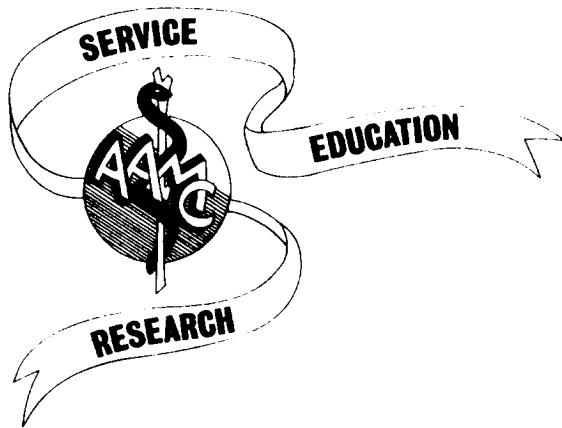


Miss Littlemeyer



**AGENDA
FOR
COUNCIL OF DEANS**

ANNUAL BUSINESS MEETING

FRIDAY, NOVEMBER 12, 1976

2:00 PM - 5:00 PM

BALLROOM #4
SAN FRANCISCO HILTON HOTEL
SAN FRANCISCO, CALIFORNIA

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

One Dupont Circle, N. W.

Washington, D. C.

COUNCIL OF DEANS
SPRING MEETING

April 17-20, 1976

Scottsdale Hilton Hotel
Scottsdale, Arizona

COUNCIL OF DEANS
ANNUAL BUSINESS MEETING
November 12, 1976
Ballroom 4
San Francisco Hilton Hotel
San Francisco, California

AGENDA

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| VI. Report on the Activities of the Association of Academic Health Centers -- Joseph A. Begando, Chairman | |
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF DEANS
SPRING BUSINESS MEETING

Wednesday, April 28, 1976
11:00 a.m. - 12:00 Noon
Starlight Room
Bellevue Biltmore Hotel
Clearwater, Florida

MINUTES

DRAFT

I. Call to Order

The meeting was called to order at 11:15 a.m. by John A. Gronvall, M.D., Chairman.

II. Quorum Call

Dr. Gronvall announced the presence of a quorum.

III. Consideration of Minutes

The minutes of the November 3, 1975 meeting of the Council of Deans held at the Washington Hilton Hotel were approved as submitted.

IV. Consideration of the Report of the AAMC Task Force on Continuing Medical Education

Because Dr. William Luginbuhl, Chairman of the Task Force was required to leave the meeting early, Dr. Neal Vanselow, a member of the Task Force was invited to present a summary of the Task Force deliberations and conclusions.

Dr. Vanselow reported that the Task Force was established to re-examine the role of the AAMC in continuing education in light of the recent activity impinging upon this field of educational endeavor. He then listed some of the key events and perceptions which provided the context in which the Task Force worked. The Liaison Committee on Continuing Medical Education had just been formed. A number of states had enacted laws requiring a certain number of hours of continuing medical education as a prerequisite to continued or relicensure. Several specialty boards were adopting recertification procedures which require directly or indirectly, additional educational activity. The system for providing this education was viewed as not responding well to the demands being placed on it. The AAMC was widely viewed as being uninterested and uninvolved in continuing medical education. Accreditation has

been performed entirely by the AMA. A 1972 Task Force of the AAMC developed a report which did not result in much that was visible. Finally, the medical school directors of continuing medical education, perceiving the AAMC as unresponsive to their interests, had voted to form an independent organization.

The Task Force identified four areas for AAMC involvement in continuing medical education:

- 1) Research & Development - perhaps most important; not being done now by anyone and the AAMC is particularly well-equipped to provide a focus and forum for this activity.
- 2) Assistance and encouragement in the application of the principles of continuing medical education - assistance in curriculum design, dissemination of educational innovations and participation in the accreditation process.
- 3) Provision of a forum for representatives of medical schools interested in continuing medical education to discuss the issues and to recommend policy.
- 4) Working with governmental agencies to convey the views of medical educators as the subject of continuing medical education becomes more the object of legislation and regulation.

The Task Force recommended that the AAMC take three actions to attend to these areas of potential involvement. The first priority was to assign staff to this effort, without which nothing much constructive could happen. Second, an ad hoc committee should be appointed by the Executive Council to formulate policy recommendations for the Executive Council and to advise the AAMC members of the LCCME. The committee should have a life of two years at the end of which it should be reevaluated. Finally, and most controversially, the Task Force recommended the establishment of a Group on Continuing Medical Education parallel to the other AAMC Groups. Though those interested in continuing medical education are now members of the Group on Medical Education, the continuing medical education effort has not achieved much visibility. A Group with a single focus appeared more attractive to the Task Force than the current structure which mixes those interested in undergraduate, graduate and continuing medical education.

This matter was then opened for discussion from the floor. The first point made was that many of the societies currently members of the

CAS had a substantial interest in continuing medical education and that their involvement should be facilitated. Dr. Vanselow suggested that consideration had been given by the Task Force to a proposal that the newly formed organization of Continuing Medical Education Directors might become a member of the CAS. This was not recommended, however, because CAS focused attention along scientific, subspecialty lines. It appeared appropriate, however, to include CAS members on the ad hoc committee to be formed.

Dr. Gronvall then responded to a question regarding the process by which these recommendations might be implemented. He noted that the Executive Council would be the decision-making body and then proceeded to report on its consideration of the matter. Most of the discussion focused on the recommendation that a Group be formed. Ultimately, the position taken was that to formally change the AAMC administrative structure at this time would be unwise because of a number of considerations almost wholly unrelated to continuing medical education. There is currently a great deal of pressure from various groups to change the structure and method of decision-making of the AAMC. In response to these pressures a Task Force on Governance has been established to review the governance and function of the AAMC and to make recommendations which consider the whole mission of the Association. Therefore, responding to some groups and not others while this process was being undertaken by interim organizational changes was viewed as unwise. Thus, the administrative or organizational question was referred to the Task Force. At the same time, however, the Council was concerned that the action not be viewed as a non-responsive bureaucratic means of posing to do something without any intention of bringing about any change. The Council wanted to send a strong message of positive intent that the AAMC viewed this as an important programmatic area. The AAMC wanted to form a group but not a Group; that it was interested in providing a forum for deliberation without the formality of an organizational change.

The Executive Council also was sensitive in its deliberations to the recognition that no one had given the AAMC or the medical schools the mantle of authority or the resources to assume responsibility for the whole of continuing medical education for the nation. So that while it wished the AAMC to be viewed as moving responsibly in this area, it didn't want to be seen as taking control.

Dr. Cooper then reported on the specific follow-up actions which had been taken. Dr. Suter had been transferred from the Division of International Medical Education to head the Division of Educational Resources which has been given cognizance of this area. Dr. Suter had been attending meetings of the new organization, staffing the Task Force and staffing the AAMC involvement in the LCCME. The ad hoc committee was in the process of being formed, most of the

prospective members had been identified and the committee would be named shortly. Dr. Cooper mentioned that the AAMC was approaching a period of fiscal stringency and that careful attention must be given to proposals that the AAMC take on new activities, since anything new now must probably be at the expense of ongoing activities and programs. He noted that an analysis had shown that the minimum cost associated with the maintenance of a Group was \$40,000. The Task Force on Governance and Structure was scheduled to meet during the summer and would take up the matters referred to it. No assurance could be given, however, that it would reach any final conclusions on this recommendation.

The status of the new group of Continuing Medical Education Directors was questioned. The Council was informed that it had recently met and had adopted bylaws. Thirty-three of the medical schools were represented. At the present time it was not clear how it would relate to the AAMC; it could remain totally separate, join the CAS, or find its needs met through the Group structure of the AAMC. Dr. Suter reported the hope of that organization that its formation would accelerate the activities of the AAMC. Each member of that body is also a member of the AAMC Group on Medical Education, appointed by a medical school dean. The AAMC intends to work with them, and to provide a forum for them at the Annual Meeting.

V. Chairman's Report

Dr. Gronvall stated that he wished only to thank the Council members for attending and the staff and participants for their efforts in organizing the meeting. He announced that the proceedings of the meeting would be published but that the timing of this would be uncertain.

Dr. DeMuth was invited to discuss briefly the Emeritus Professors Program. He reported a favorable response to preliminary inquiries regarding the utility of the Association serving in a broker's role to link up recently retired professors with institutions needing their expertise on a short term, temporary basis. Funding for the administrative support for this activity had been sought. The National Fund for Medical Education has provided the necessary funds. A brochure is being prepared and will be distributed to the deans in early summer.

Dr. Smythe was invited to address the group to discuss recent new directions of the management assistance efforts of the AAMC. He reported that the AAMC had been awarded a contract by the National Library of Medicine to produce educational materials related to management. The first priority has been to increase the circulation of MAP Notes. Copies were available in the rear of the room and the deans were requested to take some and give them to their associates. The plan is to have them published in the Journal of Medical Education.

The next priority is to gather data, information, anecdotes, for instances, episodes relevant to the management of the medical schools, since their management problems are different from those of a soap company. This effort requires continual contact with the schools and discussions of the specific issues. This is anticipated as a developing feature of the relationship between the AAMC and the schools.

VI. New Business

Dr. Gronvall opened the floor to the members to raise issues to be placed on an open agenda for future action. There was no response to this invitation.

VII. Adjournment

The meeting was adjourned shortly before noon.

REPORTS FROM SELECTED AAMC COMMITTEES

Background

The governance of the AAMC is vested in the Assembly and between meetings of that body, in the Executive Council. These bodies are constituted as defined in the AAMC Bylaws and each consists primarily of representatives of the three constituent councils and the Organization of Student Representatives. The Council of Deans, for example, is represented in the Assembly by its entire membership, accounting for 117 of 243 voting members (CAS-58, COTH-58, OSR-10). The Executive Council is elected by the Assembly and includes 15 members in addition to the ex officio membership of the Chairman, Chairman-Elect and President of the Association and the Chairman of each Council and the OSR. These 15 seats are divided as follows: 8 from the Council of Deans, 3 each from the CAS and COTH and 1 Distinguished Service Member.

Each Council has an Administrative Board which in addition to considering matters peculiar to its own interests, reviews the agenda of the Executive Council in advance of each meeting. Thus, the Administrative Boards are advisory to the Executive Council and facilitate adequate prior deliberation of each matter coming before the Council to assure that the particular concerns of each constituent body are identified and considered.

Committees and Task Forces of the AAMC, which study matters of particular concern and make recommendations to the Executive Council are appointed by that body and are constituted in such a manner as to bring to bear the appropriate expertise and to reflect the interests of the Councils and Groups in the matter under consideration. Each committee is appointed with appropriate regard to the consideration of regional representation.

Because these committees are reflective of the varied issues attended to by the AAMC, a list of the committees with the COD members is provided below. Many of these committees will be making reports which will be acted upon during the course of this meeting of the Council or of the Assembly. The dean member of the committees which are not expected to report and which have not reported to the Council recently, have been asked to prepare short presentations (3 to 5 minutes) for this meeting and to respond to questions from the membership.

| <u>Committee</u> | <u>Dean Member(s)</u> | <u>Region</u> |
|---|--|-------------------------|
| Borden Award ¹ | Robert S. Stone | W |
| COD Nominating Committee ² | Leonard M. Napolitano, Chmn. John E. Chapman John M. Dennis Joseph M. Holthaus Robert S. Stone | W S NE MW W |
| Flexner Award ¹ | John W. Eckstein | MW |
| Health Services Advisory | Christopher C. Fordham III David R. Challoner | S MW |
| Management Advancement Program Steering Committee ³ | Ivan L. Bennett, Jr. J. Robert Buchanan John A. Gronvall Clayton Rich | NE NE MW W |
| Management Systems Development Liaison Committee | Richard Janeway | S |
| Minority Student Opportunities in Medicine | Christopher C. Fordham III Neal A. Vanselow | S W |
| AAMC Nominating Committee ¹ | Robert W. Berliner Leonard M. Napolitano | NE W |
| President's Biomedical Research Panel Report Review ⁴ | Robert W. Berliner Chandler A. Stetson | NE S |
| Resolutions ¹ | Robert L. Van Citters | W |
| Student Financing | J. Robert Buchanan Robert L. Tuttle | NE S |
| Task Force on Continuing Medical Education ⁵ | William H. Luginbuhl Neal A. Vanselow | NE W |
| IOM Social Securities Studies Review ⁶ | John A. Gronvall | MW |
| Data Development Liaison ² | Richard Janeway | S |

| <u>Committee</u> | <u>Dean Member(s)</u> | <u>Region</u> |
|---|---|--------------------|
| Liaison Committee on Graduate Medical Education | James A. Pittman | S |
| Liaison Committee on Medical Education | Steven C. Beering Ralph J. Cazort John P. Kempf C. John Tupper | MW S MW W |

In addition to committees appointed by and reporting to the Executive Council, several committees have been established to advise on programmatic activities of the Association staff. These include:

Medical School-Clinical Affiliations Study Project Review
Committee

--Robert U. Massey (N.E. Region)

Medical Practice Plan Study Advisory Committee

--Edward J. Stemmler (N.E. Region)

¹Reports to Assembly

²Report later on COD Agenda

³This program is familiar to most members of the Council

⁴Report as adopted by Executive Council, distributed as Assembly Memorandum #76-15

⁵Report Considered by COD at Spring Meeting, April 28, 1976

⁶Report, as adopted by Executive Council, was distributed as Assembly Memorandum #76-33, August 30, 1976

AMENDMENT TO THE AAMC BYLAWS

At its September meeting the Executive Council approved the addition of a second OSR representative to sit with vote on the Executive Council. Currently, only the OSR Chairperson sits with vote and the Vice-Chairperson is an invited guest with the privilege of the floor and a vote in the absence of the OSR Chairperson. The Executive Council's action would seat the Chairperson-Elect of the OSR. This implies a change in OSR Rules and Regulations to provide continuity of office by establishing a Chairperson-Elect in place of the Vice-Chairperson.

The following amendments (see italics) to the AAMC Bylaws would accomplish this and have been recommended by the Executive Council:

Title III.

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

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 Chairperson *and Chairperson-Elect* 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.

RECOMMENDATION

The Executive Council has recommended that the Assembly approve the amendments to the AAMC Bylaws proposed above, contingent on the revision of the OSR Rules and Regulations to the satisfaction of the Council of Deans. The OSR Rules and Regulations changes under consideration by the OSR appear as the underlined material on the following pages. The results of the OSR action on this matter will be reported to the COD at the time of the meeting.

RULES AND REGULATIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADOPTED BY THE ORGANIZATION OF STUDENT REPRESENTATIVES
October 28, 1971

APPROVED BY THE COUNCIL OF DEANS
October 29, 1971

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

Section 1. Name

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

Section 2. Purpose

The purpose of this Organization shall be 1.) to provide a means by which medical student views on matters of concern to the Association may find expression; 2.) to provide a mechanism for medical student participation in the governance of the affairs of the Association; 3.) to provide a mechanism for the interchange of ideas and perceptions among medical students and between them and others concerned with medical education; and 4.) to provide a vehicle for the student members' action on issues and ideas that affect the multi-faceted aspects of health care.

Section 3. Membership

A. Members of the Organization of Student Representatives shall be representatives designated in accordance with the AAMC Bylaws by each institutional member that is a member of the Council of Deans, selected from the student body of each such member by a process appropriate to the governance of that institution. The selection should facilitate representative student input. Each such member must be certified by the dean of the institution to the Chairman of the Council of Deans.

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

-2-

C. Each school shall choose the term of office of its Organization of Student Representatives member in its own manner.

D. Each institution having a member of the Organization of Student Representatives may select one or more alternate members, who may attend meetings of the Organization but may not vote. The selection of an alternate member should facilitate representative student input.

Section 4. Officers and Administrative Board

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

1. The Chairperson, whose duties it shall be to (a) preside at all meetings of the Organization, (b) coordinate the affairs of the Organization, in cooperation with staff of the Association; (c) serve as ex officio member of all committees of the Organization; (d) communicate all actions and recommendations adopted by the Organization of Student Representatives to the Chairman of the Council of Deans; and (e) represent the Organization on the Executive Council of the Association.

2. The Chairperson-Elect, whose duties it shall be to preside or otherwise serve in the absence of the Chairperson.

3. Four Regional Chairpersons, one from each of the four regions, which shall be congruent with the regions of the Council of Deans.

4. Representatives-at-Large elected by the membership in a number sufficient to bring the number of members on the Administrative Board to ten or to a total equal to ten percent of the Organization of Student Representatives membership, whichever is greater.

B. Officers other than the Chairperson shall be elected at each annual meeting of the Organization and shall assume office at the conclusion of the annual meeting of the Association. The Chairperson shall assume office as provided in Section 6. Regional Chairpersons shall be elected by regional caucus. The term of office of all officers shall be one year. Each officer must be a member of the Organization of Student Representatives throughout his/her entire term of office, and no two officers may be representatives of the same institutional member. Any officer who ceases to be a member of the Organization must resign

from the Administrative Board at that time. Vacant positions on the Administrative Board shall remain unfilled until the annual meeting, except as provided for in Section 6.

C. Officers shall be elected by majority vote, and the voting shall be by ballot.

D. Presence at the Annual Meeting shall be a requisite for eligibility for election to office. At the time of election, each candidate for office must be a member of the Organization of Student Representatives or must have been designated to become a member of the OSR at the conclusion of the annual meeting. In addition, each officer must be an undergraduate medical student at the time of assuming office. If it becomes necessary to elect a Chairperson, candidates for the office of Chairperson shall in addition have attended a previous meeting of the Organization, except in the event that no one satisfying this condition seeks the office of Chairperson, in which case this additional criterion shall be waived.

E. Nomination for office may take place by two procedures: (1) submitting the name and curriculum vitae of the nominee to the Association thirty days in advance of the annual meeting or (2) from the floor at the annual meeting, a seconding motion being required for each nomination so made.

F. Any officer of the Organization may be recalled by a two-thirds vote of those present and voting at any official meeting.

G. There shall be an Administrative Board composed of the Chairperson, the Chairperson-Elect, the Regional Chairpersons, the Representatives-at-Large, and as a non-voting member, the immediate past Chairperson of the Organization.

H. The Administrative Board shall be the executive committee to manage the affairs of the Organization of Student Representatives and to take any necessary interim action on behalf of the Organization that is required. It shall also serve as the Organization of Student Representatives Committee on Committees and Committee on Resolutions.

Section 5. Representation on the AAMC Assembly

The Organization of Student Representatives is authorized a number of seats on the AAMC Assembly equal to 10 percent of the Organization of Student Representatives membership, the number of seats to be determined annually. Representatives of the Organization of Student Representatives to the Assembly shall include only current, official OSR members and shall be determined by following priority:

- 1) The Chairperson of the Organization of Student Representatives;
- 2) The Chairperson-Elect of the Organization of Student Representatives;
- 3) Other members of the Administrative Board of the Organization, in order of ranking designated by the Chairperson if necessary
- 4) Other members of the Organization designated by the Chairperson as necessary.

Section 6. Succession

A. The Chairperson-Elect shall automatically assume the office of Chairperson at the conclusion of the annual meeting of the Association unless the Chairperson-Elect receives a vote of no confidence from the Administrative Board at the last regularly-scheduled meeting prior to the annual business meeting of the OSR. If the Chairperson-Elect receives a vote of no confidence or otherwise resigns from office, the next Chairperson shall be elected in accordance with the procedures established in Section 4.

B. If the Chairperson of the Organization is for any reason unable to complete the term of office, the Chairperson-Elect shall assume the position of Chairperson for the remainder of the term. Further succession to the office of Chairperson, if necessary, shall be determined by a vote of the remaining members of the Administrative Board.

Section 7. Meetings, Quorums, and Parliamentary Procedure

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

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

C. Regional meetings, with the approval of the Association, may be held between annual meetings.

D. A simple majority of the voting members shall constitute a quorum at regular meetings, special meetings, regional meetings, and Administrative Board meetings.

E. Formal actions may result by two mechanisms: (1) by a majority of those present and voting at meetings at which a

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quorum is present and (2) when four of four regional meetings have passed an identical motion by a majority of those present and voting.

F. All official members have the privilege of the floor at regular meetings, special meetings, regional meeting, and Administrative Board meetings. The Chairperson of each meeting may at his or her discretion extend this privilege to others in attendance.

G. Resolutions for consideration at any meeting of the Organization, including regional meetings, must be submitted to the Association thirty days in advance of the meeting. This rule may be waived for a particular resolution by a two-thirds vote of those present and voting at the meeting.

H. The minutes of regular meetings and Administrative Board meetings shall be taken and within thirty days distributed to members of the Organization.

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

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

Section 8. Students Serving on AAMC Committees

Students serving on AAMC Committees should keep the Chairperson informed of their activities.

Section 9. Operation and Relationships

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

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

Section 10. Amendment of Rules and Regulations

These Rules and Regulations may be altered, repealed, or amended, by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Organization of Student Representatives for which 30 days prior written notice of the Rules and Regulations change has been given to each member of the Organization of Student Representatives.

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:

University of South Alabama
College of Medicine

Mayo Medical School

University of Minnesota-Duluth
School of Medicine

Eastern Virginia Medical School

RECOMMENDATION

The Executive Council recommends to the Assembly that the schools listed above be elected to Institutional Membership in the AAMC, contingent upon approval by the full Council of Deans.

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBER

The following school has received provisional accreditation from the Liaison Committee on Medical Education and is eligible for membership in the AAMC:

Uniformed Services University
of the Health Sciences

RECOMMENDATION

The Executive Council recommends to the Assembly that the school listed above be elected to Provisional Institutional Membership in the AAMC, contingent upon approval by the full Council of Deans.

ELECTION OF DISTINGUISHED SERVICE MEMBER

The following individual has been submitted by the Council of Deans for consideration for election to membership status with the AAMC:

Cheves McC. Smythe

RECOMMENDATION

The Executive Council recommends to the Assembly that the individual listed above be elected to Distinguished Service Membership status in the AAMC. This recommendation is contingent upon endorsement by the full Council of Deans.

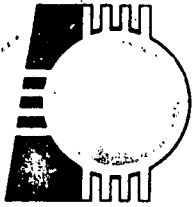
REPORT OF THE NOMINATING COMMITTEE
AND ELECTION OF OFFICERS

The Nominating Committee of the Council of Deans consisted of:

Leonard M. Napolitano, Chairman
John E. Chapman
John M. Dennis
Joseph M. Holthaus
Robert S. Stone

The committee solicited the membership for recommendations of persons to fill the available positions by memorandum dated May 14, 1976. The returned Advisory Ballots were tabulated and the results distributed to each committee member. The committee met by telephone conference call on June 30, 1976. Dr. Napolitano's letter report (dated July 12, 1976) of the committee's recommended slate of officers follows.

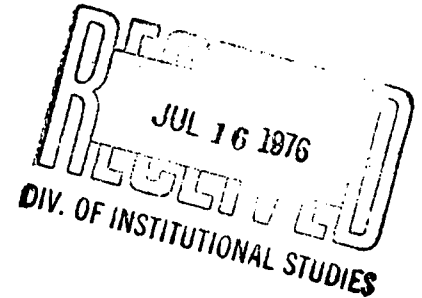
Because of the unforeseen resignation of J. Robert Buchanan as chairman-elect of the Council (see attached letter dated September 15, 1976), the committee was asked to meet again to recommend an appropriate process of succession to the Chair and to provide a nomination to fill the one year unexpired term of Dr. Buchanan on the COD Administrative Board and the AAMC Executive Council. The results of that set of deliberations are reported in a letter from Dr. Napolitano included with this agenda.



THE UNIVERSITY OF NEW MEXICO □ ALBUQUERQUE, NEW MEXICO 87131
OFFICE OF THE DEAN □ SCHOOL OF MEDICINE
HEALTH SCIENCES CENTER, NORTH CAMPUS, TELEPHONE 505: 277-2321

July 12, 1976

John A. Gronvall, M.D.
Dean
University of Michigan
Medical School
1335 Catherine Street
Ann Arbor, Michigan 48104



Dear John:

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 3:30 p.m. EDT on June 30, 1976, by telephone conference call. As you know the Committee consisted of John E. Chapman, M.D., Dean, Vanderbilt University, John E. Dennis, M.D., Dean, University of Maryland, Joseph M. Holthaus, M.D., Dean, Creighton University and Robert S. Stone, M.D., Dean, University of Oregon. At the time of the conference call we had available to us the tallies of the advisory ballots submitted by the Council of Deans.

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

Member-at-large, Council of Deans Administrative Board: Steven C. Beering, M.D., Dean, Indiana University School of Medicine.

The following 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:

Chairman-Elect of the Assembly: Robert G. Petersdorf, M.D., Chairman, Department of Medicine, University of Washington School of Medicine

THE UNIVERSITY OF NEW MEXICO

Council of Deans Representatives to the Executive Council:

John A. Gronvall, M.D., Dean, University of Michigan
Medical School (MW)

July 15, 1976

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

Christopher C. Fordham III, M.D., Dean, University of
North Carolina School of Medicine (South)

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.

Sincerely,

Leonard Napolitano

Leonard Napolitano, Ph.D.
Dean, School of Medicine
Interim Vice President for Health Sciences

LN/bc

- John E. Chapman, M.D.
- John M. Dennis, M.D.
- Joseph M. Holthaus, M.D.
- Joseph A. Keyes
- Robert S. Stone, M.D.

Member-at-large, Council of Deans
Steven C. Gering, M.D., Indiana University School
of Medicine

The following officers are filled by election of the Assembly. The
slate proposed for the Assembly's consideration was developed
by the AAMC Nominating Committee. These names will be submitted in the form of a
recommendation from the Nominating Committee to the Assembly.

Chairman-Elect of the Assembly: Robert A. Gering, M.D.,
Department of Medicine, University of Washington
School of Medicine

CORNELL UNIVERSITY
MEDICAL COLLEGE

1300 YORK AVENUE
NEW YORK, N. Y. 10021

OFFICE OF THE DEAN

September 15, 1976

John A. Gronvall, M. D.
Dean
The University of Michigan Medical School
1335 Catherine Street
Ann Arbor, Michigan 48104

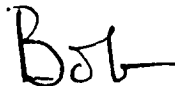
Dear John:

I am writing to you in your capacity as the current Chairman of the AAMC Council of Deans.

As you know, I have decided to assume the Presidency of the Michael Reese Hospital in Chicago effective January 1, 1977. Consequently, I wish to resign from the Council of Deans as of that date. In my judgment it is not appropriate for me to assume the chairmanship of the Council of Deans in November of 1976 since my term would obviously be too short to be of any use. Therefore, I suggest you make preparations now to fill that post. Moreover, you will need to fill the unexpired portion of my term as a member of the Administrative Board.

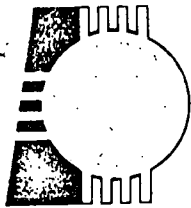
It has been an unusual privilege to be active in the affairs of the Council of Deans and I shall always maintain a keen interest in it as well as in all aspects of medical education. Perhaps in my new role opportunities will develop for my active participation in other areas of AAMC program.

Sincerely,



J. Robert Buchanan, M. D.
Dean

JRB/er



THE UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NEW MEXICO 87131
OFFICE OF THE DEAN SCHOOL OF MEDICINE
HEALTH SCIENCES CENTER, NORTH CAMPUS, TELEPHONE 505: 277-2321

October 25, 1976

John A. Gronvall, M.D..
Dean
University of Michigan
Medical School
1335 Catherine Street
Ann Arbor, Michigan 48104

Dear John:

The COD Nominating Committee met at your request by telephone conference call at 4:00 p.m., Wednesday, September 29, 1976 and at 11:00 a.m. on October 14, 1976. The calls were in response to the request of the Council of Deans Administrative Board that the Nominating Committee consider the problem of succession created by the resignation of J. Robert Buchanan, M.D., as Chairman-Elect and develop a recommendation for action by the full Council at its meeting in November.

As you know, the Rules and Regulations of the Council of Deans are not of much assistance in this regard. They provide for assumption of the duties of the Chairman by the Chairman-Elect, should the Chairman be unable to serve (Section 4e) but do not provide for succession in the absence of a Chairman-Elect.

Our committee had previously nominated Julius R. Krevans, M.D. as Chairman-Elect (see my letter of July 12, 1976) with the expectation that he would assume this office in November 1976 and the Chairmanship in November 1977. We believe that the continuity inherent in the scheme of succession provided by the Rules and Regulations and the opportunity they provide for the Chairman-Elect to have a period of preparation for assumption of duties of the Chairman are important to preserve. Consequently, we have developed the following recommendations to the Council of Deans:

That Julius R. Krevans, M.D., be elected Chairman-Elect of the COD to assume the office of Chairman approximately 6 months early, at the close of the Spring Meeting, 1977, with the understanding and expectation that he serve in addition to this early period, the full term of office during 1977-78.

We further recommend that you continue to serve in the interim between the November Annual Meeting and the 1977 Spring Meeting of the Council.

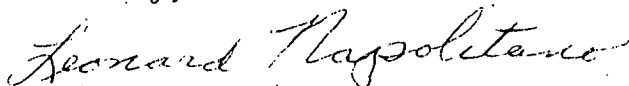
While this scheme is not provided for in the Rules and Regulations, it seems not to be inconsistent with them. Section 4b provides that "All officers shall serve until their successors are elected." This would seem to be consistent with your continuing to serve until the time Dr. Krevans is scheduled to assume office in April 1977. Section 4e provides for the early assumption of the Office of Chairman by the Chairman-Elect and states that such service "shall not disqualify the Chairman-Elect from serving a full term as Chairman."

While we are without precedent to guide us in this matter, I believe the Committee has provided a thoughtful and workable solution to this problem. I trust that it will be acceptable to you, Dr. Krevans, and the Council as a whole.

The Committee was also charged to provide a nominee to fill the unexpired portion of Dr. Buchanan's term as elected member of the COD Administrative Board. Dr. Buchanan's term extended until November 1977. After substantial deliberation which included a review of the Advisory Ballots submitted in response to the Committee's previous solicitation of recommendations from Council members, the Committee nominates Stuart Bondurant, M.D., President and Dean of the Albany Medical College for this position.

I am forwarding a copy of this letter to other members of the Committee, to Dr. Krevans and to Mr. Keyes so that he can include this full report in the agenda of the Annual Meeting of the Council of Deans.

Sincerely,



Leonard M. Napolitano, Ph.D.
Dean, School of Medicine

cc: John E. Chapman, M.D.
John M. Dennis, M.D.
Joseph M. Holthaus, M.D.
Joseph A. Keyes
Julius R. Krevans, M.D.
Robert S. Stone, M.D.

REPORT ON PLANNING FOR THE 1977 SPRING
MEETING OF THE COUNCIL

The 1977 Spring Meeting of the COD will be held at the Scottsdale Hilton Hotel, Scottsdale (Phoenix), Arizona, on April 17-20. Accommodations will be provided at \$34/day, single occupancy, European Plan (no meals included). Distinguished Service Members and Canadian Deans have been invited.

The program sessions of the meeting will be devoted to a consideration of a series of issues related to medical school involvement in graduate medical education.

A preliminary schedule of events is attached for your information. In addition to the activities of the Council as a whole sketched out on that sheet, it should be noted that the Deans of the Southern Region plan to meet on the afternoon of Sunday, April 17, and the Deans of the Midwest-Great Plains Region plan a breakfast meeting for Tuesday, April 19, 1976. The Canadian Deans are scheduling their semi-annual meeting in conjunction with this meeting and will most likely meet on Sunday, April 17.

PRELIMINARY SCHEDULE OF EVENTS

| Sunday April 17 | Monday April 18 | Tuesday April 19 | Wednesday April 20 |
|---|--|--|--|
| 8:30 am-1:00 pm Unscheduled | 8:30 - 10:10 am SESSION I 1 hr and 40 min | 8:30 - 10:10 am SESSION IV 1 hr and 40 min | 8:30 - 10:10 am SESSION VII 1 hr and 40 min |
| | 10:10 - 10:20 am Break | 10:10 - 10:20 am Break | 10:10 - 10:20 am Break |
| | 10:20 - 12 Noon SESSION II 1 hr and 40 min | 10:20 - 12 Noon SESSION V 1 hr and 40 min | 10:20 - 12 Noon SESSION VIII 1 hr and 40 min |
| | 12 Noon - 5:30 pm Unscheduled (golf, tennis, swimming, shop- ping, sightsee- ing) | 12 Noon - 5:30 pm Unscheduled (golf, tennis, swimming, shop- ping, sightsee- ing) | 12 Noon DEPARTURE |
| 1:00 - 6:00 pm ARRIVAL AND REGISTRATION | 5:30 - 7:30 pm SESSION III 2 hours | 5:30 - 7:30 pm SESSION VI 2 hours | |
| 6:30 - 8:00 pm RECEPTION | DINNER | DINNER | |
| DINNER | | | |

AAMC DATA SECURITY AND RELEASE POLICY

The Association has collected, analyzed and reported data on medical education in some form since its inception, in order to inform its members and the public about the characteristics, strengths and problems of the academic medical center. Mindful of the sensitivity of certain kinds of information, many of our questionnaires, including the two bearing the name of the Liaison Committee on Medical Education, have been used with the assurance that much of the information about individual institutions would not be released. On the other hand, data on enrollment, curriculum, tuition and fees, grants, financial aid programs, etc., have been published individually by institution.

Three years ago, the Association established the Data Development Liaison Committee, a group broadly representative of the AAMC constituency, to consider and recommend to the Executive Council policies on confidentiality and release of information. The Committee recommended, and the Council adopted in 1974, a release policy which stipulates what kind of data can be released, to whom, and under what circumstances.

The policy provides for the following classification of information:

- I. Unrestricted - may be made available to the general public.
- II. Restricted - Association confidential -- may be made available to member institutions and other qualified institutions, organizations and individuals subject to the discretion of the President.
- III. Confidential - A) Institutional-Sensitive data collected concerning individual institutions generally available only to staff of the Association; and B) Personal-Sensitive data collected from individual persons generally available only to staff of the Association. It may be released with permission from the individual.

The staff of the Association, with the assistance of the Data Development Liaison Committee, is now in the process of implementing the policy, beginning with the data held in the Institutional Profile System database, which contains only information pertaining to institutional characteristics.

The Institutional Profile System of the AAMC is a computer-based information system that can provide data on a wide variety of subjects, such as sources of medical school revenues and expenditures, statistics on faculty manpower, student enrollment, attrition, ethnic and sex composition, medical school curricula, facilities and so on.

The data are provided by the medical schools through questionnaires such as:

Liaison Committee on Medical Education Annual Medical School Questionnaire - Part I

Liaison Committee on Medical Education Annual Medical School Questionnaire - Part II

Report on Medical School Faculty Salaries

Questionnaire for the 1975-76 AAMC Curriculum Directory

AAMC Fall Enrollment Questionnaire - 1975-76

A Questionnaire on Programs of Health Services Delivery and Primary Care Education

Salaried Medical Faculty Questionnaire

The Institutional Profile System includes data from the most current questionnaires and publications, and also data from preceding years, thus providing the capability for comparative analysis and for trend studies.

The information stored in IPS has so far been treated as privileged, for use by the Association's staff only. Data from IPS have been released outside the Association: a) in aggregate form (i.e., national totals); b) in disaggregated form (i.e., institution by institution), with safeguards to preclude linking the data with the institution's identity; and c) with institutional identification only in those instances when the information is already public knowledge through publications and/or public records.

Implementation of the new policy requires classification of each element of data, a laborious task because of the large number of variables involved and the need to carefully consider each case. The AAMC staff has used the following guidelines in deciding the recommended classification of each variable in the IPS.

Recommended for inclusion in the Unrestricted category are IPS variables representing data already available to the general public through publications, or through access to government records, and variables representing data not institutionally sensitive - either by single institution or in the aggregate - such as data which schools generally release individually.

Unrestricted published data would be furnished to the general public directly or by reference to the publication.

Unrestricted, unpublished data would be furnished subject to the judgment of the AAMC staff responsible for its management, and whenever appropriate with the interpretation of the staff competent in that particular area. Such data may be published.

Recommended for inclusion in the Restricted category are variables representing data that the general public could interpret as reflecting negatively on the institution's performance and data dealing with sensitive categories of revenues and expenditures.

Restricted data would not be furnished without the consent of the dean of the school that provided it, except that in the case of bona fide scholars and administrative staff of the AAMC institutions, it could be provided with the approval of the AAMC President. The data would be supplemented, whenever appropriate, with interpretation by AAMC staff competent in the particular area.

Recommended for inclusion in the Confidential category are IPS variables representing data of a highly sensitive nature concerning individual institutions. Confidential data will be generally available only to the staff of the Association, and will be released to individuals other than the dean of the school to which the data pertain only at his request.

In all cases, the Association would release data to the dean of the school to which the data refers, and to the individual who provided the data to the Association.

IPS data variables derived from a combination of variables would be classified in accordance with the more restrictive of the variables from which they are derived.

The IPS variables for which release categories are being recommended represent institutional information that was available to the Association as of June 1974 from data provided in response to questions in AAMC surveys, and data that the Association had acquired - also as of that date - from publicly available sources external to the AAMC.

The attached material expands upon these concepts in the context of their application to the items of information acquired in response to the LCME Annual Medical School Questionnaire Parts I and II, the Fall Enrollment Questionnaire, the Questionnaire for the AAMC Curriculum Directory, the Questionnaire on Programs of Health Service Delivery and Primary Care Education and the Annual Survey of Medical School Faculty Salaries.

The security classification assigned each of these items has been carefully considered by both the Data Development Liaison Committee and the Council of Deans Administrative Board. Each of these bodies has endorsed the resulting classification. Because, however, this data has been collected in the past with the assurance that it would not be released in institution specific form, each dean will be asked to assent on behalf of his institution to the treatment of the data in the manner described above. Data from future questionnaires will be treated according to the approved release categories and the questions will be appropriately coded to alert the respondents to the degree of confidentiality to be accorded the item.

Dr. Richard Janeway, Chairman of the Data Development Liaison Committee, will address the Council, describe the activities of his committee regarding this matter and respond to questions from the membership.

LIAISON COMMITTEE ON MEDICAL EDUCATION
ANNUAL MEDICAL SCHOOL QUESTIONNAIRE
Part I and Part II

The most recent questionnaires in the LCME Part I and Part II series are those for the year 1975/76.

LCME - Part I

The LCME - Part I questionnaire deals with financial data of the institution. The information collected falls under three broad subjects:

- (1) Current funds revenues and expenditures.
- (2) Current funds expenditures for sponsored programs.
- (3) Current funds expenditures by department.

Information concerning subjects (1) and (3) is subdivided into data pertaining to actual revenues and expenditures for the current year, and data on budget (or) estimates of revenues and expenditures for the following year.

Any information concerning budget (or) estimates would be treated as "confidential", because it represents financial projections that may or may not materialize. Not only the data are soft, but also sensitive, because if observed over time they could give a clue to the institutional strategies employed in the process of budget appropriations for state schools.

Also included in the "confidential" category is information institutionally sensitive, such as: revenues from endowment income; revenues from professional fees and medical service plans; the total of all revenues of the school; excess of revenues over expenditures, and vice versa; the use made of revenues exceeding expenditures; details on funding of the excess of expenditures over revenues.

Information in the "restricted" category would include data which a school might not want to divulge freely; these are unpublished data not easily obtainable from sources external to the school. They include: the make-up of revenues from miscellaneous (other) sources; expenditures - by program - for instruction and departmental research (very soft); data on departmental expenditures (salaries, etc) for regular operations and for sponsored programs.

Other information, concerning actual revenues and expenditures for sponsored programs, revenues from tuition and revenues from government appropriations, is either published or easily obtainable from sources other than the schools or the AAMC, and therefore it would be considered "unrestricted".

LCME - Part II

The LCME - Part II questionnaire requests information concerning institutional characteristics, such as data on number, ethnic background, and sex distribution of students, data on number of faculty and faculty positions by department or specialty, data on number and types of residency programs, data on the location and nature of clinical affiliations, data on medical schools curricula, evaluation of students' performance and data on construction of facilities.

A great deal of the information generated by this instrument is published routinely - either in the aggregate, or by school - in the Journal of the American Medical Association, or in the AAMC Directory of Medical Education, the Directory of Medical School Admissions Requirements, and the AAMC Curriculum Directory.

None of the information provided in the LCME - Part II questionnaire is so sensitive that it should be included in the "confidential" category.

Assignments of data in the "restricted" category were for reasons as follows:

- (1) Numbers of repeaters and number of students retained - by ethnic background and sex - and number of students who withdrew or were dismissed: this information could be viewed as an index of negative performance by a school, even though the institution does actually perform well in the area of minority student retention.
- (2) Data on number of students admitted with advanced standing; mean MCAT scores for the school; pre-medical grade point average for students admitted to the first year; data on number of students sponsored in a Fifth Pathway clinical experience; data on amounts of financial assistance sought and obtained by students: if this information were made available freely, it would result in a shift of applications to schools perceived to offer better odds for admission, or better opportunities for financial assistance.
- (3) Data on number of budgeted, unfilled, full-time, medical school faculty positions: this information could give the impression that a school is recruiting to fill the positions, and could be prompting inquiries and unsolicited applications. In reality, the number of open positions fluctuates, therefore this information is too unreliable to be given out freely, particularly in the case of public schools.
- (4) Data on construction of facilities: projected expenditures for construction vary almost continuously until the building is completed, and therefore the data reported in the questionnaire for buildings

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planned or just started may often be different from those which the schools provide to agencies to whom construction expenditures must be accounted. Placing the data in the restricted category would allow better control, and prevent accidental release of conflicting information that could cause problems for some schools. The same rationale applies to information concerning the use of the facility, since that is often monitored by the funding agency.

The data recommended in the "unrestricted" category are either published, or can be easily obtained from sources other than the schools or the AAMC, or are deemed to be information that could not in any way be damaging to a school.

FALL ENROLLMENT QUESTIONNAIRE

The AAMC Fall Enrollment Questionnaire is sent to admission officers of U.S. medical schools each year in September to request information on the number of students that have been enrolled for the academic year just beginning.

Of the information requested in the questionnaire only the following data are entered in IPS:

- a) The number of all undergraduate medical students by sex and ethnic background (Afro-American, American Indian, Caucasian, Oriental American, Puerto Ricans, other Americans, foreign).
- b) The number of undergraduate medical students matriculated in the first year, by sex and ethnic background (same as a)).

All the IPS variables pertaining to the above data are recommended to be included in the "Unrestricted" category.

QUESTIONNAIRE FOR THE AAMC CURRICULUM DIRECTORY

The Curriculum Directory Questionnaire is sent to U.S. and Canadian Medical Schools each year in June.

All the information requested in the questionnaire is entered in the IPS. All data obtained from this survey are published by schools in the AAMC Curriculum Directory, with the exception of the data pertaining to the number of students in each of the undergraduate years that have elected the option to graduate in three years.

All IPS variables pertaining to this questionnaire, including those that are not routinely published in the Curriculum Directory are recommended to be included in the "Unrestricted" category.

QUESTIONNAIRE ON PROGRAMS OF HEALTH SERVICE
DELIVERY AND PRIMARY CARE EDUCATION

The questionnaire was used for a survey of medical school programs of health services delivery and primary care education conducted by the AAMC in April 1973.

Parts of the survey data are included in the IPS database and are identified by IPS variables. Results of the survey have been published in statistical aggregates in the JME.

The IPS variables relating to this questionnaire pertain to:

- a) Programs of instruction in ambulatory care. (Curricula, numbers of students, loci of instruction programs, administrative organization of programs).
- b) Pre-paid medical care. (Administrative relationship of the medical school to HMOs, interface between HMOs and programs of instruction for undergraduate and housestaff).
- c) New health practitioners. (Extent and nature of medical school involvement in the training of health practitioners such as Physician Assistants, Nurse-practitioners, Medex, Nurse-midwife, etc.). Questions in this area also involve information on the extent of the integration of health practitioners training with graduate and undergraduate medical students training in the ambulatory and hospital setting, and whether or not the school receives extramural financial support for health practitioners training.
- d) Family medicine training. (Nature and extent of graduate training in medicine, including details of the administrative structure, faculty participation, number of students, and whether or not any extramural financial support for the program is received by the school).
- e) Other general topics such as: extent and nature of emergency care programs; alcoholism and drug abuse; training in health care management; review of career choices of the school's graduates. Included with the general topics is a question which asks the approximate dollar value of budgeted programs in health care research. This is the only survey question entered in IPS for which dollar values are stated.

All the IPS variables pertaining to this questionnaire are recommended to be included in the "Unrestricted" category.

ANNUAL SURVEY OF MEDICAL SCHOOL FACULTY SALARIES

Salary data for full-time paid faculty are collected by the Association annually.

Although this information is collected for each individual and is maintained by individuals in the Faculty Salary database, only selected statistics from the Faculty Salary database are entered into the Institutional Profile System. The data included in IPS consist of the mean salary value paid to faculty, by rank (chairman, professor, associate professor, assistant professor and instructor) for each of six basic science departments and twenty-two clinical departments.

To safeguard the privacy of the individuals, the system is programmed in such a way that it will not give out the values representing average salaries of less than three individuals, except on specific instructions by selected AAMC staff. (Personnel responsible for the administration of the survey).

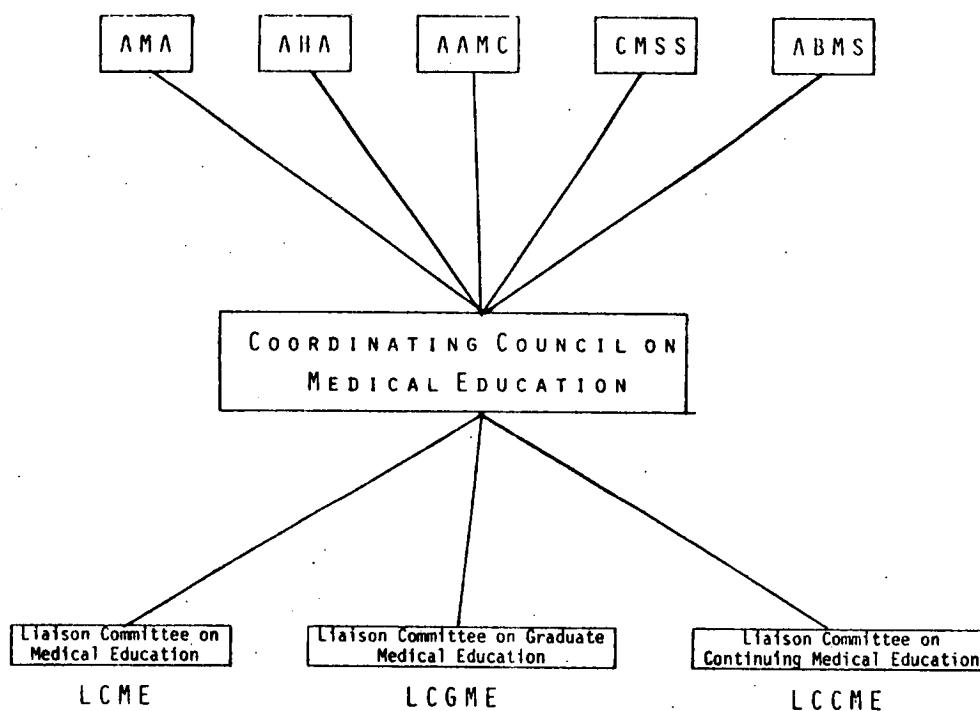
All the IPS variables pertaining to this questionnaire are recommended to be included in the "Restricted" category.

INPUT INTO RETREAT AGENDA

During the second week in December, the Chairman and Chairman-Elect of the Councils and the Chairman and Chairman-Elect of the Assembly, will meet with selected AAMC staff to discuss AAMC activities and plan the Association's programs for the coming year. Areas of concern which members of the Council of Deans believe should be called to the attention of the Association officers should be brought up during the discussion of the Retreat Agenda. The Annual Report of the Association, which has been distributed to you, provides information regarding Association activities during the past year.

COORDINATING COUNCIL ON MEDICAL EDUCATION
AND RELATED LIAISON COMMITTEES

The Coordinating Council on Medical Education (CCME) was established by its five parent organizations in 1972. These are the Association of American Medical Colleges, the American Medical Association, the American Hospital Association, the American Board of Medical Specialties, and the Council of Medical Specialty Societies. The purpose of the Council is to provide a forum for discussion of policy questions relevant to all phases of the continuum of medical education and to establish policies to be reviewed and ratified by the parent organizations. The CCME is particularly the body which reviews, approves and forwards to parent organizations, policies relating to the accreditation of medical education. Three liaison committees have been established under the umbrella of the CCME. These are the Liaison Committee on Medical Education (LCME), which has been responsible for accreditation of institutions offering medical education leading to the M.D. degree in the U.S. and Canada since 1942; the Liaison Committee on Graduate Medical Education (LCGME), which is responsible for the accreditation of programs in graduate medical education; and the Liaison Committee on Continuing Medical Education (LCCME), which will be responsible for the accreditation of continuing medical education. Diagrammatically, the Coordinating Council on Medical Education and its liaison committees are represented below. Members of the Council and liaison committees are shown on pages eleven and twelve of this report.



- AMA - American Medical Association
- AHA - American Hospital Association
- AAMC - Association of American Medical Colleges
- CMSS - Council of Medical Specialty Societies
- ABMS - American Board of Medical Specialties

During this year concerns have been raised regarding whether the Coordinating Council on Medical Education and the liaison committees can fulfill their responsibilities effectively if the sponsoring parent organizations of the CCME continue to have the right to veto policies developed by the CCME or the liaison committees. At present, any one of the five sponsoring organizations can veto a policy recommendation sent forward by the Coordinating Council. This year, for example, the AAMC vetoed a recommendation in the FMG report that acknowledged the so-called "Fifth Pathway" into graduate medical education. This Pathway, which was established by the Council on Medical Education of the AMA in 1972, permits U.S. citizens who have studied medicine abroad, but have not yet received a degree, to enter graduate medical programs if they spend a year in a clinical clerkship program sponsored by a U.S. medical school. The AMA vetoed the Coordinating Council's proposal to change the procedure for recognizing new specialties (see below).

Another concern is whether the Coordinating Council on Medical Education and the liaison committees can function effectively with the staff support for these agencies being provided by employees of one of the sponsoring professional organizations. The AMA exclusively provides staffing for all activities except for the Liaison Committee on Medical Education, which is staffed on alternate years by the AAMC. A foundation has offered limited assistance to develop a separate staff for the Coordinating Council. A subcommittee of the CCME is considering this possibility. It is expected that there will be extensive discussions of these issues during the coming year.

The major issues and policy developments which concerned the CCME and liaison committees this year follow.

COORDINATING COUNCIL ON MEDICAL EDUCATION

Foreign Medical Graduates

A document entitled "The Role of Foreign Medical Graduates in the U.S." was approved by all five sponsoring professional organizations and is now being promulgated. The recommendations set forth are directed toward assuring that the foreign exchange visitor program is returned to its original intent to provide educational opportunities for foreign students who are selected by their countries to achieve special knowledge and skills which are needed by those countries. It is recommended that exchange visitor graduate medical education programs only be authorized when sponsored by U.S. medical schools together with their teaching hospitals, and that these institutions only provide opportunities to students who are sponsored by an agency in the sending country.

The report also recommends that FMGs be required to show that they have equivalent educational attainment to graduates of U.S. medical schools. The FMG report has other detailed recommendations particularly directed towards the Department of Labor and the State Department.

Recognition of New Specialties

A subcommittee of the Coordinating Council on Medical Education, with representation from the Liaison Committee on Graduate Medical Education and the Liaison Committee for Specialty Boards, was established in 1975 to review the present procedure for recognizing new specialties and to propose an alternative procedure if deemed appropriate.

At the present time, the Liaison Committee for Specialty Boards (LCSB) is the body which reviews proposals for establishing a new clinical specialty and makes recommendations to the two sponsoring bodies of the LCSB, which are the AMA and the American Board of Medical Specialties (ABMS). The LCSB's recommendations become final when approved by both the AMA and the ABMS.

The committee recommended to the Coordinating Council that the LCSB, as currently composed, should continue as the primary review body for proposals for new specialties, and that the CCME have the final approval authority. The CCME approved the committee recommendation and forwarded it to the sponsoring professional organizations for final action.

The Executive Council of the AAMC approved the new procedure at its June meeting.

The AMA announced at the September, 1976 CCME meeting that it would not approve the new procedure, and offered a substitute in which the ABMS has initial review, the LCSB a secondary review, and the AMA final approval.

The Executive Council, at its September meeting, approved the following position statement, which has been sent to the CCME and its sponsoring organizations.

The establishment and official recognition of new specialties requires that educational programs for the training of physicians be provided and that resources be devoted to develop and maintain these programs, and medical schools and teaching hospitals are expected to establish departments in the newly recognized specialty. The constituent institutional members of the AAMC provide the facilities, faculty

and resources for most of graduate medical education in the United States. Therefore, the AAMC is deeply concerned about policy decisions leading to the establishment of new specialties.

Furthermore, establishing and recognizing new specialties must also concern the hospitals, which will be required to provide supportive services and facilities, and the established specialties, which must be concerned with the effective provision of medical services without undue fragmentation.

Therefore, the decision to recognize a new specialty must involve those organizations which represent academic medical centers, hospitals, and specialty societies, as well as the organized practicing profession and the specialty boards.

For these reasons, the AAMC maintains that the Coordinating Council on Medical Education must make the final decision to recognize the establishment of a new specialty. Because the Coordinating Council on Medical Education is responsible for policies relating to the accreditation of programs in graduate medical education, it should not authorize the Liaison Committee on Graduate Medical Education to accredit graduate medical education programs for specialties which the Coordinating Council has not officially recognized.

The authority to establish a certifying board for a specialty that has been recognized by the CCME and for which requirements for accredited training programs have been established by the LCGME should be granted by the American Board of Medical Specialties.

Meanwhile, the LCSB has agreed to review a proposal to establish a new specialty of emergency medicine. The AAMC was invited to appear before the LCSB in October to state a position on the emergency medicine proposal. In lieu of appearing, the following letter was submitted:

Glen R. Leymaster, M.D.
Secretary, Liaison Committee for Specialty Boards

The Association of American Medical Colleges has not considered nor developed a position on the substantive question of whether emergency medicine should be recognized as a specialty. However, it is requested that this letter be placed before the Liaison Committee for Specialty Boards for consideration at the October 27 meeting.

The AAMC has a substantial interest in whether a new specialty of any genre evolves, for the appearance of any new specialty has significant implications for undergraduate and graduate medical education. Also, a new specialty will impact on the provision of medical services in the academic medical centers as well as in the non-academic sector.

One consequence of recognizing a new specialty is that there will be a press for organizational recognition of the specialty within academic institutions. Establishing a new department or a new division requires additional resources. In an era of scarce resources, the benefits to be provided to students and patients must be carefully weighed against the expenditures required.

Graduate medical education programs for a new specialty will have to be developed. The dollars to establish such programs will have to be budgeted by academic medical centers. Even though short-term funding may be available to start up programs in a new specialty, ultimately, provision must be made for sustained, long-term dollar support. This cost will have to be justified to governing boards and to reimbursement agencies. Further, training programs for a new specialty may also be very dependent upon other specialties for the provision of educational services to students. Often the faculties of other specialties are hardpressed to fulfill their current obligations and the addition of a new training program, which depends upon them will require additional resources for these units as well.

Finally, with the cost of medical services rapidly increasing, the purpose of establishing a new specialty must be examined from the perspective of whether its recognition will substantially improve the quality of services without increasing cost. If costs will increase, then the increase must be justified on the basis of a pressing need to improve the quality of services in the specialty's proposed area of practice in order to protect the public.

These issues are so fundamental that those who advocate the establishment of a new specialty should be required to assess the national impact of its establishment in quantitative terms. This written assessment should then be submitted for comment to both the public and private agencies which will be involved in developing the specialized personnel and paying for the medical services they will provide.

John A.D. Cooper, M.D.
President, AAMC

The eventual outcome of this issue is at present uncertain. The decision to recognize a new specialty has broad impact on the academic medical centers and the health care system in general. The AAMC position is to continue to work toward having a body such as the CCME have final approval authority.

Comprehensive Qualifying Examination

A subcommittee of the Coordinating Council, charged to make recommendations on the need for a Comprehensive Qualifying Examination (CQE) at the interface between undergraduate and graduate medical education, came forth with the following recommendations.

The Committee recommends that:

- 1) *The CCME adopt the following statement as policy:
"There is a need for a comprehensive qualifying assessment procedure to be required of all physicians about to assume patient care responsibilities under supervision as residents (or fellows) in an approved program of graduate medical education."*
- 2) *The CCME recommend to the LCGME that the General Essentials for Approved Programs of Graduate Medical Education be revised to require that when a comprehensive qualifying assessment procedure becomes available in a form satisfactory to the LCGME, all physicians shall pass the procedure before assuming patient care responsibilities under supervision as residents (or fellows) in an approved program of graduate medical education.*
- 3) *The CCME recommend to the LCGME that it identify and encourage the appropriate agency(ies) to develop and administer a satisfactory comprehensive qualifying assessment procedure.*

At the September meeting the CCME voted to table consideration of these recommendations until such time as a model CQE is available for inspection. The National Board of Medical Examiners is moving ahead with the development of new testing methodologies with the intent of developing a prototype examination.

The AAMC's position is that passing a Comprehensive Qualifying Exam should be a necessary, but not necessarily sufficient, requirement for entering accredited programs in graduate medical education. The Coordinating Council on Medical Education has charged the LCGME to determine a minimally acceptable standard of professional competence requisite for assuming responsibility for patient care under

supervision for both FMGs and U.S. FMGs. As yet, the LCGME has not moved towards responding to this charge.

At present, the introduction of a Comprehensive Qualifying Exam is not certain. The question will doubtlessly be re-opened when the National Board of Medical Examiners' prototype exam is available.

LIAISON COMMITTEE ON GRADUATE MEDICAL EDUCATION

Subspecialty Training Programs

The LCGME was requested by several residency review committees and specialty boards to make provisions for identifying subspecialty training programs in the various specialties which provide recognition of special competence in subspecialties.

The desire was to have subspecialty training programs listed in the Directory of Approved Residencies (the Green Book) and to develop procedures to accredit subspecialty training programs.

The LCGME has approved the following recommendations brought forth by a subcommittee.

Subspecialty training programs will be listed in conjunction with primary programs in the Directory if they fulfill the following requirements:

- 1) *There is a provision by the relevant primary board for certification of special competence in the subspecialty;*
- 2) *The program meets the requirements for certification of special competence set forth by the relevant board;*
- 3) *The program is an integral part of an accredited graduate medical education program in the primary specialty (e.g. internal medicine, pediatrics, etc.);*
- 4) *There is an individual identified as director of the subspecialty program;*
- 5) *The individuals who enter the program are required to complete training for the primary specialty.*

The listing will not imply accreditation. The subcommittee recommended that accreditation of subspecialty training programs by the LCGME not be undertaken until there is a thorough study of current review and approval procedures for accrediting all programs in graduate medical education. The object of such a study will be to improve the current procedure and integrate subspecialty accreditation into the LCGME's responsibilities.

Structure and Function of Residency Review Committees

A manual has been prepared by the LCGME to provide common policies for the structure and function of residency review committees. The manual, which became effective as of July 1, 1976, is a first step toward improving review and approval procedures. Previously, the residency review committees for the 23 specialties for which programs are accredited by the LCGME carried out their functions under individually developed procedural processes. The new manual, which will be modified as experience demonstrates the need, sets forth standardized policies relating to the review process. The manual does not invade the responsibilities of the residency review committees in the area of setting standards and developing criteria for judging whether programs have met these standards.

LIAISON COMMITTEE ON MEDICAL EDUCATION

Institutional Self-Study

The Liaison Committee on Medical Education introduced a self-study program into the procedures for institutional accreditation for medical schools. In advance of the accreditation site visit, faculties are now asked to analyze their programs for undergraduate medical education and identify their strengths and weaknesses.

Guidelines

A set of guidelines explaining and expanding upon the fundamental accreditation standards set forth in "Structure and Functions of a Medical School" is in preparation. A draft, presented to the AAMC Administrative Boards in the spring, has had extensive comment from members of the CAS and other Councils. It is expected that another draft will be brought forward by the LCME early in 1977.

LIAISON COMMITTEE ON CONTINUING MEDICAL EDUCATION

In November 1974 the parent professional organizations of the CCME agreed to establish the Liaison Committee on Continuing Medical Education. The membership of this Liaison Committee was to consist, in addition to the five parents of the CCME, of representatives from the AHME and the FSMB. The complete membership of the Committee thus is as follows:

| | |
|--|---|
| American Board of Medical Specialties | 3 |
| American Hospital Association | 3 |
| American Medical Association | 4 |
| Association for Hospital Medical Education | 1 |
| Association of American Medical Colleges | 3 |
| Council of Medical Specialty Societies | 3 |
| Federation of State Medical Boards | 1 |
| Public | 1 |
| Federal | 1 |

The LCCME met for the first time in November 1975 and has since held four more meetings. Taking the state of the art of continuing medical education into consideration, the scope and function of the Committee were more broadly defined than those of the LCME or the LCGME. The LCCME thus, in addition to accreditation, should examine present day practices of continuing medical education and recommend new principles and policies in the field as it deems them necessary. To discharge these assignments, the Committee has chosen to organize as subcommittees charged with specific areas such as bylaws, goals and priorities, procedures and and finances.

Thus far the LCCME has written its bylaws which are now awaiting approval by the CCME parent organizations. It has established a modus operandi based on the principle by which all accreditation decisions will rest with the LCCME while surveys will be conducted in either of two fashions: organizations and institutions offering national programs will be surveyed by a national review committee while regional and local organizations and institutions will be surveyed by regional or state review committees. In the beginning the composition of the regional review committees is most likely to retain their present composition while within the next two years these regional or state committees will have to reflect in their membership the composition of the LCCME. It is anticipated that the LCCME will take over the accreditation function from the Council on Medical Education of the AMA during the 1977 calendar year.

So far the deliberations of the LCCME have been conducted in a constructive fashion. Many issues, however, have remained untouched particularly those of staffing of the Committee, the nature of the credit to be given to the physician for CME, the development of an information system on continuing education and a better understanding of the entire process of relating continuing medical education to physician performance.

The AAMC has been able to participate fully and aggressively in this first formative year of the LCCME. The recently appointed Ad Hoc Committee on Continuing Medical Education of the Association under the chairmanship of William D. Mayer, M.D. will assist the AAMC representatives to retain a degree of initiative so important for the LCCME. The second year of operation of the LCCME will probably show whether or not it will be able to provide leadership beyond an accreditation function and thus will become a national focus for continuing medical education. National leadership will be most important for continuing medical education because of its lack of institutional focus, of clearly defined educational objectives, and of evaluative procedures. For continuing medical education to become a significant contribution to quality medical care, a concerted effort of the medical profession, the medical schools and the hospitals is essential.

ROSTER OF MEMBERS

Coordinating Council on Medical Education

American Board of Medical Specialties:

John C. Beck,
Thomas B. Ferguson,
Charles A. Hunter, Jr.
*Glen R. Leymaster

American Hospital Association:

Donald J. Caseley
H. Robert Cathcart
David D. Thompson
*E. Martin Egelston
*Raymond Nordquist

American Medical Association:

Merrill O. Hines
Tom E. Nesbitt
Bernard J. Pisani
*C.H. William Ruhe, Secretary

Association of American Medical Colleges:

William G. Anlyan
John A.D. Cooper
Ronald W. Estabrook
*George R. DeMuth

Council of Medical Specialty Societies:

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B. Leslie Huffman
M.T. Jenkins
*L. Jack Carow
*Richard S. Wilbur

Federal Government Representative:

Harold Margulies

Public Member:

Lucius P. Gregg, Jr.

Ex-Officio, Without Vote:

James A. Pittman
Thomas D. Kinney
William D. Holden
*Thomas D. Dublin

LIAISON COMMITTEE ON MEDICAL EDUCATION

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Louis W. Burgher
Patrick J.V. Corcoran
William F. Kellow
Joseph M. White, Vice-Chairman
Chris J.D. Zarafonetis
*Richard L. Egan
*C.H. William Ruhe

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*John A.D. Cooper
*James R. Schofield

Public Members:

Harriett S. Inskeep
Arturo G. Ortega

Federal Government Member:

John H. Mather

*Staff Member

*Staff Member, ex-officio, without vote

LIAISON COMMITTEE ON GRADUATE
MEDICAL EDUCATION

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Gordon W. Douglas
William K. Hamilton
*Glen Leymaster
Victor C. Vaughan, III

American Hospital Association:

**E. Martin Egleston
Bruce W. Everist
*Raymond O. Nordquist
Eugene L. Staples

American Medical Association:

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Russell S. Fisher, Vice-Chairman
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Association of American Medical Colleges:

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Ralph M. Stanifer

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MEDICAL EDUCATION

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Jerald R. Schenken
*Glen R. Leymaster

American Hospital Association:

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Harry C.F. Gifford
Robert F. Scates
*E. Martin Egleston
*Raymond Nordquist

American Medical Association:

John H. Killough
John W. Moses
Donald W. Petit
Charles N. Verheyden
*Rutledge W. Howard, Secretary
*C.H. William Ruhe

*Association for Hospital Medical
Education:*

Gail I. Bank
*Clement Brown

Association of American Medical Colleges:

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William D. Mayer
Jacob R. Suker
**Emanuel Suter

Council of Medical Specialty Societies:

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James L. Grobe
Charles V. Heck
*Jack Carow
*Richard Wilbur

Federation of State Medical Boards:

Howard L. Horns

Federal Representative:

Federick V. Featherstone

Public Representative:

Margaret E. Mahoney

*Staff Member, ex-officio, without vote

**Voting Staff Member

THE NEW MEDICAL COLLEGE ADMISSION TEST

The New Medical College Admission Test (MCAT) will be introduced in the spring of 1977. Applicants seeking to enter medical school in 1978 will be the first to have their scores on the New MCAT considered as one of the selection factors.

The New MCAT is a totally new exam based upon specifications which were derived through surveying faculties of undergraduate colleges, medical schools, medical students, and physicians. The specifications delimit the level of knowledge in biology, chemistry, and physics, and the analytical skills needed to study medicine. The new exam will provide separate scores for biology, chemistry, and physics; science problem-solving; analytical reading skills; and quantitative analytical skills.

The number of questions or test items has been increased and the exam will now require a full day of testing in contrast with the half-day required for the old MCAT. In the sciences, there will be 145 items as compared to 86 in the old MCAT. The problem-solving section consists of 72 additional items dealing with problem-solving in all three sections. The sections on analytical skills provide for 73 items for analytical reading skills and 73 items for quantitative analytical skills.

Nineteen medical schools are participating in experimental testing of the new instruments. Volunteer students at several levels in medical school, and house officers, are taking the examination to provide concurrent validity data. There will be an extensive program to acquaint admissions officers and committees with the characteristics of the New MCAT and its application to student selection during the winter and spring of 1977. A manual for students, which provides detailed information about the exam and a sample set of test items, has been prepared and is now available. A technical manual for the use of psychometric researchers is in preparation.

The New MCAT is the first major product of the Medical College Admissions Assessment Program (MCAAP) which was initiated in 1973. Another major dimension of MCAAP is to develop more systematic ways to assess the personal qualities of applicants to medical schools. A proposal to develop criteria for assessing personal qualities in the seven areas listed below has been prepared and funds to implement the program are being sought from foundations.

- Area I Compassion
- Area II Coping Capabilities
- Area III Decision-Making
- Area IV Interprofessional Relations
- Area V Realistic Self-Appraisal
- Area VI Sensitivity in Interpersonal Relations
- Area VII Staying Power--Physical and Motivational

Progress Report for the AAMC Group on Business Affairs

Over the past several months, the Group on Business Affairs has been particularly active in three areas: (1) Advancing its membership professionally, (2) Continuing informative dialogue with key staff of federal agencies, and (3) Providing expertise to AAMC staff in data development and management systems programs.

Professional development has taken several directions. First, recognizing the dearth of specific training opportunities for mid-level managers in academic medical centers, the GBA with assistance from the Bureau of Health Manpower has held three successful two-day programs. The agenda included such topics as medical center organizational structure, financing and involvement with the federal government as well as an orientation to medical practice plans and school-hospital relationships.

In a continuing effort to address the professional needs of senior business officers, a two-day program was held in September. The timely issues which constituted the agenda were addressed by experts from outside the GBA. Further, the Group's Committee on Information Resources has issued its seventh issue of DATABANK, a quarterly publication providing annotated bibliographic listings of information of interest to GBA members. This Committee has also begun a concerted effort to encourage the submission of publishable manuscripts on pertinent business topics. The best manuscript will be judged by a panel of peers and suitably recognized.

Beyond professional activities at the national level, the Regions have likewise been active in fostering an interchange among the business officers. These meetings have addressed such topics as changes to FMC 73-8 and indirect costs in historical perspective, academic health maintenance organizations, AAMC Faculty Salary Survey, the Health Resources Planning Act, and round-table discussions on such issues as data comparability, control of sensitive information, malpractice insurance and medical practice plans.

Through its Committee on External Relations, the GBA has continued its program to establish informative dialogue through AAMC channels, between the GBA, and key staff of various outside organizations. No attempts have been made to advance or formulate policy, only to exchange information. Such meetings have taken place with Health Resources Administration staff and with NIH officials. High on the agenda at both sessions has been the topic of revisions to FMC 73-8, federal regulations concerning safeguarding human subjects, freedom of information, and privacy. The GBA has continued to serve a vital consultative role to the Association in the re-draft of the FMC 73-8 revisions.

The GBA through its Financial and Statistical Standards Committee has also continued to provide invaluable services to Association staff in the improvement of its data collecting and analytical capabilities. This is especially true in a continual process of seeking more reliable and comparable information on medical school finances. This has taken the form of assistance at educational workshops and revisions to the collection instrument. This Committee has also been a great help to the AAMC staff in the improvement of information on faculty salaries and practice plans.

In addition to these specific areas, members of the Group serve on the AAMC Management Systems Development Committee, Data Development Committee, Advisory Group for the Study of Resources and Financing of Medical School Programs, Advisory Committee on the Study of Medical Practice Plans and the Task Force for the Study of the NSF Scientific Manpower Survey.

PROGRESS REPORT
GROUP ON MEDICAL EDUCATION

The Division of Educational Measurement and Research continues to staff the Group on Medical Education, which includes up to five individuals per school in the areas of Research in Medical Education, Instructional Resource Development (formerly Biomedical Communications), Undergraduate, Graduate and Continuing Medical Education.

Considerable attention has been focused during the past year on ways in which the Graduate and Continuing Education segments of the GME might most actively and effectively participate in GME programs. Representatives of these two areas attended the January and May Steering Committee meetings to advise the Steering Committee, and a variety of programs have been established for these two areas at the Annual Meeting. The Steering Committee has also been maintaining close touch with the activities of the AAMC Executive Council Task Force on Continuing Medical Education, has provided input to the Executive Council Committee on Governance & Structure re: Continuing Education and GME, and will be looking at ways in which the GME can cooperate most efficiently to implement the recommendations of that Committee.

The Technical Resource Panel on Medical Education Resources submitted its final report to the Steering Committee in May, recommending that a system focusing on the identification and dissemination of information on programs and activities should be developed. The Steering Committee accepted the recommendations of the Panel, and has developed plans with the Division of Faculty Development for a pilot study to determine the feasibility of such a system.

At the Annual Meeting, the GME has planned a Plenary Session, Mini-Workshops, Small Group Discussions on a variety of topics, and meetings on Graduate Medical Education and Continuing Medical Education. The GME sponsored RIME Conference will offer nine papers in the Poster Session Formal, in addition to the more traditional formal paper presentations and symposia.

PROGRESS REPORT
GROUP ON PUBLIC RELATIONS

The Group on Public Relations is continuing development in programming and in membership, augmented by the participation of public relations officers from the Teaching Hospitals who were welcomed into membership in November, 1975. The GPR is now the primary public relations organization in the health field, serving the majority of PR professionals charged with the responsibilities of informing and increasing understanding of medical education, biomedical research and health care delivery.

REGIONAL MEETINGS WERE HELD AS FOLLOWS:

Western Region, March 17-19, Tucson - Chairman, Hugh Harelson, Director of Information Services, University of Arizona.

Sessions featured health education; publications; media, medical society, and medical school relations; and malpractice. Elected chairman for 1976-77 was J. Michael Mattsson, Director, Development & Community Relations, Univ. of Utah.

Southern Region, April 21-23, Houston - Chairman, Frank J. Weaver, Director of Public Affairs, Baylor College of Medicine.

The program ran the gambit of PR from special events to managing personal time. A unique feature included an individual critique of members' publications by a guest expert. Elected chairman for next year was Charles G. Gudaitis, Director of Public Relations, Medical University of South Carolina.

Northeastern Region, April 26 & 27, Cambridge, Mass. - Chairman, Milton G. Lederman, Ph.D., Assistant Director for Public Relations, University of Rochester.

Program included heavy emphasis on consumer health education and resulting role and responsibility of the academic health science center especially its public relations directors. Next year's chairman is Donald Giller, Director, Communication Services, Boston University.

Midwest-Great Plains, April 28-30, Minneapolis - Chairman, Susan Stuart-Otto, Director of Public Relations, University of Minnesota Hospitals.

Both members and guests provided provocative sessions of great diversity. The unique feature was roundtable participation of all present on individual projects. New chairman is Margaret Marshall, Director of Medical Information, Case Western Reserve University.

GPR LIBRARY in its first year of operation. The library of case studies from the collection of entries in the annual awards competition has been widely received. Over 40 requests were handled in its first month of operation.

NATIONAL MEETING PROGRAM - Tentative plans are complete for the national meeting of the Group, November 11 and 12, in San Francisco. The first day will take a look at the past, present and future of the GPR, and will include the annual Awards Luncheon, and presentation of Case Studies. Second day features samplings from the four regionals (all of which are in consumer health education), and medical ethics, the press, and the PR office. The annual reception for Deans' sponsored by Merck is scheduled for this evening.

AWARDS PROGRAM - The first mailing with revised instructions and entry blanks for the annual competition for Excellence in Medical Education Public Relations was mailed on May 23. Entries are due before August 30th. J. Michael Mattsson is chairing this effort for 1976.

PROGRESS REPORT
GROUP ON STUDENT AFFAIRS

GSA committees met in conjunction with the AMA Congress on Medical Education, January 30 - February 1, 1976, in Chicago. The Ad Hoc Committee on Professional Development and Advising heard a detailed report from Jack Graettinger, new Executive Vice President of the National Intern and Resident Matching Program (NIRMP), about statistics and problems with the matching program. The Committee on Financial Problems of Medical Students examined the current crisis in financial aid for medical students and determined that financial aid officers and students should continue efforts to bring this problem to the attention of national and state legislators and of the general public. One direct result of this committee meeting was a detailed article in the February 16, 1976, issue of American Medical News which emphasized the reality of financial assistance problems at several schools. The GSA Steering Committee received reports of developments in these two areas and made plans for the programs of the spring 1976 regional meetings of GSA. The Steering Committee also received notification of the formation of AAMC task forces on Student Financing and on Minority Student Opportunities in Medicine. Both task forces were created in response to needs expressed by GSA members.

The 1976 regional meetings of GSA were held in Shreveport, LA, March 28-30; Rochester, NY, April 19-21; Ann Arbor, MI, April 22-24; and Asilomar, CA, May 8-11. In all regions GSA met jointly with regional members of the Organization of Student Representatives. In the Southern, Northeast, and Western regions joint sessions were also held with the regional Associations of Advisors for the Health Professions. GSA regional chairmen for the coming year are H. Hoffman, Alabama - Birmingham (Southern); A.G. Andreatta, SUNY-Upstate (Northeast); A. Sullivan, Minnesota - Minneapolis (Central); and M. Pops, UCLA (Western).

At each of the four spring meetings, Jack Graettinger made presentations of 1976 NIRMP statistics which were followed by lively discussions of ways in which student affairs officers counsel senior students and deal with those who are unmatched. Of particular concern were the breaches of NIRMP regulations on the part of both students and program directors and the violations of those regulations which occurred this year between the time the schools were notified of the match results and the deadline for informing the students of the results. Each region also received a report of progress in the Medical College Admissions Assessment Program (MCAAP) and held sessions about the status and implications of the financial aid crisis. GSA National Chairman Martin S. Begun (NYU) discussed with the regions the increasing involvement of student affairs personnel in governmental relations -- both legislative and executive -- at state and federal levels. Other topics which received continued attention in various regions included women in medicine and practice patterns of female physicians, admission and retention of minority and disadvantaged applicants, U.S. students studying medicine abroad, and medical student stress.

The GSA Steering Committee met in Washington in September to review meeting activities and to plan the GSA business meeting and program session at the Annual Meeting in November.

PROGRESS REPORT
PLANNING COORDINATORS GROUP

The Planning Coordinators Group now numbers about 250 members, who have been appointed by the deans of the American and Canadian medical schools. The membership includes persons with staff responsibilities at the medical school, and/or health sciences centers and parent universities.

The professional background of the planning coordinators is very diverse. The Group includes individuals with academic degrees in medicine, dentistry, the sciences, education, law, architecture, engineering, business administration, management, accounting, etc. Most of them function in managerial positions in areas relating to academic programs, clinical services, business administration, facilities, etc; many hold faculty appointments. The members of the PCG share a common interest in the practice of institutional planning, since they often serve in the role of coordinators of the planning activities that occur in their schools.

Because of the diversity in the backgrounds and planning expertise of the PCG members, the main thrust of the leadership of the Group has been towards an education program to assist in the professional development of the planning coordinator. The PCG education program has been patterned after the AAMC Management Advancement Program, and has been very successful in sharpening the skills and organizational perceptions of the PCG membership. All the educational conferences and seminars offered so far have been oversubscribed, indicating that the need for this activity of the PCG is acutely felt at the institutions.

The plan that has evolved for the educational program envisions a series of sessions on broad strategic planning, and a series of sessions on specific skills that planners employ in serving their institutions.

Another key function of the PCG has been the dissemination among the members of information relative to planning activities that go on at the schools. That has been accomplished with the distribution of special communications and circulars, and through a newsletter, the PCG Monitor, in which topics of interest are contributed by the members as well as information on whom to contact to obtain details on given projects.

The PCG has been concerned about the implications for the schools of the Health Planning legislation recently enacted. To stimulate awareness of the potential impact of the legislation on the future activities of the medical schools, the PCG is presenting a program at the AAMC Annual Meeting dealing with "Health Planning, HSAs and the Medical Schools".

Other developments and activities are still at the embryonic stage, but the trust of the Group's leadership is to establish the PCG as a window to the future, and to continue to act in a strong supportive role of the respective institutions and of the AAMC.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ROLL CALL (COD) 1976-November

| | | | |
|---------------------------------|-----------------------|--|--|
| <i>Alabama</i> | | | |
| UNIVERSITY OF ALABAMA | JAMES A. PITTMAN | | |
| UNIVERSITY OF SOUTH ALABAMA | ROBERT A. KREISBERG | | |
| <i>Arizona</i> | | | |
| UNIVERSITY OF ARIZONA | NEAL A. VANSELOW | | |
| <i>Arkansas</i> | | | |
| UNIVERSITY OF ARKANSAS | THOMAS A. BRUCE | | |
| <i>California</i> | | | |
| UNIV. OF CALIFORNIA - DAVIS | C. JOHN TUPPER | | |
| UNIV. OF CALIFORNIA - IRVINE | STANLEY VAN DEN NOORT | | |
| UNIV. OF CALIFORNIA - L.A. | SHERMAN M. MELLINKOFF | | |
| UNIV. OF CALIFORNIA - SAN DIEGO | JOHN H. MOXLEY III | | |
| UNIV. OF CALIFORNIA - SAN FRAN. | JULIUS R. KREVANS | | |
| LOMA LINDA UNIVERSITY | HARRISON S. EVANS | | |

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ROLL CALL (COD) 1976-November

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|------------------------------|-----------------------|--|--|
| UNIV, OF SOUTHERN CALIFORNIA | ALLEN W, MATHIES, JR. | | |
| 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 | | |
| <i>District of Columbia</i> | | | |
| GEORGE WASHINGTON UNIVERSITY | RONALD P, KAUFMAN | | |
| GEORGETOWN UNIVERSITY | JOHN P, UTZ | | |
| HOWARD UNIVERSITY | MARION MANN | | |
| <i>Florida</i> | | | |
| UNIVERSITY OF FLORIDA | CHANDLER A, STETSON | | |
| UNIVERSITY OF MIAMI | EMANUEL M, PAPPER | | |
| | | | |

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ROLL CALL (COD) 1976-November

| | | | |
|------------------------------|----------------------|--|--|
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| <i>Georgia</i> | | | |
| EMORY UNIVERSITY | ARTHUR P. RICHARDSON | | |
| MEDICAL COLLEGE OF GEORGIA | FAIRFIELD GOODALE | | |
| <i>Hawaii</i> | | | |
| UNIVERSITY OF HAWAII | TERENCE A. ROGERS | | |
| <i>Illinois</i> | | | |
| CHICAGO MEDICAL SCHOOL | MARSHALL A. FALK | | |
| UNIVERSITY OF CHICAGO | DANIEL C. TOSTESON | | |
| UNIVERSITY OF ILLINOIS | TRUMAN O. ANDERSON | | |
| SOUTHERN ILLINOIS UNIVERSITY | RICHARD H. MOY | | |
| LOYOLA UNIVERSITY (STRITCH) | JOSEPH A. WELLS | | |
| NORTHWESTERN UNIVERSITY | JAMES E. ECKENHOFF | | |
| RUSH MEDICAL COLLEGE | WILLIAM F. HEJNA | | |
| | | | |

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ROLL CALL (COD) 1976-November

| | | | |
|-------------------------------|---------------------|--|--|
| <i>Indiana</i> | | | |
| INDIANA UNIVERSITY | STEVEN C. BEERING | | |
| <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 | D. KAY CLAWSON | | |
| UNIVERSITY OF LOUISVILLE | ARTHUR H. KEENEY | | |
| <i>Louisiana</i> | | | |
| LOUISIANA STATE - NEW ORLEANS | SILAS E. O'QUINN | | |
| LOUISIANA STATE - SHREVEPORT | IKE MUSLOW | | |
| TULANE UNIVERSITY | JAMES T. HAMLIN III | | |
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| <i>Maryland</i> | | | |
| JOHNS HOPKINS UNIVERSITY | RICHARD S. ROSS | | |
| UNIVERSITY OF MARYLAND | JOHN M. DENNIS | | |
| <i>Massachusetts</i> | | | |
| BOSTON UNIVERSITY | JOHN I. SANDSON | | |
| HARVARD MEDICAL SCHOOL | ROBERT H. EBERT | | |
| UNIVERSITY OF MASSACHUSETTS | ROGER BULGER | | |
| TUFTS UNIVERSITY | LAURO CAVAZOS | | |
| <i>Michigan</i> | | | |
| UNIVERSITY OF MICHIGAN | JOHN A. GRONVALL | | |
| MICHIGAN STATE UNIVERSITY | ANDREW D. HUNT | | |
| WAYNE STATE UNIVERSITY | ROBERT D. COYE | | |
| <i>Minnesota</i> | | | |
| MAYO MEDICAL SCHOOL | RAYMOND D. PRUITT | | |

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| UNIV. OF MINNESOTA - MINNEAP. | NEAL L. GAULT, JR. | | |
| UNIV. OF MINNESOTA - DULUTH | JOHN W. LABREE | | |
| <i>Mississippi</i> | | | |
| UNIVERSITY OF MISSISSIPPI | NORMAN C. NELSON | | |
| <i>Missouri</i> | | | |
| UNIV. OF MISSOURI - COLUMBIA | CHARLES C. LOBECK | | |
| UNIV. OF MISSOURI - KANSAS CITY | RICHARDSON K. NOBACK | | |
| ST. LOUIS UNIVERSITY | DAVID R. CHALLONER | | |
| WASHINGTON UNIVERSITY | M. KENTON KING | | |
| <i>Nebraska</i> | | | |
| CREIGHTON UNIVERSITY | JOSEPH M. HOLTHAUS | | |
| UNIVERSITY OF NEBRASKA | PERRY G. RIGBY | | |
| <i>Nevada</i> | | | |
| UNIVERSITY OF NEVADA | GEORGE T. SMITH | | |

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| <i>New Hampshire</i> | | | |
| DARTMOUTH MEDICAL SCHOOL | JAMES C. STRICKLER | | |
| <i>New Jersey</i> | | | |
| CMDNJ - NEW JERSEY MEDICAL | VINCENT LANZONI | | |
| CMDNJ - RUTGERS MEDICAL | HAROLD LOGAN | | |
| <i>New Mexico</i> | | | |
| UNIVERSITY OF NEW MEXICO | LEONARD M. NAPOLITANO | | |
| <i>New York</i> | | | |
| ALBANY MEDICAL COLLEGE | STUART BONDURANT | | |
| ALBERT EINSTEIN MEDICAL COL. | EPHRAIM FRIEDMAN | | |
| COLUMBIA UNIVERSITY | DONALD F. TAPLEY | | |
| CORNELL UNIVERSITY | J. ROBERT BUCHANAN | | |
| MT. SINAI SCH. OF MEDICINE | THOMAS C. CHALMERS | | |
| NEW YORK MEDICAL COLLEGE | SAMUEL H. RUBIN | | |
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| NEW YORK UNIVERSITY | IVAN L. BENNETT, JR. | | |
| UNIVERSITY OF ROCHESTER | J. LOWELL ORBISON | | |
| SUNY - BUFFALO | JOHN P. NAUGHTON | | |
| SUNY - DOWNSTATE MEDICAL CENTER | LEONARD LASTER | | |
| SUNY - STONY BROOK | MARVIN KUSCHNER | | |
| SUNY - UPSTATE MEDICAL CENTER | GEORGE F. REED | | |
| <i>North Carolina</i> | | | |
| BOWMAN GRAY SCH. OF MEDICINE | RICHARD JANEWAY | | |
| DUKE UNIVERSITY | EWALD W. BUSSE | | |
| UNIVERSITY OF NORTH CAROLINA | CHRISTOPHER C. FORDHAM III | | |
| <i>North Dakota</i> | | | |
| UNIVERSITY OF NORTH DAKOTA | NEIL R. THOMFORD | | |
| <i>Ohio</i> | | | |
| CASE WESTERN RESERVE UNIV. | FREDERICK C. ROBBINS | | |

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| UNIVERSITY OF CINCINNATI | ROBERT S. DANIELS | | |
| MEDICAL COL OF OHIO - TOLEDO | JOHN P. KEMPH | | |
| OHIO STATE UNIVERSITY | HENRY G. CRAMBLETT | | |
| WRIGHT STATE UNIVERSITY | JOHN R. BELJAN | | |
| <i>Oklahoma</i> | | | |
| UNIVERSITY OF OKLAHOMA | THOMAS N. LYNN, JR. | | |
| <i>Oregon</i> | | | |
| UNIVERSITY OF OREGON | ROBERT S. STONE | | |
| <i>Pennsylvania</i> | | | |
| HAHNEMANN MEDICAL COLLEGE | JOSEPH R. DiPALMA | | |
| JEFFERSON MEDICAL COLLEGE | WILLIAM F. KELLOW | | |
| MED. COL. OF PENNSYLVANIA | ALTON I. SUTNICK | | |
| PENNSYLVANIA STATE UNIVERSITY | HARRY PRYSTOWSKY | | |
| UNIVERSITY OF PENNSYLVANIA | EDWARD J. STEMMLER | | |

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| UNIVERSITY OF PITTSBURGH | GERHARD WERNER | | |
| TEMPLE UNIVERSITY | ROGER W. SEVY | | |
| <i>Rhode Island</i> | | | |
| BROWN UNIVERSITY | STANLEY M. ARONSON | | |
| <i>South Carolina</i> | | | |
| MED. COLLEGE OF SOUTH CAROLINA | W. MARCUS NEWBERRY | | |
| <i>South Dakota</i> | | | |
| UNIVERSITY OF SOUTH DAKOTA | KARL H. WEGNER | | |
| <i>Tennessee</i> | | | |
| MEHARRY MEDICAL COLLEGE | RALPH J. CAZORT | | |
| UNIVERSITY OF TENNESSEE | CHARLES B. McCALL | | |
| VANDERBILT UNIVERSITY | JOHN E. CHAPMAN | | |
| <i>Texas</i> | | | |
| BAYLOR COLLEGE OF MEDICINE | JOSEPH M. MERRILL | | |

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| UNIV. OF TEXAS - SOUTHWESTERN | FREDERICK J. BONTE | | |
| UNIV. OF TEXAS - HOUSTON | ROBERT L. TUTTLE | | |
| UNIV. OF TEXAS - SAN ANTONIO | STANLEY E. CRAWFORD | | |
| UNIV. OF TEXAS - GALVESTON | GEORGE T. BRYAN | | |
| TEXAS TECH UNIVERSITY | GEORGE S. TYNER | | |
| <i>Utah</i> | | | |
| UNIVERSITY OF UTAH | CEDRIC I. DAVERN | | |
| <i>Vermont</i> | | | |
| UNIVERSITY OF VERMONT | WILLIAM H. LUGINBUHL | | |
| <i>virginia</i> | | | |
| MEDICAL COLLEGE OF VIRGINIA | JESSE L. STEINFELD | | |
| UNIVERSITY OF VIRGINIA | WILLIAM R. DRUCKER | | |
| EASTERN VIRGINIA MED. SCHOOL | GERALD HOLMAN | | |
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| <i>Washington</i> | | | |
| UNIVERSITY OF WASHINGTON | ROBERT L. VAN CITTERS | | |
| <i>West Virginia</i> | | | |
| WEST VIRGINIA UNIVERSITY | JOHN E. JONES | | |
| <i>Wisconsin</i> | | | |
| MED. COLLEGE OF WISCONSIN | GERALD A. KERRIGAN | | |
| UNIVERSITY OF WISCONSIN | LAWRENCE G. CROWLEY | | |
| <i>Puerto Rico</i> | | | |
| UNIVERSITY OF PUERTO RICO | ENRIQUE PEREZ-SANTIAGO | | |
| <i>Lebanon</i> | | | |
| AMERICAN UNIV. OF BEIRUT | SAMUEL P. ASPER | | |
| | NON-VOTING MEMBER | | |
| <i>South Carolina</i> | | | |
| UNIV. OF SO. CAROLINA-COLUMBIA | RODERICK J. MACDONALD | | |