

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036
202/223-5364

AGENDA

EXECUTIVE COMMITTEE MEETING (#68-5)

Thursday, October 31, 1968

Room 351

Shamrock Hilton Hotel

Houston, Texas

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

1. Call to Order: 2:00 p.m.
2. Approval of Minutes, Executive Committee Meeting #68-4. Tab 1
3. Report on Action Items from Executive Committee Meeting #68-4. Tab 2
4. Dues Increase. Tab 3
5. Proposed Agenda for Institutional Membership Meeting, Monday, November 4, 1968. Tab 4
6. New Applications for Membership
 - A. Nominated by a Dean
 - 1) Bronx Municipal Hospital Center. Tab 5
Bronx, New York
 - 2) United Hospitals of Newark Tab 6
Newark, New Jersey
7. A Method of Welcoming for COTH Reception.
8. Organization of Residents as a Bargaining Unit for Negotiations. Tab 7
9. Specific Internal Revenue Service Ruling on House Staff Income. Tab 8
10. Payment of fees for Supervising Physicians Under Medicare and Medicaid. Tab 9
11. The Role of Teaching Hospitals in Comprehensive Health Planning. Tab 10
12. Fourth Annual Health Services Research Seminar: COTH to Provide AAMC Co-sponsorship. Tab 11
13. Report on Council of Academic Societies Workshop, "The Role of the University in Graduate Medical Education." Tab 12
14. Report on AAMC Workshop on Medical School Curriculum.

AGENDA
Page Two

15. Report of Committees
 - A. Committee on Modernization and Construction Funds for Teaching Hospitals
 - B. Committee on Financial Principles for Teaching Hospitals
16. Nominating Committee Meetings. Tab 13
17. Eligibility of Non-affiliated Hospitals for Funds Under Section 104, Grants for Multipurpose Facilities of the Health Manpower Act. Tab 14
18. Informational Item
 - A. Correspondence from AMA and ECFMG regarding foreign medical graduates. Tab 15

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MINUTES

EXECUTIVE COMMITTEE MEETING (#68-4)
Thursday and Friday, September 5 and 6, 1968
The Mayflower Hotel
1127 Connecticut Avenue, N.W.
Washington, D.C. 20036
202/347-3000

Present:

Lad F. Grapski, Chairman
LeRoy S. Rambeck, Chairman-Elect
Stanley A. Ferguson, Immediate Past Chairman
Ernest N. Boettcher, M.D., Member
Leonard W. Cronkhite, Jr., M.D., Member
Charles R. Goulet, Member
LeRoy E. Bates, M.D., Member
Charles H. Frenzel, Member
T. Stewart Hamilton, M.D., Member (COTH Member, AAMC Executive Council)
Dan J. Macer, Member
Lester E. Richwagen, Member
Richard D. Wittrup, Member
Russell A. Nelson, M.D, Ex Officio Member (COTH Member, AAMC Executive Council)
Joseph H. McNinch, M.D, AHA Representative
Richard M Magraw, M.D., Deputy Assistant Secretary for Health Manpower, DHEW *
William H. Stewart, M.D., Surgeon General, Public Health Service, DHEW *
Matthew F. McNulty, Jr., Director, COTH
Grace W. Beirne, Staff Associate, COTH
Fletcher H. Bingham, Ph.D., Assistant Director, COTH
Elizabeth A. Burgoyne, Secretary to Director, COTH
Richard M. Knapp, Ph.D., Project Director, COTH
Valentina L. Weigner, Secretary, COTH **

Absent:

Harold H. Hixson, Ex Officio Member (COTH Member, AAMC Executive Council)

I. Call to Order:

The Meeting was called to order on Thursday, September 5th, at 8:15 p.m. by

Chairman Grapski. Attendance was recorded as noted above.

* Guest, Attending Thursday evening only

** Attended Friday only

II. Presentation:

William H. Stewart, M.D., Surgeon General, Public Health Service, DHEW, outlined briefly the development of the Public Health Service; the forces bearing on change today; the reorganization of HEW; the new role of the Public Health Service as a coordinating element in this reorganization and the place of the teaching hospital in these activities. Richard M. Magraw, M.D., Deputy Assistant Secretary for Health Manpower, DHEW, then spoke on the relationships between the National Institutes of Health and the new Health Services and Mental Health Administration, emphasizing that the latter needs to develop a viable constituency. The comments of the two guests were followed by extensive discussion of the interdependent roles of various agencies and bureaus of DHEW and COTH.

III. Recess:

Following the discussion session, Mr. Grapski expressed to Doctors Stewart and Magraw the appreciation of the Executive Committee. The meeting was recessed at 10:05 p.m.

IV. Reconvene -- Roll Call:

The meeting was reconvened at 9:15 a.m., Friday, September 6th, with attendance recorded as previously indicated.

V. Approval of Minutes, Executive Committee Meeting #68-3, May 9 & 10, 1968:

ACTION #1

ON MOTION, SECONDED AND CARRIED, THE MINUTES OF THE MAY 9 AND 10, 1968, EXECUTIVE COMMITTEE MEETING WERE APPROVED AS PRESENTED.

VI. Report of Action Items from Executive Committee Meeting #68-3:

A. Action #3 -- 'Mr. Richwagen moved that the Executive Committee go on record in support of the AAMC reorganization as outlined in the chart revised as of March 29, 1968; and that the COTH members on the present

Executive Council request consideration of an increase from 3 to 4 COTH representatives on the proposed Council; and that such representation be made by COTH members at the May 21st Executive Council meeting and pressed within the limits of their judgement as the process develops that evening. The motion was seconded by Mr. Macer and carried unanimously".

Dr. Nelson reported that the two major items discussed at the Executive Council Meeting of May 21st were the AAMC reorganization and the consolidation of the AAMC in Washington, D.C. With regard to the latter, the move was approved in theory and the AAMC staff was requested to present a concrete report on various location possibilities and financial implications. Dr. Nelson noted that during the reorganization discussion, that new AAMC By-laws had not been prepared so a definite and final vote did not occur - although the Institutional Members did approve the reorganization concept at the Institutional Meeting on May 22nd. In light of these developments, COTH representatives felt it more valuable not to introduce the question of an additional COTH member to the proposed new Executive Council. Dr. Nelson expressed the dual belief that numbers were somewhat irrelevant as long as "quality" was present and that for the present, at least, COTH would be more judicious to work within the suggested By-law framework rather than create unnecessary friction.

B. Action #7 - "Mr. Ferguson moved that the COTH staff issue membership invitations to those hospitals on the list having three of the five required residencies and internship programs after the 1968 AAMC Annual Meeting. The motion was seconded, and carried unanimously."

PENDING
ACTION #2

The Director reported that COTH staff would follow through with membership invitations to those hospitals having three of the five required residencies after the Annual Meeting.

C.Action #10 -- "Chairman Grapski approved the Resolution as presented and instructed the secretary of COTH to endorse the resolution and forward it to Mrs. Carroll."

The Director called attention to Exhibit #2b in the Agenda Book for this meeting which was the letter of May 22, 1968 and the accompanying Commemorative Resolution, prepared by staff and sent to Mrs. A.J. Carroll.

D.Actions #1, #2, #4, #5, #6, #8, #9, etc. were complete and did not necessitate further action.

VII. Report on COTH Financial Status:

Mr. McNulty called attention to the three-year COTH Income and Expense Statement (attached as a permanent part of these minutes Appendix A). He reported specifically that for each of the past three years of COTH dues assessment (1965-66; 1966-67; 1967-68) the Council had contributed funds to the AAMC; that in order to be on a definite and business arrangement - financial basis with the AAMC, the COTH responsibility in the July 1, 1968 - June 30, 1969 fiscal year for parent AAMC overhead expense has been established at \$35,000 or 22% of a conservatively estimated 1968-69 \$160,000 (excluding grants or contracts) budget, that the \$135,000 budget for FY 1968-69 is inadequate if current programs are maintained, the expense operation of which in the last fiscal year totalled \$157,636.10; that the present contract award of \$71,200 which must be earned for services performed and billed is not included and

that such contract had a stipulated (subject to federal postaudit) 30% overhead factor; and finally that a May Budget Program presentation and a September Financial Report to the Executive Committee will become annual standard procedures.

VIII. Formal Recording Action for New Member Hospital Previously Elected By Mail Ballot:
Nassau Hospital

ACTION
#2 THE CHAIRMAN ANNOUNCED THAT A MAIL BALLOT HAD BEEN TAKEN FOR THE MEMBERSHIP APPLICATION SUBMITTED UNDER DATE OF JULY 24, 1968, NASSAU HOSPITAL, MINEOLA, NEW YORK. THAT MAIL BALLOT HAD BEEN UNANIMOUS. IT WAS MOVED, SECONDED AND PASSED WITHOUT DISSENT THAT THE RECORD INDICATE THE APPROVED MEMBERSHIP STATUS OF NASSAU HOSPITAL.

IX. New Applications for Membership:

ACTION
#3 ON MOTION, SECONDED AND CARRIED, THE APPLICATION FROM UNIVERSITY HOSPITAL, STATE UNIVERSITY OF NEW YORK AT STONY BROOK, NEW YORK, WAS APPROVED FOR MEMBERSHIP UNDER THE CRITERION OF HAVING BEEN NOMINATED BY A DEAN.

ACTION
#4 ON MOTION, SECONDED AND CARRIED, THE APPLICATION FOR MEMBERSHIP FROM HARRISBURG POLYCLINIC HOSPITAL, HARRISBURG, PENNSYLVANIA, WAS APPROVED UNDER THE CRITERION OF HAVING THE REQUIRED APPROVED EDUCATIONAL PROGRAMS.

ACTION
#5 ON MOTION, SECONDED AND CARRIED, THE APPLICATION FOR MEMBERSHIP FROM CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER OF SAN FRANCISCO, CALIFORNIA, WAS APPROVED FOR MEMBERSHIP UNDER THE CRITERION OF HAVING THE REQUIRED APPROVED EDUCATIONAL PROGRAMS.

X. Withdrawals from Membership:

The Director called attention to a feature of keeping the Executive Committee additionally informed through the listing under Tab #6 of the Agenda (made a permanent part of these minutes under Appendix B). He also noted that although Canadian COTH members pay only 1/3 (\$167) of the regular annual \$500 dues, several such hospitals have withdrawn because of the development of a Canadian Association of Teaching Hospitals.

XI. Report of Membership Statistics:

The Director called attention to the information sheet (Tab. #7 in Agenda Book) which sheet is made a permanent part of these minutes under Appendix C. The Director indicated that the staff is continuing to develop a membership "profile" abstract which for the first will be projected in the annual 1968-69 Membership Directory.

XII. Report of the Ad Hoc Committee on COTH Program Development:
(Minutes attached as Appendix D)

A. The Chairman reported that his committee had reviewed carefully the proposed organization and function recommendations as prepared by COTH staff. The Committee established priorities, as noted in their report, for the current or planned programs. The Committee then priced the programs and developed a series of possibilities for financial support. The Chairman emphasized that with a small and new constituency, it is important to provide service to the membership before servicing other publics, stressing the importance in using discretion in undertaking grants or contracts.

The Chairman noted that in evolving the five priority items, not only their importance but also their political feasibility was considered.

- B. The Committee called particular attention to the need for COTH to be able to compete for high caliber staff through a realistic salary and other benefit structure; and the need for the elected COTH officers to vigorously emphasize to the AAMC officials this need, particularly since salaries in the hospital field are now much more related to industrial-commercial executive salaries than they are related to the academic world.
- C. The potential sources of COTH income were then considered by the Committee as follows:
- a) contracts and grants;
 - b) dues increase for current membership - any increase should be based on some formula which takes into account an increasing annual increment from normally increasing annual hospital operating expenditures;
 - c) broadening of membership base-this possibility needs further exploration, not purely for increased income but so that COTH can represent the filled internship and residency hospitals more completely; and
 - d) a fee for service requests beyond what might be defined as normal service.

The Chairman stressed that the main objective of the Committee had been to define the need for projected services and evolve practical alternatives. He did, however, indicate that any dues increase request should be presented to the membership with a documentation of the need for more money to support COTH programs.

Following the foregoing report, it was suggested that it would be valuable to determine how much each member hospital pays to other representing and servicing organizations, such as metropolitan hospital councils, state association and the national organizations. One member questioned the placing in the priority order of the Research Branch after the Educational Branch. He expressed an interest of higher priority for Research. After some discussion it was generally agreed that the items are so closely interwoven that priority rating was somewhat academic, especially since item 3 (Annual Meeting, Regional Meeting, etc.) comprehends educational activity so that an Educational Branch could also serve several other functions.

ACTION
#6

ON MOTION, SECONDED, AND CARRIED, THE COMMITTEE UNANIMOUSLY APPROVED ADOPTION OF THE PROGRAM PRIORITY RECOMMENDED BY THE AD HOC COMMITTEE AS FOLLOWS:

<u>Priority Number</u>	<u>Activity Element</u>
1.	7. Membership representation and General Information Branch
2.	3. Publications Branch
3.	6. Annual Meeting, Regional Meetings, Committee Meetings, Special Meetings, etc. Branch
4.	10. Educational and Development Branch
5.	9. Research Branch

ACTION
#7

ON MOTION, SECONDED, AND CARRIED, THE EXECUTIVE COMMITTEE AUTHORIZED THE AD HOC COMMITTEE ON PROGRAM DEVELOPMENT TO CONTINUE IN OPERATION AND TO APPROVE A REFINED CONTENT AND ORGANIZATIONAL FORMAT OF THE PRIORITY SCHEDULE FOR PRESENTATION TO THE COTH

INSTITUTIONAL MEMBERSHIP AT THE FOUR 1969 REGIONAL MEETINGS AND FOR THE NOVEMBER 3RD, 1969 MEETING IN CINCINNATI.

ACTION
#8

ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE ENDORSED ACTION #3 OF THE AD HOC COMMITTEE, WHICH READS AS FOLLOWS:

THAT THE COMMITTEE PRESENT TO THE EXECUTIVES OF THE AAMC A STATEMENT ON THE POTENTIAL PROBLEMS OF RECRUITMENT AND RETENTION OF COTH STAFF AS OUTLINED BY THE COMMITTEE (SECTION B, OF THESE MINUTES PREVIOUSLY PRESENTED)

Discussion then followed on Action #4 of the Ad Hoc Committee Report, relating to the financing of COTH programs. The consensus reached with regard to grants and contract income was that it is desirable to pursue such possibility as long as the interests of the membership are not jeopardized. The Executive Committee agreed also that the charge for services mechanism was the least desirable form of generating income.

With regard to broadening the membership requirements, the Ad Hoc Committee Chairman noted that a broadened membership category could be hospitals with internship plus five residencies, while Blue Cross Plans, academic agencies and other medical education organizations could be included under an associate membership category. The Director noted that admission of hospitals with either internship and two residencies or one internship and five educational programs could make available for membership approximately 500 institutions. A Committee member noted that admission on such basis might dilute the emphasis on medical education and create too broad a membership constituency - although

through membership such institutions may be encouraged to intensify the physician-training emphasis in their total operation. It was emphasized, however, that if COTH became too restrictive the Council could evolve to representing nothing more than its own self-definition. Another member agreed, adding that it would be appropriate to define which hospitals would increase COTH representation of filled internships. However, it was indicated that broadening the base to widely might further increase the difficulty of defining a teaching hospital. Information was requested for institutions that qualify for membership but are not currently members. It was reported that there are 136 hospitals which could feasibly be admitted under present criteria but which are not being actively sought because of the decision of the Executive Committee in May to postpone any action until after the Annual Meeting. It was noted that as present rules and regulations exist, criteria are somewhat arbitrary and should not be altered until a more intensive study is made. One member suggested the possibility of a committee to study membership since that function did not fit into the responsibility of the Ad Hoc Committee on Program Development.

ACT ION
#9

ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE REAFFIRMED THE PREVIOUS POSITION AND INSTRUCTED COTH STAFF TO PROCEED AFTER THE 1968 ANNUAL MEETING WITH APPROPRIATE ACTION FOR A RECRUITMENT PROGRAM FOR ADDITIONAL MEMBERS FROM THOSE HOSPITALS WHICH MEET PRESENT CRITERIA.

The Chairman then requested postponement of discussion of the broadening of membership criteria until after the increase in dues discussion had been completed.

The Ad Hoc Committee Chairman called to the attention of the Ex-Committee to the chart of projected dues classification (Agenda Book Tab 8a and Appendix E made a permanent part of these minutes) by expense category chart and noted that the suggested formula was based on total dollars expended. He indicated that the greatest number of hospitals fall into the lowest dues rate category. It was suggested that a ceiling be placed on dues, particularly in view of the heavy assessments always placed on larger hospitals. The need for both a floor and a ceiling was emphasized as was also the fact that a dues increase should not be put into effect without membership discussion.

Several members urged the need for increased funds if COTH is to continue its current rate of contributing growth. It was agreed that it is important to present the dues increase program to members through Regional and Annual Meeting discussions in order to provide background for the concept and to obtain membership evaluation and support. One member emphasized that when the idea is presented to the membership he would like to see some comparative analysis of what COTH member hospitals pay in dues to other hospital associations and organizations in order that it might be emphasized that through a small amount to COTH what they are getting for their money.

COTH Chairman summarized the discussion pointing out that there seemed to be a consensus that a full-scale dues program to support an expanded program activity should be first presented at Regional Meetings in order to obtain grass-root interest and support.

It was then suggested that a moderate dues increase be recommended to the general membership meeting on November 4th in Houston, Texas, to be applicable for this fiscal year of 1969-69 -- invoiced and payable January, 1969, until a major dues payment formula could be evolved,

distributed to membership, discussed at regional meetings and presented at the 69th Annual Meeting scheduled for Cincinnati, Ohio. Other Executive Committee members agreed suggesting COTH indicate to the members that:

- a. Programs currently being undertaken by the Council are productive and rewarding but require financing for personnel, space, equipment, supplies, travel, publications, telephone expense, etc.;
- b. A subcommittee through the Executive Committee of COTH evolve an institutional expense dues formula to present at the 1969 Annual Meeting;
- c. Such dues formula would be recommended to be effective with a 50% payment of the increase effective January 1st, 1970 for the last half of the 1969-70 fiscal year, and total increased dues on a 100% payment be effective July 1st, 1970 for the 1970-71 fiscal year.

One of the Executive Committee members suggested the possibility of having the July 1st through June 30th fiscal year changed to expedite a dues increase system. Another suggestion was to the effect that the AAMC waive the COTH payment for rent and other overhead services. The general reaction was negative on the first and for the second it was emphasized that COTH should pay its own way.

ACTION
#10

IT WAS MOVED, AND SECONDED THAT THERE SHOULD BE UNANIMOUSLY RECOMMENDED TO THE GENERAL MEMBERSHIP MEETING IN HOUSTON, ON MONDAY,

NOVEMBER 4th, A DUES PROGRAM CHANGE THAT WOULD BE IMPLEMENTED AT THIS TIME WITH A SMALL INCREASE OF \$200 BILLED AND PAYABLE ON JANUARY 1, 1969 (\$66 FOR CANADIAN HOSPITAL) AND THAT THE DUES PAYMENT SCHEDULED FOR THE 1969-70 (JULY 1, 1969 THROUGH JUNE 30,1970) BE \$700 PER INSTITUTION (\$266 FOR CANADIAN HOSPITALS)

The Chairman and other members commented that presentation of the subject could effectively be preambled with the observation that any dues increase proposal prior to this time would have been premature and incomplete as the Council had not been in existence long enough to study programs and to plan on an intermediate or long-range basis.

With regard to a possible loss of members subsequent to a dues increase Mr. McNulty reported his understanding that associations do experience a membership fall-off, particularly those institutions participating on a limited basis. Dr. Hamilton said that there was no real way to enforce collection of the additional dues for the 1968-69 fiscal year; and that if the increase were \$200 it would be just as easy or difficult to sell but would provide the benefit of a built-in financial safety mechanism. Upon specific inquiry there was general agreement that the flat rate increase did apply to Veterans Administration hospitals as well as all others (except Canadian hospitals at 1/3 dues payment).

Chairman Grapski and Chairman-elect Rambeck suggested the opportunity at the AHA meeting and subsequent opportunities before formal notice was given would be a good chance for all Executive Committee members to informally indicate to COTH members the proposed action. It was agreed that the memorandum on this subject to the membership be signed by the COTH Chairman.

Proposed Revised Rules and Regulations:

Mr. McNulty reported the current criteria; a) nomination by a medical school dean of an institution which is one of its principal teaching activities, or self-nomination on the basis of an active, independent, free-standing internship program and three active, independent residency programs from among the five major disciplines of medicine, surgery, Ob-gyn, psychiatry and pediatrics. Changes suggested for purpose of discussion and evaluation included a type A and present members - and a type B membership (approved internship and approved residencies of any type in five or more disciplines) and an Associate Membership (for group practice type institutions such as the Lee Clinic, the Lovelace Clinic, and educational research organizations which are voluntary, non-profit). After discussion the Chairman indicated that there was a consensus to promote membership of those institutions presently qualifying (indicated by Action #9 of these Minutes) and to defer consideration of a Type B membership at this time. There was also agreement to defer any revision of the COTH present Rules and Regulations until a membership study had been completed and until the current proposed AAMC Constitution and By-laws revisions were finalized.

ACTION
#11

ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE AUTHORIZED THE APPOINTMENT BY CHAIRMAN GRAPSKI OF A MEMBERSHIP COMMITTEE TO MAKE AN INTENSIVE STUDY OF PRESENT MEMBERSHIP CRITERIA AND OF POSSIBLE WAYS TO INCREASE MEMBERSHIP WHILE MAINTAINING THE APPROPRIATE CHARACTER OF THE CONSTITUENCY. AFTER DISCUSSION WITH THE CHAIRMAN-ELECT, CHAIRMAN GRAPSKI SUBSEQUENTLY APPOINTED THE MEMBERSHIP COMMITTEE AS FOLLOWS: T. STEWART HAMILTON, M.D., CHAIRMAN, LEONARD J. CRONKHITE, JR., M.D., MEMBER, AND CHARLES R. GOULET, MEMBER.

XIII. Report of the Committee on Modernization and Construction Funds for Teaching Hospitals:

A. Minutes of June 28, 1968, Meeting:

Mr. McNulty reported that the AHA definition of a teaching hospital was again discussed and, as he understood it, the AHA has presented it to the AMA for endorsement. He indicated further that he was attempting to maintain an active surveillance on AMA action on this issue.

B. Position Statement:

Mr. McNulty noted that upon final approval by the Executive Committee, the White Paper would be ready for presentation to the AAMC Executive Council, then to the November 4th COTH membership meeting and then to publication and judicious "promotional" distribution.

ACTION
#12

UPON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE APPROVED THE DOCUMENT, "MEETING SOCIETY'S EXPECTATIONS FOR EXCELLENCE IN SERVICE AND EDUCATION - A STATEMENT OF THE URGENT NEED FOR MODERNIZATION AND EXPANSION FUNDS FOR TEACHING HOSPITALS AND PROPOSALS FOR THE SUPPORT OF TEACHING HOSPITALS FACILITIES BY THE FEDERAL GOVERNMENT". FURTHER, THE COMMITTEE AUTHORIZED THE COTH STAFF TO RECEIVE IN WRITING ANY FURTHER SUGGESTIONS FROM COMMITTEE MEMBERS AND THEN MAKE ANY REASONABLE EDITORIAL CHANGES DEEMED NECESSARY PRIOR TO PRESENTATION TO EITHER AND BOTH OF THE AAMC EXECUTIVE COUNCIL ON THURSDAY, SEPTEMBER 12th, AND THE COTH INSTITUTIONAL MEMBERSHIP ON MONDAY, NOVEMBER 4, 1968; FOLLOWED BY PUBLICATION AND DISTRIBUTION.

C. COTH-AAMC Statement and Testimony before National Advisory Commission on Health Facilities at the Request of the National Commission:

Mr. McNulty reported that with a 30 minutes presentation and a 90 minute favorable and effective discussion session, Doctors Berson and Parks

and Mr. McNulty had the opportunity to stress the critical needs of teaching hospitals.

XIV. Lunch:

The meeting was recessed for lunch at 12:30 p.m. The meeting was reconvened at 1:30 p.m.

XV. Report of Committee on Financial Principles for Teaching Hospitals:

A. Minutes of June 6, 1968 Meeting:

Mr. Goulet briefly highlighted the minutes of the June 6th meeting reporting that a great deal of time was devoted to a discussion of General Clinical Research Centers with the guests from NIH.

B. Recommended Position Statement:

Mr. Wittrup indicated the statement stressed that there should be no standard, industry-wide specific bases for allocating costs among programs and that these have to be determined in individual hospitals. It does, however, set forth some basic tests to which cost allocation should be put. The position statement also recommends that the cost of physician's services should be identified separately from hospital costs for the patient.

Mr. McNulty noted that upon its adoption by the Executive Committee, the position statement would be presented to the AAMC Executive Council and then to the COTH Institutional and membership meeting on Monday, November 4th, and then published and distributed to appropriate persons and institutions. There was subsequently discussion of the portion concerning the separation of cost of physician services.

ACTION
#13

UPON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE ADOPTED THE POSITION STATEMENT, "GUIDELINES FOR ALLOCATING PROGRAM COSTS

IN TEACHING HOSPITALS" WITH THE STIPULATION THAT THE WORDS "FROM THE COST OF HOSPITAL SERVICES" BE ELIMINATED FROM THE END OF THE FINAL SENTENCE OF THE POSITION STATEMENT.

C. Two Systems of Reimbursement for Hospitals:

Mr. McNulty reported that the office of the Comptroller, DHEW, had issued a new manual on Grants Administration for Contracts of Research Grants which does apply to reimbursement for patient care services to the extent that contracts and grants provide reimbursement for patient services. It will establish for such patient care service reimbursement a different formula than that used by the Social Security Administration. Mr. Wittrup noted that this brings up the question of what the Committee on Financial Principles should do next. He said one possibility would be similar to the White Paper concept on the subject of includable items for program cost purposes. He asked the Executive Committee for its advice on the question. The Committee agreed that it would be appropriate for the Committee on Financial Principles to study this subject.

Mr. McNulty called attention to the item concerning Medicare reimbursement for medical faculty rendering services. He noted that an informal group from the HEW Assistant Secretary level was exploring the multiplicity of financing of interns and residents and the sources of such financing. Mr. Wittrup indicated that COTH should evolve a position on this - including the ramification of possible refunds, etc. Further, Mr. McNulty drew attention to the situation at Grady Memorial where SSA had made a judgment on "who" was to be considered an attending physician.

ACTION
#14

IT WAS AGREED THAT THE COMMITTEE ON FINANCIAL PRINCIPLES STUDY THE PROBLEMS OF PAYMENT TO HOUSE STAFF AND ATTENDING PHYSICIANS AS WELL AS THE DEFINITION OF INCLUDABLE COSTS (A MEETING HAS BEEN CALLED FOR THURSDAY, NOVEMBER 21, 1968)

XVI. Regional Meetings:

Mr. McNulty called attention in the Agenda Book to the tentative dates for Regional Meetings of next year and the minutes of this year's four meetings. Both he and Mr. Grapski noted that the meetings were all well received and well attended. The question of more than one Regional Meeting a year remains open with about 40 percent of the members attending Regional Meetings expressing interest for two meetings a year, while 60 percent favored the one Regional Meeting and one Annual Meeting. He suggested Committee members serve as "listening posts" for feedback from these meetings. Mr. McNulty also called attention to the action taken at the Southern Regional Meeting with regard to defining the role of house staff - service or education? It was further noted that an AAMC Committee headed by John Deitrick, M.D. (Dr. Hamilton and Dr. Eben Alexander, Members) is exploring the issue.

ACTION
#15

IT WAS AGREED THAT STAFF SEND TO THE SOUTHERN MEMBERS A COPY OF THE FINANCIAL PRINCIPLES POSITION STATEMENT AND OF THE INTERIM REPORT EVOLVED BY DR. DEITRICK AND HIS GROUP.

XVII. Committee on Nominations:

Mr. McNulty reported that if the AAMC Institutional members approve the revised AAMC Constitution and By-laws the Council will have to be in a position to have an "early" membership meeting on Monday, November 4th,

to elect 34 COTH representatives to the proposed AAMC assembly.

ACTION
#16

ON MOTION, SECONDED AND CARRIED, THE EXECUTIVE COMMITTEE INSTRUCTED THE NOMINATING COMMITTEE TO BE PREPARED TO NOMINATE TO THE COTH GENERAL MEMBERSHIP MEETING ON MONDAY, NOVEMBER 4TH, NOT ONLY THE USUAL CHAIRMAN-ELECT AND EXECUTIVE COMMITTEE MEMBERS BUT ALSO 34 REPRESENTATIVES FOR THE PROPOSED AAMC ASSEMBLY, SO THAT 34 DULY ELECTED COTH REPRESENTATIVES WOULD BE PREPARED TO TAKE OFFICE SHOULD THE ASSEMBLY BE CONSTITUTED AND CALLED INTO SESSION.

XVIII. COTH Participation in House Staff IRS Problem:

Mr. McNulty reported that the problem of tax liability for interns and residents has come up at every Regional Meeting. The COTH posture has been to urge members to seek a local ruling as it has been informally advised that any national ruling would probably be in favor of taxing of stipends. He further indicated that COTH had published a memorandum to which members have responded very cooperatively. Mr. Rambeck expressed the feeling of most members present when he said that he believed it inappropriate for COTH to take any action here since it is a problem for each individual institution and that any action on the national level might cause a national review by IRS, which was not desired. It was agreed that COTH should do nothing more than advise individual members to seek help from their own legal counsel. The national action of the National Intern and Resident Association was discussed.

XIX. Status Report on Contracts:

A. Feasibility Study for Teaching Hospital Information Center:

Mr. Grapski officially welcomed Dr. Knapp to the Council on behalf of the Executive Committee. Dr. Knapp commented on the Quarterly Report noting that COTH plans to demonstrate and justify the need, investigate current information services and study their context and audience, show the capability and propose a form which the Information Center could take. An Advisory Committee is being evolved. Dr. Knapp has scheduled visits to the various existing abstract and information services and other potential secondary sources of information and data .

B. Study of the Effects of Recent Social Legislation on Teaching Hospitals:

Mr. McNulty reported that COTH, at the request of HEW, had submitted a proposal which is now caught in the "freeze" at HEW.

XX. Commission Studies:

Mr. McNulty called attention to this item as being informational. He said he thought it likely that the AMA would come out with a statement on the Millis Report. He mentioned the AAMC impending workshops; one in Atlanta, September 18-22 on "Medical School Curriculum" and the other in Washington, D.C., October 2-3 on "Role of Universities in Graduate Medical Education"

XXI. Teaching Hospitals - Financial Support for the Medically Indigent:

Mr. Frenzel noted nothing new in the problem stated. He said the proposed study with HEW (Item XIX, B) might throw some light on the issue for Duke and other hospitals in similar positions. There followed brief discussion of Title 19 problems which have been experienced by several of the members. There was agreement on continued pursuit on this subject by the Committee on Financial Principles.

XXII. Annual Meeting Program:

Chairman Grapski suggested that all members review the program as presented and send any suggestions to Mr. McNulty.

XXIII. Annual COTH Awards:

ACTION
#17

IT WAS AGREED THAT THE CHAIRMAN AND CHAIRMAN-ELECT AND IMMEDIATE PAST CHAIRMAN WORK WITH THE DIRECTOR ON DECIDING IF ANY COTH AWARDS SHOULD BE PRESENTED AND IF SO, TO WHOM. GENERALLY THE CONSENSUS WAS TO MOVE SLOWLY.

XXIV. Meeting with and Request from Bureau of Health Insurance, Social Security Administration, HEW:

Mr. McNulty noted that SSA expressed difficulty with utilization review and had requested COTH-AAMC to meet with SSA officials to discuss the subject for possible assistance. Mr. Tierney had expressed concern, fearing Congress' overreaction. Dr. Berson and Mr. McNulty reported offering several suggestions but with no definitive results. They had, as Dr. Bates suggested, also emphasized use of the PAS service.

XXV. Second General Conference of Pan American Federation of Associations of Medical Schools:

Mr. McNulty merely called attention to the invitations to this conference and noted its possibility for learning some more about our Latin American Colleagues and contributing information and data to them through discussions as to teaching hospital activity in this country.

XXVI. Future Meeting Dates:

Chairman Grapski advised members that the next meeting is October 31, 1968 at 2:00 p.m., in Houston, Texas, and requested members to make a note of meeting dates through 1969 (the schedule attached, Appendix F).

XXVII. Prototype Page of 1968-69 COTH Directory:

Mr. McNulty called attention to the prototype page of the first COTH Directory (the first issue last year - for 1967-68 - was more accurately a Roster) which will present an initial "profile" of each member hospital using both AHA and AMA data as well as starting to develop other criteria which will combine use of AHA, AMA and COTH annual questionnaire data .

XXVIII. Appreciation:

ACTION
#18

CHAIRMAN GRAPSKI, ON BEHALF OF THE EXECUTIVE COMMITTEE AND ALL MEMBERS EXPRESSED APPRECIATION TO MR. McNULTY FOR HIS DECISION TO REMAIN WITH THE COUNCIL.

XXIX. Adjournment:

The meeting was adjourned at 3:45 p.m.

Attachments:

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036

STATEMENT OF INCOME AND EXPENSE
FOR FISCAL YEARS ENDING JUNE 30, 1966, 67, 68

Appendix A

	1966	1967	1968	Budget Fiscal Year 1969	Projected Expendi- ture for FY 1969 by Present Commitments
OPERATING INCOME:.....					
Dues.....	21,303	145,000	164,333.30	170,000	
TOTAL OPERATING INCOME:.....	21,303	145,000	164,333.30	170,000	
OPERATING EXPENSES:.....					
Salaries.....			78,394.41	75,000	
Payroll Taxes.....			2,381.16	2,800	
Pension Costs.....			4,599.96	4,000	
Employee Insurance.....			154.98	200	
Temporary Help.....			2,564.94	2,500	
Travel-Meeting & Meal Expense.....			5,595.23	5,200	
Travel-Lodging.....			3,082.66	3,000	
Travel-Transportation.....			16,271.40	12,000	
Employee Recruitment.....			686.56	1,200	
Honorariums.....			250.00	500	
Contracted Services.....			2,721.13	3,700	
Insurance.....			153.63	100	
Equipment.....			4,248.06	2,400	
Repairs and Maintenance.....			307.26	600	
Rental Equipment & Space.....			3,595.50	3,000	
Dues, Subscriptions & Publications.....			978.17	1,200	
Express & Freight.....			116.83	100	
Postage.....			3,906.58	3,600	
Telephone & Telegraph.....			6,265.00	4,800	
Supplies-General.....			2,377.73	2,400	
Miscellaneous.....			233.57	200	
Graphic Arts O/S.....			513.40	0	
Data Processing O/S.....			204.33	500	
Printing O/S.....			7,647.56	6,000	
Printing Allocated.....			1,507.38	0	
Xerox Charges.....			967.96	0	
Tabulating Allocated.....			1,001.29	0	
Publications Allocated.....			6,909.42	0	
SUB-TOTAL OPERATING EXPENSES:.....	5,279	93,151	157,636.10	135,000	
OVERHEAD EXPENSE TO AAMC:.....	0	0	0	35,000	
TOTAL OPERATING EXPENSE:.....	5,279	93,151	157,636.10	170,000	
EXCESS OF OPERATING INCOME OVER EXPENSES:..	\$ 16,024	\$ 51,849	\$ 6,697.20	0	

HOSPITALS WHICH HAVE WITHDRAWN FROM COTH MEMBERSHIP

ORTHOPAEDIC HOSPITAL AT LOS ANGELES
Lee S. Sanders
Executive Vice President & Administrator
2400 Flower Street, South
Los Angeles, California 90007

DETROIT MEMORIAL HOSPITAL
Franklin D. Carr
Administrator
690 Mullett Street
Detroit, Michigan 48226

METHODIST HOSPITAL
J. M. Crew
Administrator
1265 Union Avenue
Memphis, Tennessee 38104

BAPTIST HOSPITAL
Gene Kidd
Executive Director
2000 Church Street
Nashville, Tennessee 37203

THE VANCOUVER GENERAL HOSPITAL
Ken R. Weaver
Executive Director
12th Avenue, West
Vancouver, 9, B.C., Canada

VICTORIA GENERAL HOSPITAL
C. M. Bethune, M.D.
Administrator
1240 Tower Road
Halifax, N.S., Canada

SAINT JOSEPH'S HOSPITAL
Sister M. Elizabeth
Administrator
Richmond Street, North
London, Ontario, Canada

OTTAWA CIVIC HOSPITAL
Douglas R. Peart
Executive Director
Carling Avenue
Ottawa 3, Ontario, Canada

COUNCIL OF TEACHING HOSPITALS
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 1346 Connecticut Avenue, N.W.
 Washington, D.C. 20036
 202/223-5364

STATUS REPORT ON MEMBERSHIP

TOTAL MEMBERSHIP: 339

Nominated by a Dean	223
Qualified by I&R Program	116
Canadian Members	3
Puerto Rican Members	2
Canal Zone Member	1

NUMBER OF VETERANS ADMINISTRATION HOSPITALS IN TOTAL MEMBERSHIP: 51

Western Region	6
Midwest/Great Plains Region	14
Southern Region	18
Northeastern Region	13

NUMBER OF PUBLIC HEALTH SERVICE HOSPITALS IN TOTAL MEMBERSHIP: 4

Western Region	1
Midwest/Great Plains Region	0
Southern Region	2
Northeastern Region	1

MILITARY HOSPITALS: 1 - Wilford Hall U.S. Air Force Hospital, Lackland Air
 Force Base, San Antonio, Texas (Southern Region)

DATE: September 4, 1968

STATES WITH NO MEMBER HOSPITALS: 8

Western Region	6 (Alaska, Montana, Nevada, Wyoming, Idaho, New Mexico)
Midwest/Great Plains Region	2 (North Dakota, South Dakota)
Southern Region	0
Northeastern Region	0

DISTRIBUTION OF MEMBER HOSPITALS BY REGION:

Western Region	38 (Includes 2 hospitals in 2 provinces in Canada)
Midwest/Great Plains Region	86
Southern Region	70 (Includes 1 hospital in the Canal Zone)
Northeastern Region	145 (Includes 1 hospital in 1 province in Canada and 2 hospitals in Puerto Rico)

INTERNSHIPS OFFERED IN U.S. HOSPITALS: 13,521

Filled	7,225
COTH Members	5,300
Non-COTH Hospitals	1,925
Internships filled in COTH hospitals as percentage of total filled	73%
Residency positions offered and filled (study yet to be accomplished)	?

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036
202/223-5364

MINUTES

AD HOC COMMITTEE ON PROGRAM DEVELOPMENT
COTH - AAMC Offices
1346 Connecticut Avenue, N.W.
Washington, D.C.
July 29, 1968
10:00 a.m. - 4:00 p.m.

Present:

Members:

Leonard W. Cronkhite , Jr., M.D., Chairman

Invited Guests:

Richard D. Wittrup

Staff:

Matthew F. McNulty, Jr., Director, COTH; Associate Director, AAMC
Fletcher H. Bingham, Ph.D., Assistant Director, COTH
Richard M. Knapp, Ph.D., Project Director, Teaching Hospital
Information Center

Excused:

Stanley A. Ferguson
Dan J. Macer

I. Convening of Meeting:

The meeting was convened at 10:00 a.m. by Chairman Cronkhite.

Attendance was taken as noted above.

II. Method of Approach:

It was noted that there were two methods of approaching the charge to the Committee by the Executive Committee. The first would have been the development of the anticipated program activity in accord with a pre-established amount of income

generated by dues, grants and other sources. The second approach, and the one that it was agreed to follow, was the initial development of the expanded program activity and the subsequent determination of the financial resources necessary to support such a program.

The Committee then reviewed the activities that the Council of Teaching Hospitals could undertake that would be of particular importance to the interests of the membership, as well as other voluntary and governmental agencies. The purpose of this delineation was to insure that the substantive programs under consideration would not duplicate program activities currently being provided on a widespread basis by other organizational bodies. It was agreed also that, occasionally, there may be instances in which the current activity being provided by these other organizations are not sufficiently useful for the particular interests of COTH, and in these selected instances an active COTH program would be highly indicated.

The Committee also carefully reviewed the structure of the Council in terms of its responsibilities to its membership, to its immediate publics including medical schools and other hospitals and to its secondary publics, such as foundations as well as governmental agencies at all levels. Out of these discussions it was agreed that the two major activities that the Council of Teaching Hospitals is now developing, and that it should be urged to continue as rapidly as possible, are the areas of: (1) forecasting; and (2) providing data on which effective decisions and social policy can be based. It was stressed that these two areas of activity would be extraordinarily useful to all

interested in the activities of teaching hospitals, including administrators, boards of trustees, medical staff and the governmental agencies.

III. Committee Review of Projected Organization Chart Presented at May 9 and 10 Executive Committee Meeting:

The Committee reviewed the projected organization chart presented by Mr. McNulty at the May 9 and 10 Executive Committee Meeting (see Attachment A). In this review, it was agreed that major elements serving as criteria for the priority scheduling of various activities would be; (1) the projected functions of the organization, and (2) are the activities capable of being implemented from the standpoint of anticipated financial support? In terms of scheduling the urgency priority, the committee agreed that the following priority would be most accurate:

ACTION #1

THAT THE COMMITTEE RECOMMEND TO THE EXECUTIVE COMMITTEE THAT THE FOLLOWING SCHEDULE OF PRIORITY BE ADHERED TO IN THE IMPLEMENTATION OF ADDITIONAL OR THE STRENGTHENING OF CURRENT ONGOING COTH PROGRAM ACTIVITIES.

<u>Priority Number</u>	<u>Activity Element as represented on Attachment A</u>
1.	7. Representation and General Information Branch
2.	3. Publications Branch
3.	6. Annual Meeting, Regional Meetings, Committee Meetings, Special Meetings, etc.
4.	10. Educational and Development Branch
5.	9. Research Branch

During the discussion of the need to establish priorities for implementation of COTH activity elements, there was constant emphasis on the need to recognize potential problems in the recruitment of capable individuals. The emphasis of this discussion was not the inability of the Council of Teaching Hospitals to recruit individuals in a situation in which "all things were equal". However, there was concern expressed about the particular situation in which the salary scales for staff were established by essential university personnel, and which may not reflect accurately salary levels for those persons involved in hospital operations. Additionally, it was noted that the gap between these two salary opportunities was increasing. The net effect of this process, the Committee noted, may be the increasing difficulty in recruiting talented individuals from operational situations into an educational oriented organization.

IV. Review of Existing Sources of Financial Support:

The Committee agreed that there are four possible sources of financial support available to enlarge the resource base to support the programs outlined above; they are:

(1) Contracts with Foundations and/or Governmental Agencies

A contract in the amount of \$71,000 has been received to support the activity shown on Attachment A, as Number 4, (Teaching Hospital Information Center). Additionally, it was noted that a contract had been pending with the Bureau of Health Manpower (Study of the Effect of Recent Social Legislation on Teaching Hospitals) that could fulfill many of the concepts included in Priority Number 5, (Activity Element 9, Research Branch).

It was agreed that grants and contracts, from both foundation and governmental agencies, would be useful to support activities of the Council, helpful to the membership, as well as many of its publics and that staff should continue to pursue such opportunities.

(2) Increase in Dues for Membership:

The current annual dues for membership are \$500 per American hospital, and \$166.67 for Canadian hospitals. On the basis of the total membership for FY 1967-68, and income in the amount of \$164,833 was generated. Of this approximately 30% represents overhead that accrues to the parent organization, the AAMC.

The Committee agreed that one requirement necessary for any recommendation on this subject was that the dues structure be devised in such a manner that it reflects the inflationary economic impact, as well as provide a financial base for the continued orderly growth in programs of the Council of Teaching Hospitals. Several such criteria for dues, as prepared by the staff, were reviewed. The Committee requested the preparation of an additional schedule reflecting more current information, based on the American Hospital Association's Guide Issue for 1968, to be distributed and reviewed prior to the September 5 and 6 meeting to the Executive Committee. (See Attachment B for suggested Dues Structure based on 1968 AHA Guide Issue).

(3) Broadened Criteria for Membership

The Committee reviewed the existing criteria for membership: (1) nomination by a Dean, or (2) self-nomination on the basis of the hospital having an approved internship and 3 of 5 residencies (Medicine, Surgery, OB-Gyn, Pediatrics and Psychiatry).

The Committee requested the COTH staff to draft a revised set of COTH Rules and Regulations for presentation to the Executive Committee and the September 5 and 6 meeting.

(4) Charges for Specific Services

The Committee reviewed the possibility of increasing COTH revenue by instituting a charge for services for certain program activities.

Two such services mentioned, that could be developed, are a professional placement service for teaching hospital administrators or instituting a service fee to commercial consultants who call upon COTH for information and data to assist them in their consulting activities.

V. Additional Committee Recommendations to Executive Committee:

ACTION #2

THAT THE COMMITTEE RECOMMEND THAT THE SCHEDULE OF PROGRAM PRIORITY AS OUTLINED IN ACTION #1, BE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL IN PRINCIPLE; THAT IF THIS ACTION IS FORTHCOMING, THE COMMITTEE WILL CONTINUE TO WORK WITH STAFF TO REFINE THE CONTENT AND ORGANIZATIONAL FORMAT FOR PRESENTATION AT THE INSTITUTIONAL MEETING.

ACTION #3

THAT THE COMMITTEE PRESENT TO THE EXECUTIVE COMMITTEE A STATEMENT ON THE POTENTIAL PROBLEMS OF RECRUITMENT AND RETENTION OF STAFF, THAT IS INTRODUCED BECAUSE OF THE ACADEMIC ORIENTATION OF THE ORGANIZATION.

ACTION #4

THAT VARIOUS METHODS OF EXPANDING THE FINANCIAL RESOURCES OF COTH BE PRESENTED TO THE EXECUTIVE COMMITTEE, ALONG WITH SPECIFIC RECOMMENDATIONS OF THE COMMITTEE BASED ON MATERIAL PREPARED BY STAFF AFTER ISSUANCE OF THE AUGUST, 1968 AHA GUIDE ISSUE, AS WELL AS OPPORTUNITIES FOR BROADENING THE MEMBERSHIP OPPORTUNITIES OF COTH.

- VI. There being no further business, the meeting adjourned at 3:15 p.m.

MEMBER INSTITUTION
COD-CAS-COTH

FEDERATION FOR
HEALTH EDUCATION

AAMC ASSEMBLY

AAMC CHAIRMAN

AAMC EXECUTIVE COUNCIL

AAMC EXECUTIVE COMMITTEE

PRESIDENT-CHIEF EXECUTIVE OFFICER

COD EXECUTIVE VICE PRESIDENT COTH CAS EXECUTIVE VICE PRESIDENT

CHAIRMAN-COTH

EXECUTIVE COMMITTEE 15

EXECUTIVE VICE PRESIDENT
DIRECTOR-COTH
DEPUTY DIRECTOR-AAMC
CHIEF COTH EXECUTIVE OFFICER

LAW RETAIN \$10,000	INTERNATIONAL TEACHING HOSPITALS 2-\$0	AHA-AMA ACE-CTC LAISON 0-\$0	CONSULTATION SERVICE 0-\$0	EXECUTIVE DEVELOPMENT FELLOWSHIP SERVICES VICE 1-\$0	PROGRAM PLANNING EVALUATION 2-\$26,000 BUDGET DEV- ELOPMENT & CONTROL	ASSOCIATE DIRECTOR-COTH ASSISTANT DIRECTOR-AAMC 2 EX 2 EX SECR. 2 SECR 1 OFFICE MGR.)	ANNUAL MEETING LAISON))) \$106,000
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APPROVED
D-8

DUES CLASSIFICATION BY
EXPENSE CATEGORY
(Expense Data Abstracted from 1968 AHA Guide Issue)

<u>Total Expense (000) (\$)</u>	<u>Estimated Amount Expended for Medical Education (\$000)</u>	<u>All Hospitals (excluding Veterans Administration Hospitals)</u>	<u>Dues for Expense Category (\$)</u>
Under 6,999	350	81	600
7,000-7,999	375	25	700
8,000-8,999	425	24	800
9,000-9,999	475	22	900
10,000-10,999	525	25	1,000
11,000-11,999	575	12	1,100
12,000-12,999	625	17	1,200
13,000-13,999	675	8	1,300
14,000-14,999	725	8	1,400
15,000-15,999	775	10	1,500
16,000-16,999	825	5	1,600
17,000-17,999	875	3	1,700
18,000-18,999	925	5	1,800
19,000-24,999	1,100	19	2,200
Over 25,000	1,750	11	2,500

Total Hospitals - 275

50 Veterans Administration Hospitals not included in the above categories.

Total Hospitals not listed or not reporting in 1968 AHA Guide Issue - 13

Hospitals not Reported

	<u>Not listed in AHA Guide Issue 8-1-68</u>	<u>Total Expense not reported</u>
University of Arizona	X	
Cook County		X
St. Joseph - Chicago		X
Loyola University	X	
Mt. Sinai - Elmhurst, N.Y.	X	
University of Oklahoma		X
Fitzgerald Mercy - Darby, Pa.		X
Misericordia, Philadelphia		X
Wilford Hall, San Antonio	X	
Milwaukee Psychiatric	X	
V A Gainesville		X
V A Miami	X	
V A Omaha		X
4 Canadian Hospitals	X	

C O T H
E X E C U T I V E C O M M I T T E E

MEETING DATES

- #68-5 Thursday, October 31, 1968
 2:00 p.m.
 Houston, Texas
- #69-1 Monday, November 4, 1968
 3:30 p.m.
 Houston, Texas
- #69-2 Thursday and Friday
 January 9 and 10, 1969
 Washington, D.C.
- #69-3 Thursday and Friday
 May 8 and 9, 1969
 Washington, D.C.
- #69-4 Thursday and Friday
 September 11 and 12, 1969
 Washington, D.C.
- #69-5 Thursday, October 30, 1969
 Cincinnati, Ohio
 (COTH-AAMC Annual Meeting, Cincinnati,
 October 30, 1969 - November 3, 1969)

COUNCIL OF TEACHING HOSPITALS
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 1346 Connecticut Avenue, N.W.
 Washington, D.C. 20036
 202/223-5364

ACTIONS

EXECUTIVE COMMITTEE MEETING (#68-~~4~~)
 Thursday and Friday, September 5 & 6, 1968
 Mayflower Hotel
 1127 Connecticut Avenue, N.W.
 Washington, D.C. 20036

ACTION #1 On motion, seconded and carried, the minutes of the May 9 and 10, 1968, Executive Committee Meeting were approved as presented.

ACTION #2 The Chairman announced that a Mail Ballot had been taken for the membership application submitted under date of July 24, 1968, Nassau Hospital, Mineola, New York. That Mail Ballot had been unanimous. It was moved, seconded and passed without dissent that the record indicate the approved membership status of Nassau Hospital.

ACTION #3 On motion, seconded and carried, the application from University Hospital, State University of New York at Stony Brook, New York, was approved for membership under the criterion of having been nominated by a dean.

ACTION #4 On motion, seconded and carried, the application for membership from Harrisburg Polyclinic Hospital, Harrisburg, Pennsylvania, was approved under the criterion of having the required approved educational programs.

ACTION #5 On motion, seconded and carried, the application for membership from Children's Hospital and Adult Medical Center of San Francisco, California, was approved for membership under the criterion of having the required approved educational programs.

ACTION #6 On motion, seconded and carried, the Committee unanimously approved adoption of the program priority recommended by the Ad Hoc Committee as follows:

<u>Priority Number</u>	<u>Activity Element</u>
1.	7. Membership representation and General Information Branch
2.	3. Publications Branch

ACTIONS
Page Two

<u>Priority Number</u>	<u>Activity Element</u>
3.	6. Annual Meeting, Regional Meetings, Committee Meetings, Special Meetings, etc. Branch
4.	10. Educational and Development Branch
5.	9. Research Branch

ACTION #7 On motion, seconded and carried, the Executive Committee authorized the Ad Hoc Committee on Program Development to continue in operation and to approve a refined content and organizational format of the priority schedule for presentation to the COTH Institutional Membership at the four 1969 Regional Meetings and for the November 3rd, 1969 meeting in Cincinnati.

ACTION #8 On motion, seconded and carried, the Executive Committee endorsed Action #3 of the Ad Hoc Committee, which reads as follows:

That the Committee present to the Executives of the AAMC a statement on the potential problems of recruitment and retention of COTH Staff as outlined by the Committee.

ACTION #9 On motion, seconded and carried, the Executive Committee reaffirmed the previous position and instructed COTH Staff to proceed after the 1968 Annual Meeting with appropriate action for a recruitment program for additional members from those hospitals which meet present criteria.

ACTION #10 It was moved and seconded that there should be unanimously recommended to the General Membership Meeting in Houston, on Monday, November 4th, a dues program change that would be implemented at this time with a small increase of \$200 billed and payable on January 1, 1969 (\$66 for Canadian hospitals) and that the dues payment scheduled for the 1969-70 (July 1, 1969 through June 30, 1970) be \$700 per institution (\$266 for Canadian hospitals).

ACTION #11 On motion, seconded and carried, the Executive Committee authorized the appointment by Chairman Grapski of a Membership Committee to make an intensive study of present membership criteria and of possible ways to increase membership while maintaining the appropriate character of the constituency. After discussion with the Chairman-Elect, Chairman Grapski subsequently appointed the Membership Committee as follows:

ACTIONS

Page Three

T. Stewart Hamilton, M.D., Chairman, Leonard J. Cronkhite, Jr., M.D., Member, and Charles R. Goulet, Member.

ACTION #12 Upon motion, seconded and carried, the Executive Committee approved the document, "Meeting Society's Expectations for Excellence in Service and Education - a Statement of the Urgent Need for Modernization and Expansion Funds for Teaching Hospitals and Proposals for the Support of Teaching Hospitals Facilities by the Federal Government." Further, the Committee authorized the COTH Staff to receive in writing any further suggestions from Committee Members and then make any reasonable editorial changes deemed necessary prior to presentation to either and both of the AAMC Executive Council on Thursday, September 12th, and the COTH Institutional Membership on Monday, November 4, 1968, followed by publication and distribution.

ACTION #13 Upon motion, seconded and carried, the Executive Committee adopted the Position Statement, "Guidelines for Allocating Program Costs in Teaching Hospitals" with the stipulation that the words "from the cost of hospital services" be eliminated from the end of the final sentence of the Position Statement.

ACTION #14 It was agreed that the Committee on Financial Principles study the problems of payment to house staff and attending physicians as well as the definition of includable costs (A meeting has been called for Thursday, November 21, 1968).

ACTION #15 It was agreed that Staff send to the Southern members a copy of the Financial Principles Position Statement and of the Interim Report evolved by Dr. Deitrick and his group.

ACTION #16 On motion, seconded and carried, the Executive Committee instructed the Nominating Committee to be prepared to nominate to the COTH General Membership Meeting on Monday, November 4th, not only the usual Chairman-Elect and Executive Committee Members but also 34 Representatives for the proposed AAMC Assembly, so that 34 duly elected COTH Representatives would be prepared to take office should the Assembly be constituted and called into session.

ACTION #17 It was agreed that the Chairman and Chairman-Elect and immediate Past Chairman work with the Director on deciding if any COTH awards should be presented and if so, to whom. Generally the consensus was to move slowly.

ACTIONS
Page Four

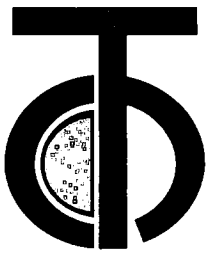
ACTION #18 Chairman Grapski, on behalf of the Executive Committee and all members expressed appreciation to Mr. McNulty for his decision to remain with the Council.

Attached is a table presenting the dues structure of selected local and state hospital associations. In each instance, it can logically be assumed that COTH members would most likely pay the maximum rate.

The data were obtained from two surveys conducted by the American Hospital Association and provided by Mr. Edward J. Miller, Director of Association Services. Data for the local councils were gathered in 1966, while the state association data were collected in 1967.

DUES STRUCTURE
SELECTED LOCAL AND STATE
HOSPITAL ASSOCIATIONS

<u>Local Council</u>	<u>Rate Per Patient Day</u>	<u>Minimum</u>	<u>Maximum</u>	<u>State Association</u>	<u>Rate Per Patient Day</u>	<u>Minimum</u>	<u>Maximum</u>
Birmingham	\$.035	-----	-----	Alabama	\$.0040	\$400	\$3,600
South Florida	\$.01	\$500	\$1,000	Florida	\$.0020	\$240	\$1,800
Chicago	\$.0018	\$450	\$2,650	Illinois	\$.0018	\$250	\$1,200
Boston	\$.0014	\$150	\$1,500	Massachusetts	\$.0044	\$440	\$4,408
St. Louis	\$.03285	-----	-----	Missouri	\$.0030	\$200	\$11,666
Detroit	\$.0010	\$200	-----	Michigan	\$.0025	\$188	\$2,500
Central New York	\$.0012	\$ 50	\$ 900	New York	\$.0016	\$100	\$1,350
Seattle	\$.0010	-----	-----	Washington	\$.0030	\$150	\$2,438
Southern California	\$240 for each 10,000 patient days	\$240	\$1,200	California	\$.0035	\$330	\$3,300
Northern California	0 -25,000:	\$240	\$ 600				
	25,001-30,000:	\$300					
	30,001-35,000:	\$360					
	35,001-40,000:	\$420					
	40,001-45,000:	\$480					
	45,001-50,000:	\$540					
	50,001 plus :	\$600					



COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

General Membership Memorandum
No. 68-52G
October 17, 1968
Subject: Proposed COTH Membership Dues
Increase for this Fiscal Year
1968-69 and Longer Range Pro-
gramming and Financing Plans.

1. Recommendation for Dues Increase, Council of Teaching Hospitals:

Your Officers and Executive Committee will present to the COTH Institutional Membership Meeting in Houston on Monday, November 4, 1968, a recommendation that the annual dues of member hospitals be increased by \$200 (\$66 for Canadian hospital members) effective January 1, 1969, for the 1968-69 fiscal year so that in the face of constantly rising costs, COTH can maintain the present effective program activity and begin to develop certain additional programs that are highly important.

Your Officers and Executive Committee are convinced that COTH is strong and vigorous and has achieved national recognition beyond original expectations. It is a developing persuasive influence on public policy for particular interests of teaching hospitals. It is a forum with a vocal outlet on matters of medical education, health service and health research.

Because of many activities, continually reported to you, which were not anticipated when the Council was established as well as the increased cost of doing business and the opportunity to begin developing new programs, it is the recommendation of your Officers and Executive Committee that we demonstrate acknowledgement of our own accomplishment and understanding of program activity possibilities ahead by providing at this time an interim \$200 dues increase (\$66 for Canadian hospitals).

The memorandum which follows is intended to give you a broader background of the activities and opportunities that justify this recommendation. It includes indication of the careful review of expenditures and income by the Officers and Executive Committee. An Ad Hoc Subcommittee of the Executive Committee has reviewed these factors even more extensively. The activities of both Committees are reported hereafter.

2. How Present \$500 Dues Structure Was Established:

The Council of Teaching Hospitals as a "new movement" to establish a focus for concentration on the discrete, important problems and opportunities

facing teaching hospitals was begun in great measure with a faith that resources would be forthcoming. Initially, from 1958 through 1965, the earlier Teaching Hospital Section operated almost exclusively on faith. The elected Chairman of the Teaching Hospital Section invested some of his own funds or the resources of his individual institution.

When the ByLaws of the Association of American Medical Colleges were amended in Philadelphia in 1965 to create as its first new council the Council of Teaching Hospitals, the incumbent COTH officers discussed from what membership dues basis per teaching hospital should a formal program of the new Council be launched. There was considered a dues payment of \$1,000 per institution -- at that time medical school member institutions in the AAMC were paying \$1,500 per year annual dues, an amount which has now been increased considerably as will be noted later. From the information of several studies indicating that a minimum of 5% of the operating budget of each teaching hospital is devoted to the medical education endeavor, another consideration was an annual dues schedule of 1/2 of 1% of the amount expended by each institution on its medical education endeavor.

It was agreed finally that the lowest possible dues payment per institution be utilized as an expression of good faith in requesting other teaching hospitals to join the new and expanded Council of Teaching Hospitals.

It was recognized then, as it is today, that the stakes were very high. At issue was whether the teaching hospitals collectively as a voluntary enterprise were capable of achieving objectives that will be required in the rapidly evolving medical education world. Your then COTH officers recognized the choice of whether teaching hospitals could get together and do a job that needs to be done collectively or whether there would be the waiting for other agencies of public policy to be provided an action mandate. The recent Carnegie Commission on Higher Education Report, emphasizing a societal need for a minimum 60% increase in the number of medical students enrolled in U.S. medical schools (and of course, subsequently in teaching hospitals), is one evidence of the evolution that is upon us.

From such a perspective, a 1965 minimum dues base of \$500 per institution was established, with a \$166 per annum base for Canadian hospitals. Canadian medical schools had traditionally paid 1/3 of the base annual dues for the AAMC. That tradition was continued for Canadian teaching hospitals wishing to join COTH.

3. Three Years of Operation Without a Dues Increase:

The Council of Teaching Hospitals initiation, early organizational activity was a rapid development. There are now 341 COTH members. Many additional institutions have sought membership. They do not qualify at this time under the present rules and regulations of membership. With a membership of 341, it has been possible through careful economy to accomplish a representation, information and innovative program far beyond expectations. While careful

fiscal management is commendable, even the most efficient undertakings face the responsibilities of the fiscal world in which they exist. Such is the status of your Council of Teaching Hospitals at this time.

4. A-COTH Long-Range Program Plan Is Being Developed:

At its meeting in May of this year, your COTH Executive Committee appointed an Ad Hoc Committee to study program activity to date, the program expectations in the future, a priority order by which such program activities should be approached and a careful analysis of the cost of underwriting each of the priority ordered program activities. Your COTH Executive Committee reviewed the work of the Ad Hoc Committee at its quarterly meeting in September. It was an excellent initial exploration of the present status of the developing COTH Program, including a projection of where program should be augmented in the next several years.

Your Executive Committee has now appointed a permanent Program Committee. That Committee will analyze further COTH program activity, evaluation of performance and periodically project as to future needs of teaching hospitals and the program opportunity to meet those needs. It is contemplated that this Program Committee and the Ad Hoc Committee on Financing of Program will have a final report to present to your Executive Committee at its meeting of January 9 and 10, 1969. Upon review, evaluation, amendment, if necessary, and approval such report will be completed to be presented to you at each of the COTH four Regional Meetings, presently scheduled for April and May of 1969 as follows:

Western Region -- Friday, April 4, 1969, San Francisco
Northeast Region -- Wednesday, April 16, 1969, New York
Southern Region -- Wednesday, April 30, 1968, Atlanta
Midwest/Great Plains Region -- Thursday, May 1, 1969, Chicago

From the evaluations, refinements and discussions at the Regional Meetings, there would be developed a revised Program Plan for consideration by your Executive Committee at its September 11 and 12, 1969, meeting in Washington, D.C. A plan of action would be presented to the Executive Council of the AAMC in September. This plan, with any amendments, would be presented to the AAMC Assembly at the 12th Annual COTH Meeting and the 80th Annual AAMC Meeting in Cincinnati, Ohio, on Monday, November 3, 1969.

5. The Need for A COTH Interim Dues Increase Program:

Though your Officers and Executive Committee have outlined an effective plan for your involvement in developing the COTH program you desire, we emphasize the economy escalation which we are experiencing. The COTH accomplishments that are ongoing and the opportunities that are upon us all produce a need for the recognition of adequate financing for the Council for the period between July 1, 1968 and the evolution of a Long-Range Program Plan.

Your Officers and Executive Committee believe that the early accomplishments of the Council of Teaching Hospitals are self-evident. There now exists a persuasive

and effective voice representing teaching hospitals in the areas of public policy and medical education. The Council is represented on all major committees of the AAMC. The revision of the Articles of Incorporation and ByLaws of the AAMC (as previously mentioned) will continue the present effective representation of teaching hospitals on the Executive Council (the Board of Directors) of the AAMC. The new Assembly will dramatically broaden the base of institutional representation and responsibility. All institutional members (medical schools, teaching hospitals and academic societies) will have representation. For COTH institutions, 10% of the COTH members up to a maximum of 35, each of whom shall have one vote in the Assembly, will represent teaching hospitals as well as exercise broad AAMC trustee responsibility.

To informed and capable leaders in the field of administration, to report further would seem redundant. Your Officers and Executive Committee trust that it is as obvious to you as it is to them that an increase of \$200 per year (\$66 for Canadian hospitals) is needed in this interim period as an urgent measure to keep in force the programs that are now developing so effectively.

6. Medical School 1968 Dues Increase:

The medical school institutional membership of the AAMC initiated a dues program on July 1, 1968, which when completed over a two-step period, increases the dues for some medical schools at the maximum rate, from \$1,500 per year to as much as \$10,000 per year. Other U. S. medical schools at the minimum rate will increase dues payment from \$1,500 per year to \$5,000 per year.

LAD F. GRAPSKI
Chairman
Council of Teaching Hospitals

PROPOSED AGENDA

COTH INSTITUTIONAL MEMBERSHIP MEETING
GRECIAN ROOM (LOBBY LEVEL)
SHAMROCK-HILTON

Monday, November 4, 1968
12:15 p.m. - 2:30 p.m.

1. Call to order - Lad F. Grapski - 3rd Annual Meeting, Council of Teaching Hospitals and 11th Annual Meeting of Teaching Hospitals with the Association of American Medical Colleges
2. Roll Call - Several "sign-in" roll call forms are being circulated. Please print the name of your hospital and please print your title as chief executive officer or representative present on behalf of your hospital.
3. Approval of Report of the Annual Business Meeting of October 30, 1967. (Report proceedings previously distributed in the Journal of Medical Education May, 1968, Vol. 43, No. 5 and the Annual Report of the Association of American Medical Colleges as distributed November, 1968)
4. Report of Committee on Nominations.
5. Report of Lad F. Grapski, Chairman, Council of Teaching Hospitals.
6. Report of Matthew F. McNulty, Jr., Director, Council of Teaching Hospitals and Associate Director, Association of American Medical Colleges.
7. Approval of Actions of Officers, Executive Committee and staff, 1967-1968.
8. A. Report of the Ad Hoc Committee on COTH Program Development --
Leonard W. Cronkhite, Jr., M.D., Chairman
B. Dues and Action on Membership Dues Increase as Recommended by the COTH Executive Committee - Lad F. Grapski, Chairman, COTH

9. Report of Committee Chairman - Discussion and Action on COTH "Position Papers".
 - A. 1. Report by Richard T. Viguers, Chairman, COTH Committee on Construction and Modernization Funds for Teaching Hospitals.
 2. Discussion and Action on Position Statement -- "Meeting Society's Expectations for Excellence in Service and Education".
 - B. 1. Report by Charles R. Goulet, Chairman COTH Committee on Financial Principles for Teaching Hospitals.
 2. Discussion and Action on Position Statement "Guidelines for Allocating Program Costs in Teaching Hospitals"
10. Other Old Business
11. Presentation by Mr. Robert A. Derzon, First Deputy Administrator, Department of Hospitals, City of New York.
12. Introduction of New Chairman and Executive Committee Members by Chairman Grapski.
13. Response by New Chairman, Council of Teaching Hospitals - Leroy S. Rambeck.
14. Adjournment.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

RECEIVED

OCT 14 1968

AAMC-WASH., D. C.

(Please type)

Bronx Municipal Hospital Center

Hospital:

Pelham Parkway South ^{Name} & Eastchester Road

Bronx, New York ^{Street} 10461

^{City}

Sheldon S. King

^{State}

^{Zip Code}

Principal Administrative Officer:

Assistant ^{Name} Commissioner

^{Title}

Hospital Statistics:

Date Hospital was Established: September 1954

Average Daily Census: 930.5 (1967)

Annual Outpatient Clinical Visits: 265,818 (1967)

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	Medicine 11/27/54	0	
Mixed	Mixed Med. 11/27/54	4	4
Straight	Pediatrics 4/4/56	61	61
	Straight Surg. 6/25/56		
	Pathology 5/12/61		

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	3/14/56	41	43
Surgery	7/6/56	46	48
✓ OB-Gyn	6/4/56-retroactive 7/1/55	19	17
Pediatrics	4/4/56	28	31
Psychiatry	6/29/56	100	71

Information submitted by:

Sheldon S. King

Assistant Commissioner

^{Name}

^{Title}

October 3, 1968

Sheldon S. King
Assistant Commissioner

^{Date}

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, 2530 Ridge Avenue, Evanston, Illinois 60201, retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of:

- a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,

and

- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine Albert Einstein College of Medicine

Name of Parent University Yeshiva University

Name of Dean of School of Medicine Harry Gordon, M.D. Dean

Complete address of School of Medicine 1300 Morris Park Avenue
Bronx, New York 10461

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

October 17, 1968

Donald M. Rosenberger
Director
United Hospitals of Newark
27 South Ninth Street,
Newark, New Jersey 07107

Dear Don:

In response to your letter of October 10th which attached the letter of October 2, 1968 from Rulon W. Rawson, M.D., Deandof Medicine and Vice President of the New Jersey College of Medicine and Dentistry. I am referring your application in the Council of Teaching Hospitals to our Executive Committee (which is also the Committee on Membership). The Executive Committee will meet on Thursday, October 31, 1968.

The letter from Doctor Rawson is not as specific as is usually the letters of nomination received from Deans of Medicine. In fact, Doctor Rawson indicated "technically, the United Hospitals is not yet affiliated." The COTH Rules and Regulations read specifically "those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school," (underscoring from this office).

However, because of your interest which the COTH staff appreciates very much and because of your many years of leadership in the field of hospital administration, it is desirable that the total Executive Committee review this application and the letter from Doctor Rawson.

I shall be in contact with you promptly after the Executive Committee Meeting.

Cordially,

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

MFM: mes



NEW JERSEY COLLEGE OF
MEDICINE AND DENTISTRY

24 BALDWIN AVENUE
JERSEY CITY, N.J. 07304

October 2, 1968

Mr. Matthew F. McNulty, Jr.
Director, Council of Teaching Hospitals
Association of American Medical Colleges
1346 Connecticut Avenue N.W.
Washington, D.C.

Dear Mr. McNulty:

Mr. Donald M. Rosenberger, Director of the United Hospitals of Newark, has shown me a copy of your letter to him dated September 12, 1968 and a copy of his answer dated September 17th.

Mr. Rosenberger was correct in making the statement he did in his original letter of application. Representatives of the United Hospitals of Newark have been meeting with representatives of the New Jersey College of Medicine to discuss terms under which an affiliation might be established. As yet, no formal proposal for a formal affiliation has been submitted to the college and its Board of Trustees by the United Hospitals.

Technically, the United Hospitals is not yet affiliated. However, the Babies Hospital Unit of the United Hospitals has joined with the Department of Pediatrics offering an integrated residency in Pediatrics. The Division of Ophthalmology of the College of Medicine and the Eye and Ear Unit of the United Hospitals offer an integrated residency in Ophthalmology.

If the United Hospitals of Newark do not at present qualify for membership in the Council of Teaching Hospitals, I feel hopeful that we will have been able to establish a formal affiliation justifying such membership within the next few months.

Sincerely yours,

Rufon W. Rawson, M.D.

Dean of Medicine and Vice President

RWR/mdp

UNITED



HOSPITALS OF NEWARK

RESBYTERIAN · CRIPPLED CHILDREN · BABIES' · EYE AND EAR UNITS

27 SOUTH NINTH STREET • NEWARK, NEW JERSEY 07107 • 201-484-8000

October 10, 1968

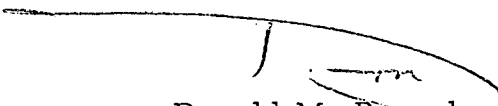
Mr. Matthew F. McNulty, Jr.
Director, Council of Teaching Hospitals
Association of American Medical Colleges
1346 Connecticut Avenue N. W.
Washington, D. C.

Dear Matt:

Thank you for your letter of September 12.
We sincerely appreciate your evaluation of our applica-
tion for membership in the Council of Teaching Hospitals.

In accordance with your suggestion, a letter
from Rulon W. Rawson, M.D., Dean of Medicine and
Vice President of the New Jersey College of Medicine
and Dentistry, is enclosed. We trust this letter will
adequately support our application.

Sincerely,


Donald M. Rosenberger
Director

DMR:eb
Enc.

RECEIVED

OCT 14 1968

AAMC-WASH., D. C.

OFFICERS: WOODRUFF J. ENGLISH, *Chairman* MORRIS M. MESSING, *President* JAMES R. E. OZIAS, *Vice President* ROBERT M. KREMENTZ, *Vice President*
ROBERT P. HAZLEHURST, JR., *Vice President* RALPH G. SCHWELMEYER, *Vice President* ROGER C. WARD, *Secretary* BARCLAY B. BAEKEY, *Treasurer*
TRUSTEES ARCH BLICKENSTAFF MRS. G. GILBERT BROWN ROBERT E. COLE ROBERT G. COWAN BERNARD K. CRAWFORD C. MALCOLM DAVIS
FRANK L. DRIVER, JR. CHARLES W. ENGELHARD R. BARRY GREENE FREDERICK H. GROEL MRS. WILLIAM H. JAQUITH JOHN W. KRESS
ROBERT D. LILLEY ALFRED C. LINKLETTER OLIVER LOFTON ROBERT B. MEYNER WILLIAM H. OSBORNE, JR. WILBUR PARKER JOSEPH PARTENHEIMER
PERCY RAPPAPORT S. HARRISON ROLLINSON, JR. EDWARD W. SCUDDER, JR. BERNARD M. SHANLEY DAVID J. SHERWOOD W. PAUL STILLMAN
WATSON F. TAIT, JR. ROBERT W. VAN HOUTEN THOMAS GLYNN WALKER WILLIAM F. WARD EARL LEROY WOOD, M.D. STUART A. YOUNG, JR.

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PLEASE READ INSTRUCTIONS ON REVERSE SIDE

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: United Hospitals of Newark
27 South Ninth Street Name
Newark, New Jersey Street
07107 City State Zip Code
Principal Administrative Officer: Donald M. Rosenberger
Director Name
Director Title

Hospital Statistics:
Date Hospital was Established: 1958^a
Average Daily Census: 429.2
Annual Outpatient Clinical Visits: 44,800

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1949</u>	<u>10</u>	<u>3</u>
Mixed	<u></u>	<u></u>	<u></u>
Straight	<u></u>	<u></u>	<u></u>

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u></u>	<u></u>	<u></u>
Surgery	<u>1950</u>	<u>3</u>	<u>3</u>
OB-Gyn	<u></u>	<u></u>	<u></u>
Pediatrics	<u>1961</u>	<u>16</u>	<u>16^b</u>
Psychiatry	<u></u>	<u></u>	<u></u>

NOTE: See addendum for residencies in ophthalmology, otolaryngology and orthopedics.
Information submitted by:

Donald M. Rosenberger Director
Name Title
August 29, 1968 Donald M. Rosenberger
Date Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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- and
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All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine New Jersey College of Medicine and Dentistry

Name of Parent University _____

Name of Dean of School of Medicine Rulon W. Rawson, M.D.

Complete address of School of Medicine 24 Baldwin Avenue
Jersey City, N. J. 07304

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

August 29, 1968

ADDENDUM

Other AMA approved residency programs at United Hospitals of Newark, New Jersey:

<u>Approved Residencies</u>	<u>Date of Initial Approval by DME</u>	<u>Total Residencies Offered</u>	<u>Total Residencies Filled</u>
Ophthalmology	1956	15	11 ^c
Otolaryngology	1957	6	6 ^d
Orthopedics	mid 1940's	6	6 ^e

FOOTNOTES

a. The United Hospitals of Newark was established in 1958 as the result of a merger of:

- Babies' Hospital - founded 1896
- Newark Eye and Ear Infirmary - founded 1880
- Hospital for Crippled Children and Adults - founded 1892
- Presbyterian Hospital of Newark - founded 1909

b. The pediatric residency is a joint program with the Martland Hospital Unit of the New Jersey College of Medicine and Dentistry. Seven residents are assigned to the United Hospitals of Newark. Initial approval for the Babies' Hospital, now a Unit of United Hospitals of Newark, was obtained in the mid 1940's. In addition to the joint pediatric residency program, the Hospital and the Medical College have jointly engaged the full-time services of a pediatric cardiologist. Half his time is spent at the College in the capacity of Associate Clinical Professor of Pediatrics; the other half of his time is spent at the Babies' Hospital Unit in the capacity of Pediatric Cardiologist in the Heart Institute. The College and the Hospital share equally in the doctor's annual compensation.

c. The ophthalmology program is a joint program with the Martland Hospital Unit of the New Jersey College of Medicine and Dentistry, East Orange Veterans Administration Hospital, and the Jersey City Medical Center. Currently four residents are assigned to United Hospitals of Newark.

d. The otolaryngology program is a joint program with the Martland Hospital Unit of the New Jersey College of Medicine and Dentistry. Two residents are assigned to United Hospitals of Newark

e. The orthopedic program has accommodated residents for a number of years without interruption as part of an affiliation program with the United States Public Health Service Hospital, Staten Island, New York; Metropolitan Hospital, New York City; and the Albert Einstein Medical Center, Philadelphia, Pennsylvania. This year residents from the Martland Hospital Unit of the New Jersey College of Medicine and Dentistry have been added to the program.

(item 8)

October 22, 1968

Mr. Michael R. Brown
Simpson Thacher & Bartlett
120 Broadway
New York, New York 10005

Dear Mr. Brown:

In response to your letter of October 16 I want to say that the Association of American Medical Colleges is deeply interested in the "novel" labor problem described in your letter but is not in a position to take an active part in the hearings, and I don't know how we can be very helpful to you and your client.

We do not have knowledge of other instances in New York State or elsewhere in which organizations of residents have been formerly recognized as bargaining units. Since this is the first instance to come to our specific attention, it should not be surprising that the Association has not developed policy positions on which rather rapid decisions to take an active part in the hearings could be based. You are probably quite familiar with the recent contract settlement between the New York City Department of Hospitals and an association of interns and residents. I do not believe that this specifically involved the New York State Labor Relations Board, but some of the elements are fairly similar.

The information the Association has about the compensation of interns and residents is largely related to levels of compensation and not to discussions or negotiations which led to the establishment of those levels.

I agree with you that there may be far-reaching ramifications from this matter. We will be much interested in the outcome and will initiate steps to develop clear-cut policies for the Association in this matter so we will be better prepared the next time it comes up.

Sincerely yours,

Robert C. Berson, M.D.
Executive Director

RCB:sg
bcc: Matthew F. McNulty, Jr.

SIMPSON THACHER & BARTLETT
120 BROADWAY
NEW YORK, N.Y. 10005

MIDTOWN OFFICE:
350 PARK AVENUE
NEW YORK, N.Y. 10022

964-1900

WASHINGTON OFFICE:
1700 K STREET, N.W.
WASHINGTON, D.C. 20006

AIR MAIL - SPECIAL DELIVERY

October 16, 1968

Dr. Robert C. Berson,
Executive Director,
Association of American Medical
Colleges,
1346 Connecticut Avenue, N.W.,
Washington, D.C. 20036.

Dear Dr. Berson:

This law firm represents a number of voluntary hospitals both in New York City and New York State for the purpose of advising them in the area of labor relations. At present, one of our clients, a specialty hospital in New York City, has been presented with a novel labor problem which we believe will be of great interest to the Association of American Medical Colleges. The residents in training at this hospital have organized an association which has petitioned the New York State Labor Relations Board seeking that Board's certification as the exclusive bargaining representative for the residents with regard to their wages, hours and working conditions. We are opposing the Association's petition on the following grounds: (1) that the residents are not employees granted the right to organize under the New York State Labor Relations Act, but rather they are students engaged in continuing their medical education by post-graduate training at our client's hospital;

October 16, 1968

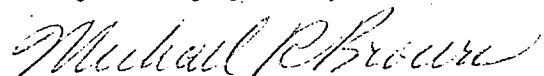
(2) that as the residents' training at the hospital is for a predetermined length of time, they do not comprise an appropriate bargaining unit; and (3) that their "association" is not a labor organization within the purview of the New York State Labor Relations Act.

To our knowledge, this is the first petition filed with the New York State Labor Relations Board or with any other similar state agency in the country in which residents have sought to formally organize themselves into a union and to seek formal certification. Due to the far reaching ramifications of residents being allowed to form their own unions, we have asked the New York State Board to conduct a formal hearing on the questions raised by our objections set forth above.

In view of the wide interest which the Board's decision will receive, we would solicit any assistance which the Association of American Medical Colleges might desire to lend either in the form of material which we might be able to introduce into evidence at the hearing, or in the form of amicus curiae participation in the hearing itself, which we would certainly welcome.

I would appreciate hearing from your office in the very near future. While the hearing has not been scheduled as yet, we anticipate it being held within the next three weeks.

Very truly yours,



Michael R. Brown

P.S. The hearing has been scheduled for October 29, 1968. We would appreciate your reply as soon as possible.

Internal Revenue

No.
1968-41

OCTOBER 7, 1968

BULLETIN

9

HIGHLIGHTS OF THIS ISSUE

These synopses are intended only as aids to the reader in identifying the subject matter covered. They may not be relied upon as authoritative interpretations.

INCOME TAX:

Amounts paid to interns and resident physicians by a hospital operated in conjunction with a State medical school are compensation for services and are not excludable from gross income as scholarship or fellowship grants. **Rev. Rul. 68-520, page 8.**

Amounts paid to interns and resident physicians by a hospital operated in conjunction with a State medical school are compensation for services and are not excludable from gross income as scholarships or fellowship grants.

SECTION 117.—SCHOLARSHIPS AND FELLOWSHIP GRANTS

26 CFR 1.117-4: Items not considered as scholarships or fellowship grants. **Rev. Rul. 68-520**

Advice has been requested whether, under the circumstances set forth below, amounts paid to interns and resident physicians by a hospital operated in conjunction with a school of medicine at a state university are excludable from gross income as scholarships or fellowship grants under section 117 of the Internal Revenue Code of 1954.

A state university operates a hospital having an average daily patient population of more than 1,000 patients. The hospital's outpatient department and emergency rooms treat an additional 500 patients each day. In some cases, special referrals are received from admitting physicians where the case appears to have unusual educational value. The hospital has a medical staff of 350 physicians and an intern and resident staff (house staff) of approximately 300.

The interns and residents are assigned patient care responsibilities commensurate with their training and experience. A specific number of beds are assigned to each intern and resident, depending on the

nature of the service involved. For example, an intern or resident in the eye service may be assigned as many as 30 patients. The overall ratio of interns and residents to patients is approximately one to four.

Section 117(a) (1) of the Code relating to scholarships and fellowship grants, provides that subject to certain conditions and limitations provided by section 117(b), amounts received by individuals as scholarship and fellowship grants are excludable from gross income.

Section 1.117-3(c) of the Income Tax Regulations defines the term "fellowship grant" to mean an amount paid or allowed to, or for the benefit of an individual to aid him in the pursuit of study or research.

Section 1.117-4(c) of the regulations provides, in part, that amounts paid or allowed to, or on behalf of an individual to enable him to pursue studies or research are considered to be amounts received as a scholarship or fellowship grant, if the primary purpose of the studies or research is to further the education and training of the recipient in his individual capacity and the amount provided by the grantor for such purpose does not represent compensation or payment for services.

In the instant case, even though some patients are referred on the basis of their educational value, the primary function of the hospital is to provide general medical services to its patients. The intern and resident staff is furthering that objective. Each is responsible for a fixed number of patients. Each intern and resident is therefore performing services within the meaning of section 1.117-4(c) of the regulations.

Accordingly, amounts paid to the interns and resident physicians by the hospital in the instant case are compensation for services and not excludable from gross income as scholarships or fellowship grants under section 117 of the Code. See Revenue Ruling 65-117, C.B. 1965-1, 67, holding that amounts paid to licensed resident physicians under a State hospital psychiatric trainee program are not excludable from their gross incomes under section 117(a) of the Code.

THE NEW YORK TIMES, FRIDAY, OCTOBER 18, 1968

City Wins Fight to Withhold Some Medicaid Fees

Special to The New York Times

ALBANY, Oct. 17—The State Department of Health has agreed to let New York City withhold payment of Medicaid fees to supervisory physicians in teaching hospitals.

Dr. Hollis S. Ingraham, State Commissioner of Health, said today that in exchange, New York City health officials would be asked to assure that continued high levels of medical service would be given Medicaid patients in the teaching hospitals.

The tentative agreement, Dr. Ingraham said, is based on the city's developing a program to include a review of hospital Medicaid payments records and "the records of any patients" by the City Department of Health. Dr. Ingraham said city officials had been assured that they had the authority to review such records.

The agreement was announced after a meeting of state and city officials. It appeared to have resolved an impasse created early in September when the city administration balked at a new state Medicaid fee schedule.

This schedule established maximum Medicaid fees for supervisory physicians in teach-

Supervisory Physicians at Teaching Hospitals Will Not Get Special Pay

ing hospitals. New York City send the schedule would cost about \$25-million more in the city alone, including nearly \$7-million in municipal funds.

On the advice of the city's Corporation Counsel, the administration said it could legally opt to pay any amount under the maximums established in the schedule and therefore "has opted to pay nothing," according to a letter sent to Dr. Ingraham by Dr. Bernard Bucove, Health Services Administrator.

Dr. Ingraham said today the city's position could be maintained as long as it could assure the same level of medical services.

Dr. Edward O'Rourke, City Health Commissioner, said the funds required for the new fee schedule did nothing to provide better medical services.

Jack R. Goldberg, the city Social Services Commissioner, referred to recent cutbacks in the state's Medicaid program and said "We just dropped one

million persons from the program. Something has to be done to get [them] back." The city now has 1.5 million persons receiving Medicaid assistance.

Mr. Goldberg suggested the funds originally proposed for supervisory physician fees might better be used to broaden services.

In July, Raymond S. Alexander, assistant commissioner of the City Health Department, in a letter to the State Department of Health, had urged a "management fee" for supervisory physicians. He said that in some cases hospitals were allowing such physicians to bill at private care rates "by artificially assigning these cases to physicians."

Mr. Alexander said it was "virtually impossible for us to regulate the present system."

Dr. Lowell Bellin, executive director of medicine in the city's Medicaid program, said his department would begin immediately to organize a staff for the fee and service review authorized by the state.

UNIVERSITY HOSPITAL



THE UNIVERSITY OF MICHIGAN MEDICAL CENTER

 W. G. K. Broncke, M.D., Director
 ANN ARBOR, MICHIGAN 48104

September 26, 1968

Matthew F. McNulty, Jr., Director
 Association of American Medical Colleges
 Council of Teaching Hospitals
 1346 Connecticut Avenue, N.W.
 Washington, D. C. 20036

Dear Matt:

There is another area which I think is crucial for the Council of Teaching Hospitals to tackle in the immediate future.

With the growing development of Regional Hospital Planning and with the ultimate operation of the programs under Comprehensive Health Planning Act, I see a critical need to develop a set of criteria to be used by planning agencies in evaluating the needs of teaching hospitals. Those planning agencies with whom I have had contact apply to the teaching hospital the same criteria of need as they apply to any community hospital; namely, the number of beds per unit of population. With the serious deficits in this country for personnel in the multiple health disciplines and the need of a much greater production of these individuals, it seems to me that a set of criteria based on needs for teaching of disciplines should be developed rather than needs for beds as currently determined for our population.

There are many instances I can visualize where the community needs for beds have been satisfied, but if enlarged programs for teaching of health disciplines, physicians, nurses, physical therapists and the many other classifications will require more beds in order to afford them adequate clinical experience, yet the application of standard criteria will interfere with such programs.

Would you concur with me that this should be an item taken under consideration by the Council of Teaching Hospitals?

Sincerely,

Roger B. Nelson, M.D.
 Senior Associate Director

RBN:lj

RECEIVED

 SEP 30 1968
 AAMC-WASH., D. C.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

September 4, 1968

TO: Members, Executive Council

FROM: Robert C. Berson, M.D., Executive Director

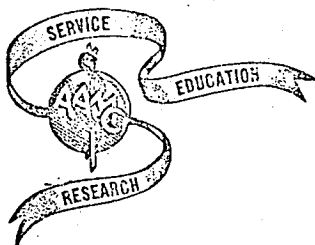
SUBJECT: Proposal that the AAMC join the Johns Hopkins School of Hygiene and Public Health in sponsoring a fourth Seminar on Health Services Research.

The AAMC, largely through the interests and activities of Dr. Paul Sanazaro, joined with the Johns Hopkins School of Hygiene and Public Health in sponsoring the first three seminars. The indications are that the seminars were quite successful as far as the participants were concerned.

Dr. Kerr L. White has written to ask that the AAMC be a co-sponsor of a fourth seminar to be held in Baltimore, April 14-18, 1969. Since so much health services research is conducted in hospital and clinic settings, it would be logical for the Council of Teaching Hospitals to be the focus for the AAMC's active participation in this activity. The staff and Executive Committee of the COTH are actively interested.

RECOMMENDATION:

I recommend that the Executive Council approve the AAMC's co-sponsorship of the fourth seminar and designate the COTH as the focus for active participation.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 2530 RIDGE AVENUE EVANSTON, ILLINOIS 60201
 1346 CONNECTICUT AVENUE, N.W. WASHINGTON, D. C. 20036

October 3, 1968

ROBERT C. BERSON, M.D.
 EXECUTIVE DIRECTOR
 WASHINGTON, D. C.

EVANSTON: 312: 328-9505
 WASHINGTON: 202: 223-5364

John W. Williamson, M.D.
 Department of Medical Care and Hospitals
 School of Hygiene and Public Health
 The Johns Hopkins University
 615 North Wolfe Street
 Baltimore, Maryland 21205

Dear Doctor Williamson:

In response to your letter of September 27th concerning the planning for the Fourth Annual Health Services Research Seminar presently scheduled, as we understand it, for Monday, April 14, through Friday, April 18, 1969, I would suggest that Matthew F. McNulty, Jr., be the representative of the AAMC to "attend and contribute to Seminar planning and to represent the AAMC at the Seminar itself" as requested in your letter. Mr. McNulty is both the Director of the Council of Teaching Hospitals and an Associate Director of the AAMC. He has, therefore, a broad knowledge of the capabilities and resources of our Association.

Richard M. Knapp, Ph.D., Project Director, Teaching Hospital Information Center, Council of Teaching Hospitals, AAMC, would be Mr. McNulty's alternate. Mr. McNulty has many commitments on behalf of the Council and the AAMC. In order that we be present for as much of your planning and execution process as is possible, Doctor Knapp could be available and kept informed by Mr. McNulty.

At the first planning session for the Seminar, the AAMC would be prepared through its representative to respond to your request by making suggestions for possible speakers on the subject of "Medical Education and Health Services Research in United States Medical Schools". At this time, we do indicate names such as Doctors Lowell T. Coggeshall, Colin MacLeod, William G. Anlyan, and Vernon Wilson. Each of these individuals has been actively engaged in the medical education world for a number of years and in addition has a concurrent interest in the delivery of health services as a practical and academic subject. Other individuals of either the same background or with an actual expression of health services research activity could be presented for consideration.

John W. Williamson, M.D.

October 3, 1968

The Association would be pleased to be of assistance in promoting and distributing information widely concerning the Seminar. As you may know, the Association of American Medical Colleges will implement new Bylaws in Houston during the 79th Annual Meeting of the AAMC. The new organization will have as its corporate focus a delegate-type Assembly. The institutional base of the Association will be broadened to include not only medical schools but also teaching hospitals and constituent academic societies.

The Association at this time is not in a position to be helpful with actual financial assistance for the Fourth Annual Seminar. However, we would be very pleased to join with you in an approach to the various funding possibilities for obtaining the additional \$1,500 mentioned in your letter.

If there are other ways in which we can be of assistance, please let us know. Otherwise, we shall be awaiting your advice as to initiation of whatever planning activities you believe appropriate and for which we should be represented for assistance in planning the Seminar.

Cordially,

Robert C. Berson, M.D.
Executive Director

RCB/dae

cc: Matthew F. McNulty, Jr. ✓
Chevas McC. Smythe, M.D.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

P R O G R A M

THE ROLE OF THE UNIVERSITY
IN GRADUATE MEDICAL EDUCATION

Marriott Twin Bridges Motor Hotel
Washington, D.C.

October 2-5, 1968

WEDNESDAY - OCTOBER 2, 1968

4:00 - 6:00 p.m.
Terrace Room

Registration

6:00 - 6:45 p.m.
Persian Room III

Social Hour

7:00 - 8:00 p.m.
Persian Room II

Dinner

8:30 p.m.
Persian Room I

PLENARY SESSION

Presiding: Thomas D. Kinney, M.D.
Chairman, Dept. of Pathology
Duke University
School of Medicine

"The Role of the University in Graduate
Medical Education"

Eugene A. Stead, Jr., M.D.
Florence McAlister Professor of Medicine
Duke University
School of Medicine

THURSDAY MORNING - OCTOBER 3, 1968

7:00 - 8:00 a.m.
South, Lee, and
Arlington Rooms

Breakfast

8:30 a.m.
Persian Room I

PLENARY SESSION

Presiding: Jonathan E. Rhoads, M.D.
Chairman, Dept. of General Surgery
The University of Pennsylvania
School of Medicine.

8:30 - 9:00 a.m.

"Orthopedics and the Impact of Learning Theory"
Charles Gregory, M.D.
Chairman, Department of Orthopedic Surgery
The University of Texas
Southwestern Medical School

9:10 - 9:40 a.m.

"Pediatrics: The Relation of Training to
Multiple Tracks of the Future"
Robert B. Lawson, M.D.
Chairman, Department of Pediatrics
Northwestern University
Medical School

9:50 - 10:20 a.m.

"Patterns of Training for Internal Medicine"
Jack D. Myers, M.D.
Chairman, Department of Medicine
The University of Pittsburgh
School of Medicine

10:20 - 10:40 a.m.

Break

10:40 - 11:10 a.m.

"Neurological Surgery and the Assessment of
Accomplishment"
Guy L. Odom, M.D.
Chairman, Department of Neurosurgery
Duke University
School of Medicine

11:20 - 11:50 a.m.

"Physiology"
Robert E. Forster, M.D.
Chairman, Department of Physiology
The University of Pennsylvania
School of Medicine
Division of Graduate Medicine

12:00 noon - 1:30 p.m.

Lunch - Participants on own

THURSDAY AFTERNOON - OCTOBER 3, 1968

1:30 - 3:00 p.m.
Persian Room I

PLENARY SESSION
Panel - "Basic Science Input Into Training:
It's Nature and Content"

Chairman: Dan C. Tosteson, M.D.
Chairman, Department of Physiology
and Pharmacology
Duke University
School of Medicine
Sam L. Clark, M.D.
Chairman, Department of Anatomy
University of Massachusetts
School of Medicine
Robert W. Wissler, M.D., Ph.D.
Chairman, Department of Pathology
The University of Chicago
School of Medicine
H. George Mandel, Ph.D.
Chairman, Department of Pharmacology
The George Washington University
School of Medicine
Harry M. Rose, M.D.
Chairman, Department of Microbiology
Columbia University
College of Physicians and Surgeons
Gordon M. Tomkins, M.D., Ph.D.
Chief, Laboratory of Molecular
Biology
National Institutes of Health

3:00 - 3:30 p.m.

Break

3:30 - 4:00 p.m.
Persian Room I

PLENARY SESSION
Organization of Discussion Groups, Objectives
of Conference, and Necessity for Final
Recommendations

4:00 - 5:00 p.m.

Initial Meetings of Discussion Groups

6:00 - 6:45 p.m.
Persian Room III

Social Hour

7:00 - 8:00 p.m.
Persian Room II

Dinner

8:30 p.m.
Persian Room I

PLENARY SESSION
Presiding: Eben Alexander, Jr., M.D.
Chairman, Department of Neurosurgery
Bowman Gray School of Medicine
"Financing Graduate Medical Education"
Stanley W. Olson, M.D.
Director, Div. of Regional Medical Programs
National Institutes of Health

FRIDAY - OCTOBER 4, 1968

7:00 - 8:00 a.m.
Persian Rooms II & III

Breakfast

8:30 - 9:00 a.m.
Persian Room I

PLENARY SESSION

Presiding: John I. Nurnberger, M.D.
Chairman, Dept. of Psychiatry
Indiana University
School of Medicine

"The Evolutionary Functions of American Medical
Specialty Boards"

William D. Holden, M.D.
Chairman, Department of Surgery
University Hospitals of Cleveland

9:00 - 12:00 noon

Discussion Groups (See Discussion Group
Assignment List for room numbers.)

12:00 noon - 1:30 p.m.

Lunch - Participants on own

1:30 - 2:00 p.m.
Persian Room I

PLENARY SESSION

Presiding: Harry A. Feldman, M.D.
Chrmn., Dept. of Preventive Medicine
State University of New York
Upstate Medical Center

"What Can University Graduate Medical Education
Do Better to Meet the Demand of the Community
for Medical Care?"

Kurt Deuschle, M.D.
Chairman, Department of Community Medicine
Mount Sinai School of Medicine

2:00 - 3:30 p.m.

Continuation of Group Discussions

3:00 - 5:00 p.m.
Persian Room I

Formulation of Recommendations From
Discussion Groups

6:00 - 6:45 p.m.
Persian Room III

Social Hour

7:00 - 8:00 p.m.
Persian Room II

Dinner

8:30 p.m.
Persian Room I

PLENARY SESSION

Presiding: Ralph J. Wedgwood, M.D.
Chairman, Department of Pediatrics
University of Washington
School of Medicine

"The National Library and Medical Education"

Martin M. Cummings, M.D.
Director, National Library of Medicine

SATURDAY - OCTOBER 5, 1968

7:00 - 8:00 a.m.
South, Lee, and
Arlington Rooms

Breakfast

8:30 - 10:30 a.m.
Persian Room I

Report From Discussion Group Leaders
Presiding: Thomas D. Kinney, M.D.
Chairman, Dept. of Pathology
Duke University
School of Medicine

10:30 - 11:00 a.m.

Break

11:00 - 12:00 noon
Persian Room I

Final Report of Conference Chairman

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036
202/223-5364

NOMINATING COMMITTEE
SCHEDULE OF MEETINGS

Friday, November 1, 1968:

5:15 p.m. - 6:00 p.m.
Room 353 (third floor)
Shamrock Hilton Hotel
Open Session

Saturday, November 2, 1968:

12:30 p.m. - 1:30 p.m.
Room 353 (third floor)
Shamrock Hilton Hotel
Open Session
(lunch served to members)

Sunday, November 3, 1968:

12:00 noon - 1:30 p.m.
Room 351 (third floor)
Shamrock Hilton Hotel
Closed Session
(lunch served to members)

October 21, 1968

Leonard D. Fenninger, M.D.
Director
Bureau of Health Manpower
Department of Health, Education
and Welfare
1105 Ballston Center, Tower 1
801 North Quincy Street
Arlington, Virginia 22203

Dear Len:

Since the recent enactment of the Health Manpower Act of 1968 (P.L. 90-490) a number of inquiries have been received from our Council of Teaching Hospitals members regarding the provisions of Section 104, Grants for Multi-purpose Facilities particularly as it affects teaching hospitals.

House Report No. 1634, in describing Section 104 of the legislation indicates the amendments to the Public Health Service Act are aimed at simplifying and making more efficient the authorities related to the support of the construction of health professions teaching facilities. As you well know, the graduate education of physicians is undertaken in the teaching hospitals. The guidelines for the existing Health Professions Educational Facilities Construction Act, under a paragraph entitled, Who May Receive Federal Funds, indicates, "A public or other nonprofit agency may file an application on behalf of an affiliated hospital, if the application is approved by the school of medicine or osteopathy with which the hospital is affiliated."

If this provision were included in the guidelines for Section 104 of the Health Manpower Act of 1968 it would serve to systematically eliminate a number of COTEH members that provide physician graduate and continuing education programs, but which are not affiliated with medical schools. Examples of these institutions would be the Henry Ford Hospital in Detroit, and the Hartford Hospital in Hartford, Connecticut.

I would like to urge that regulations governing this section of the Act contain language which would include applications from teaching hospitals which fulfill the criteria adopted by the Council of Teaching Hospitals, that is, that the institutions have an active, independent internships and full residencies in three of the following disciplines: Medicine, Surgery, Ob-Gyn, Pediatrics and Psychiatry.

Leonard D. Fenninger, M.D.
October 21, 1968
Page Two

In framing this request we understand fully the current fiscal constraints imposed on the Bureau of Health Manpower by the international situation, and do not want the impression left with you, that we are requesting the impossible. We do believe however, that the issue is of sufficient importance that we formally record our position at this time. I would like very much to have the opportunity to discuss this with you at your convenience.

Cordially,

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

MM:cr

EDUCATIONAL COUNCIL for FOREIGN MEDICAL GRADUATES

3930 CHESTNUT STREET

PHILADELPHIA, PENNSYLVANIA 19104, U.S.A.

Always Refer to:

October 7, 1968

Phone: 215-EV 6-1300

Applicant No. _____

MEMORANDUM

TO: ECFMG Board Trustees
Test Committee
Mr. Nygren


FROM: Executive Director

SUBJECT: Letter from Abdul Khaliq, M.D., ECFMG No. 066-797-2

Enclosed are copies of the following letters:

1. Letter from Dr. Khaliq to Dwight L. Wilbur, M.D. President, American Medical Association, dated August 16, 1968.
2. Dr. Wilbur's reply, dated September 9, 1968.
3. Our letter to Dr. Khaliq, dated October 7, 1968

Dr. Khaliq has some interesting comments about the training opportunities offered to foreign medical graduates in general, and a couple of comments about the ECFMG examination in particular.


G. Halsey Hunt, M.D.
Executive Director

GHH:gl
Encl: Three letters



Sponsoring Agencies

American Hospital Association • Association of American Medical Colleges
American Medical Association • Federation of State Medical Boards of the United States



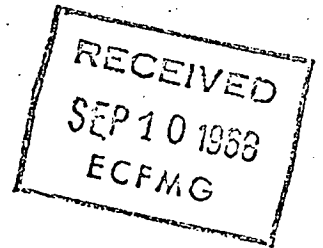
AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 527-1500 • TWX 910-221-0300

PRESIDENT

DWIGHT L. WILBUR, M.D.
655 Sutter Street
San Francisco, California 94102

September 9, 1968



Abdul Khaliq, M.D.
7-Stadium Road
Rahimyarkhan, West Pakistan

Dear Doctor Khaliq:

Thank you very much for sending me your letter of August 16 concerning your experience as a foreign medical graduate here in the United States and your thinking concerning what might be done to improve the project here for foreign medical graduates. I will call this to the attention of the Council on Medical Education of the American Medical Association and other groups with a primary interest in the areas of this responsibility.

Sincerely,

Dwight L. Wilbur, M.D.
President
American Medical Association

DLW:bkw

cc: C. H. William Ruhe, M.D.
Harold Margulies, M.D.
Halsey Hunt, M.D. ✓

October 7, 1968

066-797-2

Dr. Abdul Khaliq
7 Stadium Road
Rahimyarkhan, West Pakistan

Dear Dr. Khaliq:

Dr. Dwight L. Wilbur, President, American Medical Association, has sent the ECFMG a copy of your letter of August 16, 1968.

We are glad to have your comments about the training received by foreign medical graduates in the United States in general, and your comments about the ECFMG examination in particular.

We recognize that the English test is at least precise part of the ECFMG examination. Your comment that the ECFMG English test should include "several situations demanding a written expression aided by memory alone" reminds me of the essay-type English test which we used prior to October 1963, and which was abandoned because it was impossible to score the test with any degree of consistency. We agree with you completely, that it would be desirable to establish training courses (in medicine as well as in English), in which foreign medical graduates could have three months (or possibly more) of intensive instruction and practice.

I can picture no way in which this can be done outside the United States, however, as you seem to suggest. I think such training courses would have to be limited to those who have passed the medical portion of the ECFMG examination, at least, and who had come to the United States.

Desirable as such training courses would be, we feel that the principal need at present is to improve the quality of training given in the hospital internship and residencies.

Thanks again for your thoughtful comments.

Sincerely yours,

G. Halsey Hunt, M.D.
Executive Director

GHH:glg

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*Copy to
Com in Em G
Council in ME
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Abdul Khaliq, M.D.
Washington, D.C.

16th August, 1968

Dwight L. Wilbur, M.D., President
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Dear Dr. Wilbur:

On the eve of departure from the United States for my country, a sense of duty to our profession in general and to American medicine in particular urges me to share my thoughts with you. More than anything else this letter has been prompted by the feeling that the American Medical Association has the potential to effect a continuous improvement in its services to the public.

I am a foreign medical graduate. I arrived in the United States as an exchange visitor in July of 1966. I have completed a year of rotating internship and a year of residency in General Practice. I have visited several hospitals and I have attended scores of reputed rounds and meetings. My impressions are based on my personal experience, travels, observations and discussions with a large number of individuals and groups. I state without reservation that I consider my stay in the United States fruitful in every respect. The following comments flow out of appreciation and understanding.

The quality of medical care and training of medical personnel in the hospitals accredited by the American Medical Association varies from one institution to another to such a degree as to justify the application of superlatives. Some university hospitals represent the best and some private hospitals the worst in medical practice. Among the rest there is hardly a uniform standard. As university hospitals prefer to recruit their own graduates most foreign medical graduates are forced to seek training in private hospitals. Medical graduates from underdeveloped countries in general are less fortunate in their application of education and training as compared to their counterparts in the United States. Paradoxically, in the United

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States also the foreign medical graduates are condemned to inferior training. This training ultimately reflects on the patient care in the United States.

In many hospitals, though employed as interns and residents, the foreign medical graduates actually work as house physicians. While exploiting the foreign medical graduates, the authorities of such hospitals usually argue that they are offering these graduates the kind of training which involves independent judgement and which will be more useful for them in their own countries. At best there is a nominal supervision of such interns and residents. The consultants whose names are regularly printed on an impressive schedule seldom appear in person.

In the field of ethics also, the experience at some places is far from desirable. I refrain from quoting instances lest my remarks should be taken as specific rather than general. But I must point out one inhuman practice.

The discrimination between the staff and the private patients in regard to some hospitals is appalling. Many physicians who are eager to see their private patients more than once a day pay a fleeting visit to their staff patients very irregularly. The spectacle of neglect and inferior care of the staff cases in many hospitals makes one wonder if socialized medicine would not be the only remedy for such malpractice.

Furthermore, the way many hospitals are being administered makes the dawn of socialized medicine appear only a matter of time. A hospital in this system of free enterprise seems just another business concern based on the concept of exploitation. One hesitates even to believe that doctors are mere tools in a giant machine. Socialized medicine, however, in the absence of socialized services in all other areas would probably be a misfit. But perhaps I digress; I would rather summarize my particular observations and close this communication with a few suggestions.

- RECEIVED
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1. The foreign medical graduates are generally offered inferior training as compared to their American counterparts.
 2. American medical practice is discriminatory. Not only in different types of hospitals, but also in the same hospital a class system exists. The patient care is superior and inferior for the different classes.

These statements may appear sweeping. But they are neither derogatory nor incriminating. All told, patient care in the United States is far superior to what is obtained in most countries. First, it is a self appraisal as a member of the profession. Secondly, I have a conviction that American medicine can be better. I hope my suggestions are taken in that spirit.

1. A minimal standard of training for all M.D.'s local and foreign should be strictly enforced. Foreign medical graduates should be given better opportunities for training. I would suggest that the hospitals that are on probation and those whose accreditation is being gradually withdrawn should not be permitted to employ foreign medical graduates. Further, the hospitals that are not approved for internships should not be accredited for any residency. More often than not, such hospitals need house physicians and exploit their residents as such under cover of training programs.

Ideally, every hospital should have some sort of affiliation with a university. In many hospitals, the residents learn little by taking care of the private patients. They are forced, however, to write histories and physicals and progress notes, give intravenous medications, etc., in such cases. It will be reasonable and fair to fix the responsibility of record keeping and routine care also on the private physician. Alternately, the residents must be remunerated for this extra service. All other recommendations, however high-sounding, prove to be a whitewash and hypocritical.

With regard to the training program, I would emphasize the role of the Director of Medical Education. In many hospitals, the Director of Medical Education has a secondary importance. In a few instances, the administration of a hospital has been known to drive the Director of Medical Education quite unreasonably. This may sound ridiculous, but it is true. There must be a minimal qualification for a Director of Medical Education. He should be one of the most important, if not the most important, and effective elements in the hospital. Only in this way can he discharge his responsibilities towards the training and welfare of the residents.

2. The welfare of the residents should not be left to the individual choice of the hospitals. In this sphere also the contrast is fantastic. Many hospitals offer the decent accommodation, good food, and planned social activities conducive to a happy family environment. Some others let their residents exist just at a subhuman level even when the contract stipulates full maintenance. There are resident ghettos, too.

The contract recommended in the Book of Residencies published by the American Medical Association should be made mandatory. Some hospitals offer ambiguous contracts and interpret them as they will. Others tend to bind residents irrevocably to whims of the hospital authorities. A sampling of contracts offered by different hospitals will be a revealing study.

3. To make an appraisal of training and welfare of residents, the hospital inspection committee should make surprise checks. An announced inspection can at best be carried out from the records. Bedside instruction and clinic supervision cannot be properly evaluated from the records. Moreover, the residents should be invited to appear before the committee in the absence of any hospital representative. But, much more important than these interviews in my opinion, is a periodic dialogue between the residents and the AMA. Ideally, this dialogue should be a continuous process at the hospital level and the residents should be represented at least on those hospital committees that directly relate to their training and welfare. But the AMA must be independently aware of the plight of the residents too. A survey of their conditions, comments, and suggestions is essential. Initially, the residents may not be asked to disclose their identity on the questionnaire. The foreign medical graduates should be regularly informed of their rights and privileges and they need encouragement to speak without fear. Once the dialogue is in progress, it would be realized that unfair and unjust treatment of foreign medical graduates is more prevalent than anybody would care to admit.
4. The profession should be reminded of the code of ethics. This should preferably be by talks and personal examples. Having seen valuable communications being indiscriminately thrown in the "junk mail" one is doubtful if mailing such material

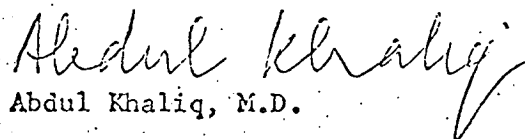
would be an effective method. The foreign medical graduates in particular should be informed of the code of ethics.

5. The ECFMG examination should be made more realistic and pragmatic. Once a foreign medical graduate qualifies for the examination it is unfair to air his alleged shortcomings. In my opinion, it is in the realm of communications with the patient and with the staff that the foreign medical graduate feels more handicapped than in the sphere of biochemistry and laboratory data. In the latter sphere, a hard working intern can make up his deficiency in a few weeks in any good hospital. But his difficulties in the field of communications continue indefinitely. The instance of poverty of communication even after a few years is relatively frequent.

I would suggest that the English test in the ECFMG examination should include in addition to multiple choice questions and speech interpretation, several situations demanding a written expression aided by memory alone. The candidates who fail to qualify for this examination may be offered intensive English course for three months of instruction at the centre for the ECFMG examination.

6. Lastly, in humility and with deference I submit that if the goal to raise the entire profession to nobler heights of competence and care of a fairly uniform standard cannot be delivered under the prevailing system, let us at least realize that we are dealers in human health and enforce the rules of fair trade universally and without malice but with firmness and in all honesty.

With excellent regards,


Abdul Khaliq, M.D.

Address as of November, 1968:

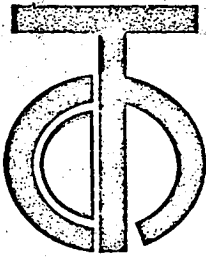
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Rahimyarkhan, West Pakistan

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036
202/223-5364

SUPPLEMENT TO AGENDA

EXECUTIVE COMMITTEE MEETING (#68-5)
Thursday, October 31, 1968
Room 351
Shamrock Hilton Hotel
Houston, Texas
2:00 p.m. - 5:00 p.m.

19. Membership Applications Approved By Mail (Information Item Attached)
 - A. Tucson Medical Center
Tucson, Arizona
 - B. Orange County Medical Center
Orange, California
 - C. Cedars of Lebanon Hospital
Miami, Florida
20. Report on COTH Awards
 - A. Recommendation for This Year's Presentation
 - B. Recommendation by Thomas B. Turner, M.D. (Information Item Attached)
21. Authorization for Policy of Letters to Hospital Board Chairman Expressing Appreciation for Their Administrator's Participation in COTH Activities
22. Meeting of COTH-AHA Liaison Committee, Week of December 16, 1968
(Information Item Attached)
23. Letter of October 24, 1968 (Information Item Attached)
24. Explanation of Annual Meeting Hotel Reservation Problem
25. Announcement: Three Reserved Tables at AAMC Banquet for COTH Officers, Executive Committee, Staff and Wives
26. Adjournment: 5:00 p.m.



COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 1968-37E
September 10, 1968

Lad F. Grapski, Chairman
LeRoy S. Rambeck, Chairman-Elect
Stanley A. Ferguson, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
Ernest N. Boettcher, M.D.
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
LeRoy E. Bates, M.D.
Charles H. Frenzel
T. Stewart Hamilton, M.D. (COTH Member to Executive Council, AAMC)
Dan J. Macer
Lester E. Richwagen
Richard D. Wittrup
Harold H. Hixson, Ex Officio Member (COTH Member to Executive Council, AAMC)
Russell A. Nelson, M.D., Ex Officio Member (COTH Member to Executive Council,
AAMC)

Subject: Application for Membership of the Tucson Medical Center, Tucson, Arizona

The attached application for membership from the Tucson Medical Center seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from Tucson Medical Center be approved. There is attached a postcard for response. It would be helpful if your office could complete the postcard as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachment: Postal card for return to COTH offices
Copy of application for membership from Tucson Medical Center

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

From the Office of:
MATTHEW P. RAMSAY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNORS AVENUE, N.W.
WASHINGTON, D.C. 20005
202/223-5364

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: TUCSON MEDICAL CENTER
Name
GRANT ROAD AND BEVERLY BOULEVARD
Street
TUCSON, ARIZONA 85716
City State Zip Code

Principal Administrative Officer: DONALD G. SHROPSHIRE
Name
ADMINISTRATOR
Title

Hospital Statistics: TUCSON MEDICAL CENT. Tucson Hospitals Medical Ed. Program
Date Hospital was Established: 1944 1964
Average Daily Census: 416 730
Annual Outpatient Clinical Visits: 9,052 69,490

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>May 1964 (24)</u>	<u>10</u>	<u>10</u>
Mixed	<u>Jan. 1966</u>) 20	<u>10</u>	<u>9</u>
Straight	<u>Jan. 1966</u> 4	<u>4</u>	<u>4</u>

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>Dec. 1964</u>	<u>14</u>	<u>10</u>
Surgery	<u>March 1965</u>	<u>16</u>	<u>16</u>
OB-Gyn			
Pediatrics	<u>Oct. 1967</u>	<u>4</u>	<u>2</u>
Psychiatry			

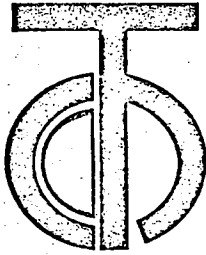
Information submitted by:

Eric G. Ramsay, M.D. Director of Medical Education
Name Title
September 4, 1968 Eric G. Ramsay
Date Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 1968-39E
September 12, 1968

Lad F. Grapski, Chairman
LeRoy S. Rambeck, Chairman-Elect
Stanley A. Ferguson, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
Ernest N. Boettcher, M.D.
Leonard W. Cronkhite, Jr., M.D.
Charles R. Goulet
LeRoy E. Bates, M.D.
Charles H. Frenzel
T. Stewart Hamilton, M.D., (COTH Member to Executive Council, AAMC)
Dan J. Macer
Lester E. Richwagen
Richard D. Wittrup
Harold H. Hixson, Ex Officio Member (COTH Member to Executive Council, AAMC)
Russell A. Nelson, M.D., Ex Officio Member (COTH Member to Executive Council, AAMC)

Subject: Application for Membership of the Orange County Medical Center, Orange, California

The attached application for membership from the Orange County Medical Center, Orange, California, seems to be in order. The internship and residency programs have been checked through the resources of the Council of Medical Education of the American Medical Association and have been verified as existing as indicated in the application.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the Orange County Medical Center be approved. There is attached a postcard for response. It would be helpful if your office could complete the postcard as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Enclosures: Postal card for return to COTH office
Copy of application for membership from Orange County Medical Center

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

(Please type)

Hospital: Orange County Medical Center

Name

101 Manchester Avenue

Street

Orange

California

92668

City

State

Zip Code

Principal Administrative Officer: Mr. Robert W. White

Name

Medical Center Administrator

Title

Hospital Statistics:

Date Hospital was Established: September 1, 1914

Average Daily Census: 450

Annual Outpatient Clinical Visits: 200,000

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	<u>1925</u>	<u>38</u>	<u>38</u>
Mixed			
Straight	<u>1/15/68</u>	<u>7</u>	<u>7</u>

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	<u>2/25/58</u>	<u>18</u>	<u>18</u>
Surgery	<u>Oct. 1959</u>	<u>11</u>	<u>11</u>
OB-Gyn	<u>11/2/59</u>	<u>9</u>	<u>8</u>
Pediatrics	<u>11/25/64</u>	<u>9</u>	<u>9</u>
Psychiatry	<u>11/8/66</u>	<u>9</u>	<u>4</u>

Information submitted by:

Herman W. Rannels, M.D.

Name

Medical Director

Title

9-3-68

Date

Herman W. Rannels

Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, 2530 Ridge Avenue, Evanston, Illinois 60201, retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of:

- a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,
- and
- b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine College of Medicine

Name of Parent University University of California at Irvine

Name of Dean of School of Medicine Warren L. Bostick, M.D.

Complete address of School of Medicine University of California at Irvine

College of Medicine

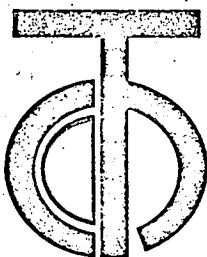
Irvine, California 92664

FOR AAMC OFFICE USE ONLY:

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____



COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1346 CONNECTICUT AVENUE, N. W. • WASHINGTON, D. C. 20036 • (202) 223-5364

Officers and Executive Committee:

Memo: 1968-40E
September 24, 1968

Lad F. Grapski, Chairman
LeRoy S. Rambeck, Chairman-Elect
Stanley A. Ferguson, Immediate Past Chairman
Matthew F. McNulty, Jr., Secretary
Ernest N. Boettcher, M.D.
Leonard W. Cronkrite, Jr., M.D.
Charles R. Goulet
LeRoy E. Bates, M.D.
Charles H. Frenzel
T. Stewart Hamilton, M.D., (COTH Member to Executive Council, AAMC)
Dan J. Macer
Lester E. Richwagen
Richard D. Wittrup
Harold H. Hixson, Ex Officio Member (COTH Member to Executive Council, AAMC)
Russell A. Nelson, M.D., Ex Officio Member (COTH Member to Executive Council,
AAMC)

Subject: Application for Membership of the Cedars of Lebanon Hospital, Miami

The attached application for membership from the Cedars of Lebanon Hospital, Miami, Florida seems to be in order. The rather extensive letter of nomination from W. Dean Warren, M.D., Dean and Vice President for Medical Affairs, University of Miami's School of Medicine and the Cedars of Lebanon Hospital is attached.

It is the recommendation of your staff that the application for membership in the Council of Teaching Hospitals from the Cedars of Lebanon Hospital be approved. There is attached a postcard for response. It would be helpful if your office could complete the postcard as promptly as convenient.

MATTHEW F. McNULTY, JR.
Director, COTH
Associate Director, AAMC

Attachments: Postal card for return to COTH office
Copy of application for membership from Cedars of Lebanon Hospital
Letter from W. Dean Warren, M.D., University of Miami, School of Medicine

UNIVERSITY OF MIAMI

MIAMI, FLORIDA 33152

Mailing Address:
DEAN'S OFFICE
SCHOOL OF MEDICINE
P. O. BOX 875, BISCAYNE ANNEX

Location:
SEWELL BUILDING
1475 N. W. 12th AVENUE

September 3, 1968

Matthew F. McNulty
Director, Council of Teaching Hospitals
Associate Director,
Association of American Medical Colleges
1501 New Hampshire Avenue
Washington, D.C.

Dear Mr. McNulty:

This letter is to nominate for membership in the Council of Teaching Hospitals the Cedars of Lebanon Hospital of Miami, Florida. As I understand your communication to Sanford K. Bronstein on May 31, 1967, this letter should suffice as approval by the School of Medicine.

In the discussions held thus far between the Dean of the School of Medicine and the Executive Vice-President and Director of the Cedars of Lebanon Hospital and their associates, certain affirmatives were accepted. Essentially that there is parallel purpose in the concept of developing a medical center from which each component would derive strength and by so doing, the teaching programs and service responsibilities to those in need of medical care are enhanced and enlarged.

Historically, the interdependence of the total goals of a medical school and community hospital has been well recognized. Both institutions are established to serve a common goal and public purpose - the health care of the public. The hospital does this directly through its service activities and the medical school does it indirectly through its preparation of future physicians and the discovery and application of new knowledge. The greatest contribution to a successful relationship between hospital and medical school is the understanding and sincerity of both in the recognition of shared goals - quality patient care, excellent teaching programs, community services, and productive research. Today, many hospitals and every one of the schools of medicine are, separately, or through affiliation, involved in these areas of activity.

We recognize as essential that officials of both institutions must thoroughly understand and agree how medical schools and community hospitals can work together to their mutual improvement. And that in its own planning, each may give relatively greater emphasis to one set of goals than to another. But to delineate the benefits to each component is to be cognizant of the primary responsibility of both.

The specific areas of agreement thus far developed relate to both student, resident, and post-graduate training.

The intern and residency programs of the School of Medicine will include Cedars as site of part of the formal training. Cedars will serve as matrix for the private duty experience of fledgling physicians and for students in their clinical years. To oversee the training program, a full time faculty member will be assigned to Cedars of Lebanon as Chairman of the Division of Medicine, Surgery, and Obstetrics-Gynecology. The Hospital will pay a stipulated salary for these persons directly to the University thus to ensure their tenure. This will be initiated in July 1969.

Post-graduate seminars for physicians will be jointly sponsored by the School of Medicine and the Cedars of Lebanon Hospital. This arrangement will pertain to activities which are not departmental responsibilities of the School of Medicine and will be effective in the ensuing year.

The Radiology Department of the Cedars of Lebanon Hospital will continue to hold the established bi-weekly teaching conferences open to undergraduate and post-graduate students.

In planning, a facility to be used by both groups to mutual advantage is an auditorium. Initially both groups had planned for such facility and the buildings stand as mute testimony in the artists' concept of each medical complex. Such building was proposed in the third phase of the School's construction program but, because of the lack of cash and land, cannot now be constructed solely by the University. There is reason to believe that the Public Health Service will honor its commitment to partially fund such construction, estimated at about one million dollars. This will be a two level building with a service area in which to house the audiovisual equipment and television studio. There will be 500 seats, furnished and equipped in the most modern technical way; as well as several seminar rooms, patient area, and a lounge. The federal formula grant should pay for approximately half the cost; Cedars will provide the matching money and the site which will be directly opposite the School of Medicine.

The facility will be known as the auditorium of the School of Medicine, University of Miami. It will be used by both institutions on a scheduled basis.

The survival and improvement of man within a lusty competitive society is part of our heritage and although each party of the affiliation between the School and the Hospital may have to yield in certain areas, the spirit of the affiliation will provide for mutual interaction and improve the services of the School, the Hospital, and community medical programs. It is within this concept that I nominate the Cedars of Lebanon Hospital for membership in the Council of Teaching Hospitals of the Association of American Medical Colleges.

Sincerely yours,

W. Dean Warren M.D.

W. Dean Warren, M.D., Dean
Vice-President for Medical Affairs

WDW:ms

RECEIVED

MAR 9 1966

AMC-WASH, D.C.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Application for Membership
in the
Council of Teaching Hospitals

From the Office of:
MATTHEW F. MURPHY, JR., DIRECTOR
COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1349 CONNORHOUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202/223-5331

(Please type)

Hospital: Cedars of Lebanon Hospital
1321 N. W. 14th Street Name
Miami, Florida 33125
City State Zip Code
Principal Administrative Officer: S. K. Bronstein
Executive Vice-President
Name Title

Hospital Statistics:
Date Hospital was Established: 1/26/56
Average Daily Census: 245
Annual Outpatient Clinical Visits: 28,134

Approved Internships:

Type	Date Of Initial Approval by CME of AMA*	Total Internships Offered	Total Internships Filled
Rotating	_____	_____	_____
Mixed	_____	_____	_____
Straight	_____	_____	_____

Approved Residencies:

Specialties	Date Of Initial Approval by CME of AMA*	Total Residencies Offered	Total Residencies Filled
Medicine	_____	_____	_____
Surgery	_____	_____	_____
OB-Gyn	_____	_____	_____
Pediatrics	_____	_____	_____
Psychiatry	_____	_____	_____

Information submitted by:

S. K. Bronstein Executive Vice-President
Name Title
September 12, 1968 [Signature]
Date Signature

*Council on Medical Education of the American Medical Association and/or with appropriate A.M.A. Internship and Residency Review Committees.

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Instructions:

Please complete all copies and return three copies to the Council of Teaching Hospitals, Association of American Medical Colleges, ~~2530 Ridge Avenue, Evanston, Illinois 60201,~~ retaining the blue copy for your file.

Membership in the Council:

Hospitals as institutions will be members of the Council and each institution will be represented by a designated person, designated by the hospital, for the purpose of conducting the business of the Council.

Membership in the Council will be annually determined and consist of:

a. Those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school,

and

b. Teaching hospitals which are either nominated by a medical school member of the AAMC on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, OB-Gyn, Pediatrics, Psychiatry, and are elected to membership by the members of the Council of Teaching Hospitals.

All members will vote at the annual meeting for officers and members of the Executive Committee. Voting on all other matters will be limited to one representative member for each medical school, who, in order to give broad representation, shall consult with the other teaching hospital members in his geographic region before votes are taken.

If nominated by School of Medicine, complete the following:

Name of School of Medicine School of Medicine

Name of Parent University University of Miami

Name of Dean of School of Medicine W. Dean Warren, M.D.

Complete address of School of Medicine Coral Gables, Florida

From the Office of:

MATTHEW F. McNULTY, JR., DIRECTOR

COUNCIL OF TEACHING HOSPITALS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

1343 CONNECTICUT AVENUE, N.W.

FOR OFFICIAL USE ONLY:

202/223-5334

Date _____ Approved _____ Disapproved _____ Pending _____

Remarks: _____

Invoiced _____ Remittance Received _____

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THE JOHNS HOPKINS UNIVERSITY
SCHOOL OF MEDICINE

DEPARTMENT OF MICROBIOLOGY

October 22, 1968

725 N. WOLFE STREET
BALTIMORE, MARYLAND 21205

Dear Bob:

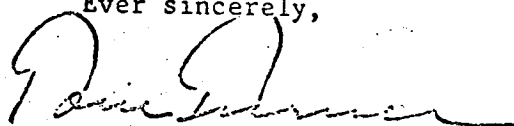
In all the confusion of my movement from the Dean's Office — trying to stuff the accumulation of eleven years into a cubby hole — I may have neglected to acknowledge the delivery of the very fine symbolic Three-Legged Stool with its complimentary inscribed brass plate.

If I did, please accept my apology along with my deepest appreciation. I am most pleased and honored to have it, and it will remain as one of my permanent exhibits that try to convince people that my life was not wholly ill-spent.

Indeed, I hope that a tradition has been established and that each succeeding President, or whatever the designation of the comparable office may be, will also be honored by this imaginative gesture.

With fine memories and all good will,

Ever sincerely,



Thomas B. Turner, M.D.

Dr. Robert C. Berson
Executive Director
Association of American Medical Colleges
1501 New Hampshire Avenue, N.W.
Washington, D. C. 20036

Copies to:
Dr. John Parks
Dr. Cheves McC. Smythe

RECEIVED
OCT 25, 1968
AAMC-WASH. D. C.

RECEIVED

OCT 25 1968

XC - B. B. G.

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October 26, 1968.

Thomas B. Turner, M.D.
Dean Emeritus,
The Johns Hopkins University,
School of Medicine,
725 North Wolfe Street,
Baltimore,
Maryland 21205.

Dear Tommy,

Your letter of October 22 has been forwarded to me by Bob (Robert C. Berson, M.D., Executive Director) since the symbolic Three-Legged Stool was an award of recognition for unusual contribution recognized by the Council of Teaching Hospitals. On behalf of the officers and Executive Committee of COTH I express both our pleasure that you have enjoyed the award and our understanding that as you moved from a decade in one office location to another site it is impossible to keep up with all activities arising during a period of such move. Your point concerning the award being presented annually to the outgoing chief elected officer of the AAMC is of interest. We shall certainly discuss that possibility within the COTH Executive Committee. I look forward to seeing you in Houston next week. Until then best regards.

MATTHEW F. McNULTY, JR.
Director, COTH,
Associate Director AAMC

MM:EM

Extra Copy: Mr. McNulty - Bring up this subject at the next Executive Committee Meeting.

COUNCIL OF TEACHING HOSPITALS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036
202/223-5364

COTH-AHA LIAISON COMMITTEE
1967-68

Chairman
(COTH Section)

LeRoy S. Rambeck
Director
University of Washington Hospital
1959 NE Pacific Street
Seattle, Washington 98105

COTH Member

Russell H. Miller
Associate Director and Administrator
University of Kansas Medical Center
Rainbow Boulevard and 39th Street
Kansas City, Kansas 66103

COTH Member

Ernest C. Shortliffe, M.D.
Executive Director
Wilmington Medical Center
Chestnut at Broom Street
Wilmington, Delaware 19899

Chairman
(AHA Section)

Mark Berke
Director
Mt. Zion Hospital and Medical Center
1600 Divisadero Street
San Francisco, California 94115

AHA Member

Howard R. Taylor
Director
Aultman Hospital
625 Clarendon Avenue, S.W.
Canton, Ohio 44710

AHA Member

David B. Wilson, M.D.
Director
University Hospital
2500 North State Street
Jackson, Mississippi 39216

STANFORD UNIVERSITY
STANFORD, CALIFORNIA

OFFICE OF THE PRESIDENT

October 24, 1968

I am writing you in my capacity as Chairman of an ad hoc committee, appointed by Dr. John Parks, President of the Association of American Medical Colleges, to enlist your help in identifying potential candidates for the full time office of President of the Association. The committee includes the following members: Drs. William Anlyan, John Hogness, Philip Lee, Russell Nelson, John Parks (ex-officio), Jonathan Rhoads and Dwight Wilbur.

The proposal for reorganization of the Association was adopted by the Institutional Members on May 22, 1968, and, subject to ratification of the By-Laws at our Annual Meeting in Houston, will be implemented after November 4, 1968. Inasmuch as there is little reason to assume that the By-Laws will not be ratified, our committee was constituted to define the role of the new full time President, and to initiate a search for the individual best qualified to serve in this important capacity.

We believe that the full time Presidency of the Association of American Medical Colleges is a post comparable in importance and responsibility to that of the presidency of a university. Therefore, it is appropriate that the same kind of intensive search be carried out to identify the best possible candidates just as would be the case were one searching for a new university head. I attach herewith a tentative job description that our committee has prepared.

The magnitude of the task facing the committee is substantial. We will much appreciate your giving careful consideration to this matter and your sending me here at Stanford, at your earliest convenience, the names of individuals that you believe the committee should consider. We would also be grateful for any specific comments about individuals that you would care to make.

I look forward to hearing from you; meanwhile, on behalf of my colleagues, I would like to express my appreciation to you for your help.

Very sincerely yours,

Bob

Robert J. Glaser, M.D.
Acting President

TENTATIVE JOB DESCRIPTION

PRESIDENT OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

In connection with the reorganization of the Association of American Medical Colleges, the post of full time President is to be created. Implicit in the use of this designation is the concept that the President will be the chief executive officer of the Association, and that his role will be analagous to that of a university president. Indeed, it is generally understood that the definition of a series of criteria comparable to those used in evaluating candidates for a university presidency, and an exacting search procedure that insures (a) the identification and (b) a comprehensive and detailed evaluation of all potential candidates is essential.

The membership of the Association's Executive Council changes; because those now primarily charged with the selection of the new President will, over a relatively short period, no longer serve on the Council, it is mandatory that the responsibilities of the President be clearly defined and agreed upon so as to insure stability of the post in the years ahead. Without such definition being accomplished, it will probably not be possible to attract an outstanding man to the office.

The following principal points are, therefore, set forth to provide a "job description" for the new office.

1. The President will be the Chief Executive Officer of the Association of American Medical Colleges. He will be responsible to the Executive Council in whose province lies the Association's overall policy-making function, but the President will also be expected to have a major role in shaping policy and in guiding the Association's overall activities. He will be given wide scope in implementing Association policy, including the opportunity of planning the details of such implementation.
2. The President will be given authority to select the Association's staff and to recommend to the Council the organizational pattern of that staff. In turn, the Association will strive to provide the President with the necessary resources to enable him and his staff to discharge their multiple functions effectively and efficiently.
3. The President will be responsible for preparing the Association's annual budget; once approved by the Executive Council, he will be authorized to utilize the funds available in the manner he believes will best enable him to carry out established policy while, at the same time, insuring the Association's financial integrity.

4. The President will be responsible for the preparation of the agenda for Executive Council meetings. It is expected that he will consult with the Chairman of the Council in this regard, and where indicated with other elected officers, but he will have a major role in Council deliberations and will sit with the Council at all times except when matters relating personally to him (e.g., his own salary) are discussed.
5. The President will receive a salary, to be negotiated, in the range of \$40,000 to \$50,000 per annum, with appropriate fringe benefits.
6. Although as is the case with administrative officers in universities, the President will not be accorded tenure, it is assumed that he will serve on a continuing basis and his services will not be terminated by the Executive Council except for cause, such as failure to discharge his responsibilities appropriately. Should such an issue arise, the President would be given full particulars regarding the dissatisfactions on the part of the Association, and would be given full opportunity to present his own views in this regard. In any case, except where immediate termination is dictated by serious dereliction of duty, the termination procedure will reflect consideration for the best interests of both the Association and the individual; e.g., some arrangement for severance pay would be established.