

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

October 18, 1973

MEMORANDUM

TO: The Council of Deans

FROM: Joseph A. Keyes, Director, Division of Institutional Studies

SUBJECT: Activities for the Council of Deans at the AAMC Annual Meeting

Enclosed is the agenda for the Council of Deans Business Meeting to be held from 1:30 p.m. to 4:30 p.m. on Monday, November 5, in the Hilton Ballroom East. Please note that this meeting will be followed at 4:45 to 6:00 p.m. by a Joint COD/VA Meeting in the Monroe East & West. An additional function that the COD Administrative Board has agreed to co-sponsor in the name of the Council of Deans is a Joint Meeting on Evaluation in cooperation with the Group on Medical Education and the Group on Student Affairs on Wednesday afternoon, November 7, from 1:00 p.m. to 6:00 p.m. This program will feature reports on and discussion of the AAMC Medical College Admissions Assessment Program and the Report of the National Board of Medical Examiners Goals and Priorities Committee.

There were a number of other program proposals which received the consideration of the COD Administrative Board. The Board determined that the best course would be to preserve maximum freedom for the deans to attend programs of greatest interest. One purpose of this memo is to highlight for you some of the program opportunities which the Board judged would likely be of greatest interest.

The main outline of the meeting can best be visualized as blocked out below:

	<u>Mon - Nov. 5</u>	<u>Tues - Nov. 6</u>	<u>Wed. - Nov. 7</u>
A.M.	Plenary Session Chairman's Address	Plenary Session Alan Gregg Memorial Lecture	Primary Care --Quality of Care Program
		* * * * *	
P.M.	COD Business Meeting	AAMC Assembly	COD/GME/GSA Joint Meeting on Evaluation
	COD/VA Joint Meeting	Minority Affairs Program	

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Should it be convenient for you to arrive on Sunday afternoon, you may wish to attend the CAS General Session from 2:00 p.m. to 5:00 p.m. Robert Stone, M.D., Director of the NIH, will discuss "Programs and Plans at NIH;" Arnold Relman, M.D., Chairman of Medicine at the University of Pennsylvania, will discuss "Health Care in the Teaching Setting: The Impact of H.R.1;" Kenneth Endicott, M.D., Administrator, Health Resources Administration, will address "Implications of the Reorganization of HEW for the University Health Center." Finally, Dr. Cooper will be present for an open discussion.

Sunday evening the Organization of Student Representatives will hold its Business Meeting. The actions of this meeting will be reported to the COD on the following day. Nevertheless, you may wish to stop in to visit this student meeting.

Members of the Mid-West Great Plains Region are reminded that a regional COD meeting has been scheduled from 6:00 p.m. to 8:00 p.m. on Sunday in the Lincoln West Room.

While this is a list of some of the highlights, it by no means is inclusive of all the program possibilities of potential interest. You are urged to peruse your meeting program to judge the offerings with greater particularity.

Please note that the agenda book contains a section of "Information Items". Included here are follow-up actions on a previous COD resolution regarding Association efforts to alleviate medical school admissions problems and a status report on the longitudinal study of a cohort of medical students class of 1960.

Finally, there is a series of reports from the AAMC Groups. While these Groups have no formal and direct organizational relationship to the COD, it is clear that many, if not most, of their activities are of substantial interest to the Deans. To enhance the value of the COD Business Meeting and its associated agenda book, we asked each of the Groups if they would wish to provide a summary statement which would highlight the key matters with which the Groups have been concerned. The material in the agenda book represents the responses received from each of the Groups: the Group on Student Affairs, the Group on Medical Education, the Group on Business Affairs, the Planning Coordinators Group and the Group on Public Relations. We commend them to your attention.

COUNCIL OF DEANS BUSINESS MEETING
November 5, 1973
1:30 p.m. - 4:30 p.m.
Ballroom East, Hilton Hotel
Washington, D.C.

AGENDA

	<u>Page</u>
I. Call to Order--Reading of the Roll	
* II. Approval of Minutes:	
1. Meeting of November 3, 1972	1
2. Meeting of March 7-9, 1973	12
III. Chairman's Report	
IV. Report of the Chairmen of the Regions:	
<u>Western:</u> Robert L. Van Citters, M.D.	
<u>Mid-West Great Plains:</u> William J. Grove, M.D.	
<u>Southern:</u> Christopher C. Fordham III, M.D.	
<u>Northeastern:</u> J. Robert Buchanan, M.D.	
* V. Special Criteria for Programs of the Basic Medical Sciences--Thomas D. Kinney, M.D.	17
* VI. Proposal for the Modification of Assembly Representation-- AAMC Bylaw Amendment	22
*VII. Proposal for the Establishment of an AAMC Membership Category--"Distinguished Service Members."	23
*VIII. Provisional Nomination of Distinguished Service Members-- Robert L. Van Citters, M.D.	25
* IX. Election of Institutional Members	26
* X. Election of Affiliate Institutional Members	27
* XI. Report of the Nominating Committee Election of Officers -- Christopher C. Fordham III, M.D. ...	28
XII. Report on the Management Advancement Program-- Ivan L. Bennett, Jr., M.D.	
XIII. Report from the President of the National Fund for Medical Education -- John S. Millis	
XIV. Report on the Coordinating Council on Medical Education-- William G. Anlyan, M.D.	

*Action Items

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INFORMATION ITEMS

- A. Follow-up Actions on Recommendations of Ad Hoc Committee on Medical School Admissions Problems.
 - A1. Progress on Annotated Bibliography
 - A2. Report on Matching Plan Feasibility Study and Pilot Program

- B. Status Report on Longitudinal Study

- C. Reports of the AAMC Groups
 - C1. Group on Student Affairs
 - C2. Group on Medical Education
 - C3. Group on Business Affairs
 - C4. Planning Coordinators Group
 - C5. Group on Public Relations

* * * * *

COUNCIL OF DEANS/VETERANS
ADMINISTRATION JOINT MEETING
Monday, November 5, 1973
4:45 - 6:00 p.m.
Monroe East & West

* * * * *

COUNCIL OF DEANS
GROUP ON MEDICAL EDUCATION/
GROUP ON STUDENT AFFAIRS
Wednesday, November 7, 1973
1:00 - 6:00 p.m.
Ballroom Center

ROLL CALL OF THE COUNCIL OF DEANS -- ASSOCIATION OF AMERICAN MEDICAL COLLEGES ASSEMBLY

INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>Alabama</i>			
UNIVERSITY OF ALABAMA	JAMES A. PITTMAN		
UNIVERSITY OF SOUTH ALABAMA	ROBERT M. BUCHER		
<i>Arizona</i>			
UNIVERSITY OF ARIZONA	MERLIN K. DUVAL		
<i>Arkansas</i>			
UNIVERSITY OF ARKANSAS	WINSTON K. SHOREY		
<i>California</i>			
UNIVERSITY OF CAL., DAVIS	C. JOHN TUPPER		
UNIVERSITY OF CAL., IRVINE	STANLEY VAN DEN NOORT		
UNIVERSITY OF CAL., LOS ANGELES	SHERMAN M. MELLINKOFF		
UNIVERSITY OF CAL., SAN DIEGO	JOHN H. MOXLEY, III		
UNIVERSITY OF CAL., SAN FRANCISCO	JULIUS R. KREVANS		
LOMA LINDA UNIVERSITY	DAVID B. HINSHAW		
UNIVERSITY OF SOUTHERN CALIFORNIA	FRANZ K. BAUER		
STANFORD UNIVERSITY	CLAYTON RICH		
<i>Colorado</i>			
UNIVERSITY OF COLORADO	HARRY P. WARD		
<i>Connecticut</i>			
UNIVERSITY OF CONNECTICUT	ROBERT U. MASSEY		
YALE UNIVERSITY	ROBERT W. BERLINER		

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ROLL CALL OF THE COUNCIL OF DEANS -- ASSOCIATION OF AMERICAN MEDICAL COLLEGES ASSEMBLY

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INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>District of Columbia</i>			
GEORGETOWN UNIVERSITY	JOHN PHILLIP UTZ		
GEORGE WASHINGTON UNIVERSITY	JOHN P. NAUGHTON		
HOWARD UNIVERSITY	MARION MANN		
<i>Florida</i>			
UNIVERSITY OF FLORIDA	CHANDLER A. STETSON, JR.		
UNIVERSITY OF MIAMI	EMANUEL M. PAPPER		
UNIVERSITY OF SOUTH FLORIDA	DONN L. SMITH		
<i>Georgia</i>			
EMORY UNIVERSITY	ARTHUR P. RICHARDSON		
MEDICAL COLLEGE OF GEORGIA	CURTIS H. CARTER		
<i>Hawaii</i>			
UNIVERSITY OF HAWAII	TERENCE A. ROGERS		
<i>Chicago</i>			
CHICAGO MEDICAL SCHOOL	HENRI HAYDALA		
UNIVERSITY OF CHICAGO	LEON O. JACOBSON		
UNIVERSITY OF ILLINOIS	WILLIAM J. GROVE		
LOYOLA UNIVERSITY OF CHICAGO	JOSEPH A. WELLS		
NORTHWESTERN UNIVERSITY	JAMES F. ECKENHOFF		
RUSH MEDICAL COLLEGE	WILLIAM F. HEJNA		
SOUTHERN ILLINOIS UNIVERSITY	RICHARD H. MOY		

ROLL CALL OF THE COUNCIL OF DEANS -- ASSOCIATION OF AMERICAN MEDICAL COLLEGES ASSEMBLY

INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>Indiana</i>			
INDIANA UNIVERSITY	GEORGE T. LUKEMEYER		
<i>Iowa</i>			
UNIVERSITY OF IOWA	JOHN W. ECKSTEIN		
<i>Kansas</i>			
UNIVERSITY OF KANSAS	E. B. BROWN, JR.		
<i>Kentucky</i>			
UNIVERSITY OF KENTUCKY	WILLIAM S. JORDAN, JR.		
UNIVERSITY OF LOUISVILLE	AUTHUR H. KEENEY		
<i>Louisiana</i>			
LSU - NEW ORLEANS	SILAS F. O'QUINN		
LSU - SHREVEPORT	CLIFFORD G. GRULEE, JR.		
TULANE UNIVERSITY	WILLIAM THURMAN		
<i>Maryland</i>			
JOHNS HOPKINS UNIVERSITY	RUSSELL H. MORGAN		
UNIVERSITY OF MARYLAND	JOHN M. DENNIS		
<i>Massachusetts</i>			
BOSTON UNIVERSITY	EPHRAIM FRIEDMAN		
HARVARD MEDICAL SCHOOL	ROBERT H. FBERT		
UNIVERSITY OF MASSACHUSETTS	LAMAR SOUTTER		
TUFTS UNIVERSITY	WILLIAM F. MALONEY		

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INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>Michigan</i>			
MICHIGAN STATE UNIVERSITY	ANDREW D. HUNT, JR.		
UNIVERSITY OF MICHIGAN	JOHN A. GRONVALL		
WAYNE STATE UNIVERSITY	ROBERT D. COYE		
<i>Minnesota</i>			
MAYO MEDICAL SCHOOL	RAYMOND D. PRUITT		
UNIVERSITY OF MINNESOTA-DULUTH	ROBERT E. CARTER		
UNIVERSITY OF MINNESOTA-MINNEAPOLIS	NEAL L. GAULT, JR.		
<i>Mississippi</i>			
UNIVERSITY OF MISSISSIPPI	NORMAN C. NELSON		
<i>Missouri</i>			
UNIVERSITY OF MISSOURI-COLUMBIA	WILLIAM D. MAYER		
UNIVERSITY OF MISSOURI-KANSAS CITY	RICHARDSON K. NOBACK		
ST. LOUIS UNIVERSITY	ROBERT H. FELIX		
WASHINGTON UNIVERSITY	M. KENTON KING		
<i>Nebraska</i>			
CREIGHTON UNIVERSITY	JOSEPH M. HOLTHAUS		
UNIVERSITY OF NEBRASKA	ROBERT B. KUGEL		
<i>Nevada</i>			
UNIVERSITY OF NEVADA	GEORGE T. SMITH		

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ROLL CALL OF THE COUNCIL OF DEANS -- ASSOCIATION OF AMERICAN MEDICAL COLLEGES ASSEMBLY

INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>New Hampshire</i>			
DARTMOUTH MEDICAL SCHOOL	JAMES C. STRICKLER		
<i>New Jersey</i>			
NEW JERSEY MEDICAL SCHOOL	HAROLD A. KAMINETZKY		
RUTGERS MEDICAL SCHOOL	JAMES W. MACKENZIE		
<i>New Mexico</i>			
UNIVERSITY OF NEW MEXICO	LEONARD M. NAPOLITANO		
<i>New York</i>			
ALBANY MEDICAL COLLEGE	HARROLD C. WIGGERS		
ALBERT EINSTEIN COLLEGE OF MEDICINE	ERNST R. JAEFF		
COLUMBIA UNIVERSITY	DONALD TAPLEY		
CORNELL UNIVERSITY	J. ROBERT BUCHANAN		
MOUNT SINAI	THOMAS C. CHALMERS		
NEW YORK MEDICAL COLLEGE	SAMUEL H. RUBIN		
NEW YORK UNIVERSITY	IVAN L. BENNETT, JR.		
UNIVERSITY OF ROCHESTER	J. LOWELL ORBISON		
SUNY-BUFFALO	CLYDE L. RANDALL		
SUNY-DOWNSTATE	CALVIN H. PLIMPTON		
SUNY-STONY BROOK	MARVIN C. KUSCHNER		
SUNY-UPSTATE	RICHARD P. SCHMIDT		

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INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>North Carolian</i>			
BOWMAN GRAY SCHOOL OF MEDICINE	RICHARD JANEWAY		
DUKE UNIVERSITY	THOMAS D. KINNEY		
UNIVERSITY OF NORTH CAROLINA	CHRISTOPHER C. FORDHAM, III		
<i>North Dakota</i>			
UNIVERSITY OF NORTH DAKOTA	JOHN VENNES		
<i>Ohio</i>			
CASE WESTERN RESERVE	FREDERICK C. ROBBINS		
UNIVERSITY OF CINCINNATI	ROBERT S. DANIELS		
MEDICAL COLLEGE OF OHIO-TOLEDO	ROBERT G. PAGE		
OHIO STATE UNIVERSITY	HENRY G. CRAMBLETT		
<i>Oklahoma</i>			
UNIVERSITY OF OKLAHOMA	ROBERT M. BIRD		
<i>Oregon</i>			
UNIVERSITY OF OREGON	CHARLES N. HOLMAN		
<i>Pennsylvania</i>			
HAHNEMANN MEDICAL COLLEGE	JOSEPH R. DiPALMA		
JEFFERSON MEDICAL COLLEGE	WILLIAM F. KELLOW		
MEDICAL COLLEGE OF PENNSYLVANIA	BERNARD SIGEL		
PENNSYLVANIA STATE UNIVERSITY	HARRY PRYSTOWSKY		
UNIVERSITY OF PITTSBURGH	DONALD N. MEDEARIS, JR.		

ROLL CALL OF THE COUNCIL OF DEANS -- ASSOCIATION OF AMERICAN MEDICAL COLLEGES ASSEMBLY

INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>Pennsylvania (cont'd)</i>			
UNIVERSITY OF PENNSYLVANIA	ALFRED GELLHORN		
TEMPLE UNIVERSITY	ROGER SEVY		
<i>Rhode Island</i>			
BROWN UNIVERSITY	STANLEY M. ARONSON		
<i>South Carolina</i>			
MEDICAL COLLEGE OF SOUTH CAROLINA	J. F. A. McMANUS		
<i>South Dakota</i>			
UNIVERSITY OF SOUTH DAKOTA	KARL H. WEGNER		
<i>Tennessee</i>			
MEHARRY MEDICAL COLLEGE	RALPH J. CAZORT		
VANDERBILT UNIVERSITY	ALLEN D. BASS		
UNIVERSITY OF TENNESSEE	T. ALBERT FARMER, JR.		
<i>Texas</i>			
BAYLOR COLLEGE OF MEDICINE	JOSEPH M. MERRILL		
UNIVERSITY OF TEXAS-DALLAS	FREDERICK M. BONTE		
UNIVERSITY OF TEXAS- GALVESTON	EDWARD N. BRANDT, JR.		
UNIVERSITY OF TEXAS- HOUSTON	CHEVES McC. SMYTHE		
UNIVERSITY OF TEXAS-SAN ANTONIO	STANLEY E. CRAWFORD		
TEXAS TECH UNIVERSITY	WILLIAM W. FRYE		

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ROLL CALL OF THE COUNCIL OF DEANS -- ASSOCIATION OF AMERICAN MEDICAL COLLEGES ASSEMBLY

INSTITUTIONAL MEMBERS	REPRESENTATIVES	DESIGNEE	NOT PRESENT
<i>Utah</i>			
UNIVERSITY OF UTAH	JOHN A. DIXON		
<i>Vermont</i>			
UNIVERSITY OF VERMONT	WILLIAM H. LUGINBUHL		
<i>Virginia</i>			
EASTERN VIRGINIA MEDICAL SCHOOL	ROBERT T. MANNING		
MEDICAL COLLEGE OF VIRGINIA	WARREN H. PEARSE		
UNIVERSITY OF VIRGINIA	WILLIAM R. DRUCKER		
<i>Washington</i>			
UNIVERSITY OF WASHINGTON	ROBERT L. VAN CITTERS		
<i>West Virginia</i>			
WEST VIRGINIA UNIVERSITY	JOHN F. JONES		
<i>Wisconsin</i>			
MEDICAL COLLEGE OF WISCONSIN	GERALD A. KERRIGAN		
UNIVERSITY OF WISCONSIN	LAWRENCE G. CROWLEY		
<i>Lebanon</i>			
AMERICAN UNIVERSITY OF BEIRUT	SAMUEL P. ASPER		
<i>Puerto Rico</i>			
UNIVERSITY OF PUERTO RICO	CARLOS E. GIROD		

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS BUSINESS MEETING
November 3, 1972
2:00 p.m. - 5:30 p.m.
French Room, Fontainebleau Hotel, Miami, Florida

I. CALL TO ORDER

The Council of Deans Business Meeting was called to order by its Chairman, Carleton B. Chapman, M.D. Attendance was taken by registration at the door; a quorum was determined to be present.

II. APPROVAL OF MINUTES

The minutes of the February 4, and the April 19-22, 1972 meetings were approved without change.

III. SPECIAL ORDER OF BUSINESS

On motion from the floor, the agenda was suspended to permit the consideration of the following resolution:

"It is with deep sorrow that we note the passing of our friend and colleague John Parks. Dr. Parks' contributions to his country, to the profession of medicine and to medical education are widely known and will be long remembered. We who shared a professional kinship with him and who perhaps have a greater insight than most into the responsibilities he bore as Dean of a great medical school have a special fondness for Dr. Parks. His warm and conscientious manner provided an inspiration to us all. The leadership which he exercised in the field of medical education and the guidance he gave to the Association of American Medical Colleges while serving as our President leave us forever in his debt."

The resolution was unanimously adopted with an order that it be communicated to the family of John Parks, M.D., and made part of the permanent record of the Association.

IV. CHAIRMAN'S REPORT

Dr. Chapman reported on the following items:

1. The 1973 Spring Meeting is to be held in San Antonio at the Hilton Palacio Del Rio on March 7-9. The theme will be: "The Influence of Third Party Payers on Medical Education and Patient Care in the Teaching Setting."
2. The report of the OSR to the Council of Deans. On the previous day, the Organization of Student Representatives had met and taken action on the following matters:
 - A. A resolution on the interaction of the basic and clinical sciences--adopted.
 - B. An Executive Council resolution urging that every first hospital-based graduate training appointment after the award of the M.D. degree be made through the National Intern and Resident Matching Program--endorsed.
 - C. A motion to appoint an OSR Committee to
1) investigate the extent of violation of the NIRMP; 2) report these to the proper authorities and to the OSR; and 3) recommend to the OSR means by which undesirable practices may be halted--adopted.
 - D. A motion recommending to the Council of Deans that all member schools refrain from releasing any information to the Selective Service System except at the specific request of each student involved--adopted.
 - E. Two changes in the OSR Rules and Regulations:
1) Further defining the duties of the OSR Secretary; and 2) making explicit that each school may determine the term of office of its representative--adopted.
 - F. Election of officers for 1972-73:

Chairman-Elect: Alvin Strelnick
Yale University School of
Medicine

Secretary: Jan Richard Weber
University of Wisconsin
Medical School

F. Election of officers for 1972-73 (continued)

Representatives-at-Large: Robert Kohn
Cornell University
Medical College

C. Elliott Ray
University of Kentucky
School of Medicine

George Woods
University of Utah
College of Medicine

N.B. The other five members of the 1972-73 OSR Administrative Board will be:

Chairman: Kevin Soden
University of Florida College of
Medicine
(Mr. Soden served as OSR Chairman-Elect
during 1971-72.)

Regional Representatives:

Central - Daniel L. Pearson
Case Western Reserve School of Medicine

Northeast - Robert Amrhein
University of Vermont College of
Medicine

Southern - H. Jay Hassell
Bowman Gray School of Medicine

Western - Patrick N. Connell
University of Arizona College of
Medicine

(Regional Representatives were elected
at regional meetings prior to the OSR
business meeting.)

V. REPORT OF THE CHAIRMEN OF THE REGIONS

Western: Franz K. Bauer, M.D. reported that the deans of the western region had taken the position that the faculty had adequate channels for representation in and communication with the AAMC and urged that no new mechanism for faculty representation be established at this time. The deans also noted with concern the underrepresentation of people with experience in medical education on the National Advisory Council on Health Professions Education and urged the Secretary of DHEW to rectify this as soon as possible.

Mid-West Great Plains: Robert G. Page, M.D. reported that this region met, as has been its custom, in full plenary session including deans, faculty, business officers and hospital administrators on a topic of common interest: "Quality Control of Faculty." The region endorsed the concept of a Council of Faculties as a part of the governance of the AAMC and forwarded a resolution to this effect for Assembly Action.

Southern: Christopher Fordham, M.D. reported that the Southern Deans met with the Executive Committee of the Southern Medical Schools Consortium for Self-Instructional Materials and were gratified to learn of the substantial progress of that effort. He also reported that there was a distinct lack of enthusiasm for any proposals which would provide new mechanisms for faculty representation in the AAMC.

Northeast: J. Robert Buchanan, M.D. reported that at the meeting of this region the deans agreed to reorganize into four subregions, each with its own chairman. A new regional chairman would be identified after the implementation of this new structure. The group considered and endorsed the recommendations of the ad hoc committee on admissions. The Northeast deans recommended that no change in the AAMC governance be undertaken at this time.

VI. REPORT OF THE COMMITTEE TO CONSIDER MEDICAL SCHOOL ADMISSIONS PROBLEMS

Dr. Chapman, who chaired the Committee, introduced the subject and provided some background relating to the Committee's report.

The COD Administrative Board had reviewed the report and recommended its endorsement by the full Council.

The Board also forwarded two specific recommendations for COD action:

1. That the Council of Deans recommend that the Association President and appropriate staff explore all aspects of the feasibility of a medical school admissions matching program and prepare a plan for the phased implementation of such a program for the review and approval of the COD.
2. That the Council commend the efforts of the Association staff and the Group on Student Affairs in working with pre-medical advisors, and recommend that this work continue with increased emphasis on developing background information on and advising students of the range of potential careers available to those interested in working in the health field.

Several members expressed their present opposition to a matching program and indicated their belief that the wording of the first recommendation calling for a plan for the phased implementation of such a program tended to prejudice the outcome of the feasibility study. After some discussion, by motion, seconded and passed, the Board's recommended action was amended to delete the final clause dealing with the implementation plan.

The Chairman then read the letter from John S. Wellington, Chairman of the GSA Committee on Medical Education of Minority Group Students, appearing as an attachment to these minutes. The letter asks that the COD express its commitment to the incorporation of genuine affirmative action methods in any new plan of processing admissions that may be proposed. The Chairman asked for a discussion of this request. There being no objection, the Chairman ordered the letter incorporated in the report by reference as expressing the view of the Council.

By motion, seconded and passed, the Council then:

1. Received and endorsed the report; and
2. Adopted the specific recommendations as amended.

VII FACULTY PARTICIPATION IN THE AAMC

The agenda book contained three items relating to this matter: a background statement setting the issue in context, a summary history of the faculty participation debate relating the actions of the various AAMC Councils on the issue, and a document entitled "Guidelines for the Organization of Faculty Representatives" forwarded to the constituent Councils for consideration by the AAMC Executive Council.

After some debate, the following motion was seconded and adopted by the Council:

"Because of changes in the governance of the AAMC, and changes occurring at individual medical schools, there is ample opportunity for medical school faculties to exert substantial influence in the governance of the AAMC especially through the COD and the CAS, and to otherwise participate in the activities of the Association through the GSA, the GME, and the various committees and projects of the Association. The COD, therefore, takes the position that no further changes in the AAMC governance should be undertaken at this time."

VIII REPORT OF THE NOMINATING COMMITTEE AND ELECTION OF OFFICERS

John Rose, M.D., Chairman of the Nominating Committee reported the Committees recommendations for the positions to be filled:

Chairman-Elect of the Council of Deans
-- Emanuel M. Papper, M.D.

Member-at-Large of the Administrative Board
-- Andrew Hunt, M.D.

On motion, seconded, and adopted the Council un-animously elected the slate proposed by the nominating committee.

Dr. Rose also reported the Committee's recommendations to the AAMC Nominating Committee as follows:

Chairman-Elect of the Assembly
-- D.C. Tosteson, M.D.

COD Representatives to the Executive Council
-- Ralph J. Cazort, M.D.
William F. Maloney, M.D.
Robert S. Stone, M.D.
Robert L. Van Citters, M.D.

IX. ELECTION OF INSTITUTIONAL MEMBERS

The agenda book noted a procedural modification required to permit Assembly action on Institutional Membership. The COD Administrative Board acted on behalf of the

Council to permit Executive Council action in advance of the Assembly meeting. The Board action was specifically subject to full Council ratification.

The Administrative Board and the Executive Council disagreed in their recommendations regarding the Medical College of Ohio at Toledo: The Board recommending continued Provisional Institutional Membership for this institution in view of the action of the Liaison Committee on Medical Education conferring probationary accreditation; The Executive Council recommending full Institutional Membership.

The Council of Deans voted to support the Executive Council recommendation and cleared for Assembly action the following membership recommendations:

1. Election of the University of South Alabama College of Medicine to Provisional Institutional Membership.

2. Election of the following schools to full Institutional Membership:

University of California-Davis, School of Medicine
University of California-San Diego, School of
Medicine
University of Connecticut, School of Medicine
Medical College of Ohio at Toledo

3. Election of the Faculty of Medicine, McMaster University to Affiliate Institutional Membership.

X REPORT ON THE MANAGEMENT ADVANCEMENT PROGRAM

Ivan L. Bennett, Jr., M.D., Chairman of the MAP Steering Committee, reported on the progress of that program. The first Executive Development Seminar (Phase I) was held at the MIT-Endicott House in September. Nineteen deans attended the week long experience conducted by a faculty drawn from the MIT-Sloan School of Management in accordance with a curriculum developed jointly by the faculty and the Steering Committee. The response of the deans who attended was quite positive.

Phase II of the Program, an Institutional Development Seminar was being planned. It will involve a smaller number of institutions, approximately 6 to 8, but a larger number of people. The concept calls for a dean who had attended a Phase I to identify an important current problem or a project

for his institution and the members of his institutions "team" key to the resolution of the problem. The seminar would include both some didactic material covered in Phase I and an opportunity for the team to work the problem extensively with the assistance of individual consultants with relevant skills and experience.

At this time, 2 more Phase I's are planned to accommodate 25 deans at each seminar: February 10-16, and August 25-31, 1973. Two Phase II's are planned for January 16-20, and April 1-4, 1973.

XI. REPORT OF THE HEALTH SERVICES ADVISORY COMMITTEE, SUB-COMMITTEE ON THE QUALITY OF CARE

Robert J. Weiss, Chairman of the subcommittee, established in response to the resolution adopted by the Council of Deans at its Spring meeting in Phoenix, reported on the deliberations and findings of his committee. He reviewed briefly the document provided with the agenda material prepared by Arlene R. Barro, Ph.D., entitled "Survey and Evaluation of Approaches to Physician Performance Measurement," and described other efforts underway to advance quality of care assessment including a study under the aegis of the Institute of Medicine and Experimental Medical Care Review Organizations (EMCRO) funded by the Health Services and Mental Health Administration.

Dr. Weiss then indicated that it was his purpose to express alarm that events in this area were moving at a rapid clip in directions the medical centers may not be aware of, and may not be prepared to deal with.

The Bennett Amendment establishing by statute Professional Services Review Organizations is now law with the enactment of H.R.1, the Social Security Amendments, and will take effect in January 1973. For purposes of Medicare and Medicaid reimbursement, the PSRO's will have the responsibility of assuring that the services provided were both medically necessary and provided in accordance with professional standards. The Committee is concerned with this development because of the lack of knowledge of what is involved in quality assessment and because of the cost containment focus of the legislation. It is also concerned that the academic institutions are graduating students who have had little or no involvement in this area.

The subcommittee recommends that the AAMC undertake a 4-point program to:

1. Assist in the development of prototype quality assurance

programs in selected academic health centers.

2. Encourage all academic health centers to begin a program of education of staff and faculty in the current research and direction of quality control programs as they apply to health delivery.
3. Encourage establishment of training grants, scholarships, loans and stipends for professionals to be trained in the quality area.
4. Seek legislative support for the creation of academic health center PSRO's as regional PSRO's develop.

XII FUNCTION AND STRUCTURE OF A MEDICAL SCHOOL

Thomas D. Kinney, M.D., Chairman of the Liaison Committee on Medical Education, introduced this item.

He pointed out that it represented substantial work on the part of the LCME to make current its basic policy statement governing accreditation, the existing document not having been revised since 1957. This revision has been approved by the LCME, by the AMA Council on Medical Education and the AAMC Executive Council. It is being forwarded for final approval by the AMA House of Delegates and the AAMC Assembly. It appeared on this agenda to alert the COD to the request for Assembly action, and to provide a forum for discussion of the document.

On motion, seconded and adopted, the Council endorsed the Liaison Committee on Medical Education document "Function and Structure of a Medical School" and urged its adoption by the Assembly.

XIII LIAISON OFFICERS FOR INTERNATIONAL ACTIVITIES

Frederick C. Robbins, M.D., Chairman of the Committee on International Relations in Medical Education, discussed the work of his committee and the development of a better definition of the function of the Liaison Officer for International Activities, appearing on page 61 of the agenda book. It was the hope of the committee that it could, primarily through these officers, achieve better communications with and support of the Council of Deans.

XIV FACULTY INFORMATION

The document "Profiles of U.S. Medical School Faculty Fiscal Year 1971" was distributed to the Council members. It was pointed out that this is the first of a series of such reports which will analyze the data made available to the AAMC by the Faculty Roster project.

XV NEW BUSINESS

Dr. Elvin Mackey, Director of a newly established office in the American Psychiatric Association in Washington, D.C., dealing with Minority Affairs, was introduced. He described briefly the purpose of his office: to assist in the recruitment of minority group students and faculty in psychiatry. He offered to be of assistance to any institution in this area.

XVI INSTALLATION OF THE NEW CHAIRMAN

Dr. Chapman turned over the gavel to Dr. Sherman Mellinkoff who would serve as chairman for the coming year.

Dr. Mellinkoff accepted the gavel and expressed his deep appreciation to Dr. Chapman for the leadership he had provided to the organization over the past year and for the tireless efforts he had devoted to it while a member over the previous years.

XVII ADJOURNMENT

The meeting was adjourned at 5:20 p.m.

November 3, 1972

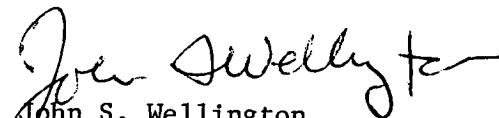
Dr. Carleton Chapman
Chairman, Council of Deans

Dear Dr. Chapman:

The GSA Committee on the Medical Education of Minority Group Students had the opportunity to review an advance copy of the report of the COD Ad Hoc Committee to Consider Medical School Admissions Problems.

Our committee is hopeful that as the next steps are taken on this report, the COD remains mindful of the gains already made in the area of recruitment and admission of minority group students. The committee respectfully asks the COD to consider making an expression of commitment to the incorporation of genuine affirmative action methods in any new plan of processing admissions that may be proposed.

Sincerely yours,


John S. Wellington
Chairman, GSA Committee on the
Medical Education of Minority
Group Students

JSW/sg

CC: Dr. Davis G. Johnson
Dr. Robert L. Tuttle
Mr. Joseph Keyes

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS
Spring Meeting, March 7-9, 1973
Hilton Hotel, Palacio del Rio
San Antonio, Texas

"The Influence of Third Party Payers on Medical Education and Patient Care in the Teaching Setting."

This meeting followed generally in the pattern established the previous year. It consisted of a program devoted to the elaboration of the single theme in the course of several sessions over a two day period. The speakers and their topics are set out in the program appearing as an attachment to these minutes.

At the concluding session of the meeting, the Council passed two motions, the wording of which was subsequently formulated as follows by the Council Administrative Board at its March 15, 1973 meeting:

1. The Council of Deans recommends that the Executive Council direct the revision and expansion of the paper entitled, "Medical Education, the Institution, Characteristics and Program - A Background Paper," to include a discussion of the issues presented and the development of a potential long-range strategy for approaching their solution; such a paper to take the form of a "green paper" for discussion and review by the Executive Council, the Council of Deans, the Council of Academic Societies, and the Council of Teaching Hospitals and ultimate adoption by the AAMC Assembly.
2. The Council of Deans stated its support of the present role and contribution of the Veterans Administration in the support of medical education, acknowledging the appreciation of the deans for the effectiveness of the present leadership in enhancing VA medical school relationships.

At its March 15 and June 21, 1973 meetings, the Council of Deans Administrative Board considered the appropriateness of recommending to the Executive Council an approach to implementing this resolution and at its June 21 meeting, adopted the following motion:

"That the Administrative Board transmit the Council of Deans resolution to the Executive Council with

the recommendation that it direct the staff to prepare a new document setting forth a summary of where the AAMC stands on major issues facing the nation in the areas of medical education, biomedical research, delivery of health services, and the financing of these activities, some of which are identified in the 'Yellow Book', Medical Education: The Institutions, Characteristics and Programs. Such a document, to be periodically updated, should clearly set out the status of the AAMC's efforts in the areas of a) policy formulation, and b) progress toward identified goals, with respect to each of the issues identified."

This recommendation was adopted by the Executive Council on June 22, 1973.

In follow-up to the second resolution, the letter attached to these minutes was sent by your Chairmen to the President, the Chairman of House and Senate Veterans Affairs Committees, and the Administrator of the Veterans Administration.

March 7-10, 1973
Hilton Palacio del Rio
San Antonio, Texas

TENTATIVE PROGRAM

THE INFLUENCE OF THIRD PARTY PAYERS ON MEDICAL
EDUCATION AND PATIENT CARE IN THE TEACHING SETTING

March 7, 1973 8:00-9:00 p.m. REGISTRATION AND RECEPTION

March 8, 1973 8:30-11:30 a.m.

THE OBJECTIVES OF THE MEETING Sherman Mellinkoff, M.D.
Dean, The UCLA School of Medicine

SESSION I - THE EFFECT ON FUNDING

Moderator: Robert S. Stone, M.D.
Vice President for Health Affairs
University of New Mexico School of Medicine

"Hospital Care and Professional Service Income as a Source
of Funds for Medical Education - Current Trends"

L. Edgar Lee, Jr., M.D.
Associate Dean for Administration
Case Western Reserve University
School of Medicine

Coffee 10:00-10:30 a.m.

"The Impact of H.R. 1 - One School's Preparations"

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

John F. Kasonic
Arthur Young & Company, Seattle

Luncheon 11:30 a.m.-1:30 p.m.

SESSION II - THE EFFECT ON FACULTY 1:30-5:00 p.m.

Moderator: Charles C. Sprague, M.D., President
University of Texas Health Science Center at Dallas
Southwestern Medical School

"Faculty Practice Income - Implications for Faculty Morale
and Performance"

Robert G. Petersdorf, M.D.
Chairman, Department of Medicine
University of Washington School of Medicine, Seattle

Reactor Panel
Discussion Groups 2:30-3:30 p.m.
Coffee 3:30-3:45 p.m.
Plenary Session

March 9, 1973

SESSION III - THE EFFECT ON THE TEACHING PROGRAM 8:30-12:00 noon

Moderator: Julius R. Krevans, M.D.
Dean
University of California School of Medicine
San Francisco

"Medical Education in the Ambulatory Setting - Educational
and Financial Considerations"

Robert J. Haggerty, M.D.
Chairman, Department of Pediatrics
University of Rochester School of Medicine and Dentistry

Reactor Panel
Coffee 9:45-10:00 a.m.
Discussion Groups 10:00-11:00 a.m.
Plenary Session
Luncheon 12:00 noon-2:00 p.m.

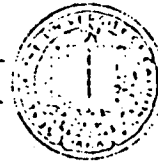
SESSION IV - DISCUSSION WITH THE PRESIDENT 2:00-4:00 p.m.

John A. D. Cooper, M.D.
President
Association of American Medical Colleges

Coffee 4:00-4:30 p.m.

SESSION V - A TIME FOR ACTION 4:30-7:00 p.m.

Chairman, Sherman Mellinkoff, M.D.
Conclusions and Recommendations
Adjournment



OFFICE OF THE DEAN
SCHOOL OF MEDICINE
THE CENTER FOR THE HEALTH SCIENCES
LOS ANGELES, CALIFORNIA 90024

May 9, 1973

MAY 14 1973

PRESIDENT RICHARD M. NIXON
The White House
Washington, D.C.

Dear Mr. President:

In my capacity of Chairman of the Council of Deans of the Association of American Medical Colleges, it is my pleasure to relate to you a recent action of that group.

By unanimous vote, the Council, made up of the deans of the nation's 114 medical colleges, acknowledged its appreciation for the contribution of the Veterans Administration in the support of medical education.

The Deans, solicitous of the well-being of the current role of that agency in the education of our future physicians, emphasized their continuing and whole-hearted support for the system of mutually supportive relationships between the medical schools and the Veterans Administration hospitals developed over a proud history of shared concern for our nation's health. In particular, they expressed their appreciation for the effective leadership within the Veterans Administration which has contributed so substantially to the enhancement of these relationships.

Sincerely,

SHERMAN M. MELLINKOFF, M.D.
Dean, UCLA School of Medicine
Chairman, Council of Deans,
Association of American Medical
Colleges

SMM:jcm
Identical letters were sent to:

Senator Alan Cranston, Chairman, Committee on Veterans Affairs for the Sen
Congressman William J. Bryan Dorn, Chairman, Comm. on Vet. Aff. for the Hs
Mr. Donald E. Johnson, Administrator, Veterans Administration

V. Special Criteria for Programs in the Basic Medical Sciences

The document which follows, "Special Criteria for Programs in the Basic Medical Sciences," was prepared and adopted by the Liaison Committee on Medical Education. The AAMC Executive Council subsequently approved and forwarded it to the Assembly for action.

Approval by the AMA House of Delegates will also be requested and has been recommended by the AMA Council on Medical Education.

Recommendation: That the Council of Deans endorse the "Special Criteria for Programs in the Basic Medical Sciences" and recommend its adoption by the AAMC Assembly.

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Special Criteria for Programs
in the Basic Medical Sciences

I. Introduction

Since undergraduate medical education is but a part of the continuum of the life long education of the physician, a program in the basic medical sciences merits special comment. The continuum of medical education consists of a series of sequential learning experiences available to the student of medicine at the same or different institutions. Premedical education leading to the baccalaureate degree is the institutional responsibility of the college or undergraduate division of a university. Undergraduate medical education, including both the basic medical sciences and clinical science, with an increasing integration of the components leading to the doctor of medicine degree is the responsibility of a medical school. Graduate medical education, following the granting of the doctor of medicine degree, by means of residency programs prepares the physician for practice and is a responsibility of the medical school or teaching hospital. Completing the continuum, continuing education affords the physician varied learning experiences appropriate for his clinical responsibility and is provided by professional associations, medical schools, and teaching hospitals.

In the past, the several program components of this continuum were offered as discrete and isolated segments. Now, efforts should continue to achieve greater integration of the several elements despite the possible diversity of their sponsoring organizations and their geographic locations. A recognition of this continuum by institutions having a responsibility for undergraduate medical education is of special significance because integration is particularly necessary in the conduct of undergraduate medical education. The study of the basic medical sciences and the study of clinical science cannot be separated. A single curricular pattern for the attainment of this integration cannot be prescribed.

II. Definition and Mission

Programs in the basic medical sciences are of less than 32 months duration, do not culminate with the award of the M.D. degree, provide the initial part of undergraduate medical education, and must be affiliated with an approved medical school. Although primarily concerned with the sciences which are basic to the study of medicine, these programs must include the opportunity for the simultaneous study of clinical medicine. This statement modifies the preceding statement so that it is applicable to the evaluation for accreditation of programs in the basic medical sciences.

*Adopted by the LCME, January 10, 1973.

Adopted by the House of Delegates of the American Medical Association on _____, and the Assembly of the Association of American Medical Colleges on _____.

1 If undergraduate medical education is divided between a program in the
2 basic medical sciences and the program of a degree-granting institution,
3 it is ultimately the responsibility of the degree-granting institution
4 to assure the continuity and integration of the curriculum.
5

6 A program in the basic medical sciences has the same inherent responsibili-
7 ties as described in Section II of the preceding statement. The extent of
8 these responsibilities, especially as they involve responsibility for the
9 care of patients, may be abridged providing they are appropriate for the
10 attainment of stated and acceptable objectives of the commitment to under-
11 graduate medical education.
12

13 III. Educational Programs

14 The educational program in the basic medical sciences assumes that the
15 students will have completed the premedical program. It offers them an
16 education which will prepare them adequately for entrance with advanced
17 standing into an approved medical school.
18

19 It is of utmost importance that instruction not be conducted exclusively in
20 the basic sciences without any experience in clinical medicine. Instruction
21 in clinical medicine is necessary to facilitate the correlation of the scien-
22 tific and clinical aspects of medical knowledge as well as to reinforce the
23 students' motivation for medicine and provide the opportunity to acquire
24 necessary attitudes, skills and techniques and to begin the acquisition of
25 a professional identity. The experience requires careful planning with
26 participation by qualified teachers of clinical medicine who are competent
27 in both the basic and the clinical sciences.
28

29 This usually requires that there be a program of graduate medical education
30 at an affiliated hospital where faculty and house staff can serve as role
31 models for the student.
32

33 IV. Administration and Governance

34 Programs in the basic medical sciences must be conducted by a college or
35 university. Whether the program does or does not constitute a separate
36 college or school, there should be a recognizable organization of faculty
37 including a committee structure similar to the organization of a degree-
38 granting medical school.
39

40 Administrative responsibility for the program must rest with a dean or
41 director who has adequate authority with respect to the necessary resources
42 such as faculty, budget, space, library, learning resources, and research
43 facilities.
44

45 The governance of the program in basic medical sciences should include
46 substantive representation from the affiliated medical school in order to
47 assure coordination of the program with the objectives of that institution,
48 particularly in the area of admissions, curriculum, student evaluation,
49 promotion and transfer and faculty recruitment and promotion.
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Provision for this representation must be by means of a formal affiliation which acknowledges the responsibility of the medical school which will award the M.D. degree for the adequacy of the continuum of undergraduate medical education. It is recognized that several currently approved programs do not have such an affiliation. For these programs this requirement is deferred, if there is evidence that development of such an affiliation is in progress.

V. Faculty

The faculty must consist of a sufficient number of skilled teachers and investigators from the biological, behavioral, and clinical sciences to achieve the objectives of the particular program. The specific fields to be represented will be determined in part by the prerequisites set by the affiliated clinical program and do not have to be structured in any set pattern of departmental or divisional organization. A significant portion of faculty effort should be devoted to the facilitation of learning by those who enroll as students. In addition to the educational efforts of the faculty scholarly productivity should be encouraged. Depending on the discipline involved, the basic science faculty in the program will find it important to retain strong ties with their counterparts in the arts and sciences programs. Thus, the program in the basic medical sciences will draw academic sustenance from the more basic as well as the more applied portions of their disciplines. It will depend on the skills of the academic and administrative leaders of the program to provide conditions which permit this integration.

Nominations for faculty appointment should involve participation of faculty, the dean or director, and the M.D. degree-granting institution, the role of each customarily varying somewhat with the rank of the appointee and the degree to which administrative responsibilities may be involved.

Physicians practicing in the community may contribute significantly to the educational program but do not obviate the need for full time physician-teachers on the faculty.

VI. Students

The affiliation between the institution responsible for a program in the basic medical sciences and the medical school awarding the M.D. degree should assure the transfer to the medical school of the student whose progress in the program is satisfactory.

There must be a well defined mechanism for student selection and formal acceptance into the program, evaluation of student performance, and determination of qualification for transfer into a clinical program offering the M.D. degree. At a specific point in the program the student must be identified and formally registered as a medical student.

1 VII. Finances

2 Although the amount of financial support necessary for a program in the
3 basic medical sciences will be less than the amount required for a com-
4 plete program of undergraduate medical education, the qualitative re-
5 quirements are the same.
6

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8 VIII. Facilities

9
10 The qualitative requirements for facilities are described in the preceding
11 statement; the quantitative requirements will be determined by the extent
12 of the program in the basic medical sciences.
13

14 IX. Accreditation

15
16 Section IX of the preceding statement is applicable to programs in the
17 basic medical sciences.
18

19 The Liaison Committee has categorized the types of basic medical science
20 programs that it will consider for accreditation as follows:
21

- 22 1) Existing two-year programs accredited or provisionally
23 accredited,
- 24 2) New basic science programs in institutions with a commitment
25 to establish a full M.D. degree program with their own
26 resources or as part of a consortium, and
27
- 28 3) New basic science programs in institutions which are
29 formally affiliated with one or more already established
30 medical schools. In this case, the program will be
31 accredited as a component of the M.D. degree-granting
32 institution or institutions.
33
34

35 It is the policy of the Liaison Committee to discourage the establishment
36 of programs in the basic medical sciences for medical students that do not
37 have a clearly defined pathway leading to the M.D. degree. Recognizing
38 the need for mobilizing additional university resources for the benefit of
39 medical education, the Committee may approve a basic medical science pro-
40 gram through the degree-granting school with which it is affiliated. In
41 this case the program will be surveyed initially upon request and subse-
42 quently as part of the regular review process of the affiliated medical
43 school.
44

45 An institution planning a program should seek detailed information about
46 accreditation early in the planning process.
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VI. Proposal to Increase CAS and COTH Assembly Representation

The Executive Council of the Association of American Medical Colleges on September 14, voted to recommend to the AAMC Assembly that the Council of Academic Societies and the Council of Teaching Hospitals be given more voting representatives in the AAMC Assembly.

Under the approved motion, the number of CAS and COTH members in the Assembly would be increased to reflect one vote for each constituent member of the respective council not to exceed a total of one half of the votes held by the Council of Deans in the Assembly. Since the COD has one Assembly vote per member and since there currently are 115 COD members, the change would give each of the present 51 CAS members a vote in the Assembly and would give the Council of Teaching Hospitals, now consisting of 405 institutions, a total of 57 Assembly votes. The number of voting Assembly delegates (currently 11) of the Organization of Student Representatives would continue to be 10 percent of the OSR membership.

The same motion, if approved by the Assembly, would increase COTH representation on the AAMC Executive Council from three to four members, the same as that of the Council of Academic Societies. The COD representation on the Executive Council would continue at nine and the OSR at one.*

Recommendation: That the Council of Deans endorse the Bylaws' revision and recommend its adoption by the Assembly.

* The proposed AAMC bylaws revisions are set out on page 24.

VII. Proposal for the Establishment of an AAMC Membership Category--"Distinguished Service Members"

Upon the recommendation of the Council of Deans Administrative Board, the Executive Council voted on September 14, 1973 to propose to the Assembly an amendment of the AAMC By-laws designed to provide a mechanism for the continued participation of individuals, once active in the Association who no longer are members of any Council, by modifying the existing category of "Senior Members."

The Bylaws modification and associated guidelines would:

1. Redesignate Senior Members "Distinguished Service Members."
2. Provide that such members would be elected by the Assembly on recommendation of the Executive Council and one of the constituent Councils.
3. Set the principal criterion for the selection of Distinguished Service Members as active and meritorious participation in AAMC Affairs while a member of one of the AAMC Councils. Additional criteria may be established by the Executive Council or constituent Councils responsible for nominating Distinguished Service Members.
4. Establish that each Distinguished Service Member shall have honorary membership status on the Council which recommended his/her election, i.e. would be invited to all meetings of the Council and have the privilege of the floor without vote.
5. Provide that the Distinguished Service Members meet as a group once a year at the Annual Meeting and elect a Chairman and/or Chairman-Elect.
6. Establish Distinguished Service Members eligibility for Emeritus Membership at age 65; Emeritus Membership would be mandatory at age 70.
7. Provide for an additional position on the AAMC Executive Council to be filled by the Chairman of the Distinguished Service Member elected by the Assembly.*

Recommendation: That the Council of Deans endorse the Bylaws' revision and recommend its adoption by the Assembly.

* The Proposed AAMC Bylaws Revisions are set out on page 24.

PROPOSED AAMC BYLAWS REVISIONS

1. Title I, Section 2, Paragraph B:

Delete the existing paragraph B and insert:

- B. Distinguished Service Members - Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section 1.

2. Title I, Section 3:

Add Paragraph E:

- E. Distinguished Service Members will be recommended to the Executive Council by either the Council of Deans, Council of Academic Societies or Council of Teaching Hospitals.

3. Title IV, Section 4:

The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the Council of Deans and a number of members of the Organization of Student Representatives equivalent to 10 percent of the members of the Association having representatives in said Organization. Each of such representatives of Institutional Members and Provisional Institutional Members that have admitted their first class shall have the privilege of the floor in all discussions and shall be entitled to vote at all meetings. The Council of Academic Societies and the Council of Teaching Hospitals each shall designate a number of their respective members as members of the Assembly, each of whom shall have one vote in the Assembly, the number from each Council not to exceed one-half the number of members of the Council of Deans entitled to vote. All other members shall have the privileges of the floor in all discussions but shall not be entitled to vote at any meeting.

4. Title VI, Section 2:

The Executive Council shall consist of fifteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these bylaws, and the Chairman of the Organization of Student Representatives, all of whom shall be voting members. Of the fifteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies, three shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans, and one shall be a Distinguished Service Member. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

VIII. Provisional Nomination of Distinguished Service Members

In contemplation of the passage of the proposed establishment of the category of Distinguished Service Members, the Chairman has appointed a committee, chaired by Robert L. Van Citters, M.D. and consisting of J. Robert Buchanan, M.D. and Clifford G. Grulee, M.D. to propose candidates for Council nomination for election to such membership. Additional Candidates may be proposed from the floor.

IX. Election of Institutional Members

The following medical schools have received full accreditation by the Liaison Committee on Medical Education, have graduated a class of students and are eligible for full Institutional Membership in the AAMC:

1. Louisiana State University
School of Medicine in Shreveport
2. Rush Medical College
Rush-Presbyterian-St. Luke's Medical Center
3. University of Missouri - Kansas City
School of Medicine

The following school of the basic medical sciences has received full accreditation by the Liaison Committee on Medical Education, a class of students has completed its program, and is eligible for full Institutional Membership in the AAMC:

1. University of Nevada, Reno
School of Medical Sciences

These institutions have been recommended for full Institutional Membership by the COD Administrative Board on September 13, and by the Executive Council on September 14, 1973.

Recommendation: That the Council of Deans ratify the action of its Administrative Board and clear the matter for Assembly action.

X. Election of Affiliate Institutional Members

The following medical schools have received full accreditation by the Liaison Committee on Medical Education, have graduated a class of students, and are eligible for election to Affiliate Institutional Membership in the AAMC:

1. Memorial University
Faculty of Medicine
St. John's, Newfoundland, Canada
2. University of Calgary
Faculty of Medicine
Calgary, Alberta, Canada

These institutions have been recommended for full Affiliate Membership by the COD Administrative Board on September 13, and by the Executive Council on September 14, 1973.

Recommendation: That the Council of Deans ratify the action of its Administrative Board and clear the matter for Assembly action.

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

The attached letter constitutes the report of the Council of Deans Nominating Committee. The Committee, appointed by Dr. Mellinkoff, was constituted as follows:

Christopher C. Fordham III, M.D., Chairman
Clayton Rich, M.D.
Neal L. Gault, Jr., M.D.
Paul A. Marks, M.D.
Leon O. Jacobson, M.D.

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

THE SCHOOL OF MEDICINE
OFFICE OF THE DEAN

July 9, 1973

Sherman M. Mellinkoff, M.D.
Dean
The UCLA School of Medicine
Los Angeles, California 90024

Dear Sherm:

This letter constitutes my report as Chairman of the Council of Deans Nominating Committee to you as the Chairman of the Council of Deans. The Committee met at 12:30 p.m. on June 29 by conference telephone call. At that time we had available to us the tallies of the advisory ballots submitted by the Council of Deans.

Our recommended slate includes nominees for two vacancies which were not indicated on the advisory ballot. The first was created by the resignation of Dr. Stone from the officer of the Association, necessitated by his assumption of his new responsibilities as Director of the National Institutes of Health. The second vacancy, which should have been indicated on the advisory ballots, is created by Dr. Papper's assumption of the office of Chairman of the Council of Deans. The bylaws of the Association provide that the Chairman of the COD shall be a voting, ex officio member of the Executive Council. The COD is entitled to eight representatives on the Executive Council, elected by the Assembly in addition to this ex officio membership. Consequently, we have suggested a slate which includes a nomination to fill this vacancy.

By the unanimous vote of the Nominating Committee, the following slate of officers is proposed:

Chairman-elect of the Assembly: Sherman M. Mellinkoff, M.D.,
Dean, The UCLA School of Medicine

Council of Deans Representatives to the Executive Council:

John A. Gronvall, M.D., Dean, The University of Michigan
Medical School (Midwest-Great Plains)

Clifford G. Grulee, Jr., M.D., Dean, Louisiana State University
at Shreveport Medical School (South)

Julius R. Krevans, M.D., Dean, The University of California
at San Francisco School of Medicine (West)

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Sherman M. Mellinkoff, M.D.

July 9, 1973

Note: These offices are filled by election of the Assembly. Consequently, the slate proposed for the Assembly's consideration will be developed by the AAMC Nominating Committee, of which I am a member. Thus, these names will be submitted in the form of a recommendation from our Nominating Committee to that Nominating Committee.

The following offices will be filled by vote of the Council of Deans. The slate proposed by your Nominating Committee is as follows:

Chairman-elect of the Council of Deans: Ivan Bennett, Jr., M.D.,
Dean, New York University School of Medicine

Member at Large, Council of Deans Administrative Board:
Andrew Hunt, Jr., M.D., Dean, Michigan State University
College of Human Medicine

These nominations, I believe, accurately reflect the wishes of the members of the Council of Deans. I am confident that we have a slate which will contribute substantially to the work of the Association.

Thank you for the opportunity to serve in this capacity.

Yours truly,



Christopher C. Fordham III, M.D.
Dean

CCF/bh

cc: Joseph A. Keyes
Dr. Clayton Rich
Dr. N. L. Gault, Jr.
Dr. Paul A. Marks
Dr. Leon O Jacobson

INFORMATION ITEM A1

ANNOTATED BIBLIOGRAPHY FOR ADMISSIONS COMMITTEES

This is a progress report to the Council of Deans on their recommendation that AAMC staff provide appropriate educational material for admission committee members, including an Annotated Bibliography on the subject.

1. Pursuant to the detailed progress report to the Administrative Board of the Council of Deans at their meeting of September 13, 1973 (attached), a major effort has been made to update the Admissions Section of the October, 1971 AAMC Annotated Bibliography on Admissions and Student Affairs. It is planned to mail this new Bibliography to the admissions officers of all U.S. and Canadian medical schools in late October.

2. To encourage optimum use of such a Bibliography, the admissions officers will also be asked to participate in the development of a series of important questions concerning admissions which would be keyed eventually to the above Bibliography or a modification thereof. For example, the question "What is the relation between applicant characteristics and eventual location and type of practice?" would be keyed to recent studies by Colwill, Mattson and others.

3. An attempt will also be made, with the help of admissions officers and appropriate AAMC staff, to develop a list of guiding principles for admissions committee members which would be keyed to bibliographic items that support or discuss these principles. For example, the principle that "Students with superior MCAT scores do not necessarily perform any better in medical school than those with above average scores" could be keyed to "Doctor or Dropout?" and to other studies on this topic.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 301, 1776 MASSACHUSETTS AVENUE, N.W., WASHINGTON, D.C. 20036

INTER-OFFICE MEMORANDUM

August 20, 1973

TO: Mr. Joseph Keyes, Director, Division of Institutional Studies
FROM: Dr. Davis G. Johnson, Director, Division of Student Studies *DJ*
SUBJECT: Progress Report Concerning Educational Material for Admissions Committees

This is to provide the Administrative Board of the Council of Deans with a progress report on their recommendation to the Council of Deans Business Meeting of November 3, 1972 that AAMC staff provide appropriate educational material for admissions committee members, including an annotated bibliography on the subject.

At the present time, the following annotated bibliographies are readily available for use by admissions officers:

- 1) The AAMC Annotated Bibliography on "Admissions and Student Affairs." Last revised in October, 1971, this bibliography includes thirty-one references on admissions plus a number of others on attrition, financial aid and other related topics.
- 2) Selected Bibliography on the Admissions Process. This ten-item annotated bibliography appeared in the agenda book for the February 4, 1972 joint meeting of the Council of Deans and Council of Academic Societies.
- 3) The AAMC Annotated Bibliography on "Minorities and the Health Professions." This appeared in the Fall of 1972 and includes 208 references published since 1967. Detailed indices give ready reference to articles pertinent to admissions. For example, of the 208 references, 16 are indexed to admissions in general, 9 to barriers to admission, 16 to selection criteria and 6 to the admission of minority group women.

August 20, 1973

- 4) The Annotated Bibliography on "Research Studies of Medical Students and Physicians Utilizing Standard Personality Instruments" by William Schofield, Ph.D., Chairman of the AAMC Committee on Measurement and Personality. Five copies of this 54-page bibliography were distributed to the dean of each medical school in October and November of 1972.

In addition to these annotated bibliographies, appropriate AAMC publications are also used to publicize newly available educational materials for admission committee members. Since the action of the Council of Deans last Fall, an increasing effort has been made to include such items in the following publications, all three of which go to medical school deans and to all members of the Group on Student Affairs:

- 1) Student Affairs Reporter (STAR) - During the past year, STAR has included annotations of the last two bibliographies listed above plus such items as a) a Professional Audit for Admissions Officers, b) Results of Survey of Non-cognitive Tests Used in Admission to Medical Schools, and c) Medical Student: Doctor in the Making. In addition to these annotated items, STAR has called attention to pertinent Journal articles and Datagrams concerning minority group admissions, legal considerations, foreign medical schools, applicant studies, etc.
- 2) The Advisor - Articles during the last year of particular pertinence to admissions committee members include the following:
 - a) Letters of recommendation.
 - b) Foreign medical school as an alternative choice.
 - c) Report on the DeFunis vs. Odegard Case whereby the professional schools admissions committees' policies were upheld.
 - d) Relation of medical school admission to one's undergraduate major, academic average, MCAT score and state of residence.

August 20, 1973

- 3) The MCAAP Report - The July, 1973 issue included a "Reading Resource List Related to Admissions, Counseling and Assessment Concerns in Medical Education." Listed (on pps. 7 & 8) are one hundred papers or reports which appeared in the Journal of Medical Education during the periods from a) January, 1970 - May, 1973 and b) January, 1967 - December, 1969. This issue also included a report (pps. 3 & 11) of simulated admissions materials used in AAMC workshops on minority admissions.

In future issues of the above publications, particularly STAR, it is also planned to include annotations of such recent JME articles as Oetgen and Pepper's article on "Medical School Admissions Committee Members" and "Increasing the Efficiency of Medical School Admissions" by Mark Rosenberg. The MCAAP Report will describe new educational and career counseling materials developed as part of the ongoing Medical College Admissions Assessment Program.

Possible next steps in this educational material project include the following:

- A. Provision to all admissions officers of a summary of available materials similar to the above, including an updating of the admissions section of the AAMC Annotated Bibliography on Admissions and Student Affairs. The updated bibliography might also indicate with an asterisk those eight or ten items which are felt to be most essential and which should therefore be readily available to all admissions committee members for their perusal.
- B. Development of a series of common questions concerning admissions which would be keyed to the above bibliography. For example, the question "What is the relation between applicant characteristics and eventual location and type of practice?" would be keyed to studies by Mattson, Colwill, Weiskotten, etc.

August 20, 1973

- C. Development of a list of guiding principles for admissions committee members which would be keyed to bibliographic items that support or discuss these principles. For example, the principle that "Students with superior MCAT scores don't necessarily perform any better in medical school than those with above average scores" could be keyed to "Doctor or Dropout?" and to other studies on this topic.

Option A above would be relatively simple to accomplish and could probably be produced in time to distribute to admissions officers early this Fall. Options B and C would be more time-consuming to produce but might be worth attempting if the COD Administrative Board and Senior AAMC staff deem it worth the time and effort. Option A could probably be handled almost entirely by AAMC staff whereas Options B and C would require more consultation with and input from the admissions officers. This consultation process in itself would undoubtedly have an educational value.

* The COD Administrative Board on September 13, 1973, requested the staff to proceed with the development of each of the alternatives listed.

INFORMATION ITEM A2

IMPLEMENTATION OF A PILOT MATCHING ADMISSIONS SYSTEM

Arrangements have been completed to implement a pilot program for matching applicants to medical schools in the states of California and Michigan. This program will be carried out in parallel to the regular admissions process so that the results of matching can be compared to the outcome of the normal processing schedule.

The implementation of a pilot matching program is the second step of a feasibility study recommended by the Council of Deans. The COD requested that AAMC staff explore all aspects of a matching program. The technical feasibility study was performed in February, 1973, and a report presented to an ad hoc panel representing all organizational units of the AAMC constituency.

This report considered the technical aspects of a matching program and several problem areas such as financial aid and processing married student applicants. The report recommended that a pilot program be carried out to evaluate the affect, if any, of these problem areas on such a process as well as a test of the matching program.

The pilot program will be performed through the Division of Student Programs and Services. Technical assistance will be provided by the SDL/Systems Research Group of Toronto, a private consulting firm that prepared the technical feasibility study. Dr. John Steward of the Stanford University, School of Medicine has agreed to serve as the chairman of a steering committee composed of representatives of the eleven schools who will work closely with AAMC staff in carrying out the program.

The first meeting of the steering committee is scheduled for 7 to 9 a.m. (breakfast) on Tuesday, November 6, during the AAMC Annual Meeting. At that time operational plans will be reviewed in detail.

INFORMATION ITEM B

Association of American Medical Colleges
Division of Educational Measurement and Research

LONGITUDINAL STUDY OF MEDICAL SCHOOL STUDENTS OF THE CLASS OF 1960

Follow-up Phase II Project

A Status Report - September 1973

Current Status of the Project

The AAMC Longitudinal Study of Medical School Students of the Class of 1960 was funded in June 1973 for Follow-up Phase II by the National Center for Health Services Research and Development (NCHSRD), DHEW. The *primary aim* of this phase is to develop a proposal for a plan to relate the early data on medical students who participated in the study to their current patterns of performance as physicians. The early data consist of motivational, achievement, school environment, and biographical information derived from a battery of cognitive and non-cognitive tests administered to 2821 medical students entering 28 selected medical schools in 1956. Data were gathered throughout the four years of medical school, upon graduation, and in the internship and residency years.

The Follow-up Phase I contract with NCHSRD (1971-72) produced an archive of data and research reports consisting of 13 volumes, and a computerized data bank containing over 700 variables which includes AMA data on professional characteristics of the Longitudinal Study physicians. The project has developed a Survey of Physician Performance Approaches which is soon to be published as a Supplement of the *Journal of Medical Education*. The Survey and the Workshop that followed it, have compiled significant technical information on how performance measurement might be attempted in the future follow-up of the longitudinal study cohort.

The current contract also facilitates analyses of the AAMC data bank by qualified researchers whose proposals for research are subjected to review by a Supervisory Committee representing AAMC, NCHSRD, and AMA.

Proposal Development

The proposal being developed in the current contract is expected to cover a three to five year period beginning May 1974, with follow-up actually taking place late in 1975. Several follow-up approaches are envisaged. Data to be obtained on physician performance will focus on technical skills, interpersonal processes, productivity and efficiency, time allocation in practice, utilization of allied health personnel and adoption of innovations. The strategy for the follow-up study of physician performance will attend to the many complications that both social and personal changes have brought about in the lives of the cohort members in the past fifteen years. Such influential factors as the characteristics of the community in which he practices, the differences in medical care settings, and changes in the system of health care delivery

may have an effect on the ways in which a physician performs. Family obligations, life-styles, environmental factors, and current personal perspectives will be considered. Emphasis will be on description of performance rather than judgmental aspects of such measurement.

An Advisory Committee has been assembled, with Dr. John Caughey, Jr., of Case Western Reserve University School of Medicine, as Chairman, to assist the project staff in ensuring that the physician performance follow-up be: (i) useful and relevant to society, (ii) efficient and effective in design, and (iii) sensitive to the persons in the cohort. Members of the Committee represent five of the 28 participating medical schools, National Academy of Sciences (NAS), National Board of Medical Examiners (NBME), W. K. Kellogg Foundation, as well as staff from AAMC, NCHSRD, and AMA.

A Broad Technical Experts Committee is assisting project staff in formulating research questions; in assessing various performance measurement techniques, and in developing an efficient design for the follow-up study. Associated with this Committee or as suggested will be satellite teams of experts in various specific methodologies selected for the follow-up.

Significance of Study

It is clear to us that the Longitudinal Study follow-up plan will not solve many of the problems pertaining to physician performance measurement. Our purpose is to provide a pragmatic plan of action that might be implemented in the near future (with full recognition of its limitations). On the other hand, we believe that it is reasonable to anticipate that the biographical, motivational, achievement, career choice, intern performance ratings, and institutional characteristics information available from our data bank might provide some bases for *charting career pathways to certain patterns of professional performance*. These charts might then serve as the first and tentative feedback loops between professional practice and the medical education process. We therefore believe that the AAMC Longitudinal Study of the Class of 1960 provides a unique opportunity to address the question of relevance of the medical education process to the changing health care scene.

Ayres G. D'Costa, Ph.D.
Principal Investigator
AAMC Longitudinal Study Project

GROUP ON STUDENT AFFAIRS, Report 1973

Major activities of the GSA since its national meeting last fall have included regional meetings held in March by the Western group, in April by the Southern and in May by the Central; with the Northeast group scheduled to meet June 19-21. All of these regional meetings were held in conjunction with the OSR and with the Association of Advisors for the Health Professions (AAHP) of the respective regions. Among the most important topics considered at these meetings were: 1) the proposed four-stage plan to help alleviate the admissions crisis, 2) the proposed role of OSR and GSA representatives in monitoring procedures of the NIRMP, 3) the reorganization of the AAMC Divisions of Student Affairs and of Academic Information into the new Divisions of Student Studies and of Student Programs and Services, 4) admissions lawsuits, including the recent ruling by the State of Washington concerning the DeFunis case, 5) student financial aid, 6) student evaluation and grading and 7) orientation of new GSA members.

GSA regional groups have also been effective in developing ideas for the Medical College Admissions Assessment Program. The Northeast group has established its own Task Force on this topic whereas the other regions have worked solely within the framework suggested by the MCAAP Program.

Other GSA activities during the year have included a special meeting of the GSA Committee on Financial Problems of Medical Students and sponsorship by that Committee of the special AAMC questionnaire on "Impact of Proposed 1974 Federal Budget on Student Financial Aid." GSA members also participated prominently in the AAMC Advisory Panels concerning a) the Feasibility of an Admissions Matching Plan and b) Visitations to Undergraduate Colleges as a Possible Method of Alleviating the Admissions Crisis.

The GSA Committee on Minority Affairs held a special meeting in March relative to problems of confidentiality in research concerning minority students. That committee also contributed to the development of the two Minority Affairs Workshops held in Virginia and New Mexico during May.

National GSA officers elected at the GSA Business Meeting in November are Robert L. Tuttle, Chairman (Texas-Houston) and Bernard Nelson, Vice-Chairman and Chairman-Elect (Stanford). Davis G. Johnson, Ph.D. will continue to serve as GSA Executive Secretary through June 30 at which time he will be replaced by Robert L. Thompson, Ed.D., who will become as of July 1 Director of the new AAMC Division of Student Programs and Services. Dr. Johnson will be Director of the new Division of Student Studies.

A major GSA publication during the year was the article by Drs. Johnson and Tuttle on "The Role of the GSA in Medical Education, 1957-1972," which appeared in the March issue of the JME. An article describing the results of the GSA survey concerning the NIRMP is scheduled to appear in the July issue. Authors are Drs. Joseph Ceithaml (University of Chicago-Pritzker) and Davis G. Johnson (AAMC).

INFORMATION ITEM C2

THE GROUP ON MEDICAL EDUCATION
Report 1973

The Group on Medical Education was officially established by vote of the AAMC Assembly in Miami at the 1972 Annual Meeting. During that same meeting, the GME co-sponsored with the GSA an afternoon conference on evaluation of physician performance. The conference proceedings were described in the Report of the First Combined GME-GSA Meeting, which was widely circulated to GME and GSA representatives at every medical school. The GME is continuing to concern itself with the planning and integration of academically related programs at the Annual Meeting.

During the intervening seven months since last November, the GME Steering Committee has met three times and all four regional groups have convened. National activities include active participation in the Medical College Admissions Assessment Program (MCAAP) and continuing cooperation in the AAMC Curriculum Directory.

The regions have initiated their own projects, which include information site visits for programmatic evaluation, and identification of instructional materials for evaluation and indexing in cooperation with AAMC's National Library of Medicine contract.

In response to the Assembly's charge in Miami, this year's curriculum survey includes information on the National Board Examination utilization by school, instruction in non-Western medicine, and instructional opportunities for medical students to learn hypnosis.

The GME is eager to cooperate with current AAMC plans to organize data gathering on a national level. The GME Correspondents report a growing concern for the increasing number of questionnaires, most not sponsored by the AAMC, now circulating among medical schools. The GME would like to see a national policy established for data gathering from medical schools.

INFORMATION ITEM C3

GROUP ON BUSINESS AFFAIRS
REPORT - 1973

The annual meeting of the Group on Business Affairs was held in conjunction with the 83rd Annual Meeting of the Association in Miami Beach, Florida. Immediately preceding its annual meeting, the GBA conducted a Continuing Education Program under the chairmanship of Marvin Siegel (University of Miami) which featured eight outstanding presentations and workshops which were fully documented and available to the participants in printed form at each of the courses. The program was well attended by approximately 170 participants, including significant representation from the federal government, the membership of the Group on Business Affairs and deans and other administrators from various segments of the medical health sciences administration.

In the business portion of the annual meeting, the revised rules and regulations of the GBA were adopted in keeping with the reorganization of sub-councilor groups of the Association. In addition, the slate of officers proposed by the Nominating Committee of the GBA were elected to office for 1973. These officers include: Daniel P. Benford, Chairman (Indiana); Marvin H. Siegel, Chairman-Elect (University of Miami); M. James Peters, Secretary (Cornell); Thomas A. Rolinson, Treasurer (University of California, Irvine); Thomas A. Fitzgerald, Immediate Past Chairman (New York University).

The program portion of the annual meeting featured Dr. Charles Sprague, Dean, University of Texas Southwestern Medical School, who presented the annual Augustus J. Carroll Memorial Lecture. Dr. Sprague is also Chairman of the AAMC Committee on the Financing of Medical Education. The luncheon speaker featured Dr. Peter L. Eichman, Deputy Director of the Bureau of Health Manpower Education; previously, Dean of the University of Wisconsin Medical School. The balance of the program included four problem-solving clinics covering topics of direct interest to the GBA membership, including medical school business administration, financial management, resource allocation, and affirmative action programs.

The Group on Business Affairs, in 1973, has listed in its Directory 203 members appointed by the deans representing 123 medical schools, including the Canadian medical schools. Coordination and planning and implementation of the GBA activities has been under the guidance and supervision of the 1973 Steering Committee, with able assistance from Dr. Paul Jolly, Mr. Bill Hilles and Mr. Thomas Campbell of the AAMC Division of Operational Studies. Four business and planning meetings of the committee have been planned for 1973, and members of the committee are extremely active by their official representation at regional meetings of the group, Standing Committee meetings and frequent meetings with the staff of the Association.

The major program activity of the GBA continues to focus on the regional activities. Each regional group has carried out plans to conduct regional meetings geographically located to serve the needs of each of the regions. Joint regional meetings were encouraged and approximately 100 representatives from the South, Midwest and Northeast Regions met in Washington, D. C., in February at

one of these joint meetings. The regional meetings feature guest lecturers and discussion groups covering subjects of current national interest which have an influence and impact on the management of medical schools. These topics included: HR-1 legislation; impact of federal funding policies on medical education programs; cost allocation studies and their influence on medical school management; the Institute of Medicine cost study activities and many other issues important to the GBA membership and the Association.

The Standing Committees of the GBA continue to carry out the major portion of the formal professional activities of the group.

The Professional Development Committee (V. Wayne Kennedy, Maryland - Chairman) is developing an outstanding schedule for the Continuing Education Program. The 1973 Professional Development Program is planned in New Orleans in early fall, covering an in-depth study of five subjects under the general theme of "External Forces Influencing the Management of Health Science Centers." This program is being developed in close cooperation with the staff of the AAMC and with representatives of the Department of Health, Education and Welfare.

The Financial and Statistical Standards Committee (Ron Lochbaum, Duke - Chairman) was instrumental last year in assisting with major revisions of the current AMA-AAMC Liaison Questionnaire (Part I - Financial). This committee continues this year with a critical evaluation of the Financial Section of the questionnaire and has held a number of meetings involving special consultants and members of the staff of the Division of Operational Studies. After its review of this important questionnaire, the committee plans to propose additional changes to the questionnaire which will make it an even more effective resource document in the reporting of medical school finances.

The Information Resources Committee (Don Lentz, Michigan - Chairman) has developed a program of gathering information on medical school organizational structure and plans to inaugurate an ongoing program of maintaining updated information of this type in the files of the Association. This committee also plans to carefully review a series of current AAMC surveys and questionnaires and plans to recommend other management reports from the information already contained in such reports as the Liaison Questionnaire - Part II, the Salary Survey, the Faculty Roster and other survey documents such as the recent Impact Survey presently being conducted by the Department of Health, Education and Welfare.

The External Relations Committee (Hugh Hilliard, Emory - Chairman) continues to function as an important liaison group in their daily involvement with agencies affecting the administration of medical schools. This committee functions to keep the membership and the President and staff of the AAMC informed about business affairs which could influence the business administration of medical schools and health science centers.

The Program Committee (Jim Rich, Georgetown - Chairman) has been diligently planning the program for the 84th Annual Meeting of the AAMC in Washington, D. C., in November 1973. In addition to the business meeting, this committee is planning an outstanding program, including special lecturers and discussion clinics covering the theme "Approaches for Identifying Cost of Medical Center Program Activities."

The membership of the Group on Business Affairs remains active in the affairs and programs of the Association through the participation of its membership on various committees and task forces appointed by the Association. The membership of the GBA is vitally interested in expanding its role and activities in medical school business and administrative programs of the Association, as well as a continuation of its own individual programs relating to its professional development and the continuing education of its business officer membership.

The Continuing Education Program was established last year to give medical school business officers and their key staff an opportunity to broaden their knowledge on major and timely issues. It also provides them with the chance to discuss among themselves in small clinic sessions the problems they have experienced and solutions advanced relating to those issues.

Over 150 medical school and medical center administrators attended the two-day program. The topics presented generally in panel format were very well received. This and the lively discussions which followed indicated that the major purpose of the program--professional development--was achieved.

INFORMATION ITEM C4

PLANNING COORDINATORS' GROUP
Report 1973

The Planning Coordinators' Group was formally instituted by the AAMC Executive Council on December 15, 1972.

Membership in the Group is restricted to faculty or staff involved in program or facilities planning in a medical school, or more broadly, in an academic health sciences center. The members are representatives of institutions holding institutional, provisional or affiliated membership in the AAMC.

The institutional representatives are appointed by medical school deans, after consultation, where appropriate, with individuals more directly responsible for program or facilities planning at echelons outside the medical school. Members serve at the pleasure of their appointer.

The primary purpose of the Group, as stated in the second article of the Rules and Regulations of the PCG, is threefold: (1) to advance the state-of-the-art of professional planning approaches and techniques in academic health science centers; (2) to establish better communication among its members by promoting the exchange of information through regional and national conferences; and (3) to serve in a resource and advisory capacity to the AAMC.

The PCG is structured regionally along the lines of the other units of the AAMC.

The regions have held meetings during the year 1973. Of particular significance was the meeting held by the Southern Region in May of 1973, which was attended by members of the PCG and by numerous administrative heads of the member medical centers. The participants discussed in depth three major areas of concern for the Planning Coordinators: (1) the mission of the PCG; (2) the job description of the Planning Coordinator; and (3) recommendations to the AAMC regarding its role in assisting member institutions with planning endeavors.

The discussions uncovered many areas in which the Planning Coordinators and the AAMC can cooperate to improve planning and evaluation methods useful to the medical centers. The subjects considered and the material generated by the conference will provide a good base for the development of workshops, which in turn will develop information relating to medical center planning. It is hoped that the Planning Coordinators, collectively, and as representatives of their respective institutions, will provide the Association from time to time with advisory help and resource information. This way, data will be generated, useful to the Planning Coordinators, and to the AAMC constituents, regarding the nature of problems at the health centers, their relations, and the extent to which modern technology is being applied to solve those problems.

The workshops that will be conducted will help promote appropriate dialogue among planners, as well as improve and keep current their capability as members of the health center's management team. The heads of the management teams shall be encouraged to attend the PCG workshops and seminars to promote a better understanding, at the executive level, of the implication and significance of planning in the management of the health center's resources.

INFORMATION ITEM C5

GROUP ON PUBLIC RELATIONS

Annual Report, Nov. '72-Nov. '73

ESTABLISHMENT OF REGIONAL ORGANIZATIONS

Earlier in 1973 the GPR Steering Committee developed regional organizations corresponding to the established geographical regions of the AAMC. The Committee was successful in recruiting regional chairmen with exceptional organizational and leadership abilities. Comprehensive workshops were conducted in the Southern Region at San Antonio and the Western Region in Reno in March, and in the Midwest-Great Plains Region in Kansas City and the Northeastern Region in Boston in May. These sessions provided an excellent opportunity for exchange of ideas and successful projects among GPR members with common regional interests as well as a forum for discussion of matters of national concern in the area of medical education. Additional communication among GPR membership has been provided through the publication of NEWS AND COMMENT, a tri-monthly newsletter.

MED-AWARE

Assigned top priority by the GPR during the year was the development of a National Public Information Program on Medical Education. Goal and objectives of the project, entitled Med-Aware, were determined by the Steering Committee as follows:

THE GOAL: To gain increased public support for medical education.

OBJECTIVES: To develop a comprehensive, coordinated nationwide public information program which will:

- a) Improve public understanding of the functions of a medical school;
- b) Increase public awareness of medical education's contributions to society;
- c) Create public understanding of the many and varied problems currently faced by health science educational institutions;
- d) Emphasize the importance of quality in medical education and health care;
- e) Explain the role of patient care in relation to other aspects of medical education;
- f) Provide better public understanding of the role research plays in health science educational programs;
- g) Explain the role of medical schools in the development of health care teams.

The GPR Chairman named an eight-member Task Force to develop a pilot program plan. At a planning session in San Diego in July the Task Force outlined the pilot program, which will be presented to the membership at the 1973 Annual Meeting in November. Due to the scope of the program, outside funding will be necessary and the Task Force is exploring avenues of possible support for carrying out the project. The GPR membership offers the unique resource of having long established contacts with public information media in every major city in the United States. This provides the opportunity for a coordinated public education program rare in the field of mass communications concerning health sciences.

RELEASE OF PATIENT INFORMATION TO NEWS MEDIA

The second major project initiated by the GPR is the development of national guidelines for release of patient information to the news media, especially when a prominent figure is involved. Because of the large number of such individuals traditionally hospitalized at medical school-associated hospitals, it was felt official AAMC guidelines would be of great assistance to administrators as well as to those charged with public relations responsibilities. The GPR Chairman has named a committee of GPR members to proceed on this project. To insure a workable set of guidelines the committee has invited representatives of national news media associations to work on the project. The committee has been directed to complete the guidelines and submit them to the GPR Steering Committee and the AAMC Executive Council for approval prior to March 1, 1974.

CONTINUING EDUCATION

The GPR Steering Committee has acknowledged its responsibility to provide continuing education opportunities during the year for Group members through the regional workshops and seminars at the annual meeting. More than 19 hours of continuing education programming are scheduled for the 1973 conference, including a day-long workshop for newcomers to the medical public relations profession.

GROUP ON PUBLIC RELATIONS STEERING COMMITTEE

CHAIRMAN

Mr. Kenneth Niehans
University of Oregon Medical School

CHAIRMAN-ELECT

Mr. Joseph H. Sigler
Duke University Medical Center

SECRETARY

Mrs. Beverly P. Wood
University of Arkansas Medical Center

EXECUTIVE SECRETARY

Mr. Charles Fentress
Association of American Medical Colleges

PAST CHAIRMAN

Mr. Daniel H. Gashler
Washington University School of Medicine

NATIONAL MEMBERSHIP CHAIRMAN

Mrs. Georgia Herbert
J. Hillis Miller Health Center
University of Florida

NORTHEAST REGIONAL CHAIRMAN

Mr. Lawrence M. Strum
Boston University Medical Center

SOUTHERN REGIONAL CHAIRMAN

Mr. Richard E. Miller
University of Texas Medical School, San Antonio

MIDWEST-GREAT PLAINS REGIONAL CHAIRMAN

Miss Helen Sims
University of Kansas Medical Center

WESTERN REGIONAL CHAIRMAN

Mrs. Devra M. Breslow
Charles R. Drew Postgraduate Medical School

EDITOR - NEWS & COMMENT (ex-officio)

Mr. Roland D. Wussow
Mayo Clinic

COD - GSA - GME
JOINT MEETING ON EVALUATION

Wednesday, November 7, 1973
Washington Hilton Hotel

1:30 p.m. - 5:45 p.m. Ballroom Center
7:30 p.m. - 9:30 p.m. Group Discussions

SESSION I: MEDICAL COLLEGE ADMISSIONS ASSESSMENT PROGRAM (MCAAP)
TASK FORCE REPORT WITH RECOMMENDATIONS

1:30 - 3:30 p.m.

Moderator: *Bernard W. Nelson, M.D.*
Vice Chairman, Group on Student Affairs (GSA)

- A. Presentation of Task Force Recommendations and Rationale
Thomas H. Meikle, Jr., M.D.
Chairman, MCAAP Task Force
- B. Some Suggested Strategies for Implementation
James L. Angel, M.A.
Program Director, MCAAP
- Nancy Cole, Ph.D.*
Contractor Representative
American College Testing Program
- C. Discussion with Audience

SESSION II: NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) GOALS AND PRIORITIES
(GAP) COMMITTEE RECOMMENDATIONS: CURRENT STATUS AND IMPLICATIONS

3:45 - 5:45 p.m.

Moderator: *D. Dax Taylor, M.D.*
Chairman, Group on Medical Education (GME)

- A. Overview of Evaluation, Certification, and Licensure in Medicine
John P. Hubbard, M.D.
President and Director, NBME
- B. GAP Committee Recommendations, Their Implications and Challenges
William D. Mayer, M.D.
Chairman, GAP Committee
- C. Implementation Status
John P. Hubbard, M.D.
President and Director, NBME
- D. Reactor Panel Participants
Barber Mueller
Dept. of Surgery, McMaster
- Howard Levitin, M.D.*
Chairman-elect, Group on Medical Education (GME)
- Richard Jones, M.D., Ph.D.*
Professor & Chairman, Dept. of Biochemistry, Oregon

(continued)

COD - GSA - GME
JOINT MEETING ON EVALUATION
(continued from preceding page)

E. Audience Response and Question Period

SESSION III:

INFORMATION AND DISCUSSION SESSIONS

7:30 - 9:30 p.m.

SECTION A - Monroe Room West and Georgetown West
Medical College Admissions Assessment Program (MCAAP)

Moderator: Bernard Nelson, M.D.
Vice Chairman, Group on Student Affairs (GSA)

DEMR/MCAAP

STAFF: James B. Erdmann, Ph.D., Director
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Mary A. Fruen, Associate Program Director
Medical College Admissions Assessment Program (MCAAP)
Division of Educational Measurement and Research (AAMC)

MCAAP TASK

FORCE

MEMBERS: Thomas H. Meikle, Jr., M.D.
MCAAP Task Force Workshop Chairmen
ACT Representatives

7:30 - 9:30 p.m.

SECTION B - Lincoln Room East and West
NBME Goals and Priorities Committee

Moderator: D. Dax Taylor, M.D.
Chairman, Group on Medical Education (GME)

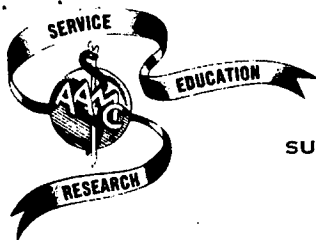
NBME STAFF: Edith Levit, M.D.
Associate Director, NBME

GAP COMMITTEE MEMBERS:

Thomas Piemme, M.D., Director, Div. of General Medicine
George Washington University

ADDITIONAL RESOURCE PEOPLE:

Howard Levitin, M.D.
Chairman-elect, Group on Medical Education (GME)



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

October 24, 1973

MEMORANDUM

TO: The Council of Deans

FROM: Joseph A. Keyes, Director, Division of Institutional Studies

SUBJECT: COD/VA Joint Program

The attached material relates to the COD/VA Joint Program to be held after the COD Business meeting at 4:45 p.m. on Monday, November 5, in the Monroe East & West Room of the Hilton Hotel. The COD Administrative Board has suggested and the Veterans Administration has agreed that the program should be handled as an open forum with no formal presentations. Consequently, the program will consist entirely of responses to questions and comments from the floor. The attached material was prepared by the VA at our suggestion to provide background on relevant matters.

INDEX TO THE MATERIALS

- I. Fiscal Year 1974 Budget Authority Provided by Congressional Appropriations (As of this date the Bill has not been signed into law.)--
 - A. Budget Summary p. 1
 - B. Budget Detail--Medical Research p. 3
 - C. AAMC Testimony on FY 74 Appropriations for the Veterans Administration p. 4

- II. The Veterans Administration Medical School Assistance and Health Manpower Training Act of 1972, Public Law 92-541 p.13
 - A. Assistance in the Establishment of New State Medical Schools p.13
 - B. Grants to Affiliated Medical Schools p.13

- C. Grants to Assist in the Education and Training of Professional and Technical Allied Health Manpower..... p. 14
- D. Expenditures to Enhance the Education and Training Capacity of VA Hospitals p. 14
- E. Allocation of Appropriations p. 14
- F. VA- "Regional Medical Education Centers"..... p. 16

III. Veterans Health Care Expansion Act of 1973; Public Law 93-82

- A. Ambulatory Care for Veterans p. 17
- B. Dependents Care and CHAMPUS p. 18
- C. Contracts for House Staff p. 19
- D. Expanded Education and Training Authority p. 21

IV. New House Staff Pay and Assignment Regulation p. 22

V. Reorganization of the Department of Medicine and Surgery p. 23

(See also Council of Deans Memorandum #73-32,
September 21, 1973)

Attachment

FY 1974 CONGRESSIONAL BUDGET:

Budget Authority	\$2,676,261,000
Full-time-Equivalent Employment	154,950
End-of-year Employment:	
Full-time permanent	144,104
All Other	<u>20,028</u>
Total	164,132

Workloads:

Average Daily Patient Census:

VA Hospitals	80,000
VA Nursing Homes	6,700
VA Domiciliaries	<u>9,750</u>
Total VA Facilities	96,450
Contract Hospitals	1,200
Community Nursing Homes	4,700
State Home Domiciliaries	6,000
State Home Nursing	5,000
State Home Hospitals	<u>1,100</u>
Total Non-VA Facilities	<u>18,000</u>
Total Census	114,450

Outpatient:

Medical Visits

Staff	11,192,000
Fee	<u>2,357,000</u>
	13,549,000

Dental Cases Authorized

Exams

Staff	149,000
Fee	126,000

Treatments

Staff	91,000
Fee	173,000

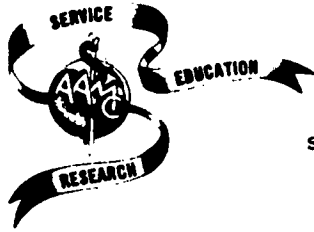
The \$2,676,261,000 appropriation in FY 1974 is an increase of \$70,181,000 over the FY 1973 appropriation of \$2,606,080,000. However, due to the addition of \$64,080,000 of lapsed funds in FY 1973 the effective program increase is \$134,261,000. This increase consists of (a) \$23,811,000 for payroll increases such as within-grades, wage rate increases and B.E.C. payments; (b) \$44,197,000 for activation of new facilities, inpatient and outpatient workload changes

and increased unit costs of non-VA care; (c) \$20,693,000 for the activation and improvement of Specialized Medical Services; (d) a \$5,574,000 reduction related to Capital Outlay (equipment and M&R) needs; (e) \$27,097,000 for increased usage of drugs, medicines, utilities, etc.; (f) \$14,350,000 for staffing improvement, specifically for nursing personnel; and (g) \$9,687,000 for all other purposes such as increased stipends for VA Centralized Training program, EMI program support, and Medical Officer of the Day contracts.

Incorporated in the above program funding increases are increases in FTEE of 1,404 and end-of-year employment of 1,234.

Medical Research - Summary of Employment and Costs by Activity

	1973 Estimate	1974 Estimate	Incr. (+) Decr. (-)
<u>Employment (Average (FTE))</u>	3,746	3,835	+ 89
<u>Average Payroll Costs</u>	\$13,175	\$13,340	+ 165
<u>Employment by Sub-Activity (Average FTE)</u>			
Institutional Research:			
Administration	300	305	+ 5
Common Research Support	100	103	+ 3
Biomedical Research Projects	2,307	2,383	+ 76
Other Professional Research	9	9	...
Animal Research Facilities	270	275	+ 5
Special Research:			
Special Laboratories or Programs	45	45	...
Cooperative Studies	166	166	...
Career Development Program	495	495	...
Other Designated Research	54	54	...
Total	<u>3,746</u>	<u>3,835</u>	+ 89
<u>Costs by Sub-Activity (in thousands)</u>			
Institutional Research:			
Administration	\$ 5,032	\$ 5,152	+ 120
Common Research Support	1,727	1,790	+ 63
Biomedical Research Projects	39,923	42,390	+ 2,467
Other Professional Research	171	180	+ 9
Animal Research Facilities	3,762	4,850	+ 1,088
Special Research:			
Special Laboratories or Programs	676	676	...
Cooperative Studies	2,750	4,040	+ 1,290
Career Development Program	8,200	8,772	+ 572
Other Designated Research	904	904	...
Minor Alterations and Improvements	510	1,200	+ 690
Equipment:			
Construction Projects	1,232	1,700	+ 468
All Other	7,768	8,000	+ 232
Total Costs	<u>72,655</u>	<u>79,654</u>	+ 6,999
<u>Costs Adjusted for Other Years, Net</u>			
Total Obligations			
Less: Reimbursements	- 2,579	- 2,600	- 21
Unobligated Balance Brought Forward	- 1,136	- 4,614	- 3,478
Unobligated Balance Carried Forward	<u>4,614</u>		<u>4,614</u>
Appropriation or Estimate	73,554	72,440	- 1,114



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

STATEMENT BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ON CERTAIN FISCAL 1974 APPROPRIATIONS FOR THE VETERANS ADMINISTRATION*

Mr. Chairman and members of the subcommittee:

The Association of American Medical Colleges welcomes this opportunity to appear before the subcommittee during its consideration of the President's fiscal 1974 budget for the medical programs of the Veterans Administration.

Now in its 97th year, the Association represents the whole complex of persons and institutions charged with the undergraduate and graduate education of physicians. It serves as a national spokesman for all of the 114 operational U.S. medical schools and their students, 400 of the major teaching hospitals, and 51 learned academic societies whose members are engaged in medical education and research.

The Association is anxious to comment on these appropriations requests because of the long and fruitful relationships that have developed between the nation's medical schools and the Veterans Administration. Since the end of World War II, U.S. medical schools have enjoyed mutually beneficial relations with Veterans Administration hospitals. The quality of medicine practiced in the VA hospitals has been improved substantially. In addition, the quality of medical education has been enhanced, and the schools have been able to expand their activities and to increase significantly the number

* Presented by Sherman M. Mellinkoff, M.D., Chairman of the AAMC Council of Deans and Dean of the UCLA School of Medicine, before the Senate Appropriations Subcommittee on Housing and Urban Development, Space, Science and Veterans, March 16, 1973.

of physicians graduated. Faculty members of 87 medical schools serve on Deans Committees, representing the active participation of their schools in training programs and patient care at 102 affiliated VA hospitals.

The Association is particularly interested in those VA activities supported through appropriations for medical care and for medical and prosthetic research. President Nixon requested budget authority of \$2,727,000,000 for those activities in his January budget for fiscal 1974. His requests represent an increase of \$44,102,000 over the \$2,682,898,000 appropriated by Congress for the same activities in fiscal 1973. These total figures, which include a \$49.9-million increase in the medical care budget and a \$5.8-million decrease in the research budget, mask a number of serious problems affecting VA-medical school relations. In the comments that follow, the Association wishes to discuss some of these problem areas and to suggest a number of alternate, and to its reasoning more realistic, appropriations levels.

Research

Appropriations for VA medical and prosthetic research are an important component in attracting imaginative and promising young staff to VA facilities. This is particularly true in light of the restrictions imposed by VA salary levels and by administrative regulations severely limiting outside activities of VA staff. The need to recruit additional VA staff is underscored by the recurring reports of chronic understaffing in VA facilities, by the additional affiliation arrangements that are now underway between medical schools and VA hospitals, and by the number of new VA hospitals which are to be activated in the coming year. The availability of research support is important, not only in making full-time staff appointments for physicians more attractive but also through involvement in advancing biomedical knowledge and in keeping abreast of new discoveries in medicine.

The best hope for improving the health of the nation lies in the continued

advance of the basic biomedical sciences and the application of those advances, through problem-oriented clinical research, to the many and complex problems of disease, disability and death. Research is a key function of the nation's academic health centers, where about one-third of all federally supported medical research performed outside federal laboratories and clinics takes place. At the same time, the Veterans Administration is in a unique position to accomplish health-related, problem-oriented research through its operation of the largest medical care system in the country.

The record shows that the Veterans Administration has recognized major health problems and has organized effective research efforts which have capitalized on the size of the VA patient population and the continued availability of selected patients over long periods of time. There is no better example in medicine of the benefits of research than the decline of tuberculosis, the commonest single cause of death in this country in the early years of this century. The speedy recognition and exploitation of anti-tuberculosis drugs as they became available has in large part been due to the ability of the VA to conduct problem-oriented research. The VA, in another example, pioneered in the development of nuclear medicine. In 1946, the VA recognized the unique opportunities that radioisotopes offered for medical research, and established radioisotope services in all of the larger VA hospitals. For years, nearly all major advances involving radioisotopes came from VA laboratories; and, furthermore, VA patients immediately benefitted from these advances. The VA also has done important research on myocardial infarction, which has helped advance the national attack on heart disease.

Funds requested for research in the fiscal 1974 VA budget fail to

recognize the importance of VA research support in staff recruitment and fall far short of the sums needed to take full advantage of the VA research potential.

For both medical and prosthetic research in fiscal 1974, the budget requests \$71 million. This includes requests of \$67,940,000 for medical research and \$3,060,000 for prosthetic research. The fiscal 1974 request is more than \$5.8 million below fiscal 1973 appropriations.

Turning to the medical research budget alone, the fiscal 1974 budget requests \$67,940,000, a decrease of more than \$5.6 million from the fiscal 1973 appropriations of \$73,554,000. Despite this drop in appropriations, obligations for medical research in fiscal 1974 are shown to be increasing nearly \$2.5 million over the fiscal 1973 level to almost \$75.2 million. This is to be accomplished by carrying forward into fiscal 1974 an unobligated balance from fiscal 1973 of more than \$4.6 million. (There is an offsetting reimbursement item of \$2.6 million in fiscal 1974 which makes the difference between the fiscal 1973 and 1974 obligation levels appear to be smaller than it really is.) While unobligated balances are not in and of themselves bad things necessarily, the method by which this particular one was obtained was highly disruptive of the normal processes of biomedical research in an academic setting. It exists as a result of telegrams sent in February of this year to all installations requesting the return of a percentage of their research funds for fiscal 1973. Furthermore, the directive specifically stated that this curtailment was to be carried out without reducing personnel. The impact of such a cutback on research efforts -- coming as it did in the midst of a fiscal year and in the midst of an academic year -- is serious and disruptive. And then, the use of such funds to provide an apparent increase in research support in a subsequent fiscal year is

sheer fiscal gimmickry.

The Association of American Medical Colleges suggests that --

(1) the Veterans Administration be directed to spend for medical research in fiscal 1973 the full Congressional appropriations, including the \$4.6 million which is proposed to be carried forward to fiscal 1974; and

(2) the resulting fiscal 1973 medical research budget of nearly \$77.3 million be increased by \$13.7 million to \$90,995,000 in fiscal 1974.

The Association believes the additional fiscal 1974 funds are needed for a number of reasons:

(1) While some 87 medical schools already have affiliation agreements with 102 VA hospitals, an additional 19 new affiliations are in various stages of progress, and these new affiliations will carry with them expanded staff research programs.

(2) The biological and medical sciences have developed to the point where increasingly sophisticated facilities, equipment and technical services are essential to progress; and, as a result, the cost of moving forward is estimated at anywhere from 5 to 10 percent per year in excess of the normal inflationary process.

(3) Additional research support is required by the activation in fiscal 1974 of six new hospitals, at White River Junction, Vt.; Columbia, Mo.; Lexington, Ky.; San Antonio, Texas; San Diego, Calif.; and Tampa, Fla.

(4) There must be increased medical research support to upgrade and extend professional staffing in new hospitals and new general hospital additions, and in hospitals affiliated with new medical schools, such as the hospitals at Shreveport, La.; Tucson, Ariz.; and Reno, Nev.

Medical Care

The principal activities in the medical care appropriations that attract the attention of the Association are the programs of hospital care and education and training. In addition to the consequences for the quality of the health care provided, the educational experience of undergraduate medical students, interns and residents is also seriously affected by staffing patterns in VA hospitals. Furthermore, excessive restrictions imposed on the orderly growth of the capacity of the VA to care for patients are not responsive to the national need for increasing the number of health professionals educated.

The Association has three major areas of concern -- the average daily patient census, the overall staffing ratios, and the education and training of physician residents and interns.

ADPC: An adequate census is necessary to provide the treatment and care required by the country's veteran population and to attempt to deal with the serious health problems of alcoholism and drug abuse. A census determined on some arbitrary basis, without regard to veterans' health care needs, can lead to excessively large numbers of veterans on VA waiting lists or scheduled for hospital admissions (determined to need care in no sooner than 30 days). This again imposes a hardship on the country's veteran population. An adequate census is also necessary to permit VA hospitals to continue their important contribution to the education of health professionals. The Association is concerned that the average daily patient census has been declining in recent years, and is particularly concerned that the cutbacks appear to be based on orders from the Office of Management and Budget rather than on estimates of veterans' health care needs. The original budget estimate submitted to Congress for fiscal 1973 provided for an ADPC of 83,000; the revised budget estimate for fiscal 1973 proposes to cut the ADPC to 82,000; and the budget estimate for fiscal 1974 proposes a further reduction to 80,000,

despite a VA request to the OMB of 83,000. The fiscal 1974 cutback increases the Association's concern because the record since 1962 shows that the actual census achieved for a fiscal year is about 2,000 lower than the projected census in that year's budget request. If the trend continues, therefore, the actual fiscal 1974 census is likely to be on the order of some 78,000, rather than the projected 80,000.

Staffing: The staffing of VA hospitals has fallen far behind the staffing levels of other hospitals. In preparation of this statement, the Association reviewed a wide range of hospital staffing data. The data showed that staffing ratios for total personnel were significantly lower in VA hospitals compared to community hospitals. For full-time personnel, the staffing ratio of the community hospitals was 2.76, compared to the staffing ratio of 1.5 proposed for VA hospitals in fiscal 1974. The staffing ratios for registered nurses showed even greater differences: 0.43 in the community hospitals, compared to 0.21 in the VA hospitals. The Association is fully aware of the variations between VA medical facilities and community facilities in terms of patient composition, age, nature of disability and mission. Nevertheless, the figures are grossly disparate, and the Association is concerned that in light of persistent reports of understaffing the present VA staffing ratios are adversely affecting the quality of patient care rendered and the educational role of the hospital setting.

Residents and interns: The fiscal 1974 budget provides for the education and training in VA hospitals of 2,717 physician residents and 210 physician interns on a full-time equivalent basis. This is the same FTE level that exists in the fiscal 1973 budget. The Association is concerned because this stagnation is occurring at a time when U.S. medical schools are increasing the number of graduates, when the staffing data for VA hospitals show a clear

need for additional staff to provide increased care, when new VA hospitals are being activated, and when new medical school-VA hospital affiliations are being considered.

The Association of American Medical Colleges suggests that --

(1) the fiscal 1974 average daily patient census be restored to the 83,000-level submitted by the VA to the OMB;

(2) the proposed fiscal 1974 staffing ratio of 1.5 be increased to 1.84, exclusive of physician residents and interns, thus beginning the process of bringing the VA staffing ratio more closely in line with the staffing ratios of general community hospitals; and

(3) the number of FTE physician residents and interns be increased by 500, thus raising the FTE number to 3,417 for fiscal 1974.

To carry out these suggestions, the Association requests that the hospital care budget be increased \$400 million to \$2,102,138,000 and that the education and training budget be increased \$5.9 million to \$158,462,000. These increases raise the funds necessary to support adequately the medical care activities of the Veterans Administration to \$3,061,850,000. This increase, while substantial, is considered by the Association to be essential for the continued mutual benefits of the medical school-Veterans Administration relationship.

Other VA Programs

Construction: Many existing VA hospitals, opened shortly after World War II and now more than 20 to 25 years old, lack adequate facilities for medical teaching and research. Furthermore, the rapid pace of medical technology has rendered some of the facilities increasingly obsolescent and has limited their ability to provide effective patient care and a proper educational environment. Substantial construction and modernization are required to

improve deteriorating physical facilities or to provide entirely new facilities, where needed. These factors become even more important in light of the number of new and developing medical school-VA hospital affiliations. The Association does not believe that the fiscal 1974 appropriations request of \$61.3 million for major projects can sustain the pace of construction necessary for the useful completion of projects whose total estimated cost is nearly \$323.6 million. Furthermore, despite the President's efforts at economic controls, the inflationary pressures on construction costs continue to increase. The Association suggests that the \$61.3-million appropriations request for major construction projects be doubled in fiscal 1974 to overcome these problems.

Exchange of Medical Information: The Association appreciates the value of the exchange of medical information program in utilizing modern technology to bring the most modern medical knowledge to locations remote from academic health centers. The fiscal 1974 request of \$3 million for this activity represents the full appropriations authorized by law. The Association supports this request, which appears as part of medical administration and miscellaneous operating expenses, and urges its approval by the subcommittee.

Health Services Research and Development: Because of the Association's involvement in the education and training of young physicians and in the delivery of health care, it strongly supports activities to improve the effectiveness and economy of health services delivery and to improve the accessibility of services through the adoption or development of new or improved modes of organization and management, operational procedures, technologies, instruments and so forth. The Association recommends subcommittee approval of the fiscal 1974 request of \$2 million for health services research and development, a part of medical administration and miscellaneous operating expenses.

PL 92-541, Chapter 82

The VA is preparing to implement all three of the grants and assistance programs authorized under 38 U.S.C. Chapter 82, which was enacted as part of the Veterans Administration Medical School Assistance and Health Manpower Training Act of 1972. These are:

Subchapter I - Assistance in the Establishment of New

State Medical Schools - Grants and other assistance to state colleges or universities to begin NEW state medical schools. Eligibility requires reasonable assurance of accreditation, commitment of state support (both during and after the period of grant support), and VA hospital affiliation. VA can lease land and buildings with space modification and equipment for administration classrooms and teaching laboratories; and make grants for costs of faculty salaries.

Subchapter II - Grants to Affiliated Medical Schools - Assistance

to expand and improve the educational capacity of existing medical schools. Eligibility requires at least one year of prior VA affiliation, a commitment to an increase of 10% in TOTAL undergraduate medical enrollment, and reasonable assurance of continued accreditation. Assistance will be provided as grants, based on justified line item budgets, plus required related space modification and equipping of space in the affiliated VA station.

Subchapter III - Grants to Assist in the Education and Training of Professional and Technical Allied Health Manpower - Assistance to expand and improve the training, education and utilization, of health manpower. Eligibility open to academic institutions, health services agencies, and consortia thereof, and requires reasonable assurance of appropriate accreditation of, and VA hospital involvement in, the proposed program(s). Assistance will be provided as grants, based on justified line item budgets, plus required related space modification and equipping of space in the affiliated VA station.

A fourth subchapter provides for expenditures to remodel and improve VA buildings and structures, and otherwise enhance the education and training capacity of VA hospitals which will participate in these programs.

The enabling legislation authorizes the appropriation of \$25 million per year for Subchapter I and \$50 million per year for Subchapters II and III and IV, with the subdivision of the latter left to the agency. It provides further that all funds appropriated will remain available until the end of the sixth fiscal year following the fiscal year for which they were appropriated.

A sum of \$20 million was appropriated late in FY 1973 and will be obligated as grants to successful applicants during FY 1974. The Congress has added another \$25 million to the VA's FY 1974 appropriations. Distribution of these amounts among the three grant programs will be decided upon only after the FY 1974 budget process is completed.

The VA's Department of Medicine and Surgery solicited the advice and recommendations of a broad range of potentially involved organizations and agencies, both governmental and non-governmental, in planning the programs and developing the implementing regulations (Federal Register September 19, 1973). These groups included the Association of American Medical Colleges, the American Medical Association, the Association for Academic Health Centers, the American Osteopathic Association, the Association of Colleges of Osteopathic Medicine, and the Bureau of Health Manpower Education (DHEW).

It is presently expected that the more detailed Guidelines and application materials for each of the three programs will be ready for distribution by mid-November. Deadlines for receipt of applications for grants in FY 1974 will be announced at that time.

PL 92-541 (Chapter 73, Subchapter II):

Directed the VA to implement a pilot program under which selected VA hospitals would be designated as "Regional Medical Education Centers." These RMECs are to provide in-residence continuing medical and related education programs for medical and health personnel, including advanced clinical instruction, demonstrations of the improved utilization of traditional and new types of health manpower, verification of basic medical skills, and remediation of any deficiencies in such skills.

Limited implementation of this program is planned for the current fiscal year. Five selected hospitals have been invited to submit initial proposals . Of these, two will be identified for designation as RMECs this year and two to three additional will be so designated in Fiscal Year 1975. Funds are being requested to permit full implementation of this program in FY 1975.

The law permits contracting for the services of medical and health personnel from outside the VA to serve as instructors at these Centers and permits non-VA personnel to participate in training offered by these Centers as facilities are available on a cost reimbursable basis.

VA PLANS FOR IMPLEMENTING PUBLIC LAW 93-82
AS TO AMBULATORY CARE FOR VETERANS

Section 103a, Public Law 93-82 dated August 2, 1973, became effective on September 1, 1973 and stipulates that ambulatory care may be furnished to veterans who are eligible for VA hospital care and who do not otherwise have entitlement to outpatient care. An application for care must be made and a medical determination made that care is reasonably necessary to obviate the need for bed care.

A veteran who is not otherwise entitled to ambulatory care (for example, a veteran who needs treatment for a service-connected condition has entitlement) will be required to certify his inability to pay the cost of hospitalization in a private facility if such hospitalization were to become necessary for the reason that the medical condition under consideration remained untreated on an outpatient basis. When a veteran meets the basic eligibility requirements, medications and medical supplies necessary to accomplish the treatment's objective may be furnished.

Ambulatory care provided under this Section of the law will be terminated when the patient's condition has improved or stabilized to the extent that further care is no longer required to satisfy the purpose for which it was initiated.

VA PLANS FOR IMPLEMENTING PL 93-82
AS TO DEPENDENTS CARE AND CHAMPUS

Public Law 93-82 was enacted on August 2, 1973, and became effective September 1, 1973. Section 103b of this law authorizes the Administrator to provide medical care to certain wives, widows and dependent children in the same manner and with similar limitations as the medical care now furnished beneficiaries of retired personnel under the CHAMPUS program administered by the Department of Defense.

To meet the provisions of this law the Administrator currently is negotiating with DoD to effect a basic understanding and to complete operating procedures. In the interim, VA field stations have instructions to tell these new beneficiaries who inquire about the program to retain their bills and statements, receipts, etc., for use in filing claims at a later date. Each eligible person will be advised of how to file a claim after the procedures have been fully developed. Basically CHAMPUS reimburses the beneficiary for 75% of the cost of medical care, after an annual deductible of \$50 is met. Actual payment to the provider of the care is generally made through an intermediary such as Mutual of Omaha or Blue Cross. CHAMPUS now has contracts with 54 fiscal administrators throughout the country.

These beneficiaries also have entitlement to direct admission to VA hospitals with specialized medical facilities that are uniquely equipped to provide the most effective care. This will be limited to those instances where similar facilities are not available in the community where the applicant resides. The other limitation is that care can be provided in a VA facility only where admission will not interfere in the care and treatment of veterans. Examples of such specialized care are: hemodialysis, spinal cord injury, open-heart surgery, high-voltage X-ray and radioisotope therapy.

PL 93-82

Authorizes the VA to contract with Universities for house staff.

The intent of this new authority, which had been under consideration by Congress for several years, was to provide a mechanism for solving certain administrative problems that plagued the fully integrated VA/medical school house staff training programs. These problems included: the frequent change of source of reimbursement as house staff rotated between institutions, the difficulty of maintaining a stable and equitable fringe benefit package during such shifts, and the vacation-splitting required of house staff by the prohibition on any "vacation pooling" procedure.

Over the past 4-5 years most of these problems have been solved, in full or in part. The "index hospital salary plan" assured approximate equality of stipend and fringe benefits, but didn't resolve the problems inherent in the frequent change of institution paying these reimbursements. The "index hospital leave plan" assured a similar equality of vacation benefits. The new pay and assignment procedures for house staff (issued July 1, 1973) effectively eliminate the necessity for shifting the source of reimbursement, and therefore the fringe benefits, as the house staff rotate to different institutions. This new procedure also eliminates the necessity for splitting vacation time.

Under the new contracting authority, while the administration of stipends, fringe benefits, and leave would be centralized, the VA would

continue to have to process assigned house staff as previously. The VA would continue to determine stipend and fringe benefits amounts and types. The implementation of this new authority has therefore been delayed to permit further study of the provision. All VA Hospital Directors who believe the contract would be desirable have been requested (Circular 10-73-208, dated 9/18/73) to notify VA Central Office citing the advantages anticipated under this new procedure. All such reports are due no later than 11/1/73 and will be studied by a Special Task Force. The administrative costs of the contracts would, of course, lead to a reduction in number of house staff. Only one expression of interest has been received as of October 22, 1973.

PL 93-82

Expands the VA's education and training authority by adding to prior authority, the words, "- and in order to assist in providing an adequate supply of health manpower to the Nation,".

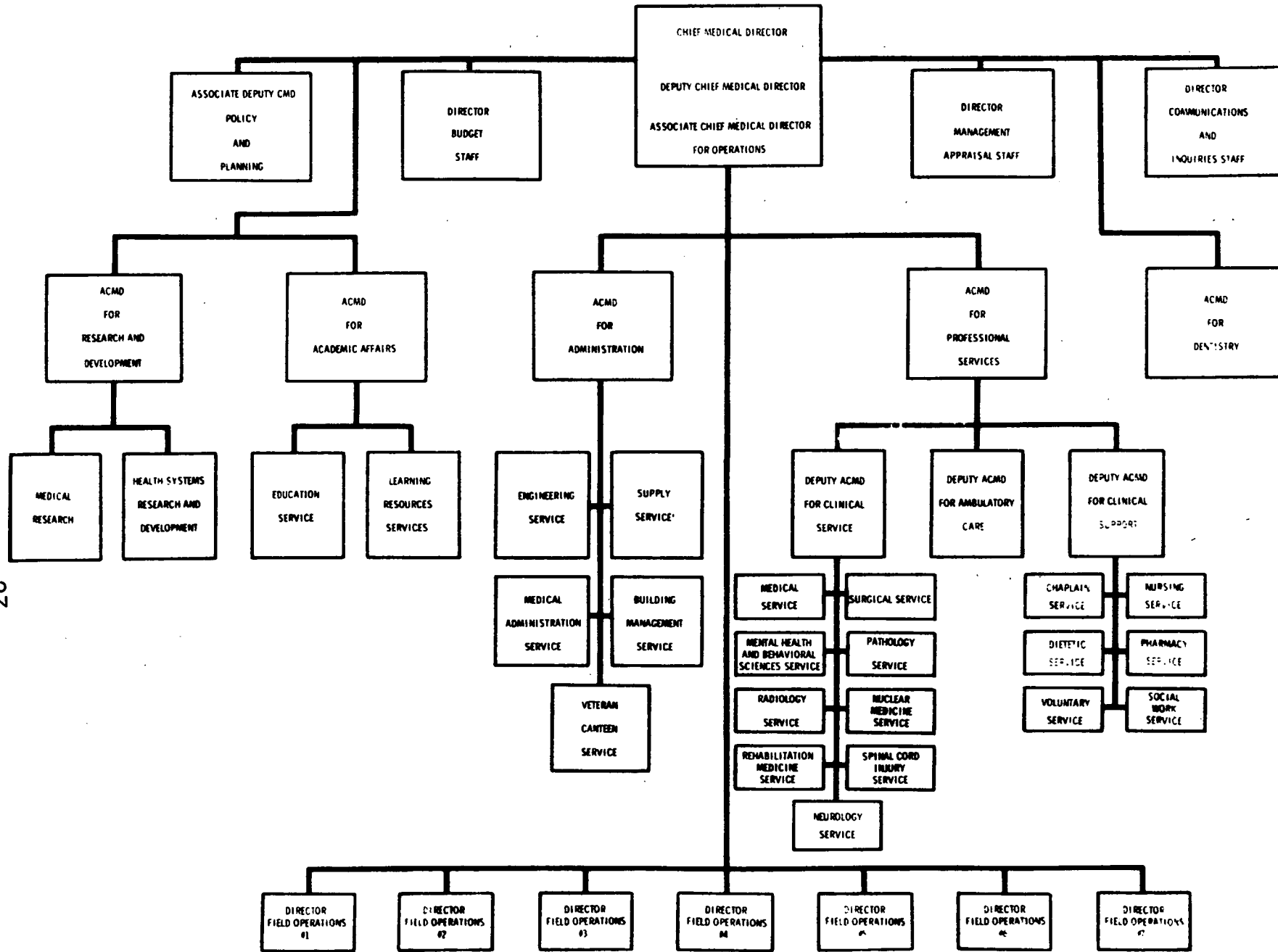
Heretofore, the education and training authority has always been secondary to and supportive of the VA/DM&S prime mission of medical care for eligible veterans. While it is not anticipated that this new expanded authority will result in major changes in program direction (since the VA, in meeting its needs, community by community, has simultaneously met the community's needs for health manpower), an increased emphasis upon the training of Family Practice physicians, Clinical Nurse Practitioners, Physicians Assistants, Home Health Aides, Nursing Home personnel, Extended Care personnel, etc., is anticipated.

The new house staff pay and assignment regulations (DM&S Supplement, MP-5, Part II, Chapter 3, Change 3, dated July 1, 1973) continue to be misinterpreted by a few hospitals, while the great majority of VA hospitals are already in compliance with these regulations and the remaining few will be by the end of the current fiscal year.

Essentially, the VA will pay house staff while assigned on duty, and in training at a VA hospital. In addition, an intern or resident, who has served "two pay periods" (1 month) at the VA hospital, may be rotated to non-VA training assignments on VA pay, so long as he is replaced at the VA hospital by an equivalent house officer paid from a non-VA source. Finally, an intern or resident may be detailed to a non-VA assignment for one-sixth of the time he is in VA pay status without replacement.

If a hospital cannot comply immediately with these new regulations, temporary exceptions may be granted to provide the time required for achieving compliance.

ORGANIZATION CHART DM&S



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