

AGENDA
for
COUNCIL OF DEANS
May 20, 1971

Delaware Suite
9 a.m. - 5 p.m.
Sheraton Park Hotel
Washington, D.C.

- I. Roll Call
- II. Consideration of Minutes of February 12, 1971 Meeting
- III. Chairman's Report
- IV. Remarks by William G. Anlyan, M.D., Chairman, Assembly
- V. Remarks by John A. D. Cooper, M.D., President, AAMC
- VI. Proposed Guidelines for the Organization of Student Representatives
- VII. The Council of Deans
- VIII. Planning Coordinators' Section
- IX. Provisional and Institutional Members
- X. Prerequisites and Criteria for Provisional and Institutional Membership
- XI. Responsibility of Academic Medical Centers for Graduate Training
- XII. Va-Medical School Relationships
- XIII. Borden and Flexner Award Nominations
- XIV. Change in Date of February Meeting
- XV. New Business

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS

February 12, 1971
2 - 5 p.m.
Palmer House Hotel
Crystal Room
Chicago, Illinois

I. Call to Order

The meeting was called to order at 2 p.m. by Dr. Carleton B. Chapman, Chairman-Elect of the COD.

II. Roll Call

The roll was called. A quorum was determined to be present.

III. Minutes of the October 30, 1970 Meeting

The minutes of the October 30, 1970 meeting were accepted without change.

IV. Legislative Developments

Mr. LeRoy Goldman, Staff Director of the Senate Health Subcommittee, and former Director of the AAMC Division of Federal Liaison gave a brief synopsis of Capitol Hill and health-related legislative developments. Highlights of his report:

- Representative Rogers (D-Fla.) will chair the House Public Health and Environment Subcommittee.
- Senator Kennedy (D-Mass.) will chair the Senate Health Subcommittee.
- Several liberal-moderates added to the House Appropriations Committee may portend a more liberal trend in the Committee's actions.
- The House Science, Research, and Development Subcommittee (having cognizance of the National Science Foundation and science policy) is to be chaired by Representative John Davis (D-Ga.) replacing the defeated Representative Emilio Daddario (D-Conn.).

- New Members of the Senate Appropriations Subcommittee include Senators Proxmire, (D-Wis.), Montoya, (D-N.M.), Hollings, (D-S.C.), Percy (R-Ill.), and Brooke, (R-Mass.).

Significant health-related legislative action is to be expected on the following matters:

- Extension of the Health Professions Educational Assistance Act and
- Extension of the Nurse Training Act. (Both expiring June 30, 1971.)
- Consideration of the recommendations of the Panel of Consultants on the Conquest of Cancer (Independent Cancer Authority).
- Reform of the health services system; consideration of the various health insurance proposals.

Other matters which will be receiving attention:

- The fate of the PHS hospitals and clinics.
- The future of the PHS Commissioned Corps.
- The implementation of the Emergency Health Personnel Act.

The Senate Health Subcommittee will be holding an expanded set of hearings on the health care crisis in America.

Dr. Cooper briefly described the progress of the Association's efforts to seek an appropriate extension of the expiring HPEA legislation. He described the meeting which he and members of the Executive Committee had had with Secretary Richardson and the cordial and impressive reception which they had received. He noted that the AAMC legislative proposals were contained in a document distributed to those in attendance and indicated that they had been introduced in the House as H.R. 4171 and H.R. 4070. Efforts to find a Senate sponsor were nearing completion. Dr. Cooper promised a more extensive consideration of these matters at the meeting of the Assembly on the following day.

V. Regional Meetings

Northeast

J. Robert Buchanan, M.D., Chairman of the Northeast Region, reported on a meeting held in Washington, D.C. on January 12, 1971. The major discussion was whether there was in fact a need for an organization of the Northeast Deans and if so, how it should be structured. The outcome of this meeting was that the Northeast would recognize clusters of schools and organize six sub-regional groups; representatives of these groups would carry on the business of the region between meetings of the Region to be held in September and January.

Southern

Carter Pannill, M.D., Chairman, reported on a meeting held that morning. He referred three items to the COD:

1. The Southern Deans unanimously support the change of the AAMC Bylaws to permit student participation in the affairs of the Association.
2. They recommend that the COD move promptly to define the relationship of the OSR to the COD.
3. They urge that the COD endorse this statement, "Any request for studies or information received by a school from any organization or individual on any subject relating to medical education or student affairs be referred to the Executive Council and the President's office for discussion and approval before action is taken."

Midwest-Great Plains

Dr. Page reported on the January 18-19, 1971, meeting of that group in Chicago. Dr. Carl Kaysen, a member of the Carnegie Commission, keynoted the meeting and focused the discussion on the AAMC response to the Carnegie Commission Report. The region voted to recommend that the AAMC draft document be revised so that it would:

1. Be positive and supporting in tone and language, brief and succinct in language and impact.
2. Emphasize, especially for release to the public, the summary of the AAMC's position, i.e., the affirmative general statement of the December 16, 1970 draft contained in the first two pages numbered *i* and *ii*.

3. Reserve for future hearings and forums the detailed discussion of the areas of disagreement.
4. On the issue of models of medical education, give special emphasis to the Carnegie Commission's advocacy of the desirability of a diversity of models, inclusion of the Flexner model was among the several discussed.

The Midwest group voted to approve the Bylaws change concerning student participation providing that a similar mechanism for faculty participation be developed and implemented. They disapproved of the proposal for the funding of the organization.

Western

Dr. Tupper reported on a meeting held that morning. Dr. Cooper and Dr. Anlyan discussed the Bylaws change regarding student participation. The Western deans agreed after first disapproving the proposal presented that there should be some degree of student participation. On the question of whether this participation should be formal and organized, i.e., providing a vote, the group tied with 3 for and 3 against with the remaining members abstaining. There were several reservations concerning such matters as the potential for representative student input and financial support of the schools necessary for such participation.

VI. Chairman's Report

Dr. DuVal's report highlighted the following areas:

- The Executive Council's adoption of a statement arising out of the GSA which expressed the concern of the Association for meeting the needs of the minority group students.
- The Council on Medical Education's handling of an AMA House of Delegates resolution endorsing the SAMA-MECO project, which invites all medical schools to consider a student-generated, community-based externship program as being eligible for credit in the curriculum. The CME referred the resolution to the LCME which has asked the LCME Task Force on Externships to recommend a course of action.*

* The LCME has met subsequently and has determined to reaffirm its previously stated policy that giving credit for externships is a matter strictly within the purview of each school.

The action of the LCME with respect to problems of accreditation during this period of innovative arrangements in medical education. The LCME has appointed a Task Force on Accreditation Policy which will revise the document "Functions and Structure of a Modern Medical School." It is hoped that this group can more clearly define the position of the LCME on such questions as what a medical school is, and how we protect standards and at the same time avoid rigidity.

The expansion of the membership and function of the LCME. The LCME is exploring the potential for taking responsibility for accreditation of graduate programs in medical education. Now serving as a conference committee through its liaison with speciality boards, AMA councils, and hospitals, the LCME is examining the feasibility of expanding its membership and function toward this end.

The current state of medical school-VA relations. In an effort to resolve the problems leading to their presently strained relationships, the VA and the AAMC have formed a Liaison Committee which will examine the problems and seek approaches toward their solution.

The COD Nominating Committee appointments were announced:

Glenn W. Irwin, Jr., M.D., Indiana University,
*Chairman

John W. Eckstein, M.D., The University of Iowa

Clifford Grobstein, Ph.D., University of
California, San Diego

Rulon W. Rawson, M.D., College of Medicine and
Dentistry of New Jersey at Newark

Arthur P. Richardson, M.D., Emory University

VII. Cost Allocation Studies

A. Progress Report

Mr. Thomas Campbell, Assistant Director of the AAMC Division of Operational Studies, outlined the history of the Cost Allocation Studies being conducted at

thirty-eight medical centers under the auspices of the Division with the assistance of Federal funding. He discussed in some detail the objectives, methodology, and criticisms of the study.

B. "The Significance of Cost Allocation Methodology and Data for Federal Policy Making"

Dr. Leroy Pesch, Dean of the State University of New York, Buffalo, School of Medicine, and Consultant on Health Manpower to the Assistant Secretary for Health and Scientific Affairs, DHEW, addressed the Council and advocated that the studies be viewed as a tool for use by those concerned with the expansion of the capacities of the academic medical center to meet the nation's health needs. It was Dr. Pesch's view that such a tool, intelligently used by both institutional and public planners, will be of great assistance in guiding future expansion in a rational manner and avoiding the haphazard growth of the past.

C. Problems in the Application of the Cost Allocation Data

Mr. Murtaugh, Director of the AAMC Department of Planning and Policy Development, emphasized that the current studies do not provide the basis upon which to make judgments as to the source of differences in costs among institutions for the performance of similar functions. At present there is no unanimity of opinion as to how to identify the quantities of the functions of teaching, research, and service which must be aggregated to equal the cost of medical education. Mr. Murtaugh emphasized the prospective utility of predictive modeling in medical school planning but cautioned that a further stage of development in methodology is required in order to distinguish among variations in resource consumption attributed to differences of measurement, differences of function, and differences of efficiency.

He indicated that the AAMC plans to monitor and coordinate further experimentation in order to assure broad sharing of experiences in this field and to cultivate valid development and general applicability of the methodology.

VIII. Action Items

A. Revision of the AAMC Bylaws, Student Representation in the AAMC Affairs

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VIII. Action Items

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Dr. DuVal discussed the purpose of the change in the Bylaws and provided the history of the proposal for

student participation. From the confrontation of two years past at the COD meeting, it became apparent that students wanted to be a part of the medical community represented by the Association. Later that year the Assembly voted to "explore and develop a mechanism for student participation in the Association."

The Executive Council formed a committee to study such a mechanism. This committee, chaired by Dr. James V. Warren and consisting of Dr. Sherman M. Mellinkoff, Mr. Roy S. Rambeck, Dr. Daniel C. Tosteson, and Dr. David E. Rogers, recommended in April, 1970, the following:

1. That a brochure to aid in disseminating knowledge of the Association vis-a-vis students be published.
2. The students should be further stimulated to become active in programs enacted by the AAMC.
3. We should create a Medical Student Senate stemming from the GSA. Each school would have one representative that would meet on a regional level. Each region would then select one representative to be a member of the Assembly. One representative of these four would be invited to attend meetings of the Executive Council. The Association's attorney advised against this proposal because such a organization would jeopardize the AAMC's tax exempt status.

Last November each school was asked to send one representative to the Annual Meeting. Out of this group a committee of nine was selected which met with the Assembly Chairman and the Association's President to devise a new mechanism which would carry out the mandate of the Assembly, reaffirmed at that meeting. They recommended the following:

1. That there be an OSR consisting of one representative per institutional or provisional institutional member of the COD.
2. That the Organization of Student Representatives be allocated equal to 10 percent of the membership seats in the Assembly.
3. That the Chairman and the Chairman-Elect of the OSR would sit with the Executive Council but only the Chairman would have a vote.
4. That the OSR would meet with the regional GSA.

5. That in regard to funding, the students at each school would contribute \$250 if they cared enough to have representation which would be matched by an equal sum from the dean's office.

The Executive Council deleted the matter of funding from the proposal and accepted the remaining proposal for consideration at the COD regional meetings and possible adoption by the Assembly. Dr. DuVal concluded his remarks and opened the topic for discussion by the Council. Dr. Anlyan spoke first and said that the Association had reaffirmed its commitment to have students participate by virtue of the Assembly resolutions. Regarding the matter of faculty participation, of special concern to the Midwest-Great Plains Deans, he pointed out that the CAS was currently considering a proposal for an Organization of Faculty under the Council of Academic Societies and that any action on the part of the COD on that matter at this time would be premature.

The subsequent debate revealed some uncertainty as to the appropriateness of the OSR as a mechanism for student participation, and indeed whether there should be student participation in the AAMC. One of the primary concerns was that there is a lack of organization and continuity among the students at their own institutions. It was pointed out that it might be hard to get representation from the students for such an organization. Some feeling was expressed that the students would more appropriately be organized within the GSA, although no specific mechanism was proposed. There was considerable concern that an additional institutional assessment to support this activity would impose an intolerable additional burden on the schools. The costs of student travel to attend the meetings of the OSR would have to be borne by the dean's office and this too was viewed as an additional strain on limited resources.

Other comments exposed the concern of many that this proposal was symptomatic of a tendency to proliferate, without adequate consideration, additional organizational units within the Association.

In support of the proposal, it was pointed out that students led a valuable perspective to deliberations, that they had a stake in the conduct of the Association's

affairs, and had received the commitment of the Association to find a mechanism for their participation. The proposed mechanism resulted from a long series of discussions, deliberations, and negotiations and was deemed by those charged with the task of developing the procedures to be an appropriate and acceptable proposal.

A vote was taken to test the consensus of the group. The proposal was endorsed by a divided vote.

B. Election of Affiliate Institutional Member

The University of Sherbrooke Faculty of Medicine was recommended for election to the status of Affiliate Institutional Membership by the Council. The matter is thus automatically placed on the Agenda of the Assembly for consideration at its next business meeting.

C. Corporate Responsibility for Medical Education

The paper prepared by the Committee on Graduate Medical Education of the Council of Academic Societies was distributed to the membership of the Council for consideration. A motion was made and adopted referring the matter to the regional groups for more extended consideration than was possible at this meeting.

D. Planning Coordinators' Section

As this matter was brought to the floor for consideration, the lack of a quorum was suggested. The roll was called and it was determined that no quorum was present.

IX. Adjournment

The meeting adjourned at 5:10 p.m.

2

ORGANIZATION OF STUDENT REPRESENTATIVES

The Association Bylaws revisions adopted at the February meeting of the Assembly provide for student participation in the affairs of the AAMC through an Organization of Student Representatives related to the Council of Deans. Since the Rules and Regulations under which the Organization operates must be approved by the COD and since the relation to the COD is only partially delineated in the Bylaws, it was felt appropriate that a task force be formed to study these matters and make recommendations to the Council. Dr. DuVal appointed Robert M. Bird, M.D., University of Oklahoma, Chairman of the committee with the following membership:

J. Robert Buchanan, M.D., Cornell University

Clifford Grobstein, Ph.D., University of California,
San Diego

John A. Gronvall, M.D., University of Michigan

Emanuel Suter, M.D., University of Florida

He requested that the committee address these questions:

1. What mechanism should be specified by the COD for the election of the Institution's representatives to the OSR?
2. What further definitions are required to clarify the relationship between the OSR and the COD? What channels of communication between the groups need to be established?
3. What financial arrangements need to be specified and/or recommended for adoption by the Assembly?

Dr. Bird's committee is considering these matters and will report to the COD its recommendations.

Council of Deans

Strong interest has been expressed in a thorough discussion of the role of the Council of Deans in the AAMC. Particularly critical is the mechanism or mechanisms for providing input to the deliberations of the AAMC as a whole including the Executive Council and the Assembly. Within this context we should look at the relationship of the regional sections of the COD to the Council as a whole, the role and composition of the Administrative Board, and any other matter the membership wishes to bring before the group. The substantive program offered at the meetings of the COD is of primary importance. The type of program desired in relationship to the scheduling and length of the COD meetings ought to be considered. We have resisted a formally structured agenda for this portion of the May 20 meeting to encourage a free-ranging discussion of any and all issues.

5/20/71

Planning Coordinators' Section

Organization and Objectives

Since early in 1969, groups of interested planners associated with the nation's medical schools in various parts of the country have gathered together in small group sessions and have expressed the general feeling that the lack of understanding of the planning process prevalent at many institutions and the resulting confusion regarding the role of the planner has had a negative effect on the orderly development of health science centers and of medical schools on a national scale; that ill defined goals and misplaced priorities are no longer affordable at a time of rising needs and diminishing resources; and that planners should establish better communication among themselves and should promote the exchange of information through regional and national conferences.

In March of 1970, Dr. Walter Rice reported to the medical school deans on the growing interest in formally organized planning in medical schools and academic medical centers. The deans were asked at that time to identify the individual(s) responsible for the planning function at their respective institutions. Approximately 100 designated an institutional planning coordinator.

These activities culminated in a meeting of the Planning Coordinators at the AAMC 1970 Annual Meeting. At its December 16, 1970 meeting, the Executive Council voted to recommend to the COD that a Medical Center Planning Coordinators Section be formed under the COD, a non-voting section comparable to the Business Officers Section in its relationship to the COD.

During the past year, the Steering Committee of the Planning Coordinators has been active in planning the future activities of the proposed section and in maintaining communications within their respective regions. Each of the following Steering Committee members plays a prominent role in coordinating planning activities at their respective institutions:

Gerlandino Agro - Director of Planning and Construction
New York Medical College (Committee Chairman)

Jane Elchlepp, M.D., Ph.D. - Assistant to the Vice President for
Health Affairs
Duke University School of Medicine

Richard Grenfell - Associate University Architect, President's Office
University of California, San Francisco

John Hornback - Resident Architect
Stanford University Medical Center

David E. Price, M.D. - Director of Planning
The Johns Hopkins Medical Institutions

Walter G. Rice, M.D. - Director, Medical Center Planning
University of Michigan

Kenneth B. Wheeler - Assistant Executive Vice President
Northwestern University, McGaw Medical Center

The Steering Committee, supported by many others with academic medical center planning responsibilities, has concluded that future activities should be pursued as a section of the COD organized in a manner sufficiently formal to pursue appropriate goals and interests. The primary purpose of the proposed group would be to foster the application of sound and professional practices in planning for health education programs and facilities. Through group meetings and workshops, there would be an opportunity for its members to meet, to share ideas and to exchange information of personal and professional benefit and mutual interest. Further, the establishment of such a section would provide a locus for the gathering and retreating of information pertinent to planning for medical colleges and health science centers.

The Steering Committee has agreed that membership in the Planning Coordinators Section should consist of that person, or team of persons, regarded by the medical school dean as most involved with coordinating the following critical elements of the planning process:

1. The determination and identification of institutional goals, objectives and missions
2. Collection and analysis of data to enable an informed determination of mission, the assignment of objectives and the selection of goals
3. Communications between operational units in the organization
4. Anticipation or projection and evaluation of trends or developments which must be considered in the formulation of objectives and goals
5. Translation of plans into functional and physical terms; first through an identifiable program and then to design, funding and construction of suitable facilities for these programs
6. Evaluation and continuous review of changes which are occurring

The Steering Committee has emphasized that the main thrust of the planners associated with the move to organize as a section is emphasis on the function rather than the office of a planning coordinator whose role it is to bring together the specialized planning of those best able to contribute to a medical center's future design or objectives. The "Planning Officer" works with others to assist focusing thinking on a particular objective. He is not to be cast, necessarily, in the role of a policy or decision maker. This would normally be left to the dean or the medical center vice president or other top management officers.

Dr. Walter Rice has summarized his views of the concept of planning which "implies total institutional commitment to an ongoing process which is intricately interrelated with operational activities. The function of formal planning is to insure that the effects of decisions on all parts of the system

are understood, to determine feasibility and design routes and acceptable alternatives to achieve objectives and goals, to evaluate the effects of external influences and trends, and to assist in translation of these intangible programs and facilities."

Programs at Annual AAMC Meetings

The Planning Coordinators held their first program at the AAMC Annual Meeting on October 31, 1970. This program, which was attended by approximately 140, was divided into two sections: "Planning for Construction" and "Planning for Strategy." Both agenda sections seemed to be very well received. There were approximately ten minutes at the conclusion of each section for questions from the floor. The principal guest speaker, Mr. Monte Throdahl, Vice President for Monsanto Company, gave a very enlightening address on the theme "Planning in Industry as an Instrument for Policy Development."

The Steering Committee has been considering another program at the 1971 Annual Meeting in Washington.

Summary

The Council of Deans is being asked to approve the Executive Council's recommendation that a Medical Center Planning Coordinators Section be established within the AAMC on a non-voting basis and accountable to the Council of Deans.

Proposed Provisional and Institutional Members of the AAMC

According to the new Bylaws, that were adopted by the Assembly in February 1971, all changes and/or additions to the institutional membership of the AAMC shall be initiated by the Council of Deans.

Provisional Institutional Members shall be those new developing schools and colleges of the United States. Only those Provisional Institutional Members who have enrolled students may 1) be represented in the Assembly, 2) have the privilege of the floor, 3) be entitled to vote at all meetings, and 4) be members of the COD. The following schools have been officially considered "in development" by the Liaison Committee on Medical Education and have receive letters of reasonable assurance, indicating that there is reasonable assurance of full accreditation at the time the first class of medical students graduates.

1. University of South Florida College of Medicine
2. University of Minnesota-Duluth, Medical Education Program
3. University of Missouri-Kansas City, School of Medicine
4. University of Nevada-Reno, School of Medicine
5. Rush Medical College
6. SUNY-Stony Brook, Medical School
7. University of Texas Medical School at Houston

All of these schools are planning to accept medical students by the fall of 1971, except the University of Minnesota-Duluth, Medical Education Program which is planning to enroll students in the fall of 1972.

Institutional Members shall be medical schools and colleges of the United States and shall enjoy the privileges outlined above. The University of Arizona College of Medicine and the Pennsylvania State University College of Medicine will graduate their first classes this spring - Arizona on May 29 and Penn State on June 19. Both schools are being visited by the Liaison Committee on Medical Education this spring. (Under LCME policy, every developing medical schools is visited prior to the graduation of the first class after which full accreditation is normally granted.) Although the Liaison Committee has not yet taken final action on these two schools, any change in the type of membership, which would be finalized by vote at the 1971 Annual Assembly Meeting, should be recommended by the COD at its May 20 meeting so that the recommendations can go before the Executive Council at its September meeting. A recommendation could be made contingent upon the receipt of full accreditation from the LCME.

Prerequisites and Election Procedures
for AAMC Institutional Membership

The new Bylaws, adopted in February 1971, provide that:

1. The Executive Council shall set educational standards and criteria as prerequisites for the election of members of the Association.
2. All institutional members shall be recommended by the COD to the Executive Council and the Executive Council shall recommend to the Assembly.

The proposal, which follows, outlines standards and criteria for the election of institutional members. Even though the Executive Council must set these, it is the prerogative of the COD to recommend such members to the Executive Council. Therefore, it seems appropriate, as suggested by the COD Chairman, that the proposed standards and criteria be reviewed and recommended to the Executive Council by the COD.

The new Bylaws state that provisional institutional members be newly developing medical schools and colleges of the United States. No other criteria is specified. Furthermore, there is no longer a provision for annual progress reports from these schools prior to their annual re-election by the Assembly, as specified in the previous Bylaws.

The new Bylaws do specify that provisional institutional members shall not have the privilege of the floor, nor are entitled to vote, nor are entitled to membership in the COD until they have admitted the first class of students. There is also no indication in the new Bylaws of when a provisional member may become a full institutional member: I, Section 1, A says: "Institutional members shall be medical schools and colleges of the United States." It is assumed that a class of medical students must have graduated from the school and that the school would have received full accreditation in order for it to become a full institutional member in the Association, as was previously the case.

The following proposal speaks to these essential points. It is presented for your review and recommendation to the Executive Council.

PROPOSAL

Prerequisites and Election Procedures for AAMC Institutional Membership

The following are the procedures and criteria for obtaining Institutional Membership in the Association of American Medical Colleges. The Executive Council hereby specifies the following*:

I. Provisional Institutional Membership

A) Action by the School

A letter from a developing medical school requesting provisional institutional membership in the Association of American Medical Colleges, that letter indicating that the medical school or college has fulfilled the following:

- 1) has an appropriate sponsor
- 2) has a definite commitment by that sponsor
- 3) has appointed a full-time dean
- 4) has received reasonable assurance of accreditation from the Liaison Committee on Medical Education

B) Action by the Council of Deans

Upon the receipt of said letter and notification from the Liaison Committee on Medical Education of reasonable assurance, the Council of Deans at its next business meeting shall consider the request and shall determine its recommendation to the Executive Council.

C) Action by the Executive Council

The Executive Council at its business meeting following the Council of Deans' meeting shall act on the recommendation from the Council of Deans.

D) Action by the Assembly

The recommendation of the Executive Council shall be presented to the Assembly of the Association and acted on by the Assembly at its next business meeting. Election by the Assembly shall be by majority vote.

II. Institutional Membership

- A) Institutional Members shall be those medical schools and colleges of the United States who have graduated a first class of medical students and have been granted full accreditation by the Liaison Committee on Medical Education.

B) Action by the Council of Deans

The Council of Deans shall determine its recommendation to the Executive Council regarding the membership status of those medical schools or colleges graduating the first class contingent upon receipt of full accreditation by the Liaison Committee on Medical Education prior to the next business meeting of the Assembly.

C) Action by the Executive Council

The Executive Council at its business meeting following the Council of Deans' meeting shall act on the recommendation from the Council of Deans.

D) Action by the Assembly

The recommendation of the Executive Council shall be presented to the Assembly of the Association and acted on by the Assembly at its next business meeting. Election by the Assembly will be by majority vote.

- * Under VI, Section 1 of the Bylaws, the Executive Council shall set educational standards and criteria as prerequisites for the election of members of the Association;

4/15/71

Responsibility of Academic Medical Centers
for Graduate Medical Education

Recommended changes in the "policy" statement on the Responsibility of Academic Medical Centers for Graduate Medical Education made at each of the regional COD meetings have been transmitted back to the Ad Hoc Committee which developed the draft policy statement. Annotations on these changes are shown on the next page. The statement will be presented for action at the meeting of the Assembly in October. (The final draft will be on the COD October Agenda if the COD members have not received it through some other mechanism again prior to that time.)

TO: Council of Deans
Council of Academic Societies
Council of Teaching Hospitals

The Ad Hoc Committee on Corporate Responsibility for Graduate Medical Education submitted a report to the Councils of the Association at the February 1971 meeting. It was recommended by the Executive Council that the title of the report be modified, indicating that the report was a study of the implications of corporate responsibility for graduate medical education rather than a policy statement. The Executive Council also requested that a brief policy statement be derived from the report and submitted to the Councils for study.

This policy statement was developed by the Committee listed below and is respectfully submitted for study by the Councils of the Association.

Thomas D. Kinney, M.D., Council of Academic Societies
John Parks, M.D., Council of Deans
David Thompson, M.D., Council of Teaching Hospitals
Mr. John M. Danielson, Staff
Marjorie P. Wilson, M.D., Staff
August G. Swanson, M.D., Staff

April 13, 1971

The modifications indicated either by deletions or by additions in *italics* were recommended by the COTH Administrative Board and the Executive Committee of the Executive Council.

April 15, 1971

The policy statement set forth below was derived from a report on the "Implications of Corporate Responsibility for Graduate Medical Education". That document should be used for guidance in the development of the assumption of responsibility for graduate medical education by academic medical centers.

~~POLICY STATEMENT ON THE
CORPORATE RESPONSIBILITY FOR
GRADUATE MEDICAL EDUCATION~~

The Association of American Medical Colleges endorses the concept that graduate medical education should become

NORTHEAST COD

POLICY STATEMENT ON THE UNIFIED
RESPONSIBILITY OF ACADEMIC MEDICAL CENTERS
FOR GRADUATE MEDICAL EDUCATION

SOUTHERN COD

STATEMENT OF GOALS ON THE RESPONSIBILITY
OF ACADEMIC MEDICAL CENTERS FOR GRADUATE MEDICAL
EDUCATION

a corporate responsibility of the faculties of the academic medical centers. Through this endorsement the Association urges the faculties of academic medical centers to develop in conjunction with their parent universities and their teaching hospitals, programmatic plans for taking responsibility for graduate medical education in a manner analogous to presently established procedures for undergraduate medical education.

Assumption of this responsibility by academic medical center faculties means that the entire faculty will establish mechanisms to: determine the general objectives and goals of its graduate programs and the nature of their teaching environment, review curricula and instructional plans for each specific program, arrange for evaluating graduate student progress periodically, and confirm student readiness to sit for examinations by appropriate specialty boards.

The Association encourages hospitals with extensive, multiple graduate education programs, which are not now affiliated with academic medical centers to develop their own internal procedures for student selection, specific program review and proficiency examinations. The accrediting agency is urged initially to accredit the entire graduate program of these hospitals. Ultimately, these institutions should either develop affiliations with degree-granting academic medical centers or seek academic recognition as free-standing graduate medical schools. Hospitals with limited graduate programs desiring to continue their educational endeavors, should seek affiliation with an accredited academic medical center.

NORTHEAST
COD

The Association urges that the Liaison Committee on Medical Education, the Residency Review committees of the AMA, and the several Specialty Boards AND OTHER APPROPRIATE ORGANIZATIONS continue their efforts toward developing procedures which will provide for accrediting an entire institution's graduate medical education program by one accrediting agency.

MIDWEST
COD

The Association further urges that the specialty boards continue to develop test instruments for measuring achievement of individual candidates that avoid superimposing rigid program requirements on the academic medical centers.

~~The development of graduate education curricula and instructional programs should take cognizance of appropriate financing for both the service and educational components of the graduate experience.~~

NORTHEAST
COD

IT IS ESSENTIAL THAT ALL RELATED COMPONENTS OF ACADEMIC MEDICAL CENTERS DEVELOP TOGETHER APPROPRIATE FINANCING FOR THE SUPPORT OF EDUCATION, RESEARCH & SERVICE IN THE GRADUATE EXPERIENCE.

MIDWEST
COD

IT IS ESSENTIAL THAT ALL RELATED COMPONENTS (INCLUDING HOSPITALS) OF ACADEMIC MEDICAL CENTERS DEVELOP TOGETHER APPROPRIATE FINANCING FOR THE PROGRAM COSTS OF GRADUATE MEDICAL EDUCATION.

VA/MEDICAL SCHOOL RELATIONSHIPS

The AAMC/VA Liaison Committee will hold a two-day meeting late in May to deal with strengthening the working partnership between the Veterans Administration Department of Medicine and Surgery and the academic medical centers. In preparation for this meeting, the Council of Deans was urged to forward recommendations for agenda items. Following is a summary of the responses:

The VA hospital/medical school relationship is viewed as a mutually advantageous (or at least possibly advantageous) partnership, providing additional faculty support and clinical teaching resources for the schools and quality personnel and care for the VA. Difficulties arise, however, through funding and organizational patterns and practices both in the VA and in the schools. Inadequate VA funding is resulting in many cases of deteriorating facilities, and income levels threaten quality manpower recruitment, while administration and local policies hinder hospital/school interaction.

If patient care and teaching are to be comparable in the two settings, VA and school facilities and faculty must be comparable. A cooperative agreement whereby the affiliated hospital is seen as an integral part of the total health care center could help the VA build more comprehensive teaching and care programs, and could provide the schools with additional teaching material as classes are expanded. Both could benefit from facility sharing. In some areas distance between school and affiliated hospital is a hindrance to such a relationship, while the inability of station administration to formulate local policies relating to hospital/school interaction is the key in others.

Specific areas of need and concern were identified:

Salary Supplementation

There was agreement on the need for comparable income levels including fringe benefits, either through increased salary levels or participation in practice plans. Supplementation by the universities, who already face severe financial problems, should not be viewed as the only mechanism for income adjustment.

Appointment Practices

There was reference to the need for a mechanism to allow VA physicians to have departmental and other administrative appointments in the schools, and to allow physicians with the university hospital and the VA hospital to move freely between patient-care units applying special knowledge and skills without regard to the classification of the patient. Another matter related to the over-emphasis by the VA on recruiting VA hospital directors from within their organization and on seniority. It was felt that this can reduce the availability of really qualified people and can, thus, strain VA/school relationships.

Staff Rotation Regulations

Restrictive regulations were also seen to interfere unduly with the flexibility of scheduling residents and staff rotations with the VA hospital, not permitting maximum utilization of available manpower. There was also the complaint that demands of service function on the resident staff are so heavy that educational opportunities are often lost.

Allocation of Research Funds

The VA system does provide some funds to support clinical research activities at its hospitals. There is concern, however, about the availability of funds to non-full-time VA physicians who are an important part of the research enterprise at VA hospitals. The formula by which funds are to be distributed to the stations is also of concern.

Organization of Programs

Questions were raised about the future of the VA and what will happen to the VA hospital system and its clients if national health insurance or health maintenance organizations come about. There were suggestions to clarify the impact on VA/school relationships of the VA's new policy on regionalization.

All of these matters have been incorporated into the Retreat agenda. A report will be forthcoming shortly after the May meeting.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

INTER-OFFICE MEMO

DATE May 6, 1971

Retain - 6 mos.	<input type="checkbox"/>
1 yr.	<input type="checkbox"/>
5 yrs.	<input type="checkbox"/>
_____	<input type="checkbox"/>
Permanently Follow-up Date	<input type="checkbox"/>

TO: Council of Deans
FROM: Merlin K. DuVal, M.D.
SUBJECT: BORDEN AND FLEXNER AWARD NOMINATIONS

This is a reminder that the deadline for Borden and Flexner Award nominations is close at hand. Guidelines for submission are attached.

COPIES TO:

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #71-3

February 15, 1971

TO: Members of the Assembly
FROM: John A. D. Cooper, M.D., President
SUBJECT: BORDEN AWARD NOMINATIONS

Nominations for the Borden Award in the Medical Sciences for 1971 are now open.

This award was established by the Borden Company Foundation, Inc. in 1947 and consists of \$1,000 in cash and a gold medal to be granted in recognition of outstanding clinical or laboratory research by a member of the faculty of a medical school which is a member of the Association of American Medical Colleges.

Regulations Governing the Award

1. Nominations may be made by any member of the faculty of a medical school which is a member of the Association of American Medical Colleges.
2. The Award in any year will be made for research which has been published during the preceding five calendar years.
3. No person may receive more than one Borden Award for the same research, although he may receive a later Award for a different research project.
4. If two or more persons who have collaborated on a project are selected for an award, the gold medal and check shall be presented to the group, and bronze replicas of the medal presented to each of the collaborators.
5. The Association may refrain from making an Award in any year in which no person reports research of the quality deserving an Award.
6. Only one Award shall be made during any one year.
7. A nominee who fails to receive the Award may be nominated for the Award for the same work in a subsequent year.
8. Materials supporting nomination should include:
 - (a) Six copies of a statement covering the academic history and scientific accomplishments of the nominee.
 - (b) Six copies of a reasoned statement of the basis for the nomination.
 - (c) Six copies of reprints reporting the nominee's important researches.
9. All materials supporting nominations should be sent to me by May 17, 1971 so I can forward them to the members of the Borden Award Committee. The committee will give consideration to the nominations and make recommendations to the Executive Council of a candidate for this award.

BB/JADC/ech

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #71-4

February 15, 1971

TO: Members of the Assembly
FROM: John A. D. Cooper, M.D., President
SUBJECT: FLEXNER AWARD NOMINATIONS

The purpose of this memorandum is to request nominations for the 1971 Flexner Award.

In establishing the Abraham Flexner Award for Distinguished Service to Medical Education in 1958, the Association of American Medical Colleges' intent was to recognize extraordinary individual contribution to medical schools and to the medical educational community as a whole.

Previous recipients of this award include:

Lister Hill	Willard C. Rappleye
Stanley E. Dorst	Herman G. Weiskotten
James A. Shannon	Alfred N. Richards
Joseph T. Wearn	Joseph C. Hinsey
Ward Darley	John M. Russell
Lowell T. Coggeshall	Eugene A. Stead, Jr.
George Packer Berry	

Only one award will be made in any one year; any person will be eligible for nomination; and, nominations may be made by any person. Each nomination sent to the Committee must be accompanied by an appropriate statement of evidence in justification of the nomination.

It is hoped that you will transmit your nominations to me by May 17, 1971 so I can forward them to the members of the Flexner Award Committee. The committee will give consideration to the nominations and make recommendations to the Executive Council of a candidate for this award.

BB/JADC/ech

Change in Date of February Meeting

There has been some discussion regarding a change in the date and place of the February Assembly meeting in Chicago possibly to a later date in the spring. The staff would appreciate some expression of the COD's opinion on such a change.