9:45 - 11:00 a.m. THE AVAILABILITY AND SPECIALTY DISTRIBUTION OF FIRST YEAR RESIDENCY PROGRAMS

Text: "Graduate Medical Education Viewed From the National Intern & Resident Matching Program"

Discussion Leader: J. Robert Buchanan
Dean
Cornell University
Medical College

Resource Person: John S. Graettinger
Executive Vice President
NIRMP

11:00- 11:30 a.m. BREAK

11:30 - 1:00 p.m. ACCREDITATION IN MEDICINE — ROLE, FUNCTION & CHALLENGES

Text: "Accreditation: The Public Policy Nexus"

Discussion Leader: Steven Beering
Dean
Indiana University
School of Medicine

Resource Persons: Marjorie P. Wilson
Director
AAMC Dept. of Institutional Development

James R. Schofield
Director
AAMC Division of Accreditation

1:00 - 6:30 p.m. UNSCHEDULED

6:30 - 10:00 p.m. **Session V**

6:30 - 8:30 p.m. Cocktails & Steak Fry *South Lawn*

8:30 - 10:00 p.m. DISCUSSION WITH AAMC PRESIDENT John A. D. Cooper *Belleair Room*

**Wednesday, April 28**

8:30 - 11:00 a.m. **Session VI** *Candlelight Room*

*"ISSUES AND RESPONSES"*

8:30 - 9:30 a.m. REVIEW & RESPONSE TO THE IOM SOCIAL SECURITY STUDIES

Text: IOM Social Security Studies

Discussion Leader: John A. Gronvall
Dean
U. of Michigan
Medical School

Resource Persons: Robert Petersdorf
Chairman of Medicine
U. of Washington &
Member of Steering Committee for IOM Studies

Richard M. Knapp
Director
AAMC Department of Teaching Hospitals

9:30 - 10:30 a.m. THE EFFECT OF FEDERAL PROGRAMS ON ACADEMIC MEDICAL CENTERS

Text: Rand Study; AAMC Impact Study

Discussion Leader: Chandler A. Stetson
Dean
U. of Florida
School of Medicine

Albert P. Williams, Jr.
Senior Economist
Rand Corporation

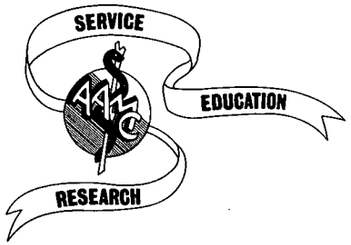
Thomas E. Morgan
Director
AAMC Division of Biomedical Research

10:30 - 11:00 a.m. BREAK

11:00 - 12:00 Noon **Session VII** *Candlelight Room*

COUNCIL OF DEANS BUSINESS MEETING

12:00 Noon ADJOURNMENT




ASSOCIATION OF
AMERICAN MEDICAL COLLEGES
COUNCIL OF DEANS
SPRING MEETING

# THE ACADEMIC MEDICAL CENTER: PRESENT AND PROSPECTIVE CHALLENGES

**April 25-28, 1976**
**Belleview Biltmore Hotel**
**Clearwater, Florida**

# 1976 SPRING MEETING OF THE COUNCIL OF DEANS

April 25–28, 1976

Belleview Biltmore Hotel
Clearwater, Florida

*"THE ACADEMIC MEDICAL CENTER: PRESENT AND PROSPECTIVE CHALLENGES"*

## PROGRAM OVERVIEW

Academic Governance & Medical School–Teaching Hospital Relations
*Sessions I, II, III*

Issues and Responses
*Sessions IV & VI*

Steak Fry & Discussion with the AAMC President (Spouses invited)
*Session V*

Council of Deans Business Meeting
*Session VII*

## PROGRAM

*"THE ACADEMIC MEDICAL CENTER: PRESENT AND PROSPECTIVE CHALLENGES"*

**Sunday, April 25**

Noon - 5:00 p.m. ARRIVAL & REGISTRATION — *Hotel Lobby*

5:00 - 6:30 p.m. **Session I** — *Candlelight Room*

5:00 - 5:15 p.m. WELCOME & OVERVIEW OF MEETING
John A. Gronvall
Chairman, COD

5:15 - 6:30 p.m. ACADEMIC GOVERNANCE: A POLITICAL FRAMEWORK
J. Victor Baldridge
Asst. V.P. for Academic Affairs
California State University at Fresno

6:30 - 7:30 p.m. RECEPTION — *South Lawn*

7:30 p.m. DINNER — *Dining Room*

**Monday, April 26**

8:30 - 1:00 p.m. **Session II** — *Belleair Room*

*"THE CHALLENGES OF GOVERNANCE AT THE MEDICAL SCHOOL—TEACHING HOSPITAL INTERFACE"*
(What is the Academic Medical Center?)

8:30 - 9:15 a.m. MEDICAL SCHOOL–TEACHING HOSPITAL RELATIONS: SPHERES OF INFLUENCE
George R. DeMuth
Deputy Director
AAMC Department of Institutional Development

9:15 - 10:00 a.m. GOVERNANCE IMPERATIVES OF THE TEACHING HOSPITAL
Mitchell T. Rabkin
General Director
Beth Israel Hospital

10:00 - 10:45 a.m. ACADEMIC GOVERNANCE & SERVICE COMMITMENTS: A CHAIRMAN'S PERSPECTIVE
Saul J. Farber
Chairman of Medicine
New York University School of Medicine

10:45 - 11:15 a.m. BREAK

11:15 - 1:00 p.m. GOVERNANCE AT THE INTERORGANIZATIONAL INTERFACE

Small Group Discussions

1:00 - 8:30 p.m. UNSCHEDULED

8:30 - 10:00 p.m. **Session III** — *Belleair Room*

*"PERSPECTIVES ON THE PROCESS"*

Marvin R. Weisbord
Director
Organization Research & Development
a division of Block Petrella Associates, Inc.

Panel & General Discussion
Moderator: Julius R. Krevans
Dean
U. of California—San Francisco

Panel: George R. DeMuth
Mitchell T. Rabkin
Saul J. Farber
Marvin R. Weisbord

**Tuesday, April 27**

8:30 - 1:00 p.m. **Session IV** — *Belleair Room*

*"ISSUES AND RESPONSES"*

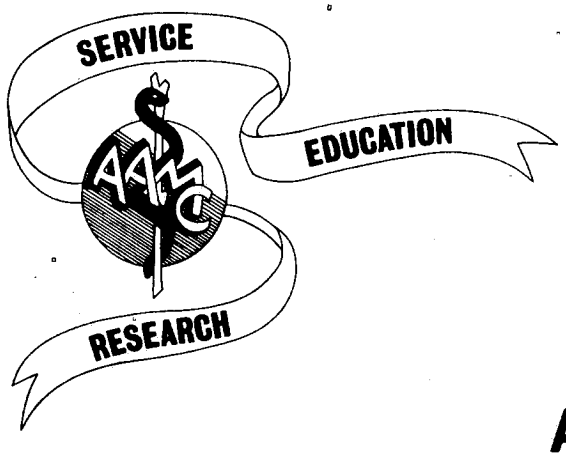
8:30 - 9:45 a.m. STUDENT FINANCIAL RESOURCES — THE NEED FOR ASSISTANCE

Text: How Medical Students Finance Their Education

Discussion Leader: Christopher C. Fordham III
Dean
U. of North Carolina School of Medicine

Resource Persons: Bernard Nelson
Asso. Dean, Academic Affairs
U. of Wisconsin Medical School

Robert J. Boerner
Director
AAMC Division of Student Programs




# AGENDA

## FOR

# COUNCIL OF DEANS

SPRING BUSINESS MEETING

WEDNESDAY, APRIL 28, 1976

11:00 AM - 12:00 NOON

CANDLELIGHT ROOM
BELLEVIEW BILTMORE HOTEL
CLEARWATER, FLORIDA

## ASSOCIATION OF AMERICAN MEDICAL COLLEGES

One Dupont Circle, N. W.

Washington, D. C.

COUNCIL OF DEANS
SPRING BUSINESS MEETING
April 28, 1976
11 a.m. - 12 Noon
Candlelight Room
Belleview Biltmore Hotel
Clearwater, Florida

AGENDA

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF DEANS
ANNUAL BUSINESS MEETING

November 3, 1975
2 p.m. - 5 p.m.
Ballroom East
Washington Hilton Hotel
Washington, D.C.

MINUTES

I. Call To Order

The meeting was called to order at 2 p.m. by Ivan L. Bennett, Jr., Chairman.

II. Quorum Call

The presence of a quorum was noted with 85 voting members of the Council seated.

III. Consideration of Minutes

The minutes of the Council of Deans Spring Meeting in Key Biscayne, Florida were approved as submitted.

IV. Report of the Chairman

The report of the Chairman was included in the agenda book.

V. Assembly Action Items

A. Amendment to AAMC Bylaws

The Executive Council recommended to the Assembly the adoption of the following statements to the AAMC Bylaws:

Add to Title I, Section 1:

I. Corresponding Members

Corresponding members shall be hospitals involved in medical education in the United States or Canada which do not meet the criteria established by the Executive Council for any other class of membership listed in this section.

Add to Title I, Section 3:

F. Corresponding Members will be recommended to the Executive Council by the Council of Teaching Hospitals.

Add the italicized language, as it appears below, to Title III:

There shall be an Organization of Student Representatives related to the Council of Deans, operated in a manner consistent with rules and regulations approved by the Council of Deans and comprised of one representative of each institutional member that is a member of the Council of Deans chosen from the student body of each such member. *Institutional members whose representatives serve on the Organization of Student Representatives Administrative Board may designate two representatives on the Organization of Student Representatives, provided that only one representative of any institutional member may vote in any meeting.* The Organization of Student Representatives shall meet at least once each year at the time and place of the annual meeting of the Council of Deans in conjunction with said meeting to elect a Chairman and other officers, to recommend student members of committees of the Association, to recommend to the Council of Deans the Organization's representatives to the Assembly, and to consider other matters of particular interest to students of institutional members. All actions taken and recommendations made by the Organization of Student Representatives shall be reported to the Chairman of the Council of Deans.

Action:

On motion, seconded and passed, the Council of Deans voted to endorse the Executive Council recommendation of passage of the amendments to the AAMC Bylaws.

B. Election of Institutional Members

The University of South Florida College of Medicine and the Southern Illinois University School of Medicine had received full accreditation by the LCME, had graduated a class of students and were eligible for full Institutional Membership in the AAMC. The Executive Council recommended to the Assembly the election of those schools to Institutional Membership in the AAMC, contingent upon approval of the full Council of Deans.

Action:

On motion, seconded and passed, the Council approved the Executive Council recommendation to elect the University of South Florida College of Medicine and the Southern Illinois University School of Medicine to Institutional Membership in the AAMC.

C. Election of Provisional Institutional Member

The University of South Carolina-Columbia School of Medicine had received a Letter of Reasonable Assurance from the LCME and was eligible for Provisional Institutional Membership in the AAMC. The Executive Council recommended that school be elected by the Assembly to Provisional Institutional Membership contingent upon approval by the COD.

Action:

On motion, seconded and passed, the Council of Deans voted to approve the Executive Council recommendation to the Assembly of the election of the University of South Carolina-Columbia School of Medicine to Provisional Institutional Membership.

D. Election of Distinguished Service Members

The Council of Deans Administrative Board established a new procedure for the nomination of Distinguished Service Members. A nominating committee consisting of the following members was appointed:

J. Robert Buchanan, Chairman
Robert L. Van Citters
Christopher C. Fordham III

The committee solicited recommendations from the general membership and, in accordance with the Board's direction, stipulated that each candidacy be supported by a description of the "active and meritorium participation of the candidate in the affairs of the AAMC while a member of the Council of Deans".

On the basis of the responses received and its own deliberations, the committee made the following recommendations which were subsequently endorsed by the Administrative Board and forwarded to the Executive Council:

George N. Aagaard
Donald G. Anderson
Clifford G. Grulee
Leon O. Jacobson
William Mayer
Stanley Olson
Lewis Thomas

The Executive Council recommended that these individuals be elected to Distinguished Service Membership in the AAMC, by the Assembly contingent upon approval by the Council of Deans.

Action:

On motion, seconded and passed, the COD voted to ratify the action of its Administrative Board and the Executive Council and clear the matter for Assembly action.

E. The Response of the AAMC to the Principal Recommendations of the Goals and Priorities Committee Report of the National Board of Medical Examiners

The statements appearing below represent a consensus of the Executive Council derived from a task force report which provided the basis for extensive discussion and debate by the Councils, the Organization of Student Representatives and the Group on Medical Education. The statements were prepared for presentation to the Assembly for ratification.

## RESPONSES

1. *The AAMC believes that the 3 part examination system of the National Board of Medical Examiners should not be abandoned until a suitable examination has been developed to take its place and has been assessed for its usefulness in examining medical school students and graduates in both the basic and clinical science aspects of medical education.*

2. *The AAMC recommends that the National Board of Medical Examiners should continue to make available examination materials in the disciplines of medicine now covered in Parts I and II of the National Board exams, and further recommends that faculties be encouraged to use these materials as aids in the evaluation of curricula and instructional programs as well as in the evaluation of student achievement.*

3. *The AAMC favors the formation of a qualifying exam, the passing of which will be a necessary, but not necessarily sufficient, qualification for entrance into graduate medical education programs. Passage of Parts I and II of the National Board examination should be accepted as an equivalent qualification.*

The following recommendations pertain to the characteristics and the utilization of the proposed qualifying exam.

a. *The exam should be sufficiently rigorous so that the basic science knowledge and concepts of students are assessed.*

b. *The exam should place an emphasis on evaluating students' ability to solve clinical problems as well as assessing students' level of knowledge in clinical areas.*

c. *The exam should be criterion-referenced rather than norm-referenced.*

d. *Scores should be reported to the students taking the exam, to the graduate programs designated by such students and to the schools providing undergraduate medical education for such students.*

e. *The exam should be administered early enough in the students' final year that the results can be transmitted to the program directors without interference with the National Intern and Resident Matching Program.*

f. *Students failing the exam should be responsible for seeking additional education and study.*

g. *Graduates of both domestic and foreign schools should be required to pass the exam as a prerequisite for entrance into accredited programs of graduate medical education in the U.S.*

4. *The AAMC doubts that medical licensure bodies in all jurisdictions will establish a category of licensure limited to practice in a supervised education setting. Therefore, the AAMC recommends that the Liaison Committee on Graduate Medical Education should require that all students entering accredited graduate medical education programs pass the qualifying exam. The LCGME is viewed as the appropriate agency to implement the requirement for such an exam.*

5. *The AAMC should assume leadership in assisting schools to develop more effective student evaluation methodologies and recommends that the Liaison Committee on Medical Education place a specific emphasis on investigating schools' student evaluation methods in its accreditation surveys.*

6. *The AAMC recommends that the LCGME and its parent bodies take leadership in assisting graduate faculties to develop sound methods for evaluating their residents, that each such faculty assume responsibility for periodic evaluation of its residents and that the specialty boards require evidence that the program directors have employed sound evaluation methods to determine that their residents are ready to be candidates for board exams.*

7. *The AAMC recommends that physicians should be eligible for full licensure only after the satisfactory completion of the core portion of a graduate medical educational program.*

Action:

By motion, seconded and passed, the Council of Deans voted to ratify the action of the Executive Council and clear "The Responses of the AAMC to the Principal Recommendations of the Goals and Priorities Committee Report to the National Board of Medical Examiners" for approval by the Assembly.

VI. COD Action Items

A. Resolution Regarding Institutional Selection of OSR Representatives

The COD Administrative Board recommended that the Council adopt the following resolution which interprets the intent of the COD Guidelines for the OSR in regard to selection of representatives to that body.

"The Council of Deans reaffirms its intention that students play a major role in the selection of institutional representatives to the Organization of Student Representatives. The Guidelines for the Organization of Student Representatives adopted by the Council of Deans on May 20, 1971 expresses this intention in the following manner:

> 'A medical student representative from each participating Institutional Member and Provisional Member of the COD shall be selected by a process which will facilitate representative student input and be appropriate to the governance of the institution.'

While the Council is unwilling to mandate a particular method of student selection, it reaffirms the view that the appointment of the representative by the dean acting alone or by a committee in which the students do not have a major voice, or by any other means which precludes substantial student participation is inappropriate to the objectives of the AAMC in establishing the OSR. It is intended to be a vehicle for representative student input into the deliberations and decisions of the AAMC."

Action:

On motion, seconded and passed, the Council of Deans voted to adopt the resolution.

B. Report of the Nominating Committee--Election of Officers

Dr. William R. Drucker, University of Virginia, gave the report of the COD Nominating Committee which was constituted as follows:

Frederick C. Robbins, Chairman
William R. Drucker
Ephraim Friedman
Donn L. Smith
C. John Tupper

The Committee had considered the responses of Council members to the March 31, 1975 memorandum soliciting recommendations for nominations to fill the offices of the Council of Deans and proposed the following slate:

For Chairman-Elect of the Council of Deans:

J. Robert Buchanan
Dean, Cornell University
Medical College

For Member-at-Large of the Council of Deans Administrative Board:

Andrew D. Hunt
Dean, Michigan State University
College of Medicine

The floor was opened for additional nominations; none were made.

Action:

On motion, seconded and passed, the Council of Deans approved the proposed slate and elected its officers for the coming year.

In addition, the nominating committee on considering the recommendations of the Council, recommended that the AAMC Nominating Committee charged with proposing a slate to the Assembly for Executive Council members and Association Officers nominated the following persons:

For Chairman-Elect of the Assembly & Executive Council:

Ivan L. Bennett, Jr.
Dean, New York University
School of Medicine

For COD Representatives to the Executive Council:

Robert L. Van Citters
Dean, University of Washington
School of Medicine

Clayton Rich
Dean, Stanford University
School of Medicine

William H. Luginbuhl
Dean, University of Vermont
College of Medicine

Chandler A. Stetson, Jr.
Dean, University of Florida
College of Medicine

C. Input to Retreat Agenda

The Chairmen and Chairmen-Elect of the Councils and the Assembly were scheduled to meet during the second week in December with selected AAMC staff to discuss AAMC activities and plan the Association's programs for the coming year. The Council was asked for suggested topics for the agenda of that retreat and the following were offered:

1. Health Manpower Legislation
2. Continuing Education--Role of the AAMC
3. Housestaff Unionization
4. CCME--where it is; where it's going
5. MCAAP--non-cognitive factors

6. Annual Meeting '76
7. National Citizens Advisory Committee for Support of Medical Education
8. Graduate Medical Education and Continuing Medical Education
9. Cost containment in the academic medical center
10. Academic medical centers as regional resources
11. Medical school staff after capitation

D. Discussion of Governance Issues--Progress of Survey; Spring Meeting Planning

The 1976 Spring Meeting will be held from April 25 through April 28, beginning on a Sunday and ending at noon on Wednesday. The place selected is the Belleview Biltmore Hotel in Clearwater, Florida.

The planning for the meeting this year is being done by a committee: John Gronvall, Chairman, Robert Van Citters and Christopher Fordham. The AAMC staff primarily responsible for the assistance in planning this meeting consist of Marjorie Wilson, Joe Keyes and George DeMuth. This meeting has two general purposes: 1) it is the single most significant session each year where deans as a group come together in a working situation, but also in a kind of social interaction and professional interaction session that gives the best opportunity for deans to get to know their fellow deans in other medical schools. The second role of the meeting is to select a content area or areas which have considerable importance to the deans in which actions on the part of the deans can result in change, to improve either the institution in which the deans work, or the deans' life in that institution.

The general topic that has been selected for next Spring's meeting is the topic of governance in the medical school or academic medical center. The initiation of this topic really came about as a result of a letter that came out about a year and a half ago from one dean, who was given a particularly thorny issue in his institution which he summed up as being under the heading of governance or assignment of responsibility for policy setting and decision-making to various groups and individuals in the institution. The letter and the pain which it reflected, were discussed last spring at the Council of Deans Administrative Board and it seemed as though it was a topic that ought to be given more specific formal attention at a Spring Meeting. At the Spring Meeting last Spring, this was discussed and while there were a few suggestions from the floor of

other topics, those who were beginning to think about the meeting took that meeting last Spring as an affirmation that the topic of governance was an appropriate and pertinent one. In July, a Round I of a kind of Delphi study was sent soliciting the judgment of each member of the COD, asking for a list of five topics relating to administration/organization/management/governance of the medical school or academic health center that seemed of particular importance. Responses from something like 79 deans have been received and the AAMC staff have organized those responses into a number of categories and attempted to define out of this the areas that seem to have more general concern to the deans. At the same time, in order that the deans might not be acting in isolation, the same questionnaire was circulated to a representative sample of the Council of Academic Societies with the intention that about the same number of responses from a cross-section of the faculties of the medical schools would be compared with perceptions of the deans as to what governance problems were. As a result of organizing and then reorganizing these responses into about 12 different categories and tabulating the incidence of expression, there are two items and a somewhat related third that, in view of the deans, stood out as being by a considerable margin the most frequently referred to. The one that led the way was issues about the medical school/teaching hospital interface. Fairly close behind that was the issue of relationship of the dean to Hospital Director, University Vice President and other parts of the University organizations. As a generality, the responses of the deans were quite similar to the responses of the faculty with a couple of perhaps expected differences. Under the heading of the role of the administration, and the faculty of the medical school in governance, the faculty by a significant margin, believed that that was more important as a topic than did the deans. On the other hand, in regard to the topic of relationship between the dean and the Vice President, there were considerably more deans who believed that was an important issue than did the faculty. In any event, after a fair amount of discussion about the responses from the deans, the committee concluded that for the meeting next spring, there are at least two topic areas that we want to try to give attention to. One is to deal with the subject of policy setting in the medical school and in the teaching hospital on a number of specific decision matters.

A number of these questions can be further subdivided to look at the unique character of policy setting between medical school and its primary or principal teaching hospital and then a slightly different set of functions in regard to

policy setting between the medical school and other kinds of affiliated hospitals.

The second general topic that is to be taken up at the meeting is related and that deals with the medical school-university interface. How to tackle some of the thorny and perhaps loaded questions of pros and cons of university organizations that tend to deal collectively with the health science parts of the university rather than individual component units at the health parts of the university such as the medical is the intended focus of this segment. As a follow up to this report the committee will continue planning and refine its understanding of the Council's view on these specific topics through succeeding rounds of a survey.

## VII. Information Items

### A. National Citizens Advisory Commitee for Support of Medical Education

The Council was presented a copy of the present membership list and first statement of the Committee with their agendas. The Council was urged to read the statement carefully. Dr. Bennett expressed the hope that the Committee's formation would have an impact on Health Manpower legislation as well as other issues relating to medical education.

### B. Health Manpower

On the subject of Health Manpower, Dr. Bennett expressed two points: 1) that the Executive Council would again be meeting with appropriate Senate staff to discuss the issue and would welcome any thoughts from the constituency that might be pertinent to that discussion and 2) he reminded the members of the Council of the importance of responding to any errors presented in the circulated sections of Senator Javits' entry in the Congressional Record with reference to primary care training.

Dr. Mellinkoff reiterated the latter point noting the tendency to equate the total number of residents in a field with the total number of physicians in primary care residencies.

### C. Continuing Medical Education

Dr. Bennett explained the presence of this item on the agenda as being the increasing number of states where continuing licensure requires participation in a program of continuing medical education.

A task force has been formed, to be chaired by Dr. William Luginbuhl, to look at and revise AAMC policy on CME to determine the extent to which the Association should become involved in the matter.

Dr. Luginbuhl expressed the task force's desire for suggestions from members of the Council to aid in its research.

Dr. Bennett recommended this as a Retreat item.

D. Other Information Items presented in the agenda but not discussed included:

1. The Coordinating Committee on Medical Education
2. President's Biomedical Research Panel
3. Commission for the Protection of Human Subjects
4. Medical College Admissions Assessment Program
5. AAMC/NLM Educational Materials Project
6. AAMC Data Systems
7. A Study of Three-Year Curricula in U.S. Medical Schools.

VIII. Old & New Business

There were no additional items of business presented to the Council

IX. Installation of the Chairman

Dr. Bennett passed the gavel to Dr. Gronvall who assumed the office of the Chairman of the Council of Deans. Dr. Gronvall, speaking on behalf of the Council as a whole, thanked Dr. Bennett for his conscientious and effective leadership over the previous year.

X. Adjournment

Dr. Gronvall adjourned the business meeting, called for a coffee break and announced that the opening of a program session with Dr. John P. Chase, Chief Medical Director and his staff at the Veteran's Administration would occur in 20 minutes.

# TASK FORCE ON CONTINUING MEDICAL EDUCATION

## Report to the Executive Council

## INTRODUCTION

The Task Force on Continuing Medcial Education[1] was appointed in the fall of 1975 by the Executive Council and was charged with an assessment of the Association's role in this rapidly expanding field. In developing its report, the Task Force reviewed both the history of the Association's involvement in the area and the current pressures for a more active and visible role.

In 1972, a special ad hoc committee on continuing medical education was appointed by the Executive Council. Its report, only partially adopted, resulted in the acceptance of general policy statements regarding principles of continuing education.

The present Task Force perceived its charge to be that of describing more specifically the role of the AAMC in continuing medical education and of recommending appropriate mechanisms for carrying out this role. The Task Force did not attempt to deal in depth with the many substantive questions, either political or scientific, that relate to continuing medical education. Rather it suggested structures and mechanisms for dealing with these questions over the coming months and years.

The Task Force report is divided into the following four sections: 1) definition of continuing medical education; 2) problems and pressures affecting continuing medical education; 3) role of the Association in continuing medical education; and 4) recommendations for mechanisms to carry out this role.

## DEFINITION

Continuing medical education is defined as all activities that result in the maintenance and/or enhancement of the physician's professional knowledge, attitudes and skills. Its purpose is the improvement of professional performance and of the quality of medical services to the public. Continuing medical education encompasses the period of time after completion of undergraduate and graduate medical education. It is a lifelong process requiring persistent motivation and intellectual discipline, qualities that should be developed and maintained during undergraduate and graduate medical education. The definition includes a wide range of learning activities both formal and informal.

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[1] William H. Luginbuhl, M.D., University of Vermont, Chairman
Clem Brown, M.D., South Chicago Community Hospital
Mike Caruso, University of Alabama
Carmine D. Clemente, Ph.D., University of California, Los Angeles
Phil R. Manning, M.D., University of Southern California
William D. Mayer, M.D., University of Missouri, Columbia
Mitchell T. Rabkin, M.D., Beth Israel Hospital, Boston
Edward C. Rosenow, Jr., M.D., American College of Physicians
Neal A. Vanselow, M.D., University of Arizona
John Williamson, M.D., Johns Hopkins University

## PROBLEMS AND PRESSURES AFFECTING CONTINUING MEDICAL EDUCATION

### 1. External Pressures

In recent years, the system of continuing medical education in the United States has been exposed to a number of external pressures, each of which has resulted in demands for change in the traditional methods used to conduct this phase of the continuum of medical education. These pressures arise at a variety of levels: sociopolitical and legal; technical-scientific; professional-organizational; medical practice; and personal. The major external pressures are:

A. Increased public interest in the quality, availability, accessibility, cost, and effectiveness of health care. The rise of medical consumerism as well as the interest of third party payers have increased the demand for more effective and accessible programs of continuing medical education. This trend is likely to continue.

B. Increased governmental interest in health care. This is due largely to increased public interest in health care and has resulted in a number of direct pressures on the system of continuing medical education in this country. Two manifestations are:

1) Changing requirements for re-registration of the license to practice medicine. Several states now require evidence of participation in continuing medical education as a condition for re-registration of the license to practice medicine. Some members of Congress have advocated federal licensure and relicensure of physicians. While no jurisdiction, state or federal, now has re-examination requirements for re-registration, it is not inconceivable that such programs could be developed in the future. All of these factors, directly or indirectly, are acting to increase the demand for continuing medical education.

2) Professional Standards Review Organizations (PSROs). The identification of deficiencies in patient care by federally mandated PSROs can be expected to increase the demand for target-oriented continuing medical education programs.

C. Rapid increase in biomedical knowledge. During the past several decades there has been a rapid increase in the amount of biomedical knowledge directly applicable to the practice of medicine. As a result, it is essential that practicing physicians participate in continuing medical education to keep abreast of advances pertinent to their practice.

D. The malpractice crisis. The crisis over malpractice insurance has increased the demand for continuing medical education in at least two ways: some state legislatures have incorporated continuing medical education requirements in newly passed malpractice legislation, and concerns over malpractice suits have increased the interest of the practicing physician in continuing medical education.

E. Continuing medical education requirements of scientific and professional societies. In recent years some scientific and professional societies have established voluntary programs which promote participation in continuing medical education (e.g. the AMA Physician's Recognition Award, self-assessment program of the American College of Physicians). Others, including at least twelve (12) state medical societies and six (6) medical specialty societies, have mandatory requirements for participation in continuing medical education as a condition of membership.

F. Recertification requirements of medical specialty boards. In response to a rapidly increasing momentum for recertification procedures, the American Board of Medical Specialties has endorsed a policy for voluntary, periodic recertification of medical specialists as an integral part of national medical specialty certification programs. Implementation of this policy is expected to increase the demand for continuing medical education from those board diplomates who are preparing for their recertification examination.

G. Standards of the Joint Commission on Accreditation of Hospitals (JCAH). Standards of the JCAH requiring in-hospital peer review and continuing medical education have increased the demand for hospital-based continuing medical education.

H. Formation of the Liaison Committee on Continuing Medical Education (LCCME). As it becomes fully operational, the LCCME can be expected to exert pressures for change in our traditional system of continuing medical education.

I. Increases in numbers and types of allied health professionals and interest in the concept of the "health care team." With continued augmentation in the numbers of allied health professionals, such as nurse practitioners and physician's assistants, and with continuation of recent interest in the "health care team," there will be increasing pressure to provide interdisciplinary continuing education programs.

2. Internal Problems

There are a number of problems internal to the system of continuing medical education in the United States, which limit its ability to respond to the external pressures enumerated above. Some of these problems are:

A. Great variation in the motivation of practicing physicians to participate in continuing medical education. The acquisition of a commitment to lifelong learning through continuing medical education is often a stated but not achieved goal for undergraduate or graduate medical education. However, until the learners in these phases of the continuum become more active participants in their own educational planning, development and evaluation, this situation is likely to persist. Until recently, participation in continuing medical education has been purely voluntary and largely dependent upon the internal motivating factors of each practicing physician rather than upon external forces. While this situation is changing rapidly, internal motivating factors are still the primary determinant of participation or non-participation in continuing medical education.

B. Embryonic stage of the theory and technology of continuing medical education.

1) Inadequacy of efforts made to identify the continuing medical education needs of practicing physicians and to direct educational programs to those needs. Most continuing medical education activities use the "shotgun" rather than the target-oriented approach and are based on instructor perceptions of physician needs rather than on a careful analysis of those deficiencies in patient care which could be remedied by education.

2) Inappropriate educational methods used in most continuing medical education programs. Much continuing medical education is episodic in nature, involves the student as a passive rather than as an active participant, and is conducted away from the practice setting. Great emphasis is placed on the transmission of factual material with little effort being made to assure the improvement of performance desired by the learner or the instructor.

3) Inadequate evaluation of the effectiveness of most continuing medical education programs. When attempts at evaluation are made, they consist usually of measuring the participants' satisfaction and occasionally evaluating the factual knowledge gained. Assessing the degree to which the continuing medical education activity improves patient care is rarely attempted or achieved. Efforts to develop effective evaluation procedures have been hampered by their cost and by difficulties in isolating the influence of a given continuing medical education activity on the physician from other influences to which he is exposed over the same time period.

C. Relative inaccessibility of continuing medical education to many physicians. Inaccessibility results from a number of factors, including the time demands of medical practice, the relative unavailability of continuing medical education in rural areas, and the lack of readily available educational materials at the time the physician recognizes the need.

D. Inadequate funding for research and development by present methods of financing continuing medical education. Most continuing medical education is funded from fees paid by the participants. This method of financing has provided little surplus for use in research and development. In general, private foundations and governmental agencies have been reluctant to support research and development in continuing medical education.

E. Absence of incentives, rewards or recognition in most medical schools for faculty members for participation in continuing medical education activities. However, increasing rewards from extra institutional sources for participation as instructors in continuing medical education activities are beginning to erode institutional efforts.

F. Lack of structure for continuing medical education. The "system" of continuing medical education in the United States is in reality a "non-system." Many groups are involved (including university medical schools, professional societies, hospitals, drug companies, commercial groups, etc.) but at present there is little effective coordination of their activities. The LCCME should provide a focus of coordination and supervision.

G. Inadequacy of the accreditation process of providers of continuing medical education. Accreditation, as now operated, is not based on the demonstration of the need, appropriateness or effectiveness of the program(s) being evaluated and requires to be evaluated critically.

## ROLE OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES IN CONTINUING MEDICAL EDUCATION

From the foregoing section it is apparent that there are irresistible pressures and associated challenges for the further development of continuing medical education. For the membership of the AAMC, the pressures will necessitate a greater involvement in continuing medical education, but the inherent problems will render this involvement both challenging and frustrating. Although the members of the AAMC should and certainly will respond individually, they can be assisted significantly by a more active leadership role of the Association. This role as perceived by the Task Force includes at least the following four charges:

1. Promotion and encouragement of and participation in research in all aspects of continuing medical education: Research in education is a primary and traditional thrust of the Association cutting across undergraduate, graduate and continuing education. Although research in medical education is not the exclusive province of the AAMC, the Association is particularly well equipped to provide a focus and a forum. This role is discharged at both national and regional meetings, through publications, and at workshops. Furthermore, the Association has an established record of attracting research grants and contracts from governmental agencies and foundations, especially those that require interinstitutional cooperation.

2. Assistance and encouragement in the application of the principles of continuing medical education: It is perceived that a commitment to continuing medical education should be promoted during medical school. The AAMC can play a role in fostering this development through assistance in curriculum design, dissemination of educational innovations and participation in the accreditation process.

3. Provision of a forum for the discussion of educational, fiscal, political and administrative issues: A need exists for a forum for a discussion of educational, fiscal, political and administrative issues involved in continuing medical education. This is one of the major drives behind the creation of a new organization for continuing medical education. Just as other medical school administrators and faculty members in areas as diverse as admissions, business affairs, development and the various biomedical disciplines feel the need to meet and interact with colleagues about shared problems, those involved in continuing medical education desire a similar forum.

4. Participation with other groups in formulating policy and programs and serving as a vehicle to convey to the government the views of medical schools on continuing medical education: As continuing medical education becomes more the object of legislation, governmental regulations and professional society standards, there is a need for ways to provide input about these matters from medical college faculty. The Association has already established effective communication channels which can be employed additionally to serve the interests of continuing medical education.

## MECHANISMS FOR THE ASSOCIATION TO CARRY OUT ITS ROLE

The role of the Association in continuing medical education described in the preceding section implies heightened levels of activity by the medical schools, their faculties and the Association. The Association will be called upon to collaborate closely with the directors of continuing medical education appointed by the medical schools and to interact with other voluntary and governmental agencies involved in continuing medical education. As a member of the Liaison Committee on Continuing Medical Education, the AAMC will need to develop policy and respond to issues as they arise at the national level. Finally, it may undertake studies and promotional programs in collaboration with its membership.

The AAMC Task Force recommends that the Executive Council authorize:

1. Creation of a Group on Continuing Medical Education: The role of a "group" in the Association is "to facilitate direct staff interaction with representatives of institutions charged with specific responsibilities and to provide a communication system between institutions in the specific area of a group's interest." In keeping with the "group" structure, a Group on Continuing Medical Education should be created to 1) serve as a national and regional forum for review of issues confronting faculties engaged in continuing medical education; 2) serve as liaison between AAMC staff and constituents; 3) alert the Association to areas in need of further review; and 4) integrate continuing medical education programs with the other two phases of the continuum of medical education. To accomplish these tasks, the Group on Continuing Medical Education should be composed of directors of continuing medical education programs at medical schools and should organize regional and national programs. To promote the concept of an educational continuum, it is also essential that mechanisms for liaison between the Group on Continuing Medical Education and the Group on Medical Education be developed.

2. Appointment of an ad hoc Committee on Continuing Medical Education to recommend to the Executive Council policies for promulgation at the national level: In the immediate future the Association will be called upon to review issues and problems regarding continuing medical education and to formulate policy recommendations, particularly as they relate to the establishment and functioning of the Liaison Committee on Continuing Medical Education. A committee for this purpose should be appointed immediately, and the need for its continuation after two years should be reviewed by the Executive Council.

3. Assignment of Staff Resources to Continuing Medical Education Programs: Program initiation depends on close collaboration between constituency and staff. Liaison between Association activities and those of other professional organizations and the government also requires staff effort. The expansion of the AAMC's role in continuing medical education can be enhanced considerably through the commitment of staff resources to this effort.

## EXECUTIVE COUNCIL ACTION

The Executive Council, at its meeting of March 26, 1976, approved recommendations two and three of the Report. In regard to the first recommendation, the Council recognized the importance of providing a forum for continuing medical education in the Association. The question of what format might best be used to accomplish this was referred to the Committee on Governance and Structure.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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| *Alabama* | | | |
| UNIVERSITY OF ALABAMA | JAMES A. PITTMAN | | |
| UNIVERSITY OF SOUTH ALABAMA | ALAN M. SIEGAL | | |
| *Arizona* | | | |
| UNIVERSITY OF ARIZONA | NEAL A. VANSELOW | | |
| *Arkansas* | | | |
| UNIVERSITY OF ARKANSAS | THOMAS A. BRUCE | | |
| *California* | | | |
| UNIV. OF CALIFORNIA - DAVIS | C. JOHN TUPPER | | |
| UNIV. OF CALIFORNIA - IRVINE | STANLEY VAN DEN NOORT | | |
| UNIV. OF CALIFORNIA - L.A. | SHERMAN M. MELLINKOFF | | |
| UNIV. OF CALIFORNIA - SAN DIEGO | JOHN H. MOXLEY III | | |
| UNIV. OF CALIFORNIA - SAN FRAN. | JULIUS R. KREVANS | | |
| LOMA LINDA UNIVERSITY | HARRISON S. EVANS | | |
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| UNIV. OF SOUTHERN CALIFORNIA | ALLEN W. MATHIES, JR. | | |
| STANFORD UNIVERSITY | CLAYTON RICH | | |
| *Colorado* | | | |
| UNIVERSITY OF COLORADO | HARRY P. WARD | | |
| *Connecticut* | | | |
| UNIVERSITY OF CONNECTICUT | ROBERT U. MASSEY | | |
| YALE UNIVERSITY | ROBERT W. BERLINER | | |
| *District of Columbia* | | | |
| GEORGE WASHINGTON UNIVERSITY | RONALD P. KAUFMAN | | |
| GEORGETOWN UNIVERSITY | JOHN P. UTZ | | |
| HOWARD UNIVERSITY | MARION MANN | | |
| *Florida* | | | |
| UNIVERSITY OF FLORIDA | CHANDLER A. STETSON | | |
| UNIVERSITY OF MIAMI | EMANUEL M. PAPPER | | |
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| UNIVERSITY OF SOUTH FLORIDA | DONN L. SMITH | | |
| *Georgia* | | | |
| EMORY UNIVERSITY | ARTHUR P. RICHARDSON | | |
| MEDICAL COLLEGE OF GEORGIA | FAIRFIELD GOODALE | | |
| *Hawaii* | | | |
| UNIVERSITY OF HAWAII | TERENCE A. ROGERS | | |
| *Illinois* | | | |
| CHICAGO MEDICAL SCHOOL | MARSHALL A. FALK | | |
| UNIVERSITY OF CHICAGO | DANIEL C. TOSTESON | | |
| UNIVERSITY OF ILLINOIS | JEROME J. HAHN | | |
| SOUTHERN ILLINOIS UNIVERSITY | RICHARD H. MOY | | |
| LOYOLA UNIVERSITY (STRITCH) | JOSEPH A. WELLS | | |
| NORTHWESTERN UNIVERSITY | JAMES E. ECKENHOFF | | |
| RUSH MEDICAL COLLEGE | WILLIAM F. HEJNA | | |
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| *Indiana* | | | |
| INDIANA UNIVERSITY | STEVEN C. BEERING | | |
| *Iowa* | | | |
| UNIVERSITY OF IOWA | JOHN W. ECKSTEIN | | |
| *Kansas* | | | |
| UNIVERSITY OF KANSAS | E. B. BROWN, JR. | | |
| *Kentucky* | | | |
| UNIVERSITY OF KENTUCKY | D. KAY CLAWSON | | |
| UNIVERSITY OF LOUISVILLE | ARTHUR H. KEENEY | | |
| *Louisiana* | | | |
| LOUISIANA STATE - NEW ORLEANS | SILAS E. O'QUINN | | |
| LOUISIANA STATE - SHREVEPORT | IKE MUSLOW | | |
| TULANE UNIVERSITY | JAMES T. HAMLIN III | | |
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| *Maryland* | | | |
| JOHNS HOPKINS UNIVERSITY | RICHARD S. ROSS | | |
| UNIVERSITY OF MARYLAND | JOHN M. DENNIS | | |
| *Massachusetts* | | | |
| BOSTON UNIVERSITY | JOHN I. SANDSON | | |
| HARVARD MEDICAL SCHOOL | ROBERT H. EBERT | | |
| UNIVERSITY OF MASSACHUSETTS | ROGER BULGER | | |
| TUFTS UNIVERSITY | LAURO CAVAZOS | | |
| *Michigan* | | | |
| UNIVERSITY OF MICHIGAN | JOHN A. GRONVALL | | |
| MICHIGAN STATE UNIVERSITY | ANDREW D. HUNT | | |
| WAYNE STATE UNIVERSITY | ROBERT D. COYE | | |
| *Minnesota* | | | |
| MAYO MEDICAL SCHOOL | RAYMOND D. PRUITT | | |
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| UNIV. OF MINNESOTA - MINNEAP. | NEAL L. GAULT, JR. | | |
| UNIV. OF MINNESOTA - DULUTH | JOHN W. LABREE | | |
| *Mississippi* | | | |
| UNIVERSITY OF MISSISSIPPI | NORMAN C. NELSON | | |
| *Missouri* | | | |
| UNIV. OF MISSOURI - COLUMBIA | CHARLES LOBECK | | |
| UNIV. OF MISSOURI - KANSAS CITY | RICHARDSON K. NOBACK | | |
| ST. LOUIS UNIVERSITY | DAVID R. CHALLONER | | |
| WASHINGTON UNIVERSITY | M. KENTON KING | | |
| *Nebraska* | | | |
| CREIGHTON UNIVERSITY | JOSEPH M. HOLTHAUS | | |
| UNIVERSITY OF NEBRASKA | PERRY G. RIGBY | | |
| *Nevada* | | | |
| UNIVERSITY OF NEVADA | GEORGE T. SMITH (THOMAS J. SCULLY, ACTING DEAN) | | |
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| *New Hampshire* | | | |
| DARTMOUTH MEDICAL SCHOOL | JAMES C. STRICKLER | | |
| *New Jersey* | | | |
| CMDNJ - NEW JERSEY MEDICAL | VINCENT LANZONI | | |
| CMDNJ - RUTGERS MEDICAL | HAROLD LOGAN | | |
| *New Mexico* | | | |
| UNIVERSITY OF NEW MEXICO | LEONARD M. NAPOLITANO | | |
| *New York* | | | |
| ALBANY MEDICAL COLLEGE | STUART BONDURANT | | |
| ALBERT EINSTEIN MEDICAL COL. | EPHRAIM FRIEDMAN | | |
| COLUMBIA UNIVERSITY | DONALD F. TAPLEY | | |
| CORNELL UNIVERSITY | J. ROBERT BUCHANAN | | |
| MT. SINAI SCH. OF MEDICINE | THOMAS C. CHALMERS | | |
| NEW YORK MEDICAL COLLEGE | SAMUEL H. RUBIN | | |
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| NEW YORK UNIVERSITY | IVAN L. BENNETT, JR. | | |
| UNIVERSITY OF ROCHESTER | J. LOWELL ORBISON | | |
| SUNY - BUFFALO | JOHN P. NAUGHTON | | |
| SUNY - DOWNSTATE MEDICAL CENTER | LEONARD LASTER | | |
| SUNY - STONY BROOK | MARVIN KUSCHNER | | |
| SUNY - UPSTATE MEDICAL CENTER | GEORGE F. REED | | |
| *North Carolina* | | | |
| BOWMAN GRAY SCHOOL OF MEDICINE | RICHARD JANEWAY | | |
| DUKE UNIVERSITY | EWALD W. BUSSE | | |
| UNIVERSITY OF NORTH CAROLINA | CHRISTOPHER C. FORDHAM III | | |
| *North Dakota* | | | |
| UNIVERSITY OF NORTH DAKOTA | NEIL R. THOMFORD | | |
| *Ohio* | | | |
| CASE WESTERN RESERVE UNIV. | FREDERICK C. ROBBINS | | |
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| UNIVERSITY OF CINCINNATI | ROBERT S. DANIELS | | |
| MEDICAL COLLEGE OF OHIO-TOLEDO | JOHN P. KEMPH | | |
| OHIO STATE UNIVERSITY | HENRY G. CRAMBLETT | | |
| *Oklahoma* | | | |
| UNIVERSITY OF OKLAHOMA | THOMAS N. LYNN, JR. | | |
| *Oregon* | | | |
| UNIVERSITY OF OREGON | ROBERT S. STONE | | |
| *Pennsylvania* | | | |
| HAHNEMANN MEDICAL COLLEGE | JOSEPH R. DIPALMA | | |
| JEFFERSON MEDICAL COLLEGE | WILLIAM F. KELLOW | | |
| MED. COLLEGE OF PENNSYLVANIA | ALTON I. SUTNICK | | |
| PENNSYLVANIA STATE UNIVERSITY | HARRY PRYSTOWSKY | | |
| UNIVERSITY OF PENNSYLVANIA | EDWARD J. STEMMLER | | |
| UNIVERSITY OF PITTSBURGH | GERHARD WERNER | | |
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| TEMPLE UNIVERSITY | ROGER W. SEVY | | |
| *Rhode Island* | | | |
| BROWN UNIVERSITY | STANLEY M. ARONSON | | |
| *South Carolina* | | | |
| MED. COLLEGE OF SOUTH CAROLINA | W. MARCUS NEWBERRY | | |
| *South Dakota* | | | |
| UNIVERSITY OF SOUTH DAKOTA | KARL H. WEGNER | | |
| *Tennessee* | | | |
| MEHARRY MEDICAL COLLEGE | RALPH J. CAZORT | | |
| UNIVERSITY OF TENNESSEE | CHARLES B. McCALL | | |
| VANDERBILT UNIVERSITY | JOHN E. CHAPMAN | | |
| *Texas* | | | |
| BAYLOR COLLEGE OF MEDICINE | JOSEPH M. MERRILL | | |
| UNIV. OF TEXAS - SOUTHWESTERN | FREDERICK J. BONTE | | |
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| UNIV. OF TEXAS - HOUSTON | ROBERT L. TUTTLE | | |
| UNIV. OF TEXAS - SAN ANTONIO | STANLEY E. CRAWFORD | | |
| UNIV. OF TEXAS - GALVESTON | EDWARD N. BRANDT, JR. | | |
| TEXAS TECH UNIVERSITY | GEORGE S. TYNER | | |
| *Utah* | | | |
| UNIVERSITY OF UTAH | CEDRIC I. DAVERN | | |
| *Vermont* | | | |
| UNIVERSITY OF VERMONT | WILLIAM H. LUGINBUHL | | |
| *Virginia* | | | |
| MEDICAL COLLEGE OF VIRGINIA | JESSE L. STEINFELD | | |
| UNIVERSITY OF VIRGINIA | WILLIAM R. DRUCKER | | |
| EASTERN VIRGINIA MED. SCHOOL | GERALD HOLMAN | | |
| *Washington* | | | |
| UNIVERSITY OF WASHINGTON | ROBERT L. VAN CITTERS | | |
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| *West Virginia* | | | |
| WEST VIRGINIA UNIVERSITY | JOHN E. JONES | | |
| *Wisconsin* | | | |
| MED. COLLEGE OF WISCONSIN | GERALD A. KERRIGAN | | |
| UNIVERSITY OF WISCONSIN | LAWRENCE G. CROWLEY | | |
| *Puerto Rico* | | | |
| UNIVERSITY OF PUERTO RICO | CARLOS E. GIROD | | |
| *Lebanon* | | | |
| AMERICAN UNIV. OF BEIRUT | SAMUEL P. ASPER | | |
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| | NON-VOTING MEMBERS | | |
| *Ohio* | | | |
| WRIGHT STATE UNIVERSITY | JOHN R. BELJAN | | |
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| *South Carolina* | | | |
| UNIV. OF SOUTH CAROLINA - COLUMBIA | FRANCIS ABEL | | |
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