patient care, legal liability, malpractice insurance, and individual rights?
- (4) Can training programs with a concentration of AIDS patients maintain their accreditation? and
- (5) What precautions can hospitals take to determine who of their admissions have AIDS?

AAMC has collected information on medical school AIDS policies but has no epidemiological data. Dr. Norma Wagoner, Associate Dean for Student Affairs at the University of Cincinnati College of Medicine, was reported to have done a survey sample but not an extensive, all-institution Survey.

ACTION: On motion, seconded and carried, the COD Administrative Board unanimously approved the establishment of an AAMC Task Force on AIDS.

H. Proposed Deans' Letter Memorandum

Dr. Robert Beran, assistant vice president, AAMC Section for Student and Educational Programs, reviewed the background for the GSA Steering Committee's proposal that AAMC send a "Deans' Letter Memorandum" with the request that an enclosed card stating "Will not release Dean's letter of evaluation of our senior class members until November 1, 1987" be signed by the dean and returned to AAMC. The memorandum and card were intended to address the anticipated failure of some schools to observe the November 1 date, thereby giving their students an unfair advantage in obtaining residency positions. In effect, schools that observed the November 1 date would put their students at risk in the application process.

While supporting fully the uniform release date of November 1, the COD Administrative Board members recognized the need for flexibility during this year of transition in order not to imperil students' residency applications. One member termed any attempt to force the new policy in place by the "loyalty oath" card as the political "kiss of death" in the acceptance of the policy. Improved dialogue between deans and those whose programs demand deans' letters before the November 1 date was

deemed important. Technical problems of programs whose scheduled dates for applications, interviews, etc. had been preprinted further complicated compliance with the uniform date of November 1. Programs with heavy applications will be forced to reduce the number of interviews they grant to adhere to the new policy. Release of evaluative information when a student requests it, according to at least one institution's legal counsel, would be required, but not necessarily to include the dean's letter.

ACTION: On motion, seconded and carried, the COD Administrative Board voted unanimously to accept the proposed letter with the following amendments: (1) Delete the final sentence, "To demonstrate the resolve of medical school deans to adhere to this date, please return this card; (2) Omit the card; (3) Add language to remind the deans that the adoption of the November 1 release date for deans' letters was done by the vote of the Council of Deans; (4) When any dean learns that a student is being pressured for deans' letters ahead of the November 1 date, the dean should contact the dean of the school involved.

V. DISCUSSION ITEMS

A. AAMC Activity on AIDS Legislation

The area of primary interest to AAMC was discussed as relating to the AIDS-related grant applications to the NIH. As summarized in the Executive Council Agenda (page 33),

"Within 90 days of enactment of the legislation, the AIDS Coordinator is to develop and implement a plan for the NIH to expedite the award of grants, contracts, or cooperative agreement on AIDS; such grants, etc. are to be awarded or disapproved within six months after solicitation for them is made. The Coordinator is also to establish projects to promote cooperation between Federal agencies; state, local and regional public health agencies; and non-profit private agencies for the prevention, diagnosis, and treatment of AIDS. An annual report on these activities, with further recommendations for action, is to be submitted to Congress (Sec. 408)."

Dr. Thomas J. Kennedy, Jr., stated that the NIH is greatly opposed to the expedited review. They are not sure they can handle it.

VI. INFORMATION ITEMS

A. Annual Meeting Program

Dr. Kettel expressed appreciation to Drs. Naughton and Weston for their contributions in planning the excellent Sunday afternoon Council of Deans Annual Program. One hour is devoted to two presentations and discussion on "The State of the Art in Clinical Competency Evaluation." In the second half of the program the Council of Deans will hear "The Status of the AIDS

Epidemic" from June Osborn, M.D., Dean of the University of Michigan School of Public Health, an expert in this field.

Dr. Swanson said negotiations are in progress to have the COD social function at the Old Ebbitts Grill.

B. Report of the COD Nominating Committee

The report of the COD Nominating Committee, distributed for the information of the COD Administrative Board, is appended as part of these minutes.

VII. **OSR REPORT**

Ms. Vicki Darrow presented the OSR Report. The OSR Report has been revamped. In the new OSR Report students will have opportunities to share information on innovative projects in which they are involved at their institutions. In the first issue, the November 1 uniform date for release of deans' letters will be featured, along with the purpose of changing the match date, and reasons why OSR leaders supported each.

The OSR Administrative Board is still working on the best ways for housestaff representation in the AAMC, and a board member is on the AAMC's task force exploring this issue.

As a result of OSR concerns expressed to AAMC, the next AAMC Graduation Questionnaire (GQ) will include questions designed to elicit data on discrimination in the process of interviewing for residencies. Evidence of discrimination to women applicants was reflected in questions such as "are you married? how many children do you have? when do you plan to get pregnant?" and to others, questions about sexual preference, and other questions thought to be illegal to ask. Data thus obtained can be analyzed by specialty.

In September the OSR Administrative Board will meet with legislative staff working on health issues and with those from the members' own districts.

The OSR annual meeting will focus on "service" and "societal expectations of physicians."

The OSR has worked closely with the American Medical Student Association this year, and, through Dr. John Sherman, on the use of animals in medical education.

In another development, the Division of Medicine in the Department of Health and Human Services, wrote to ask for a closer working relationship with the OSR. Representatives will attend the OSR Annual Meeting. OSR continues to work with the Group on Student Affairs and will develop a closer relationship with the Group on Medical Education.

VIII. **ADJOURNMENT**

The meeting adjourned at 12:00 noon.

April ##, 1987

Louis J. Kettel, M.D.
Dean
University of Arizona
College of Medicine
Arizona Health Sciences Center
1501 N. Campbell
Tucson, AZ 85724

Dear Lou:

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 in conjunction with the COD Spring Meeting in Maui on April 6, 1987. At that time, we had available to us the tallies of the advisory ballots submitted by members of the Council.

The Nominating Committee was cognizant of the COD Rules and Regulations, as well as the AAMC By-laws. For the offices to be filled by vote of the Council of Deans, your Nominating Committee proposes the following slate:

Chairman-elect of the Council of Deans

William B. Deal, M.D.
Assoc. VP for Clinical Affairs & Dean
University of Florida
College of Medicine

Members-at-Large of the Council of Deans

Robert L. Friedlander, M.D.*
Executive VP for Academic Health Centers & Dean
Albany Medical College

Phillip M. Forman, M.D.
Dean
University of Illinois
College of Medicine

George T. Bryan, M.D.
Vice President for Academic Affairs
and Dean of Medicine
University of Texas
Medical School a Galveston

Other offices are filled by election of the Assembly. A slate will be proposed for the Assembly's consideration by the AAMC Nominating Committee of which I am a member. The Committee that I chair has been asked to submit names in the form of recommendations to that Committee. On the basis of our deliberations, our committee will recommend as follows:

Louis J. Kettel, M.D.
April ##, 1987

Page two

Council of Deans Representatives to the Executive Council

L. Thompson Bowles, M.D.
Dean for Academic Affairs
George Washington University
Medical Center

Robert E. Tranquada, M.D.
Dean
University of Southern California
School of Medicine

To fill the vacancy created by Dr. Leavell's resignation (unexpired portion of term--2 years):

Henry P. Russe, M.D.
Vice President, Medical Affairs & Dean
Rush Medical College

To fill the vacancy created by Dr. Deal's election to Chairman-elect of the COD (unexpired portion of term--1 year):

W. Donald Weston, M.D.
Dean
Michigan State University
College of Human Medicine

Chairman-elect of the Assembly

D. Kay Clawson, M.D.
Executive Vice Chancellor
University of Kansas
School of Medicine

* Our recommendation, transmitted to you previously and already acted upon by the appropriate bodies, was that Dr. Russe be appointed by the Executive Council to this position until the Assembly election and that the COD Board appoint Dr. Friedlander to fill the vacancy created by Dr. Russe's shift.

Louis J. Kettel, M.D.
April ##, 1987

Page three

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 as chairman of this Committee.

Sincerely,

Richard H. Moy, M.D.

cc: Richard E. Behrman, M.D.
Robin D. Powell, M.D.
Leon E. Rosenberg, M.D.
Cecil O. Samuelson, M.D.
August G. Swanson, M.D.

DISTINGUISHED SERVICE NOMINEES

In response to a request for nominees, the following were proposed:

Fairfield Goodale, M.D.

Ernst Knobil, Ph.D.

James Schofield, M.D.

Letters supporting these nominations are appended.



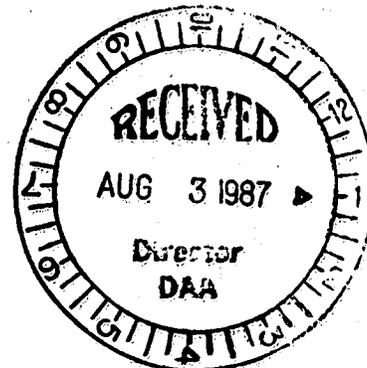
THE UNIVERSITY OF ARIZONA

HEALTH SCIENCES CENTER
TUCSON, ARIZONA 85724

COLLEGE OF MEDICINE
OFFICE OF THE DEAN

(602) 626-7383

July 28, 1987



August G. Swanson, M.D.
Vice President
Department of Academic Affairs
Association of American Medical Colleges
One Dupont Circle, NW, Suite 200
Washington, DC 20036

Dear Gus:

I would like to place in nomination the name of Fairfield Goodale, M.D. as a Distinguished Service Member. Fair served in many capacities for the Association but particularly was known to me through his work with the LCME, National Board of Medical Examiners and a variety of committees upon which he served. He also served on the Council of Deans Administrative Board. I believe he currently is in retirement, but is highly worthy of consideration.

Best regards.

Sincerely,

Louis J. Kettel, M.D.
Dean

LJK/gf

The University of Texas
Health Science Center at Houston

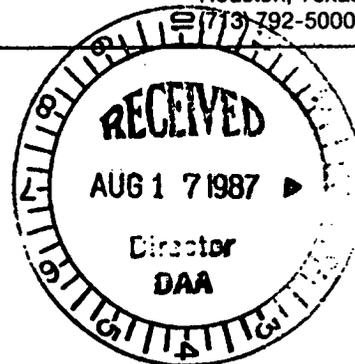


6431 Fannin
P.O. Box 20708
Houston, Texas 77225
(713) 792-5000

MEDICAL SCHOOL

John C. Ribble, M.D., Dean

August 14, 1987



August Swanson, M.D.
Association of American Medical Colleges
One DuPont Circle
Washington, DC 20036

Dear Dr. Swanson:

I am writing to propose to the Administrative Board of the Council of Deans that Dr. Ernst Knobil be nominated for Distinguished Service Membership in the Association. During his active professional life as Department Chairman, Dean, and Distinguished Professor, Dr. Knobil has served the Association in important ways for almost twenty years.

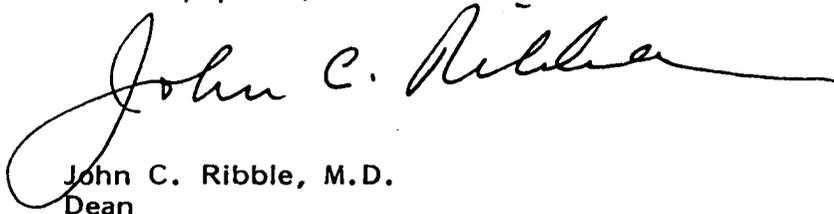
In 1968, Dr. Knobil became a member of the Steering Committee of the Council of Academic Societies Biomedical Education Network. From 1970 to 1974, he served as a member of the Administrative Board of the Council of Academic Societies, and from 1971 to 1974, as a member of the Executive Council and a member of the Liaison Committee on Medical Education. In 1981, Dr. Knobil became Dean of The University of Texas Medical School at Houston and was a member of the Council of Deans until 1984.

After his retirement as Dean, he was invited to address the Council of Deans on the subject, "Education for Medicine: The Continuing Crisis." In 1985, Dr. Knobil served on the Flexner Award Committee and continues to be a member of the Ad Hoc Committee on Faculty Practice.

In addition to his educational endeavors, he, as a distinguished scientist, has participated in national societies, has served on various editorial boards and has received many honors, including his recent election to the National Academy of Sciences.

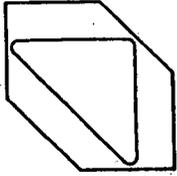
I believe the duration and quality of Dr. Knobil's service to the Association qualifies him for nomination as a Distinguished Service member. Enclosed is a curriculum vitae and bibliography.

Sincerely yours,

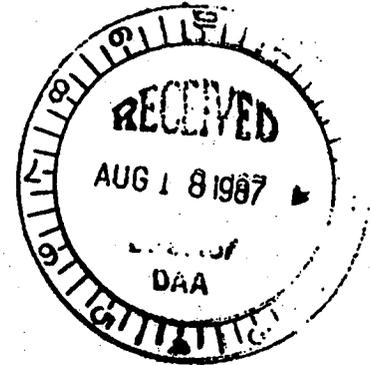

John C. Ribble, M.D.
Dean

JCR/ppp
Enclosure

Northeastern Ohio
Universities
COLLEGE OF MEDICINE



Rootstown, Ohio 44272 Phone: 216-325-2511



August 11, 1987

August G. Swanson, M.D.
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington D.C. 20036

Dear Dr. Swanson:

I would like to recommend J.R. Schofield, M.D., for Distinguished Service membership in the Association of American Medical Colleges. We are all aware of Dr. Schofield's outstanding service to medical education during the past 28 years so I will not go into detail. His curriculum vitae is sufficient documentation of his service to the Association.

Dr. Schofield has offered guidance to many of us as we have worked to develop solid undergraduate medical education programs in a variety of environments and financial situations. He, and the Liaison Committee on Medical Education teams, made sure that all medical schools were prepared and equipped to provide a proper education for their students. When Dr. Schofield gave advice, we did not always like to hear what he had to say, but we knew this advice was given with a genuine concern for what was best for our medical students.

Dr. Schofield clearly deserves Distinguished Service membership in the Association of American Medical Colleges.

Sincerely,

Colin Campbell, M.D.
Provost and Dean

3B:sch.ltr

PROPOSED RESOLUTION ON AFFIRMATIVE ACTION SALARY ANALYSIS

THE ISSUE

Both the University of Pennsylvania and the State University of New York of Buffalo have conducted salary reviews to assure equity by sex and minority status, using data collection methods developed by the AAMC. The use of the AAMC approach was recommended to Buffalo and three other schools by their offices of women in medicine, acting as the Council of Offices for Women in Medicine (COWM), after the latter had studied several alternative approaches to salary equity analysis. At the instigation of COWM, the National Council on Women in Medicine passed a resolution urging the four member schools of COWM, not only to use the AAMC approach, but to sponsor a resolution in the AAMC Council of Deans endorsing the approach for all medical schools. In a letter to Dr. Kettel, John Naughton has offered such a resolution.

BACKGROUND

The AAMC conducts each year a survey of medical school faculty salaries, obtaining for each full-time faculty member the base and other components of salary, faculty rank, degree and department. While it has often been suggested that this survey collect data by sex and ethnic identification, staff have been reluctant to do so out of concern for increasing the reporting burden of member institutions, with a possible concomitant reduction in completeness of the report. It was also felt that without taking into account additional relevant factors such as time in rank, national data by sex and minority status might be misleading.

Several years ago, the University of Pennsylvania requested assistance from AAMC in conducting its own analysis of faculty salaries. Penn completed augmented salary survey forms in lieu of the standard ones, and the augmented forms included sex, race, time in rank and faculty employment category (tenure line, research track, clinician educator, etc.). AAMC produced reports comparing Penn faculty of each type with national, regional and other groups of schools and cross-tabulating Penn's own faculty by sex, race, rank and time in rank. These reports made it possible to perform a salary equity analysis, since one could compare women assistant professors in the basic sciences with male assistant professors in the basic sciences with similar time in rank, and similarly with other ranks and department groupings.

The State University of New York at Buffalo did not contract with AAMC for a special study, but collected and analyzed their own data, using the same data elements. Their report format was more refined than that prepared for Penn, and it allowed direct

comparison of the medians for women and minority faculty in each cell with the medians for white males.

AAMC staff could perform special studies for other schools like that done for Penn, and the format developed at Buffalo could be used as well. There would have to be an extra charge for these custom projects, but if all schools used the same formats the cost per school could be reduced. An approximate figure for such a special analysis would be two thousand dollars per school, if ten or more schools cared to share a single set of report formats, and three thousand dollars for a school which required its own unique format.

Alternatively, medical schools could perform their own data collection and analysis, using their own staff and facilities. If the same data elements were employed, the outcome would be the same.

STAFF RECOMMENDATION

Association staff should prepare a draft report similar to that used at Buffalo and transmit it to the Council of Deans with a description of the process used. The deans will be offered the special augmented salary survey, at an additional charge. If the Administrative Board wishes to endorse the form of salary equity analysis, this endorsement would be included in the mailing, together with a description of the way in which the analysis could be conducted with the institutions's own staff.

School _____

Please return survey to:

Dept. _____

W.C. Smith, Jr.
 Association of American Medical Colleges
 One Dupont Circle, Suite 200
 Washington, DC 20036

Page _____ of _____ pages

ANNUAL MEDICAL SCHOOL FACULTY SALARY SURVEY FILLED FULL-TIME POSITIONS (EFFECTIVE SEPTEMBER 1, 1987) 1987-88

FACULTY IDENTIFICATION (For school use only)	RANK									DEGREE*			COMPENSATION (FOUNDED TO THE NEAREST THOUSAND)			
	Line Number	Chairman	Professor	Associate Professor	Assistant Professor	Instructor	M.D.	Other Doctoral	Non-Doctoral	Base/ Guaranteed Component	From Medical Service Plan		Uncontrolled Outside Earnings			
											Expected/Non Guaranteed Component	Bonus/Incentive Earnings				
	01	1	2	3	4	5	1	2	3							
	02	1	2	3	4	5	1	2	3							
	03	1	2	3	4	5	1	2	3							
	04	1	2	3	4	5	1	2	3							
	05	1	2	3	4	5	1	2	3							
	06	1	2	3	4	5	1	2	3							
	07	1	2	3	4	5	1	2	3							
	08	1	2	3	4	5	1	2	3							
	09	1	2	3	4	5	1	2	3							
	10	1	2	3	4	5	1	2	3							
	11	1	2	3	4	5	1	2	3							
	12	1	2	3	4	5	1	2	3							
	13	1	2	3	4	5	1	2	3							
	14	1	2	3	4	5	1	2	3							
	15	1	2	3	4	5	1	2	3							
	16	1	2	3	4	5	1	2	3							
	17	1	2	3	4	5	1	2	3							
	18	1	2	3	4	5	1	2	3							
	19	1	2	3	4	5	1	2	3							
	20	1	2	3	4	5	1	2	3							

NOTE: All individual compensation data will be treated as CONFIDENTIAL according to AAMC policy.

* For Salary Survey purposes, M.D. represents M.D., D.M.D., D.D.S., D.O., or D.P.H. Other Doctoral represents any doctoral degree other than those above. Non-Doctoral represents any degree other than doctoral, or no degree.

INSTRUCTIONS ON REVERSE SIDE

DEPARTMENT OR DIVISION

- | | | | |
|---|---|---|---|
| 1. Anatomy (incl. Cell Bio.)
2. Biochemistry
3. Microbiology
4. Pharmacology
5. Physiology
6. Other Basic Sciences
7. Anesthesiology
8. Community Health (incl. Public Health) | 9. Dermatology
10. Family Practice
11. Medicine
—Cardiology
—Gastroenterology
—Other Medicine
12. Neurology
13. Ob/Gyn | 14. Ophthalmology
15. Otolaryngology
16. Pathology
17. Pediatrics
—Neonatology
—Pediatric Cardiology
—Other Pediatrics
18. Physical Med. & Rehab.
19. Preventive Medicine | 20. Psychiatry
21. Radiology (incl. Nuclear Med.)
22. General Surgery
23. Neurosurgery
24. Orthopedic Surgery
25. Plastic Surgery
26. Thoracic/Cardiovasc. Surg.
27. Urology
28. Other Clin. Sciences |
|---|---|---|---|

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INSTRUCTIONS

1. Four categories of compensation have been identified, with accompanying definitions. Review these definitions carefully before completing this section.
2. Circle only one number when designating rank and one for degree.
3. Be certain to indicate your institution and department name as you begin a new form. Each department should begin on a new sheet. Begin with "Chairman" and include as many faculty members as possible on each sheet, continuing through the instructional level. If a faculty member is both chairman and professor, record only the designation of "chairman." In order to insure comparability, please use the list of departments and divisions provided on the reverse side. Also, if a specialty at your school is not considered a department, but is included in our department listing, we would appreciate your treating that specialty as a separate department for the purpose of this survey.
4. **VERY IMPORTANT.** Complete compensation section utilizing the following definitions, rounding to the nearest thousand. It is vital that the Association know that all salary components are accounted for, even if the actual dollars are not known. Thus the following designations should be used for each faculty member in the appropriate compensation column when there are no actual dollars to report.
 - NA - Not Applicable
 - NI - No Information (salary component is applicable, but amount is unknown and cannot be estimated)
 - 0 - Zero dollars (salary component is applicable, but no dollars are reportable this year)

Categories of Compensation

Base/Guaranteed Component. Compensation which is fixed, usually annually, by the institution, is exclusive of fringe benefits, and is normally not influenced by practice earnings.

Expected/Non-Guaranteed Component. Compensation, influenced by practice earnings, from an institutionally controlled source.

Bonus/Incentive Earnings. This component is often highly variable and is generally estimated; it could be derived from any one or all of the following:

- Year end bonus from a faculty practice plan
- Incentive earnings according to the practice plan
- Outside earnings where limited or controlled by the institution

Note: If the total amount derived from the medical service plan is known but the distribution between the Expected/Non-Guaranteed Component and the Bonus/Incentive Earnings is not, please report the total amount from the practice plan in the Expected/Non-Guaranteed Component Column and NA in the Bonus/Incentive Earnings Column.

Uncontrolled Outside Earnings. Known but unregulated outside professional income derived from patient services. Please report a whole number, NA, or zero; NI is to be used only where it is known that this outside amount is considerable, but the exact amount is not available. Our intention is to keep to a minimum the use of NI since NI in any column constitutes an incomplete report for that faculty member, thus excluding the data for that faculty member from the analytical tables.

5. **Include:**
 - a) Only 12-month salaries for full-time paid faculty by department or division or major appointment, 9-month salaries should be converted by multiplying compensation by 11/9. Use September 1, 1987 expected compensation figures whenever possible. When a faculty member's compensation is derived from more than one department or division, please combine all compensation and report the faculty member's total compensation in only one department.
 - b) Full salary of faculty on sabbatical leave.
 - c) Any compensation from the Veterans Administration should be reported in the Base/Guaranteed Component column.
 - d) All full-time research faculty regardless of tenure status.
- Exclude:**
 - a) All faculty whose entire compensation is from affiliated institutions.
 - b) Full salary for vacant positions.
 - c) Housestaff and Fellows in all ranks.
 - d) Part-time and volunteer faculty.
 - e) Honoraria, royalties, NIH service, consulting fees other than those received in connection with patient health services.
6. The compensation reported should reflect the total amount before deductions are made for tax sheltered annuities, faculty members' contributions to retirement funds, life insurance, health insurance, etc.
7. Round dollar amounts to the nearest thousand. Salaries in increments of \$500 should be rounded up to the nearest thousand.
8. Indicate degree type held as follows: (Circle degree type in one box only)

If holding:

M.D., D.M.D., D.D.S., D.P.H., or D.O. alone or with any other degree

Ph.D. and other doctoral degree alone or with any other degree
except M.D., D.M.D., D.D.S., D.P.H., or D.O.

No degree of any degree other than doctoral degree

Report:

M.D. (Circle 1)

Other doctoral (Circle 2)

Non-doctoral (Circle 3)

9. Include those faculty in educational support departments under "other basic" or "other clinical."



UNIVERSITY AT BUFFALO
STATE UNIVERSITY OF NEW YORK

Office of the Vice President
for Clinical Affairs
Dean, School of Medicine
101 Farber Hall
Buffalo, New York 14214
(716) 831-2775

July 7, 1987



Louis Kettle, M.D.
Chair, Council of Deans AAMC
Dean, University of Arizona
1501 North Campbell Avenue
Tucson, Arizona 85724

Dear Louis:

In 1981 the Association of American Medical Colleges developed a program for salary equity analysis for the University of Pennsylvania. It is simple, using readily available information, and requires collection of only 4 pieces of additional data with the Annual Faculty Salary Survey. A copy of the modified data form is enclosed.

In 1986-87, the Coalition of Offices for Women in Medicine (COWM), of which the School at Buffalo is a founding member, studied several methods for salary equity analysis (including AAMC's method, a "counterparts" method used by the University of Colorado, a regression analysis recommended by the American Association of University Professors, and the MANFILE program currently in use at Yale University School of Medicine). COWM recommended the AAMC methodology because of the ease with which it can produce valuable statistics which clearly highlight serious inequities.

In June 1987 the National Council on Women in Medicine unanimously passed the attached resolution; it is being forwarded to the Deans of the four COWM member schools. A similar resolution is in process at the American Medical Women's Association and will be acted upon in October, 1987.

It is my belief that the Council of Deans should endorse this concept in principle and I would like to sponsor a resolution to this effect at this year's Council of Deans meeting. The final enclosure is a draft resolution to this effect which I would like you to review.

Please let me know how you would like to proceed with this matter.

Best regards.

Sincerely,

John Naughton, M.D.
Vice President for Clinical Affairs
Dean, School of Medicine

JN/pam
Enclosures

cc: August C. Swanson, M.D. -20-
Joseph Keyes



National Council on Women in Medicine, Inc.

1300 York Avenue, D-115 • New York, NY 10021 • 212/472-5742

RESOLUTION ON SALARY EQUITY

- WHEREAS It has been documented that women in medicine continue to earn lower salaries than their male counterparts and
- WHEREAS Attempts to remedy the problem frequently founder on the issue of the validity of the methods used to analyze the salary data and
- WHEREAS There is no nationally recognized and accepted methodology for assessing salary equity and
- WHEREAS Many methods that have been used are labor-intensive or more suitable for class action suits than for correction of individual inequities and
- WHEREAS The Coalition of Offices of Women in Medicine in carefully assessing a number of these methodologies has determined that the method developed by the Association of American Medical Colleges for the University of Pennsylvania is simple and analyzes readily available data and
- WHEREAS The above described methodology produces statistics suitable for identification of individual inequities as well as for regional and/or national comparisons and
- WHEREAS One of the COWM member schools has performed a study by this methodology, analyzing faculty data by degree type, speciality, years in rank, gender and minority status and found that it clearly spotlights serious inequities where they exist
- BE IT THEREFORE RESOLVED THAT
The National Council on Women in Medicine support the COWM recommendation that the Deans of the four member schools be encouraged to perform salary equity analysis by the AAMC/ University of Pennsylvania methodology.
- BE IT FURTHER RESOLVED THAT
The National Council on Women in Medicine encourage these same Deans to support and/or sponsor a subsequent resolution to the Association of American Medical Colleges in order to encourage all medical schools to perform this analysis on their faculty salaries and address these serious inequities identified.



RESOLUTION ON SALARY EQUITY

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WHEREAS Attempts to remedy the problem frequently founder on the issue of the validity of the methods used to analyze the salary data and

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WHEREAS The above described methodology produces statistics suitable for identification of individual inequities as well as for regional and/or national comparisons and

WHEREAS One of the COWM member schools has performed a study by this methodology, analyzing faculty data by degree type, speciality, years in rank, gender and minority status and found that it clearly spotlights serious inequities where they exist and

WHEREAS The National Council on Women in Medicine has unanimously supported COWM's recommendation that AAMC encourage all its member schools to perform this analysis and address serious inequities

BE IT THEREFORE RESOLVED THAT
The Council of Deans of the Association of American Medical Colleges encourage all AAMC member schools to perform salary equity analysis by the methodology developed by the Association for the University of Pennsylvania.

BE IT FURTHER RESOLVED THAT
This same Council of Deans encourage all AAMC member schools to address serious salary inequities where they are identified.

INFORMAL DISCUSSION OF CHANGES IN
THE EXAMINATION SEQUENCE FOR LICENSURE

The National Board of Medical Examiners has informally explored with the Federation of State Medical Boards the establishment of an examination sequence for licensure which would replace the present dual examination program. As initially proposed, the sequence would consist of NBME Part I, NBME Part II, and for NBME Part III the substitution of the FLEX examination. Eligibility for the NBME portions of the sequence would no longer be restricted to LCME accredited medical school students.

Tom Bowles, President of the National Board and a member of the COD Administrative Board, has asked that the CAS and COD Boards discuss whether this proposal has merit.

NRMP MATCH ANNOUNCEMENT DATE AND
CONFLICT WITH COD SPRING MEETING

John Chapman, Dean of Vanderbilt School of Medicine has called our attention to the overlap of the NRMP Match announcement date (March 23, 1988) with the last day of the COD spring meeting at Hilton Head. It is too late to change the meeting time and place.

Do board members believe this conflict will be disruptive? If so, can the disruption be ameliorated?

VANDERBILT UNIVERSITY

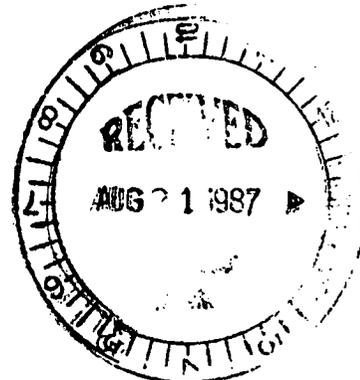
NASHVILLE, TENNESSEE 37232

TELEPHONE (615) 322-7311



Dean of Medicine • Direct phone 322-2164

August 18, 1987



Dr. Gus Swanson
Association of American Medical Colleges
1 Dupont Circle, NW, Suite 200
Washington, D.C. 20036

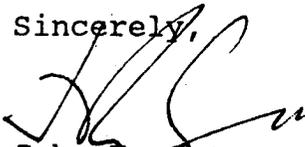
Dear Gus:

I received the attached post card advising that I mark my calendar for the Council of Deans' Spring Meeting, March 19-23, 1988 at Hilton Head Island. I note that Match Day is March 23; and, ordinarily, many of us are involved in matters relating to the Match during the period immediately preceding the Match, as well as, on Match Day. This might pose a problem to the Deans who have responsibilities at their respective schools that week.

Would you look into the matter and see if there is an overlapped problem of conflicting responsibilities for the planned dates of the spring meeting.

With warmest regards,

Sincerely,


John B. Chapman, M.D.
Dean

JEC:kr
Attachment

COD ANNUAL BUSINESS MEETING

Items and issues that should be on the COD Annual Business Meeting agenda should be identified. The following have been suggested:

- 1) Review of the Status of the Transition from Medical School to Residency
- 2) Medical Care for the Indigent
- 3) Salary Equity for Women Faculty Members

COUNCIL OF DEANS ANNUAL MEETING PROGRAM

With the advice of Don Weston and John Naughton the following program is planned for Sunday, November 8 at the AAMC Annual Meeting.

2:00 pm **The State of the Art in Clinical Competency Evaluation**

*Stephen Abrahamson, Ph.D.
Chairman, Department of Medical Education
University of Southern California School
of Medicine*

*Jack L. Maatsch, Ph.D.
Director, Office of Medical Education
Research and Development
Michigan State University College of
Human Medicine*

3:00 pm **The Status of the AIDS Epidemic**

*June Osborne, M.D.
Dean
University of Michigan School of
Public Health*

4:00 pm **Adjournment**