aamc association of american medical colleges

AGENDA

FOR

COUNCIL OF DEANS

ANNUAL BUSINESS MEETING

MONDAY, NOVEMBER 9, 1987
2:30 PM - 5:00 PM
GEORGETOWN EAST & WEST

WASHINGTON HILTON HOTEL
WASHINGTON, DC

one dupont circle, n.w./ washington, d.c. 20036

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

COUNCIL OF DEANS

ANNUAL BUSINESS MEETING

Washington Hilton Hotel
Washington, DC

AGENDA

Monday, November 9, 1987

2:30 p.m. - 5:00 p.m.

Georgetown East & West

Report of the COD Nominating Committee

The COD Nominating Committee met in conjunction with the COD Spring Meeting in Maui on April 6, 1987. The Committee proposes the following slate:

Chairman-elect of the Council of Deans

William B. Deal, M.D.
Assoc. VP for Clinical Affairs & Dean
University of Florida
College of Medicine

Members-at-Large of the Council of Deans

Robert L. Friedlander, M.D.
Executive VP for Academic Health Centers & Dean
Albany Medical College

Phillip M. Forman, M.D.
Dean
University of Illinois
College of Medicine

George T. Bryan, M.D.
Vice President for Academic Affairs and Dean
University of Texas
Medical School at Galveston

Council of Deans Representatives to the Executive Council

L. Thompson Bowles, M.D., Ph.D.
Dean for Academic Affairs
George Washington University
Medical Center

Robert E. Tranquada, M.D.
Dean
University of Southern California
School of Medicine

Henry P. Russe, M.D. *
Vice President for Medical Affairs & Dean
Rush Medical College

* To fill the vacancy created by Dr. Leavell's resignation (unexpired portion of term = 2 years)

W. Donald Weston, M.D. +
Dean
Michigan State University
College of Human Medicine

+ To fill the vacancy created by Dr. Deal's election to Chairman-elect of the COD (unexpired portion of term = 1 year)

Chairman-elect of the Assembly

D. Kay Clawson, M.D.
Executive Vice Chancellor
University of Kansas
School of Medicine

The Experiences of 1987 Graduates in Obtaining a Residency

The following tables are derived from the responses of 10,988 graduates who planned to enter graduate medical education this year. The specialty designators show the number of respondents who had definitely decided to pursue certification in that specialty.

TABLE 1

Percentage of Respondents Who Reported on When They Decided on the Specialty or Subspecialty They Desire to Practice*

Specialty	Before Medical School	During Years 1 & 2	During Year 3	During Year 4	Still Undecided	No. of Respondents
Anesthesiology	4.9	8.7	61.2	25.1	0.2	510
Dermatology	8.9	11.8	54.8	23.7	0.0	135
Emergency Medicine	18.0	10.9	46.5	22.5	1.1	284
Family Practice	29.8	10.8	40.7	17.8	0.5	1425
Internal Medicine	11.7	9.0	54.9	22.5	1.2	943
Neurology	13.3	12.0	53.3	21.3	0.0	150
Neurosurgery	17.0	18.2	52.3	11.4	0.0	88
Obstetrics/Gynecology	11.5	8.6	62.6	16.8	0.6	524
Ophthalmology	10.1	23.1	55.7	10.1	0.3	316
Orthopedic Surgery	25.0	18.2	45.4	10.3	0.7	456
Otolaryngology	4.3	16.2	68.1	10.3	0.5	185
Pathology	11.0	10.5	59.7	18.2	0.0	181
Pediatrics	20.0	5.9	58.0	15.3	0.6	524
Psychiatry	20.5	7.7	52.5	17.9	0.6	507
Radiology	5.6	10.6	62.5	20.1	0.9	538
Surgery	23.0	8.6	57.1	10.7	0.2	665
Urology	3.4	4.0	71.8	20.7	0.0	174
All Respondents	14.9	9.3	53.3	18.7	3.1	10988

*Percentages add across rows and may not equal 100 percent due to rounding and the exclusion of the no response category

SOURCE: 1987 AAMC Graduation Questionnaire

Over half of the respondents had decided on a specialty during their 3rd year. Almost 19 percent made a decision in their 4th year, and nearly 15 percent had decided on a specialty before entering medical school.

TABLE 2

Percentage of Respondents Reporting When One or More Programs Required Deans' Letters and Transcripts*

Specialty	Prior to July	During July	Aug	Sep	Oct	Nov	Dec	No. of Respondents
Anesthesiology	2.1	4.9	15.4	25.8	36.8	35.2	32.9	510
Dermatology	0.7	0.7	1.4	8.8	11.1	34.8	57.7	135
Emergency Medicine	1.0	1.4	8.8	26.7	38.3	39.0	39.7	284
Family Practice	0.5	1.9	4.9	13.5	21.9	37.9	53.5	1425
Internal Medicine	0.6	1.0	3.0	7.4	20.0	44.5	56.4	943
Neurology	0.0	4.0	6.0	22.0	22.6	40.6	20.6	150
Neurosurgery	1.1	3.4	37.5	64.7	36.3	9.0	2.2	88
Obstetrics/Gynecology	0.1	1.3	6.2	27.0	42.5	56.4	36.0	524
Ophthalmology	5.6	18.6	48.7	39.8	6.6	17.4	31.9	316
Orthopedics	2.6	6.3	50.2	83.3	72.8	35.5	14.4	456
Otolaryngology	6.4	23.7	78.3	72.9	34.0	10.2	5.9	185
Pathology	0.5	0.0	6.0	20.4	31.4	41.9	48.0	181
Pediatrics	0.9	1.3	4.0	8.5	13.3	37.4	57.2	524
Psychiatry	0.5	2.5	17.3	28.4	29.9	27.4	33.3	507
Radiology	1.3	4.8	17.6	44.9	46.2	35.5	27.6	538
Surgery	1.3	1.5	10.6	30.0	39.5	48.8	46.6	665
Urology	0.5	5.7	31.6	60.9	36.2	19.5	3.4	174
All Respondents	1.2	3.3	12.7	24.3	29.3	39.0	43.2	10988

*Percentages do not add to 100 because each cell excludes the percentage of nonresponses and the percentage of students reporting that programs did not require letters and transcripts in that time period.

SOURCE: 1987 AAMC Graduation Questionnaire

Early requests (July & August) for deans' letters and transcripts were most frequent from programs in neurosurgery, ophthalmology, orthopedics, otolaryngology and urology.

TABLE 3

Percentage of Respondents Reporting that One or More Programs Required National Board of Medical Examiners Scores*

Specialty	Part I	Part II	No. of Respondents
Anesthesiology	86.1	26.7	510
Dermatology	70.4	29.6	135
Emergency Medicine	85.9	25.0	284
Family Practice	72.8	25.0	1425
Internal Medicine	75.0	27.5	943
Neurology	72.0	20.7	150
Neurosurgery	88.6	26.1	88
Obstetrics/Gynecology	84.7	39.7	524
Ophthalmology	77.8	20.6	316
Orthopedic Surgery	88.8	28.9	456
Otolaryngology	88.6	29.7	185
Pathology	64.1	19.9	181
Pediatrics	65.3	21.4	524
Psychiatry	52.1	12.4	507
Radiology	83.8	30.7	538
Surgery	82.4	36.2	665
Urology	84.5	23.0	174
All Respondents	76.1	26.8	10988

*Percentages do not add to 100 percent because each cell excludes the percentage of nonresponses and the percentage of students who reported that programs did not require this type of NBME score.

SOURCE: 1987 AAMC Graduation Questionnaire

Over three-fourths of the respondents were asked to submit NBME Part I scores to one or more programs. Neurosurgery, orthopedic surgery and otolaryngology had the highest rates at 88 percent. NBME Part II scores were most frequently requested by OB/GYN programs.

TABLE 4

Percentage of Respondents Who Were Told by One or More Programs that They Were More Likely to be Selected if They Took an Elective in the Specialty at that Institution*

Specialty	Percent	No. of Respondents
Anesthesiology	34.9	510
Dermatology	22.9	135
Emergency Medicine	68.3	284
Family Practice	38.5	1425
Internal Medicine	33.1	943
Neurology	16.3	150
Neurosurgery	84.1	88
Obstetrics/Gynecology	60.1	524
Ophthalmology	25.3	316
Orthopedic Surgery	87.5	456
Otolaryngology	71.4	185
Pathology	18.8	181
Pediatrics	35.1	524
Psychiatry	34.9	507
Radiology	34.3	538
Surgery	51.4	665
Urology	64.9	174
All Respondents	42.7	10988

*The percentage of nonresponses and the percentage of students reporting that no programs made this suggestion are excluded.

SOURCE: 1987 AAMC Graduation Questionnaire

Over 60 percent of candidates for programs in emergency medicine, neurosurgery, obstetrics/gynecology, orthopedic surgery, otolaryngology and urology were told than an "audition elective" would be advantageous. At 87.5 percent, orthopedics had the highest rate of suggesting an audition elective.

TABLE 5

Percentage of Respondents Who Took Two or More Electives in the Specialty in Which They Planned to Take a Residency*

Specialty	At Own Institution	At Other Institution	No. of Respondents
Anesthesiology	25.5	11.2	510
Dermatology	33.4	11.1	135
Emergency Medicine	19.0	21.8	284
Family Practice	16.6	9.0	1425
Internal Medicine	70.7	22.9	943
Neurology	28.7	9.3	150
Neurosurgery	14.8	30.7	88
Obstetrics/Gynecology	26.5	21.8	524
Ophthalmology	32.8	19.1	316
Orthopedic Surgery	23.2	37.0	456
Otolaryngology	16.2	27.0	185
Pathology	34.8	7.2	181
Pediatrics	63.7	26.1	524
Psychiatry	27.4	15.8	507
Radiology	28.4	12.9	538
Surgery	35.8	24.1	665
Urology .	20.7	18.4	174
All Respondents	39.2	19.2	10988

*Percentages do not add to 100 percent because the percentage of nonresponses, the percentage of students reporting one or no electives, and the percentage for whom the number was unclear are excluded.

SOURCE: 1987 AAMC Graduation Questionnaire

Two or more electives in the specialty planned for graduate medical education were taken by 39 percent of the respondents at their own institutions. This figure is inflated by the 71 percent and 64 percent who did electives in medicine and pediatric subspecialties. Candidates for neurosurgery and orthopedics had the highest frequency of electives at other institutions.

TABLE 6

Percentage of Respondents Reporting That One or More Programs Programs Asked Them to Make a Commitment Before the Match*

Specialty	Percent	No. of Respondents
Anesthesiology	18.4	510
Dermatology	8.9	135
Emergency Medicine	3.8	284
Family Practice	6.6	1425
Internal Medicine	7.8	943
Neurology	11.4	150
Neurosurgery	7.9	88
Obstetrics/Gynecology	14.9	524
Ophthalmology	10.5	316
Orthopedic Surgery	28.7	456
Otolaryngology	8.1	185
Pathology	43.1	181
Pediatrics	6.7	524
Psychiatry	53.2	507
Radiology	36.5	538
Surgery	7.2	665
Urology	14.4	174
All Respondents	14.3	10988

*The percentage of nonresponses and the percentage of students reporting that no programs asked for a commitment before the match are excluded.

SOURCE: 1987 AAMC Graduation Questionnaire

Respondents' reports of being asked to make a commitment before the match ranged from a high of 53.2 percent for psychiatry to a low of 3.8 percent for emergency medicine.

TABLE 7

Number of Days Spent Away from Medical School Applying and Interviewing for a Residency Position*

Specialty	Percentage of Respondents Who Spent 0-7 Days	8-14 Days	15-21 Days	Over 21 Days	Average Days Spent	No. of Respondents
Anesthesiology	20.2	27.5	23.7	25.6	18	510
Dermatology	33.4	30.4	14.1	14.1	14	135
Emergency Medicine	16.9	23.6	25.7	30.7	19	284
Family Practice	27.9	31.4	19.2	16.4	15	1425
Internal Medicine	25.3	27.1	22.8	21.3	17	943
Neurology	20.0	28.7	20.0	28.7	18	150
Neurosurgery	11.4	19.3	27.3	34.1	22	88
Obstetrics/Gynecology	18.5	24.2	23.5	27.5	19	524
Ophthalmology	19.0	24.4	26.9	27.8	18	316
Orthopedic Surgery	16.4	18.6	30.7	29.2	20	456
Otolaryngology	15.7	21.1	27.0	31.3	20	185
Pathology	31.5	32.6	14.4	16.6	13	181
Pediatrics	25.2	29.6	22.3	18.3	16	524
Psychiatry	31.1	28.8	17.9	16.8	14	507
Radiology	17.9	23.4	23.2	32.6	19	538
Surgery	11.3	19.2	27.5	38.5	22	665
Urology	10.9	15.5	26.4	43.7	23	174
All Respondents	22.1	26.1	22.8	24.6	18	10988

*Percentages add across rows and may not equal 100 percent due to rounding and the exclusion of the no response category.

SOURCE: 1987 AAMC Graduation Questionnaire

An average of 18 days was spent applying and interviewing for a residency position. The highest number (23) was reported by candidates for urology. The lowest number (13) was reported by candidates for pathology.

TABLE 8

Number of Dollars Spent Applying and Interviewing for a Residency Position*

Specialty	Percentage of Respondents Who Spent $0-499	$500-999	$1,000-1,499	$1,500 or more	Average Dollars	No. of Respondents
Anesthesiology	23.7	22.9	17.5	33.3	1148	510
Dermatology	43.0	17.0	17.8	14.1	755	135
Emergency Medicine	18.7	19.4	16.9	42.3	1312	284
Family Practice	50.9	22.0	13.2	10.6	634	1425
Internal Medicine	36.8	23.3	17.5	20.1	903	943
Neurology	26.6	26.0	13.3	31.4	1144	150
Neurosurgery	3.4	11.4	12.5	67.1	1955	88
Obstetrics/Gynecology	27.1	22.5	16.6	29.8	1189	524
Ophthalmology	14.8	21.2	15.8	46.5	1547	316
Orthopedic Surgery	13.2	19.7	19.1	45.6	1478	456
Otolaryngology	10.2	16.8	17.3	51.9	1649	185
Pathology	35.9	23.8	12.2	22.6	924	181
Pediatrics	36.1	25.2	14.5	20.4	872	524
Psychiatry	33.2	24.3	16.8	20.9	967	507
Radiology	24.5	18.4	16.5	38.2	1234	538
Surgery	16.8	18.5	20.3	42.4	1468	665
Urology	9.1	19.5	21.3	48.2	1632	174
All Respondents	30.7	22.1	16.6	27.2	1064	10988

*Percentages add across rows and may not equal 100 percent due to rounding and the exclusion of the no response category.

SOURCE: 1987 AAMC Graduation Questionnaire

On average, respondents spent $1064 applying and interviewing for a residency position. Candidates for neurosurgery spent the most and candidates for family practice spent the least.

TABLE 9

Extent to Which Pursuit of a Residency Influenced Choice of Electives and Organization of Clinical Education*

Specialty	Primary or Major Influence	Minor or No Influence	No. of Respondents
Anesthesiology	76.6	22.3	510
Dermatology	70.4	29.6	135
Emergency Medicine	83.1	13.8	284
Family Practice	60.7	37.2	1425
Internal Medicine	64.9	33.5	943
Neurology	59.4	39.3	150
Neurosurgery	80.7	17.1	88
Obstetrics/Gynecology	71.2	25.8	524
Ophthalmology	84.2	14.5	316
Orthopedic Surgery	88.2	10.1	456
Otolaryngology	85.4	11.4	185
Pathology	61.3	35.9	181
Pediatrics	64.1	33.2	524
Psychiatry	60.2	36.9	507
Radiology	77.3	21.2	538
Surgery	77.7	21.1	665
Urology	85.1	13.7	174
All Respondents	70.1	27.8	10988

*Percentages add across rows and may not equal 100 percent due to rounding and the exclusion of the no response category.

SOURCE: 1987 AAMC Graduation Questionnaire

Seventy percent of candidates indicated that pursuit of a residency had a primary or major influence on their choice of electives and organization of their clinical education. For over 80 percent of candidates for emergency medicine, neurosurgery, ophthalmology, orthopedic surgery, otolaryngology and urology, pursuit of a residency was a primary or major influence.

REPORT ON NOVEMBER 1 DEAN'S LETTER RELEASE DATE

With relatively few exceptions, the schools expended considerable effort in their observance of the decision of the Council of Deans, the Council of Academic Societies and the AAMC Executive Council not to release deans' letters prior to November 1. Approximately 90 percent of the schools complied with the decision despite the lateness of the announcement of the uniform release date.

Status of Cooperation of Residency Program Directors

- Despite the efforts of the Association of University Professors of Ophthalmology to encourage cooperation, the majority of problems experienced by schools and students were related to ophthalmology programs. These were chiefly concerned with the refusal of some programs to accept letters as late as November 1 and the tone of communications from many other programs and the Ophthalmology Matching Program.

- While problems were encountered with some orthopedic and radiology programs, the vast majority of program directors revised their deadlines for deans' letters.

- During September and October, a number of NRMP participating programs began to request transcripts prior to November 1---posing a problem for institutions that held all materials until November 1.

Status of Medical Schools' Compliance with the November 1 Release Date

- The AAMC received reports of some type of violation of the November 1 release date by 17 schools.

- The types of violations include the inadvertant release of letters due to misunderstanding or problems in communication, the content of a dean's letter being provided in another form, and deans' letters sent by a few schools that chose not to comply with the November 1 date.

- AAMC staff and national GSA officers worked through the schools to remedy the violations.

Although problems existed during the first year of implementation, the performance of the schools indicates a strong commitment to the concept of a uniform release date for deans' letters. This year's experience has helped to identify problems that need resolution. Discussion should focus on what alterations are required to achieve compliance by all schools and programs.

The Council should consider and decide upon the uniform date for 1988.

IMPROVING DEANS' LETTERS

A committee has been appointed to review the use and utility of deans' letters. The charges to the committee are:

- Define the appropriate use of the dean's letter
- Identify evaluative components to be included in the dean's letter
- Determine what information is supplied by the dean's letter that is not available in any other form

It is expected that the committee will consider such questions as:

- What is the purpose of the dean's letter?
- Have (we)/(program directors) misinterpreted the purpose of the dean's letter?
- Is the dean's letter used appropriately?
- Is the dean's letter used at all? How?
- Is the dean's letter necessary or even useful?
- Are there other ways to present the information requested and used by program directors?
- What information is requested by program directors?
- What information is used by program directors?
- Can a committee identify components of evaluation and create a "universal" recommendation form?
- What responsibilities do medical schools have to students to "get them" a graduate medical education position?

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Report of the Ad Hoc Committee on Housestaff Participation in the AAMC

The committee's report was submitted to the Executive Council in September, 1987. The Executive Council has requested that each Council consider the committee's report before action is made in June, 1988.

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REPORT OF THE

AD HOC COMMITTEE
ON
HOUSESTAFF PARTICIPATION IN THE AAMC

For a number of years, the AAMC has sought ways to increase the participation of physicians in residency training in the deliberations of the Association in areas germane to its mission to advance medical education. Association Ad Hoc Committees have included resident representatives who have thus contributed to the formation of Association policy. In 1978, a Special AAMC Committee on Housestaff recommended that the Association convene a conference of housestaff to identify generic issues of concern to housestaff appropriate for AAMC involvement. Four conferences were conducted, in 1980, 1981, 1983 and 1985, on topics ranging from evaluation of residents and of GME programs to clinical education of medical students. In November, 1986, the AAMC Constituent Survey showed support for formal involvement of housestaff in the Association. In May, 1987, the Ad Hoc Committee on Housestaff Participation was appointed to consider and make recommendations concerning the future role that residents should have in the Association.

A. Purpose

The Committee first addressed the purposes that would be served by resident participation, both for the Association and for the residents. They agreed that a formal mechanism for consistent, continuing communication between the Association and residents in the identification of issues and the formulation of policies to address those issues was appropriate. The Association would benefit from a structured system for interacting with the approximately 75,000 physicians in residency each year, thus closing a gap in its relationships with an important sector of the medical education community. Representation by residents would provide a means by which residents could express their views on issues identified by the Association and identify issues to be addressed by the Association. The Committee recognized the value to the Association of being exposed to issues and viewpoints of concern to residents.

The Committee identified several categories of issues that it anticipated would be a focus of shared concern.

- Issues related to the student role of residents; e.g., issues related to career decisions. The Committee felt that representation of residents in the Association might influence additional residents to choose academic/research careers.

- Issues related to the teaching role of residents; e.g., the development of methodologies by which residents enhance their teaching skills and evaluate medical students.

- Issues related to the patient care role of residents; e.g., the size of resident programs; the balance of service and educational goals.

- Issues related to the research role of residents; e.g., factors influencing clinicians entering clinical research careers.

- Issues related to the social and public health role of residents; e.g., the provision of care to AIDS patients.

- The Committee recognized that many more issues of mutual concern would arise as the relationship between residents and the AAMC evolved. Bearing in mind the missions of the AAMC, they stipulated that the focus of the relationship should be on educational and scholarly issues and not on economic or working condition issues of local jurisdiction.

B. Organization

The Committee discussed possible organizational forms for achieving representation by residents in the Association.

- Resident conferences - The Committee felt that this approach had been used in the past as a first step in developing representation by residents. Annual meeting programs and specific conferences would undoubtedly continue to be an appropriate forum for in-depth discussion of a number of the areas of mutual interest. However, this process would not meet the need for input from residents on all aspects of Association policy. The Committee felt that a more formal approach was needed at this time.

- Group on Resident Representatives - Although the Group model is widely and successfully used in the Association, the Committee felt that this form of organization did not fit well for resident representation. An AAMC group is a professional development and educational organization for permanent faculty and staff.

- Organization of Resident Representatives (ORR) - This organizational form would be consistent with the Organization of Student Representatives (OSR), which has been the mechanism for student representation in the Association since 1971. Either a separate ORR could be formed, or the OSR could be enlarged to include residents as well as students. The Committee felt that combining students and residents in a single organization would not be appropriate at this time because residents, with greater numbers and greater experience, might tend to dominate the students.

Recommendation: The Committee recommends that an Organization of Resident Representatives (ORR) be formed to represent residents within the Association. The ORR would be modeled after, and consistent with the OSR. In future years, if an ORR becomes viable, consideration should be given to the merits of a single organizational entity which would integrate and balance the interests of students and residents.

C. Selection of Resident Representatives

The Committee discussed selection of resident representatives to attend the annual meeting of the Association and to represent residents at that meeting. They examined selection through academic societies, through program directors, through medical schools, and through teaching hospitals. The Committee decided that the most rational locus from which to select resident representatives would be the teaching hospitals.

Recommendation: The Committee recommends that one resident representative be selected from each COTH full-member hospital, through a process determined by, and appropriate to that hospital. The Committee suggests, however, that consideration be given to selecting resident representatives for a period of longer than one year in order to gain some degree of continuity. Consideration should also be given to selection of residents representing a variety of disciplines.

D. Funding

Recommendation: The Committee recommends that the method of funding for sending resident representatives to the annual meeting be determined at each hospital. Funding for the activities of the Administrative Board of the ORR would be provided through the Association.

E. Organizational Relationships

The Committee recognized that residents relate primarily to the teaching hospitals, and the ORR would represent residents within the teaching hospitals. However, residents also have common academic interests and shared missions with academic societies.

Recommendation: The Committee recommends that the ORR report to the COTH and that its principal relationships be with the COTH. However, the Committee recommends that the ORR Board also have a formal linkage with the CAS Administrative Board.

F. Voting Representation

After discussion, the Committee declined to make a recommendation regarding voting representation, feeling that this decision was appropriately the prerogative of the Executive Council. The Committee suggested that consideration of Executive Council representation be delayed until the ORR has become functional and attendance and interest by residents have been clearly demonstrated.

G. Implementation

The Committee expressed some concern about the level of resident participation and interest and felt that a gradual evolution toward the full organizational form would be realistic. They also felt that, following initial Executive Council consideration of this report, the opportunity should be afforded for the membership of each Council to fully discuss and support its recommendations before final Executive Council and possible Assembly action.

Trends in the Applicant Pool

The 1987 medical school entering class was chosen from among 28,500 applicants. This number is nine percent less than in 1986, and 22 percent smaller than the nearly 36,000 candidates who applied to medical school in 1984. Based upon the applications made to date for the 1988 class, it can predicted with reasonable certainty that there will be another nine to 10 percent drop. This will mean about 25,500 applicants. The decline in applicants, which began with the 1985 entering class, shows no sign of abating. Three years from now, in 1990, the applicant pool may be as small as 23,000.

Meanwhile, the number of matriculants, which peaked at 16,660 in 1981, fell by only 5.5 percent between 1981 and 1986, and 16,000 matriculants are estimated for 1987. If class size continues to decrease at the .7 percent rate experienced since 1981, the size of the 1990 entering class will be approximately 15,800, which will mean a ratio of 1.5 applicants for each position. That is the lowest ratio ever experienced in the 60 years national data have been collected.

These data provide a gloomy outlook for medical education. The following questions should be considered:

- Will there be a sufficient number of qualified candidates when the ratio reaches 1.5 applicants per position?
- Why has the student interest in medicine declined so quickly?
- What should the AAMC and/or medical schools do to increase student interest in medicine?

FUTURE MEETING DATES

1988 Meeting Dates:

Executive Council/COD Admin. Board -

February 24-25
June 22-23
September 7-8

AAMC Annual Meeting -

November 12-17
Hilton Hotel
Chicago, Illinois

COD Spring Meeting -

March 19-23
Inter-Continental Hotel
Hilton Head Island, SC