

COUNCIL OF DEANS

October 29, 1971

Washington Hilton Hotel

		<u>Page</u>
I.	1:30 p. m. - 2:30 p. m.	1.
	Council of Deans Business Session Lincoln East	

II.	2:30 p. m. - 4:30 p. m.	20.
	Program Session "Outreach Activities of the Medical School-- Dangers and Advantages" Lincoln East	

III.	5:30 p. m. - 7:00 p. m.	
	Council of Deans Reception for International Guests Lincoln West	21.

IV.	Information Items	24.

AGENDA

for

COUNCIL OF DEANS

Business Session *

1:30 p. m. - 2:30 p. m.

Lincoln East

Washington Hilton Hotel

	<u>Page</u>
I. Roll Call	
II. Consideration of Minutes of May 20, 1971 Meeting	2.
III. Chairman's Report	
IV. Remarks of the President	
V. Report of Nominating Committee and Election of Officers	
VI. Report of Meeting of the Organization of Student Representatives (OSR)	15.
VII. Report of the Regional Meetings	
VIII. New Business	
IX. Adjournment	

* In the event that not all business can be conducted during this period, provision will be made to reconvene the Business Session at the conclusion of the panel, or at another time agreed upon by the membership.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS

2.

May 20, 1971
9 a. m. - 3:30 p. m.
Sheraton-Park Hotel
and
Motor Inn
Delaware Suite
Washington, D. C.

I. Call to Order

The meeting was called to order at 9 a.m. by Dr. Merlin K. DuVal, Chairman of the COD.

II. Roll Call

The roll was taken by registration at the meeting room door. A quorum was determined to be present.

III. Minutes of the Previous Meeting

The minutes of the February 12, 1971, meeting were accepted without change.

IV. Chairman's Report

Dr. DuVal reported on the Liaison Committee on Medical Education (LCME) Task Force on Accreditation Policy. The Committee was seeking to develop guidelines of sufficient flexibility to permit the accreditation of a diversity of programs in medical education while preserving the standards of quality. These efforts are to be reflected in a revision of the document "Functions and Structure of a Modern Medical School" which it is anticipated will be submitted to the LCME in mid-summer. One particularly complex problem which the Committee had been grappling with was the issue of the role of the LCME with respect to non-degree granting programs, especially the two-year schools of the basic medical sciences.*

*At its July 8, meeting the LCME adopted the following policy on recommendation of the task force:

"The LCME should assume responsibility for evaluation of all medical education programs enrolling students who expect ultimately to receive the M.D. degree. This position assumes responsibility for evaluation of schools of the basic medical sciences for accreditation. Programs of less than two years duration may be, if appropriate, evaluated as part of the education program of those complete medical schools with which they are affiliated."

At the conclusion of his remarks, Dr. DuVal announced his resignation as Chairman of the COD, effective June 30, 1971, to accept the President's nomination as Assistant Secretary for Health and Scientific Affairs, DHEW.

V. Remarks by AAMC Assembly Chairman--Dr. William Anlyan

A. Proposed Transfer of Training Grant Funds

Dr. Anlyan first addressed the Administration's proposed transfer of \$23 million, representing the faculty salary portion of the NIH training grants, from the budgets of the research institutes to that of the Bureau of Health Manpower Education. Because of some avowed misunderstanding as to the role of the AAMC in this proposal, Dr. Anlyan reported categorically that neither the AAMC nor any medical school dean had to his knowledge either suggested or supported this action. He was concerned that the proposed transfer would work to the disadvantage of the schools because the funds would lose their identity in the BHME, the transfer would damage the morale of the department chairmen who had received the grants, and it would create an additional administrative burden on the schools, especially in the office of the dean.

B. AAMC Testimony Re HPEA Extension

Dr. Anlyan briefed the COD on the Association's position on various issues surrounding the renewal of the HPEA authorities. AAMC supported a five-year extension because of the four-year cycle for a particular class, but this recommendation appears unlikely to be adopted. AAMC supported the maintenance of the national advisory councils and brought to the attention of the Congress the potential crisis which would result from the expiration of the HPEA without action to extend student assistance authorities. (The first year class in September, 1971, and students not previously assisted would be ineligible for assistance under a continuing resolution.) He pointed out that the backlog of approved but unfunded construction grant applications for health education and research facilities was approaching \$1 billion. The Administration has made no proposal which would alleviate this growing unmet need while a key feature of AAMC testimony was a proposal which would. The recommendation would involve obligating the appropriations on the basis of cash flow of the grants phased with the progress of the project rather than obligating the totality of each grant to a single year's appropriation. Both the Administration and the Congressional committees appear to have accepted the concept of placing major emphasis on a capitation approach to providing operational support to the schools. The key issue remaining is the level of that

support. The result will undoubtedly be a compromise between the \$6,000 per graduate proposed by the Administration and the Howard Committee recommendation of \$5,000/student/year. There will also probably remain some bonus for shortening the curriculum.

C. AAMC testimony on the VA-medical school bill was presented by Dr. John Rose, Dean of the Georgetown School of Medicine. He pointed out several serious problems with the legislation, most notably its fragmentation of the federal support for medical schools between the VA and the DHEW. Dr. Rose reported on his reception by the Committee and the concerns expressed by them.

D. Dr. Anlyan reported on the Association's relations with other national agencies and organizations. He mentioned the mid-March meeting of the Executive Committee with the AMA Board of Trustees, the mid-April meeting with the leadership of the AHA, the May retreat at Airlie House with top staff of the VA, and the meetings with the officers of the Organization of University Health Center Administrators.

E. Finally, Dr. Anlyan reported on the progress of his own and Dr. Cooper's efforts to carry out the Assembly's mandate regarding the development of appropriate methods of faculty participation. Both had met with the administrative boards of each Council and had reported the results to the Executive Council. Four possible approaches seemed open: 1. A separate Council of Faculty (which appeared to receive no support from these groups), 2. An Organization of Faculty Representatives related to the COD in a fashion similar to the OSR (this like-wise appeared to have little support), 3. A Council of Academic Societies and Faculties (this alternative seemed most acceptable), 4. Reporting back to the Assembly their inability to develop an approach which would be likely to generate sufficient support for adoption, and recommending that the Assembly reconsider its previous action (this approach presented itself as a result of the COD Administrative Board's lack of enthusiasm for any of the proposals.)

At the conclusion of Dr. Anlyan's report the Council proceeded to act upon matters relating to his report:

1. Training grants - the motion attached to these minutes as Appendix I was passed.
2. General Research Support - the following motion was adopted in response to the President's proposed

cutback of the GRS Program:

4.

Recognizing the importance of the General Research Support Program to the continuing viability of medical school research activities, the Council of Deans advocates that the program be funded in fiscal year 1972 at the level of \$60,700,000 as provided in the FY 1971 appropriations.

3. Faculty Participation - After considerable discussion of the merits of providing for additional mechanisms for faculty participation in AAMC affairs, the following motion was adopted 44 to 16:

The COD recommends to the Assembly that the Association at this time not consider any further mechanisms for representation of faculties in the national association and that existing mechanisms be strengthened and utilized to increase the input of the general faculty in the AAMC.

RESOLUTION OF APPRECIATION

At this time Dr. Crispell rose to propose the following resolution adopted by acclamation:

Inasmuch as our chairman, Dr. Merlin K. DuVal, has served this organization in such a superb fashion we would like to thank him for his untiring devotion, loyalty, and service to the AAMC. We congratulate Dr. DuVal, wish him well in his new and very important job, and offer our services and support at anytime that Dr. DuVal feels is appropriate.

V. Remarks by the President

Dr. Cooper reported on the efforts of the Association to increase the effectiveness of the Coalition for Health Funding. That group, representing a diversity of health organizations united in their efforts to stimulate higher levels of appropriations for health programs, had been proceeding to negotiate internally on acceptable levels of support for various programs so that the groups could present a united front for maximum political effectiveness. He distinguished the work of the Coalition from that of "Save Our Schools," which is a citizens group attempting primarily to stimulate public support for full funding. The SOS efforts will

be viewed as more impressive if not tainted by the sponsorship of those with a vested interest. Schools were advised to work through the Coalition and the AAMC but to refrain from public identification with SOS.

The recent solicitation from the BHME to the medical schools inviting participation in the Cost Allocation Studies was next discussed. Dr. Cooper pointed out that this was not being done under AAMC sponsorship or initiation, but that we would work with the schools as before should they decide to participate. He pointed out that the present methodology is as yet an imperfect instrument and that results of the studies might be subject to missinterpretation since it is easy to lose sight of the fact that what is being identified are functional costs, not program costs of medical education.

Finally Dr. Cooper mentioned the introduction of an Administration bill by Senator Javitts which would attempt to soften somewhat the effect of S. 34 in its impact on the National Institutes of Health. The Association remains one of opposing any measure which would weaken the NIH-NCI framework.

VI. Proposed Guidelines for the Organization of Student Representatives

The COD received the report of the Task Force to Develop OSR Guidelines from Task Force Chairman, Dr. Robert Bird, Dean of Oklahoma. The proposed Guidelines were adopted subsequent to modification by several amendments. The approved Guidelines appear as Appendix II to the minutes.

VII. Planning Coordinators' Section

While there was recognition by the COD of the valuable function performed by the planning coordinators and of the advantages which might accrue through the exchange of ideas among them, the Executive Council recommendation that a Medical Center Planning Coordinators Section be established within the AAMC was tabled primarily because of concern that such a section would require additional costs to the schools and would continue a proliferation of organizations which was beginning to make the Association complex and unwieldy.

IX. Provisional and Institutional Members

The following seven schools were recommended by the COD to the Executive Council for Provisional Institutional

membership in the AAMC:

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

The following two schools were recommended by the COD to the Executive Council for full Institutional Membership in the AAMC contingent on receipt of full accreditation by the LCME:

1. University of Arizona College of Medicine
2. Pennsylvania State University College of Medicine

X. Prerequisites and Election Procedures for AAMC Institutional Membership

The COD voted to recommend that the Executive Council* specify the following procedures and criteria for election to Institutional Membership in the AAMC:

1. 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

*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. Recommended by the Council of Deans on May 20, 1971, to the Executive Council and passed by the Executive Council on June 25, 1971.

- 3) has appointed a full-time dean
 - 4) has received reasonable assurance of accreditation from the Liaison Committee on Medical Education
- 7.

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.

2. Institutional Membership

- A) Institutional Members shall be those medical schools and colleges of the United States which 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

8.

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.

XI. The Council of Deans

A major portion of the afternoon was open for a free-ranging discussion of the Council of Deans, its relationship with the other constituent bodies of the AAMC, its goals and objectives, the business which it should conduct, and the ways it should conduct its business. Dr. DuVal introduced the topic with a statement recounting the transformation wrought by the actions taken pursuant to the Coggeshall Report which enlarged the membership of the Association to include hospital and academic society representatives. More recently the formation of a vice presidents' organization has combined with these actions to focus the attention of the deans on their own role, both with respect to their institutions and within the AAMC. Dr. DuVal suggested that this was beginning to result in what amounted to an incipient identity crisis for deans and that this was manifesting itself in unrest in their relationship to the Association. He identified two issues around which to focus the discussion which represented concerns expressed in letters to him in his capacity as Chairman:

1. Whether there should be regional meetings and how they should be structured--as mini-councils or mini-assemblies, and
2. Whether the COD should be a forum for discussions and development of positions on a wide range of subjects or whether it should be intrinsically oriented and consider only matters related to the internal problems of medical schools.

When the floor was opened for discussion a variety of opinions were expressed as to factors which contributed to the unrest among the deans concerning their relationship to the Association. Some felt that the position of Dean was itself an anachronism with the development of the medical center complex headed by a vice president for health affairs. Others noted that current developments worked to change the role of the dean in a manner not yet fully definable, but portending to permit the dean to act as the focal point at which the diverse elements of

the medical school or center are drawn together for the resolution of conflicts and the development of concerted action. Views varied as to whether the dean should be perceived as the "dean of the academic faculty"-- first among peers in the development and implementation of an educational program, as a manager of a complex educational enterprise, or as a non-managerial leader of a team of managers and administrators. The suggestion was made that the problem is not with defining the role of the dean at all, but of refining the understanding of what is involved in institutional governance. A series of workshops with this as a focus was proposed as the appropriate AAMC response to the deans current situation. That a meeting to discuss this and similar approaches had been scheduled for the following day was related to the Council by Dr. Cooper.

XII. Responsibility of Academic Medical Centers for Graduate Training

The Council was presented with the latest draft of the proposed policy statement on responsibility for graduate medical education. The document had been reviewed at the regional meetings of the deans and by the administrative boards of each of the Councils; it is to be recommended to the Assembly for adoption at the fall meeting. The Midwest-Great Plains concern that this policy be discussed with the AHME prior to its adoption was expressed and then this action proposed in a motion. The rationale was that the AHME has a great stake in graduate medical education and that to pass such a policy without prior discussion with them would be taken as a breach of protocol. This was countered by the argument that it was appropriate for an Association such as the AAMC to its own position concerning the appropriateness of a policy and attempt to develop a consensus among its members. Relations with those outside the Association should be undertaken on the basis of agreed upon positions. Our desire for good relations should not be a force which paralyzes constructive development of appropriate positions. The motion to consult with the AHME on this statement prior to adoption was defeated.

Mr. Danielson outlined briefly the activities of COTH task forces studying matters which relate to the policy statement.

XIII. VA-Medical School Relationships

The upcoming Airlie House Retreat of the AAMC-VA Liaison Committee was announced and the Council members were

solicited to inform committee members of relevant concerns which needed to be addressed at the meeting.

XIV. Borden and Flexner Awards

The time for nomination for the awards had been extended and the members were asked to give early attention to providing appropriate recommendations.

XV. Change of Date of February Meeting

The problems arising from the scheduling of the February meeting in conjunction with the AMA's Congress on Medical Education were enumerated:

Competition of various meetings for the attendees attention, and

Requirement of extended absence to attend all relevant portions of the Congress and AAMC meetings, etc.

The Association is considering a schedule and location change and is soliciting expressions of opinion on the subject. Because of existing commitments such a change cannot be accomplished for about three or four years but plans need to be made in the more immediate future.

XVI. New Business

The future of the National Internship and Residency Matching Program--NIRMP--was the topic of discussion and concern to the GSA which requested COD support for its position. As a consequence the following motion was adopted:

Every medical student deserves all of the advantages inherent in the National Internship and Resident Matching Program. In order to assure them this advantage, the first hospital based graduate training appointment after the awarding of the M.D. degree should be through the National Internship and Resident Matching Program.

XVII. The Council meeting adjourned at 3:30 p.m.

Appendix I - Training Grant Motion

Appendix II - OSR Guidelines

COUNCIL OF DEANS

11.

SHERATON-PARK HOTEL

May 20, 1971

Whereas the Department of Health, Education and Welfare, at the instigation of the Office of Management and Budget, is planning to transfer funds for faculty salaries totalling \$23 million from the graduate training grants of the research Institutes to the budget of the Bureau of Health Manpower Education of the National Institutes of Health, and

Whereas the research training grant and fellowship programs of the National Institutes of Health are the primary method for supporting training and development of future faculty members for medical schools throughout the country as well as research personnel and should be strengthened in view of the demand for the education of additional physicians and other health personnel, and

Whereas the National Institutes of Health is still in the process of completing a major study to determine the future course of its training programs which remain the only major programs of federal support for graduate science education which have not been severely curtailed in recent years, and

Whereas the provision of faculty salaries and support of other elements of the training environment, as well as stipends for students and trainees, constitutes one of the advantages and strengths of the training grant approach to the support of graduate science education, and

Whereas the mechanism required to reallocate the funds transferred from the training grants to the Bureau of Health Manpower Education back to the participating schools is administratively cumbersome.

BE IT RESOLVED THAT:

The Council of Deans opposes the transfer of such faculty salary funds from the training grants of the National Institutes of Health to the Bureau of Health Manpower Education of the National Institutes of Health.

GUIDELINES FOR THE
ORGANIZATION OF STUDENT REPRESENTATIVES
ADOPTED AT THE COUNCIL OF DEANS MEETING
May 20, 1971

This document indicates those matters mandated by the Association Bylaws in italics and those adopted as Guidelines in roman.

ORGANIZATION

There shall be an Organization of Student Representatives which shall be related to the Council of Deans and which shall operate in a manner consistent with the Rules and Regulations approved by the Council of Deans. (Part III.)

COMPOSITION

The OSR shall be comprised of one representative from each Institutional Member and Provisional Member of the COD, chosen from the student body of each such member. (Part III.)

SELECTION

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. The dean of each participating institution shall file a description of the process of selection with the Chairman of the COD and shall certify to him annually the name of the student so selected.

MEETINGS

Annual Meeting The OSR shall meet at least once a year at the time and place of the COD Annual Meeting in conjunction with said meeting. (Part III.)

To facilitate the smooth working of the organizational interrelationships, the above shall be interpreted to require that the Annual Meeting of the OSR be held during the period of the Association's Annual Meeting, not simultaneously with the COD meeting. This meeting will be scheduled in advance of the COD meeting at a time which will permit the attendance of interested or designated deans.

ACTIVITIES

The OSR will:

13.

- Elect a Chairman and a Chairman-Elect.
- Recommend to the COD the Organization's representatives to the Assembly. (10% of OSR Membership)
- Recommend student members of appropriate committees of the Association.
- Consider other matters of particular interest to the students of Institutional Members.
- Report all actions taken and recommendations made to the Chairman of the COD. (Part III.)

RELATIONSHIP TO COD

The Chairman and Chairman-Elect of the OSR are invited to attend the COD meetings to make such reports as requested of them by the COD Chairman, to act as resource persons to express the concerns of students when invited, and to inform themselves of the concerns of the deans.

RELATIONSHIP TO THE EXECUTIVE COUNCIL

The Chairman of the OSR shall be an ex officio member of the Executive Council with voting rights. (Part IV, Sec. 2)

RELATIONSHIP TO THE ASSEMBLY

The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the COD and a number of the OSR equivalent to 10 percent of the members of the Association having representatives in the OSR.

Each such representative (to the Assembly) shall have the privilege of the floor in all discussions and shall be entitled to vote at all meetings. (Part IV. Sec.4)

The Chairman of the Assembly may accept the written statement of the Chairman of the COD reporting the names of individuals who will vote in the Assembly as representatives chosen by the OSR. (Part IV. Sec. 3)

COMMITTEES

One representative of the OSR to the Assembly shall be appointed by the Chairman of the Assembly to sit on the Resolutions Committee. (Part VII. Sec.1)

The Chairman of the COD will nominate student members to appropriate committees of the Association upon receipt of the recommendations of the OSR.

RULES AND REGULATIONS

The OSR shall draw up a set of Rules and Regulations, consistent with these guidelines and the Bylaws of the AAMC, governing its internal organization and procedures. The Rules and Regulations shall be consonant with the goals and objectives of the COD.

The initial meeting of the OSR shall be organized by the Committee chosen at the October, 1970, meeting of the Association to carry forward the formation of the OSR and shall be chaired by the Chairman of that group.

FINANCES

At its May 20 meeting, the COD voted to recommend to the Executive Council that the finances of the OSR be handled in the following manner:

- The Association will meet the cost of the travel required for authorized student participation in Association committee activities, i.e., Executive Council, Administrative Board, and designated committee meetings.
- Staffing expenses will be allocated by the President by administrative action.
- Other costs associated with student participation will be individually arranged at the institutional level.
- The participating institutions shall incur no additional institutional assessment to the Association upon the initiation of this proposal. Expenses incurred by the Association in support of this organization will be met within currently budgeted funds or from appropriate external sources.

Organization of Student Representatives --
Rules and Regulations

Part III of the Association Bylaws as revised, February 13, 1971 establishes the Organization of Student Representatives and specifies that it shall be operated in a manner consistent with rules and regulations approved by the Council of Deans. In order to facilitate the drafting of rules and regulations likely to be in keeping with the Council of Deans' expectations, a task force adopted guidelines which were adopted by the Council of Deans on May 20, 1971

The adoption of rules and regulations will be one of the main orders of business of the Organization of Student Representatives on the evening preceding the October 29, 1971 Council of Deans Meeting. The Organization of Student Representatives will have available for its consideration a proposal drafted by the Student Planning Committee on July 9, 1971. A copy of this document follows; a copy of the version adopted by the Organization of Student Representatives will be available for your consideration and approval at the time of the meeting.

PROPOSED
RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

16.

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Drafted By Student Planning Committee

The Organization of Student Representatives was established with the adoption of the Association of American Medical Colleges Bylaw Revisions of February 13, 1971.

Section 1. Name

The name of the organization shall be the Organization of Student Representatives of the Association of American Medical Colleges.

Section 2. Purpose

The purpose of this Organization shall be 1.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education, 2.) to provide a means by which medical student views on matters of concern to the AAMC may find expression, 3.) to provide a mechanism for medical student participation in the governance of the affairs of the Association.

Section 3. Membership

A. Members of the Organization of Student Representatives shall be medical students representing institutions with membership on the Council of Deans, selected by a process appropriate to the governance of the institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

B. Each member of the Organization of Student Representatives shall be entitled to cast one vote at meetings of the Organization.

Section 4. Officers and Administrative Board

A. The officers of the Organization of Student Representatives shall be as follows:

1. The Chairman, whose duties it shall be to (a.) preside at all meetings of the Organization, (b.) serve as ex officio member of all committees of the Organization, (c.) communicate all actions and recommendations adopted by the Organization to the Chairman of

the Council of Deans, and (d.) represent the Organization on the Executive Council of the Association.

2. The Chairman-Elect, whose duties are to preside or otherwise serve in the absence of the Chairman and to succeed the Chairman in that office at the completion of his term of office. If the Chairman-Elect succeeds the Chairman before the expiration of his term of office, such service shall not disqualify the Chairman-Elect from serving a full term as Chairman, nor will his failure to be selected to represent his parent institution in the subsequent years so disqualify him.

3. The Secretary, whose duty it shall be to keep the minutes of each regular meeting and maintain an accurate record of all actions and recommendations of the Organization.

- B. The term of office of all officers shall be for one year. All officers shall serve until their successors are elected.
- C. Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.
- D. There shall be an Administrative Board composed of the Chairman, the Chairman-Elect, the Secretary and one member chosen from each of four regions which shall be congruent with the regions of the Council of Deans. Regional members of the Administrative Board shall be elected at the Annual Meeting by regional caucus.
- E. The Chairman of the Organization of Student Representatives shall annually appoint a Nominating Committee of not less than 5 voting members of the Organization who shall be chosen with due regard for regional representation.

This committee shall confer during the first two weeks in October and present at the Annual Meeting of the Organization of Student Representatives a slate of nominations from those certified as members, two names for each elective position to be filled at such meeting. Additional nominations may be made by the membership of the Organization of Student Representatives meeting.

- F. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees, with the Chairman-Elect serving as the Chairman when it so functions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall be determined according to the following priority:

- 1.) The Chairman of the Organization of Student Representatives.
- 2.) The Chairman-Elect of the Organization of Student Representatives.
- 3.) The Secretary of the Organization of Student Representatives.
- 4.) Other members of the Administrative Board of the Organization of Student Representatives, in order of ranking designated by the Chairman, if necessary.
- 5.) Members of the Organization of Student Representatives elected by the membership in a number sufficient to fill any additional positions on the Assembly which may be vacant.

Section 6. Meetings, Quorums, and Parliamentary Procedure

A. Regular meetings of the Organization of Student Representatives shall be held in conjunction with the AAMC Annual Meeting.

B. Special meetings may be called by the Chairman upon majority vote of the Administrative Board provided there be given at least 30 days notice to each member of the Organization of Student Representatives.

C. A simple majority of the voting members shall constitute a quorum.

D. Formal actions may be taken only at meetings at which a quorum is present. At such meetings decisions will be made by a majority of those present and voting.

E. Where parliamentary procedure is at issue, Roberts Rules of Order (latest edition) shall prevail, except where in conflict with Association Bylaws.

F. All Organization of Student Representatives meetings shall be open unless an executive session is announced by the Chairman.

Section 7. Operation and Relationships

A. The Organization of Student Representatives shall report to the Council of Deans of the AAMC and shall be represented on the Executive Council of the AAMC by the Chairman of the Organization of Student Representatives.

B. Creation of standing committees and any major actions shall be subject to review and approval by the Chairman of the Council of Deans of the AAMC.

Section 8. Adoption and Amendments

These Rules and Regulations shall be adopted and may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given, provided that the total number of the votes cast for the changes constitute a majority of the Organization's membership.

COUNCIL OF DEANS

Program Session
 2:30 p. m. - 4:30 p. m.
 Lincoln East
 Washington Hilton Hotel
 October 29, 1971

OUTREACH ACTIVITIES OF THE MEDICAL SCHOOL --
 DANGERS AND ADVANTAGES

James A. Campbell, M.D.
 President
 Rush-Presbyterian-St. Luke's Medical Center

David E. Rogers, M.D.
 Dean and Vice President
 The Johns Hopkins University School of Medicine

Sidney S. Lee, M.D.
 Associate Dean - Hospital Programs
 Harvard Medical School

.Break

PANEL AND OPEN DISCUSSION

Moderator: Carleton B. Chapman, M.D.

Panel Members:

H. Frank Newman, M.D., M. P. H.
 Director
 Group Health Cooperative of Puget Sound
 and First Vice President
 Group Health Association of America

Robert Kalinowski, M.D.
 Director
 Division of Health Services, AAMC

James A. Campbell, M.D.
 David E. Rogers, M.D.
 Sidney S. Lee, M.D.

COUNCIL OF DEANS RECEPTION

October 29, 1971
 5:30 p. m. - 7:00 p. m.
 Lincoln West
 Washington Hilton Hotel
 Washington, D. C.

The Council of Deans takes pleasure in honoring the international guests who will be attending the AAMC Annual Meeting and who are in the United States in conjunction with the meeting at the Forgary International Center and the Bureau of Health Manpower Education, November 1 - 3, 1971 or the World Health Organization Workshop, October 18 - 29, 1971.

The following international guests will be in attendance:

Australia

Professor F. M. Katz
 University of New South Wales

Dr. John Lindell
 Victorian Hospital and
 Charities Commission

Professor F. F. Rundle
 University of New South Wales

Cameroon

Dr. G. L. Monekosso
 University Center for Health
 Sciences

Ceylon

Professor M. A. Macan Markar
 University of Ceylon

Chile

Dr. E. L. Gallardo
 Universidad Austral de Chile

Colombia

Dr. Gabriel Velasquez
 University of Cali

Republic of the Congo

Dr. Jean-Jacques Guilbert
 Secretariat
 World Health Organization

Denmark

Miss Eli Magnussen
 Nat. Health Services of Denmark

England

Dr. Donald Irvine
 Royal College of General
 Practitioners

Dr. Thomas McKeown
 Faculty of Medicine and Dentistry
 University of Birmingham

France

Dr. Jean Pierre Bader
 Faculty of Medicine
 University Hospital Center

Dr. P. Castaigne
 Faculte Salpetriere
 University of Paris

Dr. John Higginson
 International Agency for Research

France (continued)

Mr. G. Pallez
Assistance Publique de Paris

Dr. Jean Louis Portos

Dr. Rappaport
Hospital Necker

Germany

Dr. Otto Creutzfeldt
University of Tuebingen

Dr. Ernst Pfeiffer
Ulm University

Honduras

Dr. J. Hadad
Facultad de Ciencias Medicas

Iran

Dr. Ali Farpour
Medical School
Pahlevi University

Dr. G. Saroukhanian
Teheran University
School of Public Health

Iraq

Dr. Daoud S. Ali
Ministry of Higher Education
Government of Iraq

Israel

Dr. Zvi Oster
Hebrew University
Hadassah Medical School

Dr. Moshe Prywes
Hadassah-Hebrew University
Medical Center

Italy

Dr. Misosi Nicola
University of Napoli

Netherlands

Dr. J. C. van Es
Institut voor Huisartsgeneeskunde
van de Rijksuniversiteit Utrecht

New Zealand

Dr. Kenneth North
Wellington Hospital

Norway

Dr. Peter Hjort
Chemical Institute
University of Oslo

Dr. Karl Evang
Ministry of Health

Switzerland

Dr. Ernani Braga
Secretariat
World Health Organization

Dr. Thomas Fulop
Secretariat
World Health Organization

Dr. Hannes Pauli
University of Bern

Tanzania

Dr. A. Mumumjee
Muhimbili Hospital

Thailand

Dr. Prapont Piyaratn
Faculty of Medicine
Chulalongkorn Univeristy

Dr. Vichit Sri-Saarn
Chulalongkorn University

Uganda

Professor J. S. W. Lutwama
Makerere University Med. School

U. S. S. R.

Dr. J. N. Isakov
Minnistry of Health - U. S. S. R.

Dr. M. I. Kuzine
First Medical Institute

Professor Y. M. Lopuchin
Second Medical Institute

U. S. S. R. (continued)

23.

Dr. Alexei Georgevitch Saslow
Deputy Minister of Health
Moscow

United Arab Republic

Dr. M. L. Dowidar
Alexandria University

United Kingdom

Dr. John Fry

INFORMATION ITEMS

24.

Page

I. CAS and COTH Annual Meetings	25.
II. Management Development Programs	28.
III. Faculty Unionization	33.
IV. LCME Expansion	36.
V. Revision of "Functions and Structure of a Modern Medical School"	39.
VI. Policy Statement on the Responsibility of Academic Medical Centers for Graduate Medical Education	40.

I. CAS and COTH Annual Meetings

This first information item is included for the purpose of briefing you on matters to be considered at the other major Council meetings to be held simultaneously with the COD meeting, Friday, October 29, 1971, 1:30 - 5 p.m.

A. Council of Academic Societies

The CAS is cosponsoring a Colloquium on Measuring the Effectiveness of Physicians' Performance with the Group on Student Affairs and the Research in Medical Education Group, to be held from 1:30 - 3:30 p.m.

The CAS Business Meeting will follow at 3:30 p.m. Along with approval of new Rules and Regulations, the CAS consideration of the Policy Statement on the Responsibility of Academic Medical Centers for Graduate Medical Education, and action on the admission of new member societies, a significant new development is a proposal to have faculty representatives from the medical schools in the CAS. This proposal was developed by the CAS Administrative Board in response to the charge of the Executive Council to the Board to improve faculty representation by utilizing membership in the CAS. The proposal will be reviewed by the full CAS and its action and advice will be taken by the Executive Council as in-put to an Executive Committee retreat later in the fall at which time the matter will receive further study. The proposal is as follows:

The Council of Academic Societies shall be expanded to include 2 representatives from the faculty of each institutional member of the AAMC. Said representatives should be chosen from faculty members below the rank of full professor and their selection should insure significant faculty input in the selection process. The method of selection at each institution should be made known to the Administrative Board of the CAS.

One representative should particularly represent faculty interests in biomedical research and the other in medical education and instructional innovation.

These institutional representatives shall have full voting privileges in the CAS and may serve on the Administrative Board.

The Administrative Board of the Council of Academic Societies shall be expanded by 2 members and not less than 2 positions on this Board shall be filled by faculty institutional representatives. But more than 2 may be nominated and elected.

The CAS will also sponsor an "Open Faculty Forum" on Friday, October 29, 1971, from 8:30 - 10:30 p.m. The following topics are scheduled for consideration at the evening session:

- The AAMC's report on the National Library of Medicine: Lister Hill Center, published in the July issue of the JOURNAL OF MEDICAL EDUCATION
- The policies of the National Internship Matching Plan
- The implications of legislation for the Conquest of Cancer
- The current state of accreditation programs for physician's assistants
- A report on the expansion of the Liaison Committee for Medical Education

B. Council of Teaching Hospitals

The COTH General Session is from 2 p.m. to 5 p.m., October 29, and will consist of reports by the chairmen of the major COTH task forces who will report on their studies. George Cartmill will Chair. The first panelist will be Stanley A. Ferguson who headed the Task Force to Analyze the Higher Costs of Teaching Hospitals. This Committee has met once and its report

will be in the nature of a progress report with no major recommendations or actions at this time.

The second panelist will be Bernard J. Lachner, who headed the Committee on House Staff Relationships to the Hospital and to the AAMC. This Committee has met twice and will make two major recommendations:

1. That the house staff be given a positive role in the affairs and governance of the AAMC.
2. That the Association consider endorsing a proposal for financing cost of house staff salaries and fringe benefits from multiple sources of income which reflect the distribution of the house staff's time between education, providing patient care as a service to individual physicians, and providing patient care in fulfillment of the hospital's responsibilities.

The Task Force to Recommend Goals and Objectives for the COTH, headed by T. Stewart Hamilton, M.D., has concluded that the organized medical staff play a significant role in the governance and conduct of a hospital; that no major institutional redirection or reform can be accomplished without the medical staff's endorsement and support. To enhance the potential for this mutual support this task force will recommend that the COTH be expanded by the addition of a second representative from each member hospital who will represent the organized medical staff. Such additional representatives would be afforded voting status within COTH but no change in the voting membership of the Assembly or the Executive Council is involved.

II. Management Development for Academic Medical Centers

The President will report to the Assembly on activities of the Association in recent months relative to management advancement in academic medical centers. Since these matters relate particularly to the interests of the Deans, many of the ideas emanated from earlier activities of the Association related especially to the Deans, and a number of Deans have contributed considerable time and effort in assisting the Association in planning next steps in such a program, we are providing the following more detailed information as to how and why this effort has evolved and what its components may be.

The first meeting on the question of institutional management development was held on May 21, 1971. It was fortuitous that even though we planned the meeting first in late February, we failed to find a suitable date until after the May 20, 1971 Council of Deans meeting. The discussion would not have been nearly as fruitful had it occurred earlier. The comments of the Deans on May 20, 1971, provided a momentum and sense of timeliness that inspired the group meeting the next day to reach for some real solutions.

The Deans who met with John Cooper and AAMC staff were-- Bob Buchanan, John Gronvall, Bill Mayer, and Cheves Smythe. John Hogness was able to join us, and Floyd Mann and Bill Morris from the Institute for Social Research of the University of Michigan were there also. Bill Mayer was Chairman.

The determination was made at the first meeting that the thinking of the small group should be tested against that of a larger group of Deans. The second meeting, with an additional nine Deans was held on July 20 and 21. A good portion of the time was spent going over ground covered at the first meeting.

Additional effort was devoted to identifying issues or problem areas which could be dealt with profitably with AAMC assistance in a workshop series or other mechanisms under discussion. Among those developed were the following:

How does one organize to initiate a controlled change process?

What effects do various organizational models have on the ability of a system to accommodate to change?

What techniques are available to deal with power conflicts between lateral and hierarchical components in an organization?

How does one best plan for the most effective utilization of limited resources?

Can we arrive at a clearer definition of the decision-making power of the dean, the faculty and students?

Can we clarify the dean's perception of his role, authority, rewards and behavior?

What are the organizational techniques for long-range planning for whole systems?

While no great progress was made at this meeting toward developing the specifics of a program or a workshop series, the meeting did produce the consensus that the AAMC should give highest priority to providing assistance to schools in getting at their internal problems and seeking solutions.

The planning group charged the staff with developing a plan for a seminar series, as well as the formulation of the details of the remaining portions of an AAMC Institutional Management Development Program. As this endeavor was undertaken, it was deemed advisable to relate the description of this project with others reaching the proposal stage so that the AAMC could advance an Association-wide project proposal for funding.

There is an unprecedented rate of change surrounding almost every aspect of the academic medical center. Health is suddenly a national priority, and there are pressures for increased production of physicians with a new set of aspirations and skills to match society's new expectations. Inflation has combined with decreases in research support to intensify fiscal pressures. There are opportunities to realign the economic base of medical service in the academic medical center as universal health insurance becomes a realistic possibility. A more diffuse distribution of power foci is taking place--students emerging as a force in decision-making is only one example. Pressures for greater community involvement and greater involvement in the delivery of health services are all events which are impinging on the academic medical centers. As a consequence, profound changes are occurring in the educational programs, the research efforts, and the health service functions of these centers.

The management of the academic medical center is thus rapidly becoming a much more complex and difficult task. More comprehensive and reliable data, coupled with more effective ways of bringing the data to bear on decision making, are needed to design alternatives and options for meeting goals and

assessing the resources which are required. Planning must be more sophisticated and exact because decisions involve a much greater commitment of resources. These resources are usually from multiple sources which are less stable and predictable than the traditional income of the university, less controlled by the institution, and more dependent on the behavior and actions of those outside the academic medical center. Inadequate planning and unwise decisions have more serious consequences for the viability of the institution than in the simpler situation that existed even a decade ago.

The changing nature of the medical center, the broadening and diffusion of power through its structure, and the need to involve more diverse abilities and skills working together to confront more complex tasks all add substantially to the difficulties of direction and leadership. The making of decisions and their implementation requires a wider consensus and more intense collaborative efforts. The traditional pyramidal structure of authority, with the power concentrated in the hands of a few who ruled in an autocratic way, is not the social arrangement most eminently suitable for the current and future needs of the institutions.

These changes require a new order to managerial effort and capability in the conduct of an academic medical center. Deans and their staffs must have much greater knowledge, understanding, and capability for influencing behavior and creating demand in the faculty, students, university, and the public to implement the program decisions made.

In a very real sense, a new and very complex stage has been reached in the evolution of the managerial setting of academic medical centers. This is so because of the set of forces and changes noted above and also because of advances in the theory and technology of management itself involving increasing use of quantitative approaches and the consequent demand for more precise and detailed data. Advancing the leadership and managerial capability of academic centers is essential to further progress in medical education.

There will be essentially two major components of the program: a Management Skills Development Project and a Management Systems Development Project. The two have been interrelated because the management information system is clearly a tool which can assist the decision maker in the assessment of alternatives, and its implementation is dependent upon managerial skills; the manager must have adequate information for effective decision making. However, the Projects are not dependent upon each other in the absolute sense, and each

have many aspects which can proceed at their own pace.

The objectives of the Management Skills Development Project are:

1. To strengthen the decision-making and problem-solving capacity of the academic medical center or medical school.
2. To study and understand the functioning of the complex organizational system which is the medical center.
3. To work toward the stabilization of the principal administrative posts in medical schools (and academic medical centers).

Sufficient study and consultation have taken place to date to portray in broad outline several specific and beginning elements of the Program. These will include a new series of Dean's Seminars which will involve a change in content, pace and participants, a special orientation seminar for new deans, a beginning technical assistance program which will draw together and make useful and available a great deal of information now frequently requested, but for which a negative reply must be given for want of the capability of drawing upon the extensive records and information already collected. This effort would include the identification of special consultative expertise throughout the country.

At the same time these ideas were under consideration, the work of the Committee on Medical Center Information Systems, organized in 1969 through support by the Kellogg Foundation, was coming to fruition. The Committee had developed a dictionary of data and information that constitutes a base inventory of data on all aspects of medical center operations. Much work has been done on the design of the system structure and several papers written on its application and use. It is proposed that the AAMC direct the further development of the system and implement it in three to five pilot centers as demonstration projects which can be studied by other centers. The project is referred to as IMCIS (Integrated Medical Center Information System).

In the recent monograph, A Rational Public Policy for Medical Education and its Financing, John Millis says,

If the university medical centers are to accept and implement the policies and responsibilities which I believe they must, and if we are ever to have a rational

system of medical education and a viable and effective health system, we must be interested in their organizational and administrative capabilities. In chapter 5, I described the anachronistic organizational arrangements of the present-day medical centers. Designed to deal with conditions of stability a century or more ago, they are incapable of coping with the explosive economic and social change of the present era. Decision making is difficult in an organization in which administration is so decentralized and diffuse.

Dr. Millis goes on to describe the burdens of the chief officer of the present-day medical center and concludes,

Because American medical centers have essentially the same problems, even though their present methods of organization vary widely, I would suggest that a vigorous attack on a national and collaborative level would produce understanding applicable to all of them. It would seem that the Association of American Medical Colleges would be the organization appropriate for this responsibility. The Association has already shown a strong interest in the matter by holding several workshops and publishing several volumes of the proceedings. However, it is not evident that any great progress has been made yet. I recommend that the AAMC place a very high priority upon the study of the problems of organization and administration. It should strive to involve the most skilled and thoughtful organizational scientists in an attempt to lay out ways by which our medical centers can be reorganized to enable them to discharge the great responsibilities which society has placed upon them.

The concept of collective bargaining, connoting, as it does, an adversary relationship, has long held little attractiveness to academicians who have seemed to prefer collegiality to a power relationship in the decision-making process. This aversion, however, appears to be eroding as more faculties are organizing and seeking recognition at the bargaining table. To learn more about what may be developing into a trend, the Association asked Mr. John Gillis (Association of American Colleges) and Mr. Jordan Kurland (American Association of University Professors (AAUP) to meet with the staff on July 20, 1971, to brief us on recent developments and the outlook for the future.

In summary:

- On December 3, 1970, the National Labor Relations Board (NLRB) promulgated a rule which established \$1,000,000 in gross annual revenue as the standard for asserting its statutory jurisdiction over labor relations cases involving private, non-profit colleges and universities whose operations have a substantial effect on commerce.
- The NLRB asserted its jurisdiction to determine bargaining representatives for the employees of Cornell University on June 12, 1970.
- The NLRB decision and rule establish a right under federal policy for employees to organize and to bargain. Employees include not only clerical, maintenance and housekeeping employees but also members of the teaching faculty.
- Public institutions are exempt from federal law and will be regulated by state laws or, in their absence, will be unregulated.
- A major issue at this stage in many of the institutions is the determination of the appropriate constitution of the bargaining units. This is crucial because a union which is the majority representative of employees in an appropriate unit becomes the exclusive bargaining agent for all of the employees. The principle used by the NLRB is that the unit should be as large as possible to include all with common interests. At Wisconsin, the graduate assistants have a separate union. At Adelphie, there is movement toward including them in the faculty union. At present whether a medical school faculty can stay out of a faculty union at a university is a fluid question. The law school faculty at Fordham University is attempting to stay out of the union in a test case now being litigated. Administrators and department chairmen will apparently be classified as "supervisors" and, as such need not be recognized for bargaining purposes.

- The obligation to bargain runs to almost every conceivable item which is involved in the running of the university: salaries, fringe benefits, scheduling, grievances, seniority and tenure, and productivity. The AAUP approach however is to limit bargaining to wages, hours and fringe benefits and to leave basic decisions of the university out of consideration.
- There are three national organizations seeking recognition as the bargaining agent for faculties: the American Federation of Teachers (AFL-CIO), the National Education Association (NEA), and the AAUP. The AAUP is the bargaining agent at seven institutions.
- The AAUP has petitioned the NLRB to establish general rules for representation cases involving faculty members, arguing that there is a lack of any directly relevant guides for determining certain novel issues in such disputes and that a case-by-case evolution of guides will cause uncertainty to continue for an indeterminable period. The NLRB denied the petition reasoning there is great variety in the traditional practices and organizational structures within the academic community and that "to adopt inflexible rules for units of teaching employees at this time might well introduce too great an element of rigidity and prevent the Board from adapting its approach to a highly pluralistic and fluid set of conditions."

Seventy community colleges are now organized. State systems, especially where management is separated by distance are good candidates for collective bargaining arrangements. The State University of New York is organized in a single bargaining union which includes the Upstate and Downstate Colleges of Medicine as well as Buffalo. A contract has been negotiated and signed and is subject to ratification this fall. The contract contains separate provisions applicable to the medical faculty.

There is considerable movement toward collective bargaining at N. Y. U., but the prospects are that the medical faculty will be excluded from the bargaining unit. The medical faculty was included in the unit at Rutgers but has been subsequently excluded with the reorganization of that school in closer connection with the New Jersey College of Medicine and Dentistry. Mount Sinai is excluded from the unit at the City University of New York. The medical faculty is included in a state-wide unit at Hawaii.

The AAUP is forming a chapter at Cornell University Medical College, but there appears to be no serious move toward collective bargaining. On the other hand, there appears to be substantial interest for collective bargaining at Columbia.

A designation card campaign (the first step toward unionization) has proved unsuccessful at Boston University. One is underway at Temple with substantial likelihood of success. An election (the second step in unionization) will be held at Wayne State this fall. The AAUP will be pressing for collective bargaining at the University of Illinois. There, the Board of Trustees has the option of refusing to recognize a bargaining agent or to specify the size of the unit. Only if the Board requires the agent to represent all three campuses, will the medical faculty be included.

The attorney for the AAUP in the Northeast is querying the medical faculty members of the organization about the desirability of organizing a one day conference this fall (October or November) to exchange views and review developments at their institutions. Issues of primary interest are expected to take the following priority (1) Faculty participation in institutional governance, (2) Personnel policies--tenure academic freedom, etc. and, (3) Salary inequalities, benefits, etc. We will have a staff member attend the conference if it is held.

In short, faculty organization, unionization and collective bargaining are activities of increasing importance in American colleges and universities. Medical faculties share to greater or lesser degrees in the involvement of their colleagues in these developments. The Association will attempt to keep abreast of events of significance to medical schools, develop recommendations for an appropriate role for the AAMC in this matter and keep the institutions informed of developments.

IV. Liaison Committee on Medical Education Expansion

During the past several years, the Liaison Committee on Medical Education in conjunction with its parent councils--the American Medical Association Council on Medical Education and the Association of American Medical Colleges Executive Council and with the American Board of Medical Specialties, American Hospital Association and the Council of Medical Specialty Societies has been developing a proposal for the expansion of the functions and structure of the Liaison Committee on Medical Education. The proposal stems from the Millis Commission recommendation for a Commission on Graduate Medical Education. Presently, the details relating to the specific expansion into the field of accreditation of graduate medical education are being deliberated by a Liaison Committee on Medical Education Task Force on Graduate Medical Education, chaired by Dr. Bland Cannon of the American Medical Association Council on Medical Education. AAMC representatives include Drs. Stewart Hamilton, Thomas Kinney and Cheves Smythe.

The expansion of the Liaison Committee on Medical Education has also been discussed with the American Medical Association Board of Trustees on the two occasions when it has met with the Association of American Medical Colleges Executive Committee in recent months.

Attachment I is a report of the recent recommendation of the Liaison Committee on Medical Education Task Force on Graduate Medical Education which was presented to the Executive Council in September and which the Executive Council endorsed with particular emphasis on the second recommendation on Attachment I.

In the meantime, the American Medical Association Board of Trustees has asked that a negotiating committee be established consisting of representatives from the American Medical Association Board and Council on Medical Education to meet with representatives of the Association of American Medical Colleges and of the American Board of Medical Specialties. Dr. Cooper has asked for clarification of the intent of the Board to proceed in the creation of a separate liaison committee and the reason that organizations involved since the beginning of discussions on the expanded Liaison Committee on Medical Education were not included in the negotiating committee suggested.

RECOMMENDATION OF THE LCME TASK FORCE ON GRADUATE MEDICAL EDUCATION

The Executive Council's resolution reaffirming its support of an expanded LCME was discussed at the July 8 meeting of the Liaison Committee. Dr. Kenneth Sawyer of the AMA Board of Trustees was present and explained that the Board's action to table consideration of the expansion proposal did not indicate their intention to kill the proposal, but rather their unwillingness to act on it until there was greater specificity on some remaining issues - including financing - and a negotiated agreement of all parties concerned.

The LCME concluded that it was its responsibility to bring together the organizations involved in the LCME expansion in order to continue the deliberations on unresolved issues. Consequently, the LCME charged its Task Force on Graduate Medical Education, chaired by Dr. Bland Cannon, with developing recommendations on the representational pattern of organizations which would participate and a plan for financing the expansion.

The Task Force met August 26, 1971 in Chicago and made the following recommendations:

- I. That the expansion of the LCME proceed as rapidly as possible and every effort be made by the concerned organizations to present the plan to their governing boards for consideration as promptly as possible.
- II. That the representation on the Expanded LCME include the following organizations with the number of votes indicated: Association of American Medical Colleges (5), American Medical Association (5), American Board of Medical Specialties (3), American Hospital Association (3), Council of Medical Specialty Societies (3), [Public (1)], and [Federal Government (1)].
- III. Beginning July 1, 1972, or as soon as possible, the Expanded LCME be constituted and function as follows:
 - A. No change in present responsibilities or function of the AMA or AAMC at staff level for handling the logistics of the accreditation process; but the overall responsibility for accreditation of undergraduate medical education would be shared at the Liaison Committee decision making level with the additional voting members.
 - B. The LCME devise a mechanism for the accreditation of graduate medical education and with the necessary sanctions of the parent organizations to set the machinery in motion for including this activity in the function of the Expanded LCME.
- IV. With regard to financing:
 - A. It is estimated that the activities of the Expanded LCME

would be of the order of magnitude of \$200,000 since the present operation is approximately \$130,000. It was recommended that each organization contribute an amount equivalent or comparable to its relative involvement with the Committee activity - or simply \$10,000 per each voting member. This level of funding would continue the present operation and provide support for the developmental activities.

- B. When the plan for inclusion of the graduate programs was completed, adopted by the parent organizations and instituted, then the total costs would then again be shared. The exact order of magnitude is indeterminable at this time but it would be more nearly on the order of magnitude of \$50,000 per voting member.
- V. If at the end of 3 years, significant progress toward assuming responsibility for graduate medical education has not been made, the the LCME should revert to its present activity and composition.

V. "Functions and Structure of a Modern Medical School"

The official policy statement, named above, of the American Medical Association and the Association of American Medical Colleges has been under revision by the Liaison Committee on Medical Education Task Force on Accreditation Policy for some time. This Task Force, chaired by Dr. Merlin DuVal until he became Assistant Secretary for Health and Scientific Affairs, will present the final draft of the new statement to the Liaison Committee on Medical Education at its meeting on October 20, 1971. If there are no major policy changes made, it should be presented to the Executive Council at its December meeting and then to the Councils and Assembly for final passage in February. This announcement is to inform you that this work is underway. The complete text of the statement will be made available for study well in advance of the February meeting if action of the Assembly is scheduled for that time.

VI. Policy Statement on the Responsibility of Academic Medical Centers for Graduate Medical Education

The changes suggested at the Council of Deans Regional Meetings and displayed in the document considered at the national meeting last May have been accommodated in this final version. The Council of Academic Societies Administrative Board and the Executive Council endorsed the policy statement at their June meetings. This will be an action item at the Assembly meeting October 30, 1971 and is included here for your reference.

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

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

The Association urges that the Liaison Committee on Medical Education, the Residency Review Committees and the Specialty Boards establish procedures which will provide for adequate accreditation of an entire institution's graduate medical education program by one accrediting agency.

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.

It is essential that all related components (including hospitals) of academic medical centers jointly develop appropriate financing for the program costs of graduate medical education.