

COUNCIL OF DEANS

AGENDA

* * * * *

February 12, 1971
Crystal Room
Palmer House
Chicago, Illinois

2 p.m. - 5 p.m.

* * * * *

- I. Roll Call
- II. Consideration of Minutes of October 30, 1970. 1
- III. Chairman's Report
- IV. Reports from Regional Groups
- V. Cost Allocation Studies
 - A. A Progress Report
Thomas J. Campbell
Assistant Director
Division of
Operational Studies
 - B. The Significance of Cost Allocation Methodology and Data for Federal Policy Making
Leroy A. Pesch, M.D.
Dean, State University of New York at Buffalo
School of Medicine
Consultant, Office of the Assistant Secretary, Health and Scientific Affairs
 - C. Problems in the Application of Cost Allocation Data
Joseph S. Murtaugh
Director
Dept. of Planning and Policy Development
AAMC
- VI. Legislative Developments
 - Recent Legislative Highlights
Leroy Goldman
Director
Division of Federal Liaison AAMC

Legislative Developments

An AAMC Position on Health
Professions Educational
Assistance

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

VII. ACTION Items:

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* Material to be found in the Assembly Agenda

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS

October 30, 1970

Biltmore Hotel
Los Angeles, California

I. Call to Order

The meeting was called to order by Dr. Sprague at 2:36 p.m.

II. Roll Call

The roll was called; a quorum was ascertained.

III. Minutes of May 21, 1970 Meeting

The minutes of the May 21st meeting were accepted without change.

IV. Chairman's Report

Dr. Sprague expressed his appreciation for the unfailing cooperation that he had received from all of the deans whom he had called upon to assist in the activities of the Council during his chairmanship. He then, on behalf of the COD membership, expressed his gratitude to Dr. Cooper and the members of his staff for their efforts on behalf of the Association over the past year.

In a brief summary of the activities over the period since the last meeting, he highlighted the establishment and activities of three committees which were operational: the Committee on Biomedical Research Policy, chaired by Dr. Louis Welt; the Committee on Faculty Compensation and Other Aspects of Financing Medical Education, chaired by Dr. Russell Nelson; and the Committee on Expansion of Medical School Enrollment, chaired by Dr. Robert Howard. Dr. Sprague mentioned his view that one of the strengths of the Association over the past year was the cooperation of the constituent councils as illustrated by the work of these and a fourth committee, that on Medicaid

V. Reports from Regional Groups

Northeast: Dr. Chapman reported that there had been no meeting.

Midwest-
Great Plains:

Dr. Mayer reported on a meeting in Chicago held on October 5 and 6 which followed custom by including meetings of four constituent Regional Councils: Council of Deans, Council of Faculty, Council of Teaching Hospitals, and Council of Business Officers. The general meeting included a discussion of the future of Federal financing of medical education and biomedical research with Dr. Robert Marston, Director of the NIH. At the dinner meeting the group heard from Dr. Benjamin Wells of the VA concerning VA-medical school relationships. The individual councils then met separately for business.

COD Business Meeting:

1. Dr. Mayer was elected to succeed Dr. Grulee as Chairman of the group; Dr. Page was elected as Vice Chairman.
2. The proposed faculty salary study was discussed as means of providing a better base for understanding the faculty salary structure within the schools of medicine.
3. The Cooper-Howard Report was discussed and endorsed in principle.

Southern:

Dr. Pannill reported a meeting held the previous week. A program for self-study on the part of medical students was presented by Dr. Clifton Meador and Dr. Christopher Fordham. Eighteen of the schools of the region had responded to the written proposal. The plan was endorsed in principle, and a committee composed of Drs. Meador, Fordham, and Suter was established to conduct an investigation to determine the interest in, and funding possibilities for, such a study. There was considerable discussion of house staff generally and the proportion of activities devoted to teaching and service.

A resolution was passed as follows:

WHEREAS, The provision of medical care in teaching hospitals represents a major national resource since approximately 30 percent of the population seeks all or part of its health care in these institutions, and

WHEREAS, The payment for this medical care deserves special consideration from third party sources, including Federal programs, and

WHEREAS, The house staff assigned to these hospitals represents a major element of the activities of the medical schools and health education centers of the nation,

THEREFORE BE IT RESOLVED, that the Assembly seek a positive national approach to the equitable financial and programmatic support of these vital programs of education and service in the nation's health education centers.

The group discussed the Cooper-Howard Report and endorsed it in principle. There followed a report on the variety of Federal programs pending before the Congress.

Mr. Campbell reported on the status of the Cost Studies Program and discussion included the recognition of the dangers of oversimplification and the potential misuse of the data obtained.

Mr. Amrine reported on publications and public relations.

Dr. Stritter presented material concerning the testing of student attitudes which he had received. The group recommended that the matter be taken up with the Student American Medical Association for possible future action.

The COD endorsed the resolution at the end of the Southern Deans' report and referred it to the Assembly, noting that many of the concerns have been addressed by Dr. Cooper in testimony before the Congress.

Western:

Dr. Mellinkoff reported for the Western Deans on a breakfast meeting held that morning. The Howard Committee Report was discussed and endorsed. There was some apprehension about the very large number of new medical schools--70 to 80 contemplated in some quarters, and the prospect of diminished quality that this may portend.

VI. Veterans Administration-Medical School Relationships

Dr. Marc J. Musser, M.D., Chief Medical Director, Veterans Administration, reported on recent activities. Dr. Musser began his presentation by indicating that there had been some respite from the onslaught by the news media, but indicated that Newsweek magazine the following week and the Reader's Digest in January would again focus attention on the Veterans Administration.

Dr. Musser indicated that the VA was addressing major attention to the relief of deficiencies in and the improvement of patient care operations. By virtue of additional funds obtained in the past few months, full-time employment had increased, procurement of equipment has been improved and specialized medical programs, e.g., home dialysis activities, have been activated across the country. While there were indications that 4,800 beds would be closed, the VA is currently operating 102,000 beds, the same number as the previous year. The number of applications for hospitalization in the months of July, August, and September is the highest on record, and the patient census indicates that there is a much higher than anticipated utilization rate. Construction money, impounded last year, has recently been released and has enabled a larger construction program than has been carried out the last two years.

Dr. Musser then discussed the role of the Veterans Administration as a health care delivery system. He stated his belief that the VA system could serve the nation well as a testing ground for new patterns in the delivery of health care and the improved utilization of health personnel. One step in this direction is the regionalization

of the hospital system now underway. On October 19 the Region of Southern California, including the hospitals in Los Angeles, Long Beach, and San Diego, was established and is proceeding to develop and implement cooperative arrangements. He noted the remarkable potential of the VA system for the establishment of models for improved organization and delivery of care. In this context the VA plans to increase its involvement with the community and expand its ambulatory care capabilities. Dr. Musser projects a role for the VA as a system of centers of excellence in the management of chronic illness and rehabilitation problems. He hopes that the VA will be increasingly utilized as a proving ground for applied or clinical research, developmental therapeutics, and research projects. On this foundation Dr. Musser hopes to expand the VA capabilities in the education and training of health manpower. One example of efforts in this area is the recently established family practice residencies. Through all of these means, Dr. Musser hopes that the Veterans Administration Hospitals will be enhancing their value as a partner in affiliation with the medical schools.

An example of current demands being placed on the Veterans Administration is the load placed on the VA by Vietnam veterans who are eligible for dental care. The projection is that 150,000 veterans will be treated on a fee basis at a cost of \$36 million and 70,000 veterans will be treated in VA clinics.

The appropriations bill for FY 71 approved by the House and Senate contained an increase of \$105 million. The bill was vetoed by the President, because of other provisions, and the VA has reason to believe that the new bill will contain a similar increase. They have been assured that the money will be available for expenditure, although the eligible categories of expenditure increase have not as yet been specified.

On the subject of better regulating a program of supplementing the income of full-time physicians involved in teaching, Dr. Musser referred to the regulation which has been published to clarify some of the issues. He reported that the situation now is better but far from cured.

The ultimate solution to the problem, he contended, would be the improvement in the salary paid the VA physicians. No mechanism has yet been worked out, but Dr. Musser is optimistic.

Dr. Musser closed his presentation by hailing the AAMC-VA Liaison Committee as a significant advance, offering the hope for the early resolution of problems that may arise. He cited the need to restudy the principles and objectives of the program to assure that its maximum potential is being realized. He perceived the need for better guidelines on the operation of the affiliation, especially for new medical schools and new faculty members, and a need for a clearer delineation of the responsibilities of the hospitals and the deans' committees.

VI. Innovative Programs in Medical Education

Five speakers representing schools which had recently embarked upon new programs in medical education reported to the Council on the nature of these programs and the progress in implementation. They were the following:

William J. Grove, M.D., University of Illinois
Glenn W. Irwin, Jr., M.D., Indiana University
Thomas D. Kinney, Sr., M.D., Duke University
Robert B. Lawson, M.D., Northwestern University
Bernard W. Nelson, M.D., Stanford University

Written descriptions of these programs were available to the audience also.

After considerable discussion, it appeared to be a consensus that it is dangerous and difficult to generalize about these problems as models for other schools, although the sharing of experience under the various plans was viewed as valuable. Discussion from the floor included the suggestion that a future program be developed to explore the role of the dean's office in curricular change. It should address the following kinds of questions:

1. How does the dean function in this situation?
2. What kind of leadership does he exercise?
3. How much compromise does he have to get involved in?
4. What constitutes compromise?
5. What arrangements is he free to make?

VII. Medicare

Mr. John Danielson addressed the Council to relate developments concerning Medicare legislation. Because of the wide variety of teaching arrangements, the Association believes, and emphasized in its testimony before both the Senate Finance Committee and the House Ways and Means Committee, that it is imperative that the Secretary be legislatively empowered to develop and implement several optional methods of reimbursing physicians who simultaneously practice and teach. The Association pointed out that each of the four options proposed would fulfill the intent of the law and insure high quality care for each Medicare beneficiary admitted to the teaching institution. In brief, the Association advocated that there be given some allowance for and recognition of different methods for payment of professional service to private as well as non-private patients in the teaching hospital:

For Non-Private Patients

All Part A based on cost reimbursement with payment for heretofore volunteer service.

Provision to pay for the services supplied by the medical school but whose faculty give of their time and effort in the patient care setting.

For Private Teaching Patients

Fee-for-service payment where a private patient relationship can be established.

For Experimentation

An opportunity under the experimentation section to demonstrate and experiment with different methods of reimbursement such as payment for a unit of service rendered, a percentage of "usual and customary," etc.

There is evidence that the Association's testimony addressed to the proposed Professional Standards Review Organizations had some impact. In its original form quality control and utilization review was placed in the hands of County Medical Societies and taken out of the hands of the medical staff. The Association took a hard stand on this. The amendment has been modified so that an appropriate and adequate teaching and utilization review mechanism in the hospital setting could take the place of Professional Standards Review.

VIII. Material from Deans of New & Developing Schools

The Administrative Board of the COD and the Executive Council of the AAMC each agreed at their September 16, 1970, meeting to recommend to the COD that it adopt a policy that would encourage institutions contemplating the development of a medical program to consider the totality of the program including the M.D. degree and entrance into residency programs. A motion that such a policy be adopted was passed without objection.

IX. Election of Institutional Members

The Council of Deans unanimously recommended to the Assembly for Action at the Annual Meeting the election of the following for Institutional Membership:

1. The Mount Sinai School of Medicine of the City University of New York
2. The University of Texas at San Antonio

X. Reelection of Provisional Institutional Members

The Council of Deans unanimously recommended to the Assembly for Action at the Annual Meeting the election of the following for Provisional Institutional Membership:

1. The University of Arizona College of Medicine
2. The University of California, Davis, School of Medicine
3. The University of California, San Diego, School of Medicine
4. The University of Connecticut School of Medicine
5. The Louisiana State University School of Medicine
6. The University of Massachusetts Medical School
7. The Medical College of Ohio at Toledo
8. The Pennsylvania State University College of Medicine
The Milton S. Hershey Medical College

XI. Election of Emeritus Members

The Council of Deans unanimously recommended to the Assembly for Action at the Annual Meeting the election of the following to Emeritus Membership:

Dr. Granville Bennett
Dr. Clayton B. Ethridge
Dr. John Field
Dr. Tinsley R. Harrison
Dr. Robert S. Jason
Dr. Matthew Kinde
Dr. J. Wendell Macleod
Dr. Hymen Samuel Mayerson
Dr. H. Houston Merritt
Dr. Emory Morris
Dr. Paul Reznikoff
Dr. Andrew H. Ryan
Dr. Richard H. Young*
Dr. Edward L. Compere

* Now deceased

XII. Election of Individual Members

The Council of Deans unanimously recommended to the Assembly for Action at the Annual Meeting the election to Individual Membership of the following:

Dr. Milton H. Alper
Boston Hospital for Women
Boston, Massachusetts

Dr. Alan J. Barnes
Michigan State University
East Lansing, Michigan

Dr. Everett Anderson
Duke University Medical Center
Durham, North Carolina

Dr. Francis F. Bartone
University of Nebraska Medical
Center
Omaha, Nebraska

Gary T. Athelstan
American Rehabilitation Foundation
Minneapolis, Minnesota

LeRoy E. Bates
New York, New York

Neal R. Bandick
Whitemore Lake, Michigan

James A. Batts, Jr.
Philadelphia, Pennsylvania

Sam A. Banks
University of Florida
Gainesville, Florida

Yvon C. Beaubrun
Brooklyn, New York

Dr. Ann Bardeen
The Medical College of Wisconsin
Milwaukee, Wisconsin

Dr. Ian C. Bennett
N. J. College of Med. &
Dentistry
Jersey City, New Jersey

Mark Berger
Philadelphia, Pennsylvania

Lionel M. Bernstein
Veterans Admn. Central Office
Washington, D.C.

Brian Biles
University of Kansas Medical
School
Kansas City, Kansas

Albert Oriol Bosch
San Pablo Hospital
Barcelona, Spain

Dr. Charles D. Branch
Peoria, Illinois

Dr. Peter P. Brancucci
Yonkers, New York

Thomas C. Brown
Orange, California

William H. Brown
New Brunswick, New Jersey

Dr. Chester R. Burns
University of Texas Medical
Branch
Galveston, Texas

George James Camarinos
New York, New York

Josephine M. Cassie
University of Minnesota
Minneapolis, Minnesota

Morton Chalef
State University Hospital
Brooklyn, New York

Dr. Edward W. Ciriacy
Elyn, Minnesota

Dr. David W. Cline
Minneapolis, Minnesota

Steven Lee Collins
Aurora, Colorado

Dr. Egidio S. Colon-Rivera
Rio Piedras, Puerto Rico

Dr. Rex B. Conn
The Johns Hopkins Hospital
Baltimore, Maryland

Dr. William R. Crawford
Office of Research In Med. Educ.
Chicago, Illinois

Dr. William G. Crook
Jackson, Tennessee

Dr. Vincent J. DeFeo
Honolulu, Hawaii

Dr. Myron S. Denholtz
Maplewood, New Jersey

Dr. Robert W. England
Huntingdon Valley, Pennsylvania

Dr. Blackwell B. Evans, Sr.
Tulane University School of
Medicine
New Orleans, Louisiana

Bruce G. Fagel
Chicago, Illinois

Lloyd A. Ferguson
University of Chicago Sch. of Med.
Chicago, Illinois

Dr. Paul Jay Fink
Philadelphia, Pennsylvania

Malachi Joha Flanagan
Chicago, Illinois

William E. Flynn
Georgetown University School of Med.
Washington, D.C.

Dr. Amasa B. Ford
Cleveland, Ohio

Roberto F. Fortuno
Hato Rey, Puerto Rico

Dr. Judilynn T. Foster
Pasadena, California

Robert H. Foulkes
Wisconsin State University
Platteville, Wisconsin

Dr. Elwin E. Fraley
Edina, Minnesota

Dr. John W. Frost
St. Paul Ramsey Hospital
St. Paul, Minnesota

Clemens W. Gaines
Milwaukee, Wisconsin

Dr. J. R. Gaintner
University of Connecticut
McCook Hospital
Hartford, Connecticut

Arthur E. Garner
University of Southern Calif.
Los Angeles, California

Dr. Alta T. Goalwin
New York Medical College
New York, New York

Dr. Edward Gottheil
Philadelphia, Pennsylvania

Charles R. Goulet
Cresap, McCormick & Paget, Inc.
Chicago, Illinois

Dr. John S. Graettinger
Chicago, Illinois

Dr. Benjamin Greenspan
Temple University School of
Medicine
Philadelphia, Pennsylvania

William Clay Grobe
Austin, Texas

Robert John Gross
Maplewood, New Jersey

Ruben Gruenewald
Bird S. Coler Hospital
Welfare Island, New York

Dr. C. G. Gunn
Bethesda, Maryland

Daniel A. Guthrie
Claremont Men's College
Claremont, California

Ronald McG. Harden
Royal Victoria Hospital
Montreal, Quebec, Canada

Dr. John C. Harvey
Good Samaritan Hospital
Baltimore, Maryland

John N. Hatfield, II
Rutgers University Hospitals
New Brunswick, New Jersey

Aart Hazewinkel
Rotterdam Medical Faculty
Rotterdam, Netherlands

Carol D. Heckman
University of California
Irvine, California

Arthur G. Hennings
McKeesport Hospital
McKeesport, Pennsylvania

Dr. James Hepner
Washington University Hosp.
and Health Care
St. Louis, Missouri

Samuel R. Hernandez
New York, New York

J. David Holcomb
University of Southern Calif.
Los Angeles, California

Samuel Sek-Wai Hung
University of Illinois
Chicago, Illinois

Dr. Lloyd B. Hutchings
University of Southern Calif.
Los Angeles, California

Elsie Modesto Jackson
Bronx, New York

Allen W. Jacobs
University of Iowa College of Med.
Iowa City, Iowa

William F. Jessee
University of Califor., San Diego
LaJolla, California

Dr. Melvin A. Johnson, Jr.
Central State University
Wilberforce, Ohio

Dr. Thomas W. Johnson
American Academy of General
Practice
Kansas City, Missouri

Dr. George Williams Jones
Freedmen's Hospital
Washington, D.C.

Mo Katz
Arthur D. Little, Inc.
Cambridge, Massachusetts

Dr. Clifford H. Keene
Oakland, California

Dr. Ronald C. Kelsay
Louisville General Hospital
Louisville, Kentucky

Inez Kemp
Indiana University
Bloomington, Indiana

Lowell Restell King
Chicago, Illinois

Dr. June F. Klinghoffer
Women's Medical College
Philadelphia, Pennsylvania

Ronald A. La Couture
Northern Assoc. for Medical
Education
St. Paul, Minnesota

Robert E. Lee
Buffalo, New York

Dr. Elliot Leiter
New York, New York

Maurice Levy
University of Southern Calif.
Los Angeles, California

Dr. Arthur J. Linenthal
Roslindale, Massachusetts

Maxwell L. Littman
Demarest, New Jersey

Dr. Michael A. Lubchenco
Presbyterian Medical Center
Denver, Colorado

Dr. Kenneth Merrill Lynch, Jr.
Charleston, South Carolina

Dr. A. G. Mackay
Surgical Associates Foundation, Inc.
Burlington, Vermont

Dr. Joseph Malin
Duke University Medical Center
Durham, North Carolina

Dan M. Martin
Vanderbilt University
Nashville, Tennessee

Dr. Gordon E. Martyn
McMaster University
Hamilton, Ontario, Canada

Dr. Jack L. Mason
University of Southern Calif.
Los Angeles, California

Dr. Donald E. McBride
Guilderland, New York

Steven G. McCloy
Houston, Texas

Dr. Frank W. McKee
National Institutes of Health
Bethesda, Maryland

Stuart W. McLeod
New York, New York

Dr. Michael J. McNamara
University of Kentucky
Lexington, Kentucky

Dr. David P. McWhirter
Los Angeles, California

Dr. Richard G. Middleton
University of Utah
Salt Lake City, Utah

Dr. John S. Millis
National Fund for Medical
Education
Cleveland, Ohio

Dr. Pablo Morales
New York, New York

Dr. W. B. Moran, Jr.
Oaklahoma City, Oklahoma

Joel Morganroth
Ann Arbor, Michigan

Ralph Anthony Murphy, Sr.
Rye, New York

Dr. H. Richard Nesson
Beth Israel Hospital
Boston, Massachusetts

Dr. Juan C. O'Donnell
Public Health Service
Buenos Aires, Argentina

Waldo E. Pardo, Sr.
New York, New York

Jean L. Parks
University of California
San Diego, California

Dr. Edward S. Petersen
Northwestern University
Chicago, Illinois

Susana Nelida Soiza Pineyro
Buenos Aires, Argentina

Dr. Joseph G. Pittman
St. Luke's Hospital
San Francisco, California

Dr. Ivan B. Pless
University of Rochester
Rochester, New York

Dr. Robert B. Posner
Rockville, Maryland

Dr. E. James Potchen
Washington University Med. School
St. Louis, Missouri

Robert J. Pursley
Iowa City, Iowa

Dr. Allen L. Pusch
State University Hospital
Syracuse, New York

Dr. Robert D. Ray
University of Illinois
College of Medicine
Chicago, Illinois

David Edwin Reed
Pittsburgh, Pennsylvania

Dr. Ralph W. Richter
Englewood, New Jersey

Dr. James Allen Roberts
Covington, Louisiana

Dr. James A. Rock
Johnstown, Pennsylvania

Dr. Jerome J. Rolnick
St. Peter's General Hospital
New Brunswick, New Jersey

John B. Rose
Houston, Texas

Jerry Royer
Fort Wayne, Indiana

Sanford Sall
New York, New York

Robert F. Schuck
University of Southern Calif.
Los Angeles, California

Leonard A. Semas
Lawrence, Indiana

Peter J. Sheldon
The Medical College of Wisconsin
Milwaukee, Wisconsin

Dr. John L. Shields
McLaren General Hospital
Flint, Michigan

Dr. George A. Silver
Urban Coalition
Washington, D.C.

Dr. R. Dale Smith
Southern Illinois Univ.
School of Dental Med.
Edwardsville, Illinois

Dr. Gunter L. Spanknebel
Worcester, Massachusetts

Brent Spears
Center for Medical Careers
Philadelphia, Pennsylvania

Kenneth E. Spilman
Philadelphia, Pennsylvania

Terry S. Stein
Cleveland Heights, Ohio

Per Gustaf Stenjland
Milbank Memorial Fund
New York, New York

Dr. William Huffman Stewart
Louisiana State University
Medical Center
New Orleans, Louisiana

Bernard Straus
Bird S. Coler Hospital
Welfare Island, New York

Dr. Frank Stritter
Assoc. of American Medical Colleges
Washington, D. C.

Dr. Jacob R. Suker
Northwestern University Medical
School
Chicago, Illinois

Dr. James H. R. Sutherland
Medical College of Georgia
Augusta, Georgia

Mark H. Swartz
New York, New York

Dr. William E. Thornton
Wheaton, Maryland

Leon John Tragerman
Univ. of Southern Calif.
Medical Center
Los Angeles, California

Dr. Alfred E. Turman
University of Alabama Medical
Center
Birmingham, Alabama

Dr. Erwin N. Terry
Montreal, Quebec, Canada

Ray Tyson
Houston, Texas

Dr. David T. Uehling
University Hospitals
Madison, Wisconsin

Dr. Alvin L. Ureles
The Genessee Hospital
Rochester, New York

Frank Peter Vaccarino
Brooklyn, New York

Jerry D. Vandell
Dallas, Texas

Dr. Gary Wadler
North Shore Hospital
Manhasset, Long Island, New York

Dr. Myron P. Walzak
University of Virginia Hospital
Charlottesville, Virginia

James E. Watson, III
Columbia, Missouri

Jacqueline Westerman
Forest Hills, New York

Dr. Harry M. Woske
Univ. of Penn. School of Medicine
Philadelphia, Pennsylvania

Dr. Mary Louise Xelowski
New York, New York

XIII. Other Business

Discussion of the Carnegie Report, Higher Education and the Nation's Health

A. Dr. Hunt pointed out that the Report seems to suggest that increasing the health manpower supply and improving the health care delivery system would by themselves effect significant improvement in such health indices as the infant mortality rate and the life expectancy of our population. In that these indices are largely a reflection of the conditions of poverty over which the health professions could exert little control, it was considered important that the Association's position statement on the Report point out that this suggestion is fallacious. A motion that the COD recommend to the Assembly such a modification to the proposed statement on the Report was passed without objection. Dr. Hunt, Dr. Howard, and Dr. Cooper were appointed as a committee to formulate the specific language of such a modification.

B. Schools of Osteopathy

Dr. Hunt pointed out that many efforts are underway to increase the cooperation between the medical profession and that of osteopathy. It was his feeling that the statement in the Carnegie Report to the effect that all schools of osteopathy should become schools of medicine as soon as possible would be destructive of these efforts. He therefore recommended that the AAMC take a position which softened that statement somewhat. The Council declined to take a position on this point after it was pointed out that there would be no endorsement of the Report as a whole and there remained many other issues over which the AAMC may differ substantially with the Commission.

XIV. Report of Nominating Committee and Election of Officers & Administrative Board Member

Dr. Maloney, chairman of the Committee reported the Committee's recommendations which were accepted without opposition. Dr. Carleton B. Chapman was elected Chairman-Elect of the COD. Dr. Harold C. Wiggers was elected Member-at-Large of the COD Administrative Board.

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XV. Installation of Chairman

Dr. Merlin K. DuVal, Jr., was installed as Chairman of the Council of Deans and extended to Dr. Sprague the thanks of the Council for his enormous contributions over the past year.

Revision of the AAMC Bylaws, Student Representation in
AAMC Affairs

The Assembly will consider the proposed revisions of the AAMC Bylaws at its meeting February 13, 1971. The revisions are intended to: arrange the material in a more logical order, comply with the Illinois statute under which the Association is incorporated, remove inconsistencies, and provide a mechanism for student involvement in the affairs of the Association as previously directed by the Assembly. The proposed revisions are contained in the Assembly Agenda as is material relating to the historical development of the proposal concerning student participation. This item is contained in the COD Agenda to permit the Council to consider the matter in advance of the Assembly meeting.

Election of Affiliate Institutional Member

The University of Sherbrooke Faculty of Medicine is presently a Provisional Affiliate Institutional Member of the AAMC. In February of 1970, the Liaison Committee on Medical Education's survey team recommended "that full accreditation for the normal term be granted when the first class graduates in June 1970." Sherbrooke's first class has now graduated and the school has been elected to full membership in the Association of Canadian Medical Colleges. The Executive Council at its December 16, 1970, meeting reviewed the survey report Summary and Recommendations and voted to recommend to the Council of Deans the election of the University of Sherbrooke Faculty of Medicine to Affiliate Institutional Membership.*

RECOMMENDATION:

The election of the University of Sherbrooke Faculty of Medicine to Affiliate Institutional Membership in the AAMC be recommended to the Assembly for final action at its next business meeting.

- * Affiliate Institutional Members have the privileges of the floor in all discussions but are not entitled to vote.

Corporate Responsibility For
Medical Education

The Committee on Graduate Medical Education of the Council of Academic Societies met January 8, 1971, to revise the paper entitled "Corporate Responsibility for Graduate Medical Education," which appears in the Assembly Agenda. This paper is to be considered by the full CAS at its meeting February 12, 1971, as well as by the COD and the COTH at meetings on the same date. The Executive Council, which has previously indicated its accord with the concept in principle, will consider the paper at its February 13 meeting; the matter is on the Assembly Agenda for that date.

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THE ACTIVITIES & DEVELOPMENT
OF A PROPOSED PLANNING OFFICERS' SECTION
WITHIN THE AAMC

Background

The idea for a formal group of medical school or center planning officers emanated from the interest of regional individuals charged with planning functions. This interest was very likely enhanced by an exploratory working conference held by the Division of Operational Studies in January, 1969 to propose a study of the planning, design and construction of medical educational facilities. Some thirty invited participants from medical schools, teaching hospitals, architects, industrial engineers, systems analysts and professional planners discussed the questions raised by the need, scope, duration, content and sponsorship of a sustained activity in this area.

In November, 1969 a group of planners from medical schools and health science centers in the Northeast convened in New York City. The conferees shared the belief that the lack of understanding of the planning process prevalent at many institutions and the resulting confusion regarding the role of the planner has had a negative effect on the orderly development of health science centers and of medical schools on a national scale; that ill defined goals and misplaced priorities are no longer affordable at a time of rising needs and of diminishing resources. There was general agreement that planners should establish better communication among themselves and should promote the exchange of information through regional and national conferences; the following month another conference of planners met at Madison, Wisconsin. The results of the New York meeting were reported to them. The Madison conferees agreed with the conclusions of the New York meeting. The eastern and midwestern groups were soon joined in their resolve by colleagues on the west coast.

Planning officers who had taken a leadership role in their regions and staff of the AAMC's Division of Operational Studies met in Chicago in February, 1970 to determine the extent of interest in a planning officers section. A steering committee representing each of the four regions was selected by those in attendance in Chicago to maintain communications within their respective regions and with the AAMC and to plan the future activities of the proposed section. The members of this steering committee are: Gerlandino Agro, Director of Planning and Construction, New York Medical College - (Northeast); Jane Elchlepp, M. D., Ph. D., Assistant to the Vice President for Health Affairs, Duke University School of Medicine - (South); John Hornback, Resident Architect, Stanford University Medical Center - (West); Kenneth B. Wheeler, Assistant Executive Vice President, Northwestern University, McGaw Medical Center - (Midwest). The Chicago conferees requested the AAMC to survey the scope of formal planning activities in U. S. academic medical centers.

AAMC Survey of Planning Officers in Academic Medical Centers

In March, 1970 Dr. Rice sent a letter to all medical school deans reporting on the growing interest in formally organized planning in medical schools and in academic medical centers and the requests for an organization of medical school

Activities & Development of Proposed
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planners to exchange information and to discuss mutual problems. Dr. Rice asked the deans to identify the individual(s) responsible for the planning function in their respective institution. Approximately one-hundred designated an institutional planning officer. In a substantial number of instances the dean or the vice president was identified as the chief individual responsible for planning. There were approximately seventy responses to the survey of the characteristics of academic medical center planning offices. Below are the issues of most concern to the planners in order of their importance as tallied from the replies:

- (1) Coordination of academic plans, physical resources, organizational and administrative plans and fiscal plans
- (2) Continuity in the development of long range programs
- (3) Coordination of faculty planning groups
- (4) Optimum standards versus minimum requirements, conformity versus innovation
- (5) Operations, research and planning functions
- (6) Communications between planners in internally related schools

The planning officers were asked to indicate those planning functions and programs for which their office has responsibility. Following is the summary of the responses to that question:

Responsibilities of Planning Offices

	Curriculum	Health-care	Fiscal	Physical	
				LRP	SRP
Full	4**	4**	7	30	25
Part	19	21	23	8	13
None	16	13	8	1*	1*

* School in development

**Three of four had the same comprehensive responsibilities

Sixty-eight percent of the responders reported interest in both regional and national meetings with other academic medical center planners. Only three responses showed no interest in future meetings.

Planning Officers' Program at AAMC Annual Meeting, October 31, 1970

Attached is the program for this meeting which was divided into two segments, the first, "Planning for Construction" and the second, "Planning for Strategy. There was a very good attendance of approximately one-hundred forty. Both agenda sections seemed to be very well received. Although the agenda was tight time wise, there was approximately ten minutes at the conclusion of each section for questions from the floor, written down and presented to the panel moderator. The "outside" speaker, Mr. Throdahl, Vice President of the Monsanto Company, gave a very enlightening address. At the conclusion of the meeting there were a number of requests for printed papers from the speakers. This request will be coordinated through the Division of Operational Studies.

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Regional Activities

Both prior to and following the Annual Meeting there has been continuing interest in regional seminars on planning. For example, in August, 1970 the Northeast planning officers succeeded in organizing a Workshop on Planning of Health Education Facilities in conjunction with the annual meeting of the Society for College and University Planning which was held at Amherst, Massachusetts. This session was well attended, the success of which is documented by the fact that a second workshop will be scheduled at the 1971 SCUP meeting in San Francisco.

Organization & Objectives

The steering committee of the planning officers' group, supported by many others with academic medical center planning responsibilities, has concluded that future activities to be successful would require the backing by the Association of American Medical Colleges of a section of planning officers organized in a manner sufficiently formal to pursue appropriate goals and interests. Such a unit might very well be patterned organizationally within the AAMC after the Business Officers' Section or the group on Student Affairs. The primary purpose of the proposed group would be to foster the application of sound and professional practices in planning for health education programs and facilities. Through group meetings and workshops there would be an opportunity for its members to meet each other, to share ideas, to exchange information of personal and professional benefit and mutual interest. The establishment of such a section would provide a locus for the gathering and retrieving of information pertinent to planning for medical colleges and health science centers.

The steering committee appointed Dino Agro to serve as its interim chairman. It was agreed that following clearance of plans by the AAMC, the committee supplemented by other individuals as appropriate would develop bylaws, plan national activities for the year ahead and conduct other suitable business. Further, regional meetings and seminars will continue on the local level. It is hoped that a formal organization can be accomplished before the next annual meeting. At that time the ad hoc steering committee can be replaced by an officially designated governing committee and appropriate officers can be elected. Mr. Hilles agreed to discuss the committee's recommendations with Mr. Murtaugh and other AAMC officials to get their advice and the approval necessary to proceed with organizational plans.

RECOMMENDATION:

The Executive Council at its December 16, 1970, meeting voted to recommend to the Council of Deans that a Medical Center Planning Officers' Section be formed under the COD.