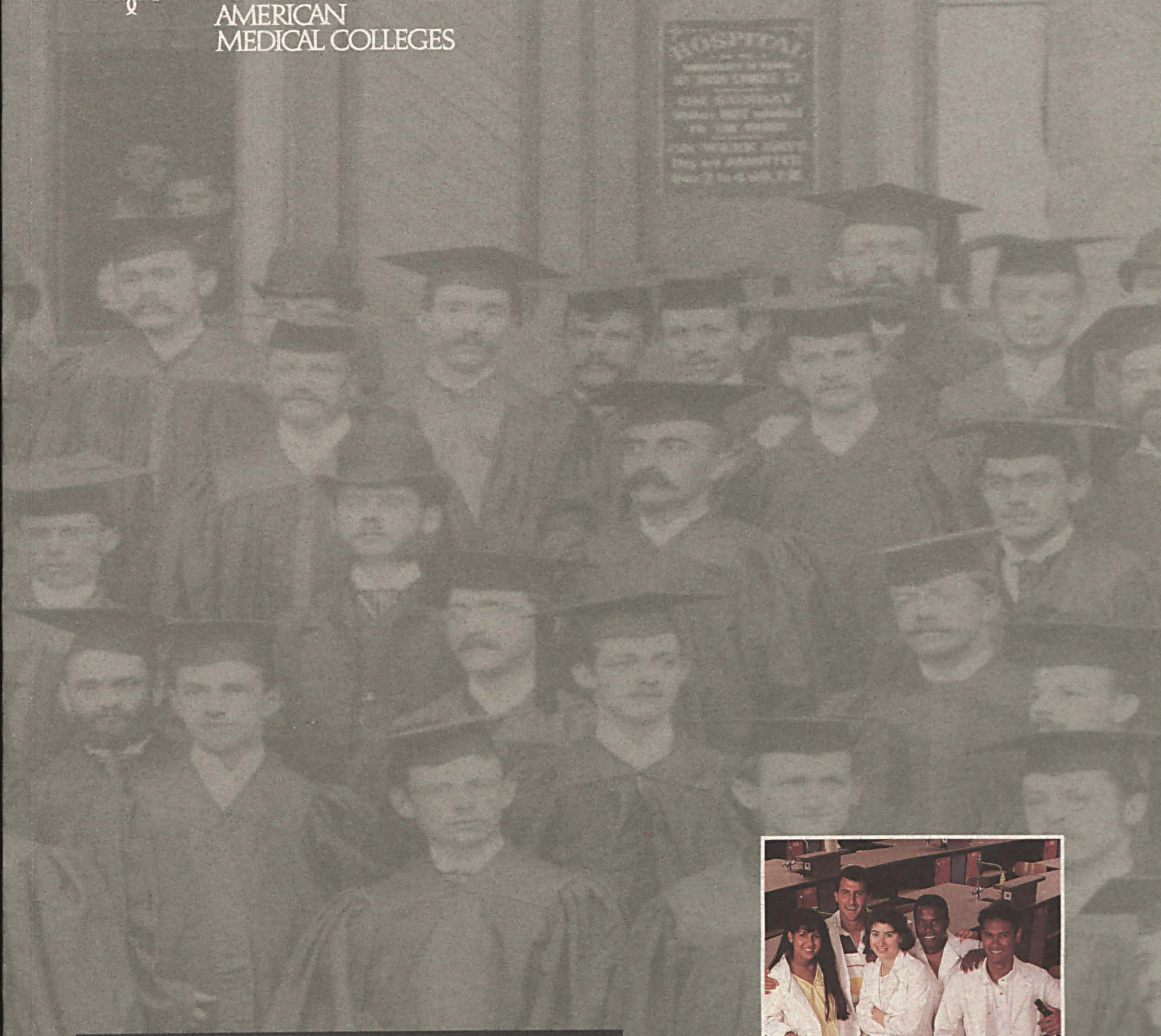




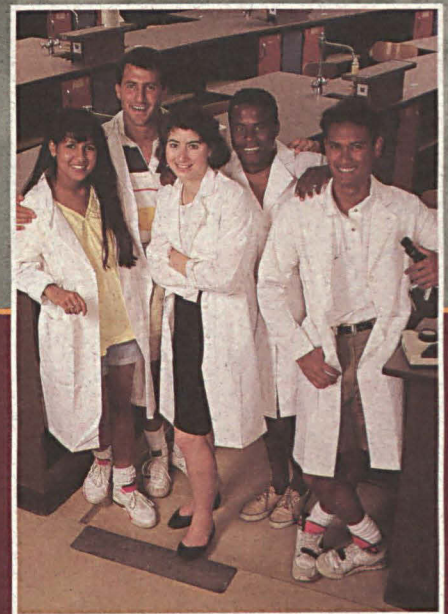
ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

ANNUAL REPORT 1993-94

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MORE THAN 100 YEARS OF LEADERSHIP



MORE THAN 100 YEARS OF LEADERSHIP

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In its 100-plus years, academic medicine has been buffeted by many storms, both scientific and societal, but never have our institutions experienced the tempest unleashed by health care reform this past year. Working with a multitude of players, the Association of American Medical Colleges has responded aggressively to support universal health coverage and preserve the integrity of academic medicine—the cornerstone of American health care.

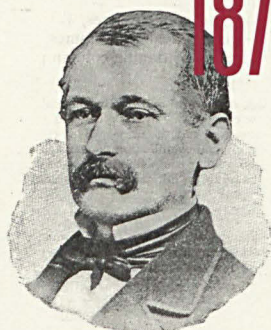
PRESIDENT'S MESSAGE

To call this past year an exceptional one for the Association of American Medical Colleges, and for academic medicine in general, could be the understatement of the half-century. The national debate about health care reform legislation has focused intense interest on literally all the areas of traditional and vital concern to the academic medicine community. Among these concerns are: What kinds of physicians are we educating for the country? Do they have the right skills to function optimally in the emerging delivery systems? Are they prepared to go where they are most needed? How can our essential research enterprise adapt to the resource constraints that federal budget deficits have imposed?

Will our investigators be able to add outcomes studies and health services research to their already stretched agenda?

Perhaps most riveting has been the growing awareness of how the rapidly evolving health care marketplace, with or without legislated reform, is threatening the ability of academic medicine to meet its social responsibilities. As the stampede toward managed care brings intense price competition to more and more regions of the country, medical schools and teaching hospitals are being forced to surrender substantial revenues needed to sustain quality education and research. Because no alternative sources have been identified to pay for the academic activities traditionally supported by patient care revenues, medical school faculties and teaching hospital executives are faced with an impossible Hobson's choice: sacrifice revenue needed for their core missions or watch their patients be directed to providers who are not committed to academic pursuits.

Recognizing this dilemma and the urgency of finding a solution, the AAMC and other interested groups have directed enormous energy toward Congress and elsewhere to raise the level of understanding and to secure support for alternative mechanisms to help finance our fundamental missions. We argued cogently for the establishment of "all-payer" funds to: a) support the full costs of graduate medical education, b) level the



1876

A general call is issued to medical colleges to send a representative to a convention to be held in Philadelphia "to consider all matters relating to reform in medical college work." Twenty-two schools attended. J.B. Biddle, M.D., Jefferson Medical College, is elected president of the new association.

1877

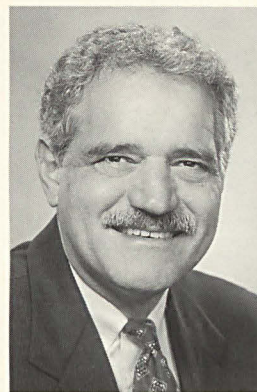
A second association meeting is held in Chicago where a constitution, by-laws, and Articles of Confederation are adopted. The name American Medical College Association is adopted. Twenty-six schools attended.

playing field for teaching hospitals so they might compete effectively for patients without abandoning their academic missions, c) enable medical schools both to absorb the added costs of educating future health care professionals in ambulatory sites and to withstand the erosion of clinical revenues used traditionally to pay for essential academic activities, and d) provide appropriate funding to secure the miracles promised by contemporary biomedical and behavioral sciences.

Although at this writing, Congress appears to have faltered badly in delivering on the promise of comprehensive reform, I believe we achieved some notable successes. The legitimate requirements of academic medicine were reflected in virtually all of the serious proposals put forth in both the House and Senate. As a consequence, we can be reasonably optimistic that continued efforts to guarantee quality health care to the American public through adequate support of academic medicine will eventually prevail.

Considering the wide diversity of opinion and priorities among the AAMC's constituency, and the marked regional differences in the impact of potential reforms, one might have expected an unreconcilable cacophony of voices coming from the various sectors of the academic community. Happily, our community did not suffer major

fragmentation, despite numerous opportunities and temptations to do so. Many explanations can be offered to explain the coherent and consistent message that came forward from academic medicine. I choose to believe that the AAMC played an important role in this regard, functioning as a "catalyst for consensus" throughout the long and contentious congressional debate. The struggle to strengthen our academic missions as we undergo fundamental restructuring of the health care system is far from over. Given this reality, the AAMC must continue to stay in very close touch with all segments of its constituency in order to promote consensus and project a common voice.



Jordan J. Cohen, M.D.
AAMC President

1880

A "plan of registration" establishing minimum standards for medical education is adopted, stating in part that "the minimum length of time required for gaining adequate knowledge of medicine should be not less than three years, and that at least one-half of each of these years should be spent in a proper medical college." Colleges that are "defective" are notified.

1881

THROUGH

1882

Annual meeting attendance declines because "the new organization had tried to raise standards too rapidly."

1883

THROUGH

1889

No annual meetings are held.

REPORT OF THE CHAIRMAN

For the past year, the nation has been immersed in a sea of information about health care and plans for its reform. But the national debate has focused almost exclusively on issues that are, in fact, secondary to what should be the overriding goal of health care—improved health for our entire population.

A great deal of attention has been directed toward issues of cost, access, financing, quality, and compensation, with much less emphasis on health-related outcomes or objectives. At best, this approach accepts and condones our present system's vague health goals; at worst, the secondary concerns could become the goals of the system. Failure to achieve comprehensive national health

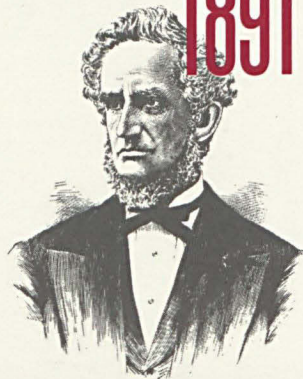
care reform, and the advent of a series of incremental changes with considerable variation among the 50 states, heighten the need to define more explicitly goals and priorities for our health care system, and ensure that we and our nation's leaders understand them clearly.

Today, approaches to health care are so sharply focused that we often overlook the fact that in every society, health care is just one element in an interactive network of social support systems. We could begin by acknowledging that health care should not be considered *sui generis*, because it does not stand alone. Health care is, in fact, one important, integral, and interactive element in a complex system of social support that also includes education, housing, transportation, welfare, environmental regulation, food production and distribution, religion, and recreation. Integrating health care into the social support system can enhance its effectiveness and societal value, and can inspire better understanding and more support for principles such as universal access that are in danger of failing—in part because they are not fully understood. Part of the purpose of health care should be to maximize the effectiveness of the entire social support system, and conversely, other elements in the social support system, such as education, should maximize the effectiveness of health care.

In a system joined at such critical interfaces, all professional members of the

1890

Representatives of a majority of the "regular" medical colleges meet in Nashville to reorganize the Association under the new name of the Association of American Medical Colleges.



1891

Nathan S. Davis, M.D., Chicago Medical College, becomes president of the reorganized Association and serves until 1894.

1892

Bulletin No. 1 of the Association of American Medical Colleges is published.

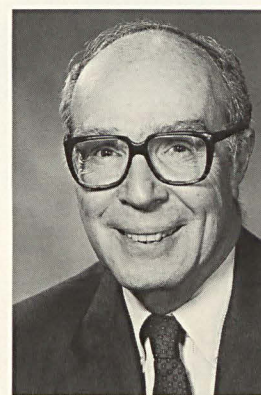
workforce should understand and be trained to exploit the opportunities for coherent action among all elements of social support, as well as the various providers of health care. Physicians are a unique and vital component of this system because they are grounded in human biology and disease as well as in psychosocial aspects of health and illness. Increasingly, through programs of community medicine and health of the public, our graduates are more broadly experienced in marshalling the full range of social support systems for individual and community health care.

But there remains a great need to enhance the capacity of physicians to manage biopsychosocial aspects of disease and illness by accepting the powerful influences on health of other elements of social support and by providing physicians with the ability to function effectively in integrated social support systems.

One specific step toward an integrated, coherent health care system would be the rapprochement of medicine and public health, both in education and practice. As the typical physician comes to function as part of an organization responsible for a population of "covered lives," his or her interaction with the disciplines and programs of public health—especially epidemiology and health promotion—becomes more necessary. And as the public health profession moves more quickly toward assessing health status and

system performance from a population perspective, it becomes critical that these activities be informed by full insight into clinical practice.

This Association has supported access to health care since 1967 and it has more recently supported the principles of comprehensive reform of the health care system. In the absence of comprehensive reform, it is especially important that medicine in general and academic medicine in particular define their capabilities so that both function most effectively as part of an integrated, comprehensive system of social support.



Stuart Bondurant, M.D.
AAMC Chair

1894

With 21 of the 71 member colleges in attendance at the annual meeting in San Francisco, the constitution is amended to state that "Candidates for a degree of M.D. . . . shall have pursued the study of medicine for a period of four years and attended at least four courses of lectures of not less than six months duration each."

1900

At the annual meeting in Atlantic City the constitution is amended to read that a ". . . student shall not matriculate who does not possess a diploma from a high school, academy, normal school, or college. . . ."

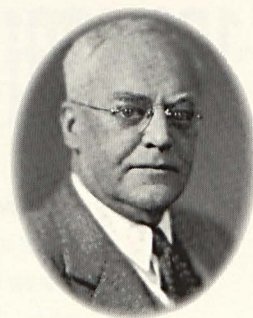


1902

A symposium on admission problems is held in Saratoga Springs, N.Y. The AAMC's Committee on Education issues its first report on the relative standing of the graduates of the various American medical schools.

1903

Fred C. Zapffe, M.D., is appointed as the first full-time secretary-treasurer of the AAMC and is authorized to visit and make a detailed report on each member college.



1993-94 GOVERNANCE AND MEMBERSHIP

The Executive Council, the governing body of the Association, has 30 voting members. The Council leadership includes the chair, chair-elect, immediate past chair, and the president of the Association; the chairs, chairs-elect, and immediate past chairs of the Council of Deans (COD), Council of Teaching Hospitals (COTH), and Council of Academic Societies (CAS); the chairs and chairs-elect of the Administrative Boards of the Organization of Student

Representatives (OSR) and the Organization of Resident Representatives (ORR); 12 elected members—three each from the COTH and CAS and six from the COD; and a Distinguished Service Member.

The Association's legislative body is its Assembly, comprising all 126 members of the COD, 126 members of the COTH, 90 members of the CAS, and 12 members each from the OSR and the ORR.

Each year members and staff of the U.S. Congress and Executive Branch agencies and representatives of medical and health care organizations address the Administrative Boards and Executive Council on issues of interest and importance to academic medical centers. In 1993-94, AAMC leaders heard from:

Harold Varmus, M.D.

Director, National Institutes of Health

David H. Nexon, Ph.D.

Staff director, Health Policy Office, Senate Labor and Human Resources Committee

Bruce C. Vladeck, Ph.D.

Administrator, Health Care Financing Administration

The Honorable Jay Rockefeller, D-W.V.

U.S. Senate member, Commerce, Science, and Transportation Committee; Finance Committee; chair, Veterans' Affairs Committee

David A. Kessler, M.D.

Commissioner, Food and Drug Administration



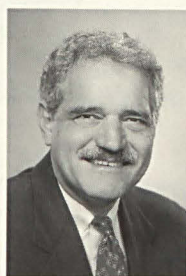
Chair
Stuart Bondurant, M.D.*
University of North Carolina at
Chapel Hill School of Medicine



Chair-Elect
Kenneth I. Berns, M.D., Ph.D.*
Cornell University Medical College



Immediate Past Chair
Spencer Foreman, M.D.*
Montefiore Medical Center



President
Jordan J. Cohen, M.D.*



Distinguished Service Member
D. Kay Clawson, M.D.*†
University of Kansas School of
Medicine

*Executive Council Member
† Retired

1905

Dr. Zapffe reports that he has visited 17 of the 161 medical schools. A standard curriculum of 4,000 hours is adopted, becoming a forerunner of accreditation.

The National Confederation of State Medical Examining and Licensing Boards (NCSMELB) adopts as its standard the AAMC's standard curriculum.

1907

The AAMC adopts the resolution, "... four years of residence in a medical college shall be required of all candidates for the degree of doctor of medicine ...".

COUNCIL OF DEANS ADMINISTRATIVE BOARD

This year the Council of Deans moved to engage in the health care reform debate and the emerging managed care marketplace by strengthening their members' effectiveness in the Council, in the Association, and in the larger policy making arena. The Administrative Board established communication mechanisms among the deans and initiated formal liaisons with the AAMC Groups. The Council also established study groups charged with drafting a COD mission statement and exploring medical schools' role in graduate medical education. The COD is staffed by the Division of Institutional Planning and Development.



Chair
George T. Bryan, M.D.*
University of Texas Medical School at Galveston

Chair-Elect

Herbert Pardes, M.D.*
Columbia University College of Physicians and Surgeons

Immediate Past Chair

Harry N. Beaty, M.D.*
Northwestern University Medical School

Richard A. Cooper, M.D.*†
Medical College of Wisconsin

Robert M. Daugherty, Jr., M.D., Ph.D.
University of Nevada School of Medicine

Charles H. Epps, Jr., M.D.*
Howard University College of Medicine

Philip J. Fialkow, M.D.
University of Washington School of Medicine

James A. Hallock, M.D.*
East Carolina University School of Medicine

John J. Hutton, Jr., M.D.
University of Cincinnati College of Medicine

Michael M. E. Johns, M.D.*
The Johns Hopkins University School of Medicine

William A. Peck, M.D.*
Washington University School of Medicine

I. Dodd Wilson, M.D.*
University of Arkansas College of Medicine

* Executive Council Member
† Resigned, September 1, 1994

COUNCIL OF TEACHING HOSPITALS ADMINISTRATIVE BOARD

The Council of Teaching Hospitals' primary mission is the promotion and support of clinical, educational, and research endeavors of the nation's teaching hospitals, as well as other components of academic medicine. To support this mission, the Council, through its Administrative Board, expanded its ongoing legislative and regulatory activities; initiated a process of Administrative Board meetings to identify opportunities for collaboration with other organizations; and expanded its efforts related to modifying the mix and number of residents in graduate medical education. The COTH is staffed by the Division of Clinical Services.



Chair
Charles M. O'Brien, Jr.*
The Western Pennsylvania Hospital

Chair-Elect

R. Edward Howell*
University of Iowa Hospitals and Clinics

Immediate Past Chair

William B. Kerr*
Medical Center at the University of California, San Francisco

Ron J. Anderson, M.D.*
Parkland Memorial Hospital

Frank A. Butler*
University of Kentucky Hospital

David D'Eramo, Ph.D.
St. Francis Hospital and Medical Center

John D. Forsyth
University of Michigan Hospitals

Timothy M. Goldfarb
Oregon Health Sciences University Hospital

William I. Jenkins
Sinal Samaritan Medical Center

Robert E. Lindsey, Jr.
Veterans Affairs Medical Center, Park City, Utah

Ralph W. Muller
University of Chicago Hospitals

Robert G. Newman, M.D.*
Beth Israel Medical Center

Edmond F. Notebaert
Children's Hospital of Philadelphia

Ronald R. Peterson
The Johns Hopkins Bayview Medical Center

Lorraine C. Tregde
Bronx Municipal Hospital Center

* Executive Council Member

1907

The AAMC adopts a minimal list of equipment for medical colleges that also is adopted by the NCSMELB.

The Carnegie Foundation begins a study of medical schools by Dr. Abraham Flexner of the Foundation and Dr. N. P. Colwell of the AMA Council on Medical Education.

The AAMC establishes a Judicial Council and a Syllabus Committee.

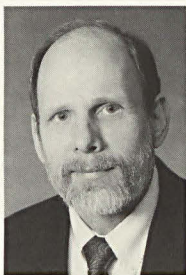
1910

The "Flexner Report" is released.

The AAMC has 126 member medical schools, and Association dues are set at \$25.00.

COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

The Council of Academic Societies (CAS), staffed by the Division of Biomedical Research, is perhaps the AAMC's most diverse constituency, representing a broad array of medical school faculty from some 90 professional organizations of basic science and clinical disciplines. In addition to providing expert speakers and continually reviewing issues affecting medical school faculty, CAS currently sustains three informal special interest groups that have evolved over the past several years. These groups focus particular attention on current issues affecting graduate medical education, undergraduate medical education, and basic science. The CAS is staffed by the Division of Biomedical Research.



Chair
George A. Hedge, Ph.D.*
West Virginia University School of Medicine

Chair-Elect

Paul Friedman, M.D.*
University of California, San Diego,
School of Medicine

Immediate Past Chair

S. Craighead Alexander, M.D.*
Hahnemann University School of Medicine

Diana S. Beattie, Ph.D.
Hahnemann University School of Medicine

Rita Charon, M.D.*
Columbia University College of
Physicians and Surgeons

William E. Easterling, M.D.
University of North Carolina at Chapel Hill
School of Medicine

Kurt E. Ebner, Ph.D.
University of Kansas Medical Center

Robert O. Kelley, Ph.D.*
University of New Mexico School of
Medicine

Thomas C. King, M.D.
Columbia Presbyterian Medical Center

Harry E. Mayhew, M.D.
Medical College of Ohio

David W. Nierenberg, M.D.
Dartmouth-Hitchcock Medical Center

Arthur J. Prange, Jr., M.D.
University of North Carolina at Chapel Hill
School of Medicine

Beverly Rowley, Ph.D.*
Maricopa Medical Center

* Executive Council Member

ORGANIZATION OF RESIDENT REPRESENTATIVES ADMINISTRATIVE BOARD

The Organization of Resident Representatives (ORR) is made up of representatives from 24 specialty organizations. They provide a way for residents to express their views on health care and medical education within the Association's governance. The ORR leadership has concentrated on professional development among its members, particularly issues of teaching skills development, recruitment of minority physicians, and working conditions. Other study areas have included malpractice and tort reform and loan repayment programs. The ORR is staffed by the Office of Generalist Physician Programs.



Chair
Michele C. Parker, M.D.*
Takoma Family Medicine

Chair-Elect
Denise Dupras, M.D., Ph.D.*
Mayo Medical School

Immediate Past Chair
Joseph S. Auteri, M.D.
Presbyterian Hospital in the City of
New York

Deborah Baumgarten, M.D.
Emory University School of Medicine

Fernando Daniels, III, M.D.
Howard University Hospital

William J. Fortuner, III, M.D.
Pennsylvania State University Hershey
Medical Center

Nicholas Gideonse, M.D.
Oregon Health Sciences University
Hospital

Michael Greenberg, M.D.
The Medical Center at the University of
California, San Francisco

Cathy Halperin, M.D.
Rush-Presbyterian-St. Luke's Medical
Center

* Executive Council Member

1911

The AAMC meets
each year in
Chicago.

THROUGH
1922

1912

The AAMC abolishes its
Judicial Council and in
its stead establishes an
Executive Council.

1913

In a joint meeting, the AAMC
and the AMA's Council on
Medical Education and
Hospitals (CME&H) agree that
before admission to medical
college, students must have a
preliminary college year of at
least 32 weeks that covers
physics, chemistry, biology,
German, and French.

ORGANIZATION OF STUDENT REPRESENTATIVES ADMINISTRATIVE BOARD

This year the Organization of Student Representatives (OSR) developed a mission statement; distributed a document on medical student rights and responsibilities; conducted surveys on domestic and family violence education and cultural sensitivity; and continued advocacy efforts in the areas of financial aid for disadvantaged students, community service, and workforce issues. To increase minority students' interest in OSR, the Board has established a permanent liaison with the Student National Medical Association, and co-sponsored a forum on minority affairs with the Consortium of Medical Student Organizations. The OSR is staffed by the Section for Student Programs.



Chair
Bruce Weinstein*
University of Connecticut School of Medicine

Chair-Elect
Stacy Tessler*
Brown University School of Medicine

Immediate Past Chair
David Graham, M.D.
Columbia University College of Physicians and Surgeons

Kent Bream
University of Maryland School of Medicine

Kristine Flowers
University of Wisconsin School of Medicine

Robert Gates
Bowman Gray School of Medicine of Wake Forest University

Alex Mechaber
University of Miami School of Medicine

Alexander Niven
Tufts University School of Medicine

Nona Pawlak
Rush Medical College of Rush University

Jacqueline Renyer
University of California, San Francisco, School of Medicine

Ann Sidwell
Harvard Medical School

Allison Tonkin
Boston University School of Medicine

* Executive Council Member

The AAMC's constituents are:

- ▼ 126 member accredited U.S. medical schools, each represented by its dean in the Council of Deans
- ▼ 400 member teaching hospitals with substantial research and educational activities, including 72 Department of Veterans Affairs medical centers, represented by their CEOs in the Council of Teaching Hospitals
- ▼ 90 member academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 70,000 faculty members at member institutions
- ▼ 126 students serving in the Organization of Student Representatives, representing 65,000 students
- ▼ 44 residents at U.S. medical schools and teaching hospitals appointed by member academic societies representing 68,000 residents
- ▼ 16 Canadian medical schools as associate members
- ▼ More than 700 individuals interested in medical education
- ▼ Faculty members and administrators of medical colleges, teaching hospitals, and academic medical centers who represent their institutions

in groups of professionals with similar interests within the AAMC:

- Group on Business Affairs
- Group on Educational Affairs
 - Section on Resident Education
- Group on Faculty Practice
- Group on Institutional Planning
- Group on Institutional Advancement
- Group on Student Affairs
 - Minority Affairs Section
- Government Relations
 - Representatives (collaborative effort with the Association of Academic Health Centers)
- Women in Medicine

1914

The annual meeting has 10 speakers and 157 attendees.

1916

The AAMC establishes a central file on medical students.

It is agreed that after January 1, 1918, 60 hours of college credit (instead of 30 hours) would be required for admission to medical school.

1918

The Federation of State Medical Boards agrees to accept the list of schools accredited by the AAMC and the CME&H.

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1922

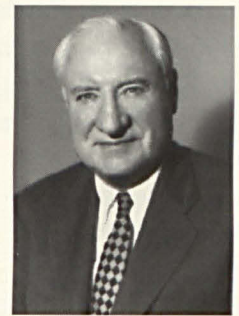
The AAMC has 81 member medical schools, and the average tuition is \$187.16 (\$1,648.88 in 1994 dollars).

1925

THROUGH

1932

The Commission on Medical Education was organized by the AAMC to make a study of the educational principles involved in medical education and licensure. Willard C. Rappleye, M.D., directed the study released in 1932. Dr. Rappleye was AAMC Chair in 1938-39 and received the Flexner Award in 1961.



OFFICE OF THE PRESIDENT

Nowhere was change more evident this past year than in the Office of the President. Robert G. Petersdorf, M.D., AAMC president since 1986, relinquished the reins to Jordan J. Cohen, M.D., who was named the third president of the Association April first. Dr. Cohen arrived from the State University of New York at Stony Brook School of Medicine where he was appointed dean in 1988. He has been active in Association affairs for several years, serving on the Council of Deans Administrative Board and as chair of the AAMC Task Force on the Generalist Physician. Dr. Cohen is the immediate past chair of the American Board of Internal Medicine and of the Accreditation Council for Graduate Medical Education, and is a former vice chair of the Board of Regents of the American College of Physicians.

As health care reform became a national priority for the nation this year, so it moved to center stage for the Association. The AAMC has worked to expand the debate from financing and delivery of health care to the equally important issues of research and the education of a new breed of physician in a changed learning environment.

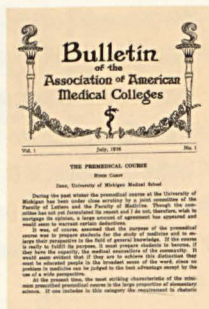
In late winter the Executive Council adopted a series of significant policy positions on health care reform, and called on the Clinton administration to redraft the section of the Health Security Act dealing with academic health centers. The action underscored the Association's strong belief that all payers in a reformed health care system should support all facets of the education and training of the next generation of physicians.

In concurrent action the Executive Council directed the AAMC to advocate the creation of new all-payer funds to support essential functions of academic medicine in the new reform era. One fund would be directed to medical schools and a separate fund would be directed to teaching hospitals. In addition, the AAMC continued to advocate its longstanding support for an all-payer physician workforce fund to cover the direct costs of graduate medical education.

The AAMC Executive Council also voted to support an amendment to health care reform legislation that would create a National Fund for Health Research supported by assessments on health insurance premiums and voluntary

1926

The *Bulletin* of the Association is started again, publishing quarterly.



1928

The *Bulletin* is renamed the *Journal of the Association of American Medical Colleges*.

The first study of medical school applicants is published by the AAMC.



A contingent of AAMC constituents met with President and Mrs. Clinton to voice support for universal coverage for all Americans.

contributions from taxpayers. The AAMC joined more than 200 organizations and research institutions endorsing the proposal.

The Association reaffirmed its commitment to universal health care coverage at a June White House meeting that brought together a contingent of more than 80 academic leaders, President and Mrs. Clinton, and administration health policy staff. The constituents stressed academic medicine's support for comprehensive health care reform and universal coverage for all Americans.

Academic medicine has been challenged to make major changes in its educational programs at a time when sources of support are eroding. In response, the Association developed a series of principles and positions to guide further action. An important element of the Association's approach is to work with other organizations. This was translated into action when the AAMC signed joint

statements related to health care reform with both the American Medical Association (AMA) and the Association of Academic Health Centers (AHC).

The AAMC and the AMA also collaborated on a set of principles to guide deliberations on controlling the size and specialty mix of the physician workforce and the organization and funding of graduate medical education. The two associations called for a national physician workforce planning process to study the country's requirements for physicians and to make recommendations on how these requirements should be met. They also called for distinct federal funding pools to support medical education programs and teaching hospitals as well as advocating that all health care payers contribute to graduate medical education.

The AAMC and the AHC concurred that a better balance between generalist physicians and non-generalist physicians must be reached. They urged Congress to include an all-payer education training fund for the health care workforce in

national health care reform. They also called for four distinct federal funding pools—a medical school fund, a teaching hospital fund, a workforce account, and a graduate nursing education fund—to accommodate the added requirements of health care reform and to offset the negative financial impact on academic institutions.

Strategic planning is at the top of the Association's agenda for the coming year. As the academic medicine community adapts to a rapidly changing environment, the Association also needs to reflect those changes in its policies, programs, and structure. Begun in July, the plan initially focused on identifying key issues and selecting a process that would involve as many constituents as possible. A preliminary presentation is planned for the December governance retreat, with presentations and feedback from the three Councils at their spring meetings.

1929

The Moss Medical Aptitude Test, developed by F. A. Moss, M.D., a pioneer in the field, was first administered.

The first Student Accomplishment records were sent to 200 colleges whose students had entered medicine.

1930

Dr. Moss secures AAMC sponsorship for his test.

1931

The American Medical Colleges Aptitude Test is administered in representative liberal arts colleges all over the country.

MCAT

Office of Administrative Services

The Office of Administrative Services oversees the financial operations, human resources functions, and business affairs of the Association and provides the infrastructure and support systems for the smooth running of this complex institution. The integrated financial accounting system, installed in 1993, has been fully implemented and a budget module has been added to enhance the budgeting process. In light of new financial accounting standards for all not-for-profit organizations, together with the AAMC's strategic planning initiatives, a resource allocation model currently is being developed.

The AAMC staff has grown to 243 individuals, with additional personnel brought in during the medical school application season. The publications order fulfillment function handled a record 121,000 AAMC publications orders—an increase of 32,000 over 1993. The Business Services team completed another successful year of providing printing, graphics, mailing, and building services.

Office of Information Resources

The newly created Office of Information Resources is pursuing an ambitious agenda for internal information management and for facilitating communications with constituents through

cutting-edge technology. To take full advantage of the "information revolution," the OIR is developing plans to provide members with a wide range of AAMC information resources over the Internet. AAMC members soon will be able to obtain multimedia documents and publications, locate membership information, respond to surveys, use databases, carry on free-form and

mediated discussions, and communicate within and among the many constituent groups using electronic tools provided through the AAMC. The expanding mission of the Office of Information Resources will be connected intimately to the strategic plan. Internally, the OIR continues to develop and support networked information technology resources for the AAMC staff.

OFFICE OF GOVERNMENTAL RELATIONS

Among the many legislative issues that currently confront academic medicine, two broad questions have required constant attention. The first is how to ensure that the multiple missions of medical schools and teaching hospitals continue to be supported adequately in an era of health care reform. The second is what the implications will be for academic medicine of continued efforts to reduce the federal deficit by controlling the growth of both discretionary and mandatory spending. Both issues raise a complex series of considerations and present significant long-term consequences across all segments of the Association's membership.

Fostering an informed, proactive constituency to meet these and other legislative challenges is a goal of the Association. The Office of Governmental

Relations (OGR) monitors legislative activity, communicates background information and data to AAMC members, drafts testimony and other federal correspondence on behalf of academic medicine, and advises on strategies for advocacy. Through this office, the Association also participates in a number of coalitions that support veterans' health, biomedical and behavioral research, health professions training, and Medicare and Medicaid.

As the multiple health care reform proposals moved through the various Congressional committees, keeping AAMC members apprised of the status of provisions important to academic medicine proved to be a formidable task. At critical junctures the AAMC prepared issue briefs on key positions, side-by-side analyses of different bills, and action alerts to assist members in making the case for

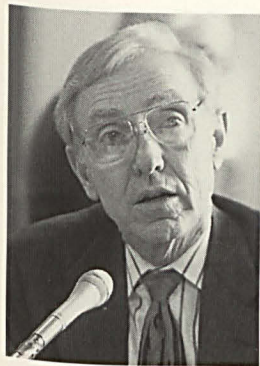
1932

The home office of the Association moves to 5 South Wabash Avenue in Chicago.

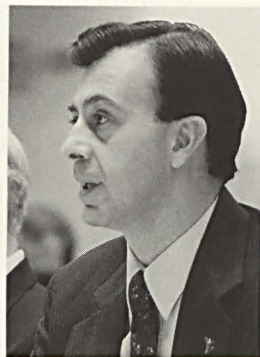
1941

Significant innovation in medical education is delayed because of World War II; however, the wartime experience accelerates the standardization of the curriculum.

WWII



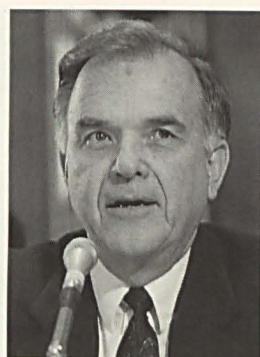
Marvin R. Dunn, M.D., dean,
University of South Florida College of
Medicine



Robert M. D'Alessandri, M.D., dean,
West Virginia University School of
Medicine



Spencer Foreman, M.D., president,
Montefiore Medical Center



Raymond G. Schultze, M.D., director,
UCLA Medical Center



Bonita Stanton, M.D., professor of
Pediatrics and director of the Center for
Minority Health Research, University of
Maryland School of Medicine

academic medicine.

A key area of concern for the Association in the health care reform debate is the fate of the Veterans' Health Administration (VHA). Through the VHA, the VA operates the nation's largest health care system. The VHA also has important links with academic medicine; currently, 104 of the nation's 126 medical schools are affiliated with VA hospitals, and more than one-half of the nation's physicians receive some portion of their medical training in VA medical facilities. The VA also directly funds more than 2,500 physician scientists and basic scientists nationwide.

In April members of the AAMC's VA/Deans Liaison Committee met with the acting VA undersecretary for Health and with staff from the House and Senate Veterans' Affairs Committee to express their concerns about the future role of the

VA's health care system under health care reform.

The FY 1995 budget released by the Clinton administration in early February was the first to be developed under the budget agreement crafted by the White House and Capitol Hill in the fall of 1993. As part of its deficit reduction provisions, the agreement essentially freezes discretionary spending through FY 1998.

The consequences of this spending cap on programs of interest to the Association were dramatic. For the National Institutes of Health, the administration proposed a 4.7 percent increase. However, one-fourth of this increase would not be available until the last two weeks of the fiscal year. Worse still, the increase was offset by a proposal to limit the amount of indirect cost reimbursements institutions could receive in FY 1995. The proposal, which was described by the administration as a

one-year "pause," would have prevented institutions receiving more than \$10 million in federal research grants in FY 1994 from recovering more indirect costs in FY 1995 than in the previous year.

The university research community was successful in turning back the indirect cost proposal, first in the budget resolution finalized by Congress in May and then in 7 of the 13 regular appropriations bills that were considered in June and July.

Unfortunately, this success did not carry over to the budget recommended for NIH. Although the final conference bill was not complete when this report was written, it appears that for the second time in three years Congress will appropriate less money for NIH than was requested by the president, as the House approved a 3.5 percent increase and the Senate proposed 3.6 percent.

1942

The AAMC and AMA meet to form the Liaison Committee on Medical Education (LCME) to insure that "representatives of the medical schools and . . . practicing medical profession played an equal part in visiting and evaluating the individual medical schools."

1946

The Association participates in founding the National Society for Medical Research to combat efforts of anti-vivisectionists.

1947

The AAMC confers the first Borden Award for outstanding clinical or laboratory research, now known as the Baxter Award.

The Association-sponsored Medical College Admission Test (MCAT) is given for the first time.



Robert G. Petersdorf, M.D.,
AAMC president *emeritus*



From left, John Naughton, M.D., dean, State University of New York at Buffalo School of Medicine and Biomedical Sciences; H. Richard Nesson, M.D., president, Brigham and Women's Hospital; and Stuart Bondurant, M.D., dean *emeritus*, University of North Carolina at Chapel Hill School of Medicine.

The AAMC, through the *Ad Hoc* Group for Medical Research Funding, advocated a 9 percent increase for NIH. The *Ad Hoc* Group is a coalition of 180 scientific and professional societies, voluntary health groups, and research institutions which the AAMC co-founded in 1982 and which currently is chaired by AAMC Executive Vice President Richard Knapp, Ph.D. The group annually develops and presents an overall funding recommendation for NIH programs.

The limits imposed on discretionary spending also posed significant problems for the VHA, which continues to face increasing difficulty in meeting its medical care and health research missions. In spite of recent budget shortfalls that have forced VA medical centers to meet service needs by using funds intended for equipment replacement, supplies, and infrastructure maintenance, the Clinton administration requested slightly more than \$16 billion for VA medical care, some \$2 billion less than is necessary to maintain current

services. And for the second consecutive year, the administration proposed a significant cut in the VA research budget, from \$252 million to \$211 million.

The AAMC, through the Friends of VA Medical Care and Health Research—a coalition representing academic, medical, scientific, research, and voluntary health organizations—advocated \$19.65 billion for medical care and \$325 million for research. Although the current budget climate precluded attaining these levels, the AAMC, working with the American Federation for Clinical Research, the American Psychiatric Association, and the Association of Professors of Medicine, led a successful effort to restore VA research funding to its FY 1994 level in both the House and Senate appropriations bill. This campaign included a letter signed by 55 senators urging the Senate VA-HUD Appropriations Subcommittee to restore the VA research budget.

Among other legislative issues the AAMC followed during the past year is

the continuing question of how academic medical centers should manage the low-level hazardous waste they generate. The AAMC is a charter member in Organizations United for Responsible Low-level Radioactive Waste Solutions, a new coalition of health, educational, and industry groups that support centralized facilities for the disposal of radioactive waste. The coalition held a press conference at the AAMC to publicize a study on the beneficial uses of radioactive materials in medicine and industry.

Academic medicine also has become increasingly involved in and committed to health services research. However, interest in this area lags well behind that in biomedical and behavioral research. The AAMC has worked actively to support increased funding and sponsorship of peer-reviewed health services research, in part because of its importance to overall health care reform strategies.



1948

Dean F. Smiley, M.D., becomes AAMC's executive officer. The AAMC begins to emphasize the need for the federal government to support medical education.

1949

The home office expands rapidly and moves to North Wabash Avenue in Chicago to provide space for 25 employees.

1950

The first edition of the handbook *Admission Requirements of American Medical Colleges* is published.



Herbert Pardes, M.D. (left), dean, Columbia University College of Physicians and Surgeons, and Sen. Tom Harkin, D-Iowa



Lawrence Holder, M.D., chair of Nuclear Medicine, University of Maryland School of Medicine

1993-94 Testimony

- ▼ The Health Effects of Violence: The Response of Medical Education. Presented by Bonita Stanton, M.D., professor, Department of Pediatrics, and director of the Center for Minority Health Research, University of Maryland School of Medicine, to the Subcommittee on Human Resources and Intergovernmental Affairs, House Committee on Government Operations, November 1, 1993.
- ▼ The Role of the Department of Veterans Affairs and Medical School Affiliations in Health Care Reform. Presented by Marvin R. Dunn, M.D., dean, University of South Florida College of Medicine, to the Subcommittee on Hospitals and Health Care, House Committee on Veterans' Affairs, November 18, 1993.
- ▼ Recommended Changes in Graduate Medical Education. Presented by Robert D'Alessandri, M.D., dean and vice president for Health Sciences, West Virginia University School of Medicine, to

the Physician Payment Review Commission, November 30, 1993.

- ▼ Health Security Act, H.R. 3600: Health Professions Workforce and Academic Health Center Provisions. Presented by Stuart Bondurant, M.D., chair, AAMC, and dean *emeritus*, University of North Carolina at Chapel Hill School of Medicine, to the House Committee on Energy and Commerce, Subcommittee on Health and the Environment, January 25, 1994.
- ▼ Health Security Act, S. 1757: Health Professions Workforce and Academic Health Center Provisions. Presented by Stuart Bondurant, M.D., chair, AAMC and dean *emeritus*, University of North Carolina at Chapel Hill School of Medicine, to the Senate Committee on Labor and Human Resources, January 26, 1994.
- ▼ Health Security Act, H.R. 3600: Health Professions Workforce and Academic Health Center Provisions. Presented by Spencer Foreman, M.D.,

president, Montefiore Medical Center, to the House Committee on Ways and Means, Subcommittee on Health, February 1, 1994.

- ▼ FY 1995 Appropriations for the Department of Health and Human Services. Presented by Robert G. Petersdorf, M.D., president *emeritus*, AAMC, to the House Committee on Appropriations, Subcommittee on Labor, Health, and Human Services, Education and Related Agencies, February 2, 1994.
- ▼ FY 1995 Appropriations for the Department of Health and Human Services. Submitted to the Senate Committee on Appropriations, Subcommittee on Labor, Health, and Human Services, Education and Related Agencies, March 3, 1994.
- ▼ Academic Medicine in an Era of Health Care Reform. Presented by Spencer Foreman, M.D., president, Montefiore Medical Center, to the Senate Committee on Finance, April 14, 1994.

1951

The name of the Association journal is changed to the *Journal of Medical Education*.

1952

The premedical requirements for member colleges is raised to three years. The AAMC develops a statement of objectives of undergraduate medical education.

The Association's leadership proposes establishing the National Intern Matching Program (now the National Resident Matching Program).

DIVISION OF BIOMEDICAL RESEARCH

One of the hallmarks of academic medicine over the past several decades has been the tremendous growth in biomedical and behavioral research. The U.S. biomedical research community has led in expanding knowledge, advancing our abilities to prevent and treat disease and preserve health, and finding more cost-effective ways to provide preventive treatment and rehabilitation services.

Today however, some of the basic notions that have governed the compact between the federal government and the scientific community since the end of World War II are being challenged. Amid the pressure for federal deficit reduction and the perceived need to reinvigorate the nation's economy, governmental leaders tend to emphasize applied research and technology rather than the basic or fundamental research that has been the hallmark of biomedical progress and the government-industry partnership since World War II.

These factors, plus the potential impact of health care reform and managed care on future directions of biomedical research, have been a major focus of the division, the Council of Academic Societies, and the AAMC Advisory Panel on Biomedical Research. Through program initiatives and visits to congressional leaders and those in policy

and regulatory government agencies, the Association is communicating

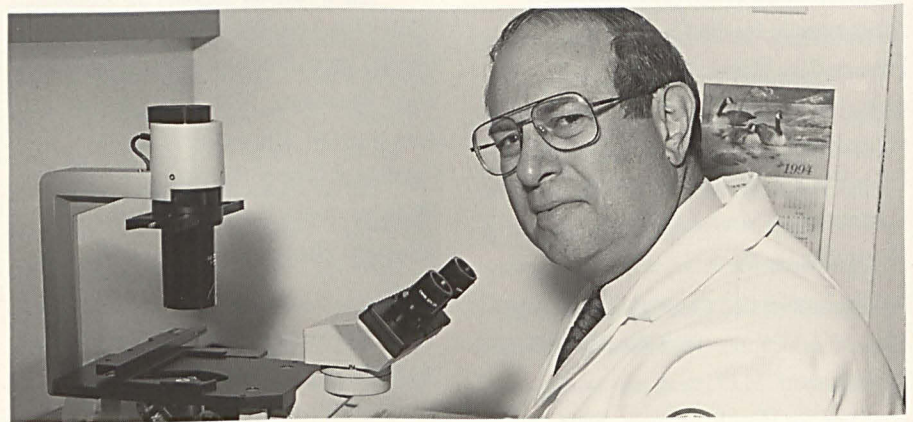
academic medicine's concern that a continued, stable program of biomedical research—well balanced between basic and applied aspects—is a vital investment for the nation's long-range interests.

Another serious issue facing researchers is the changing rules regarding indirect costs. Research in medical schools is threatened by new limitations on recovering the necessary costs of research, both direct and indirect. The Association and its constituents intend to continue actively participating in

initiatives aimed at resolving these challenges.

Although graduate programs leading toward the Ph.D. in basic biomedical sciences are well established at many academic medical centers, objectives of these programs often are little recognized compared with medical residency training. To give these programs more attention, the AAMC convened "Ph.D. Education in American Medical Colleges," a conference designed to elevate and intensify the debate concerning these issues. Through plenary sessions and small group discussions, participants explored such topics as the impact of health care reform on Ph.D. education, the potential pipeline and career opportunities for Ph.D. graduates, future directions for biomedical research doctorate programs, and the recruitment of women and minorities into these programs.

Kenneth I. Berns, M.D., Ph.D., AAMC chair-elect and chair of the Advisory Panel on Biomedical Research, and chair, Department of Microbiology, Cornell University Medical College.



1953

The Association establishes Individual Memberships. The Journal shifts from bi-monthly to monthly publication.

The Association develops a series of institutes aimed at raising the standards of medical education.

The AAMC publishes two medical education studies: *Objectives of Undergraduate Medical Education* and *Medical Schools in the United States at Mid-century*.

The AAMC remains active in addressing the issues of research integrity on a number of fronts. In June the Association converted its *Ad Hoc* Committee on Misconduct and Conflict of Interest in Research, chaired by Joe D. Coulter, Ph.D., chair of Neuroscience at the University of Iowa College of Medicine, into the standing AAMC Committee on Research Integrity (CRI) chaired by Paul J. Friedman, M.D., dean for Academic Affairs at the University of California, San Diego, School of Medicine. The committee will advise the AAMC on expected new regulatory developments concerning misconduct and conflicts of interest among individual investigators, and will examine academia's research partnerships with industry and government.

The AAMC continues to guide its membership on handling fraud in research, collaborating most recently with the American Association for the Advancement of Science (AAAS) to sponsor a workshop on conducting inquiries into allegations of scientific wrongdoing. The workshop, held at the conclusion of the AAMC 1993 Annual Meeting, made use of the highly successful 1992 AAMC document *Beyond the "Framework: Institutional Considerations in Managing Allegations of Misconduct in Research*, which provides detailed administrative procedures.



Paul J. Friedman, M.D. (left), chair of AAMC's Committee on Research Integrity, with committee members Rita Charon, M.D., Columbia University College of Physicians and Surgeons, and Thomas E. Smith, Ph.D., Howard University College of Medicine.

Since 1990, institutions receiving NIH training grants have been required to organize programs that expose trainees to the concepts of ethics, integrity, and the responsible conduct of research. The AAMC has responded with assistance for its members in this area as well. In April it co-sponsored a conference titled "Educating for the Responsible Conduct of Research: NIH Policy and Other Mandates" with Public Responsibility in Medicine and Research (PRIM&R), NIH, and Tufts University School of Medicine. Conferees exchanged ideas and resources on programs under development. A similar conference will take place at the time of the 1994 Annual Meeting.

The AAMC also produced *Teaching the Responsible Conduct of Research Through a Case Study Approach: A Handbook for Instructors* under a contract from NIH. The handbook, produced with the oversight of a subcommittee, includes more than 30 topically organized case scenarios for classroom instruction, an extensive annotated bibliography, and a chapter on using a case-based method of instruction. The document has been in great demand.

1955

The AAMC incorporates as a non-profit organization and approves plans for building a central office in Evanston, Illinois, which opened in 1957.



The first longitudinal study of an entire entering class is published in the *Journal of Medical Education*.

1956 THROUGH 1963

Six schools of medicine establish departments of Research in Medical Education.

DIVISION OF CLINICAL SERVICES

Health care reform dominated the Division of Clinical Services agenda this past year with buzz words such as “restructuring,” “workforce,” “vertical and horizontal integration,” and “consortia” punctuating the deliberations. Aided by the Association’s Advisory Panel on Strategic Positioning for Health Care Reform, the Association’s governance articulated academic medicine’s concerns in a series of position papers staking out the Association’s views within the health care reform debate. The position papers covered the goals and principles of health care reform, academic medicine as the cornerstone of health care, health-related research, future options for the VA, graduate medical education, and roles for medical education in health care reform. Additional papers on organizational networks and graduate medical education consortia were developed under the auspices of the Advisory Panel.

The Advisory Panel also heard from a wide spectrum of the health community including Robert D’Alessandri, M.D., dean, West Virginia University School of Medicine, representing the Accreditation Council for Graduate Medical Education; Kevin Donnellan, legislative counsel, American Association of Retired Persons; Lawrence A. McAndrews, president/CEO, National Association of Children’s

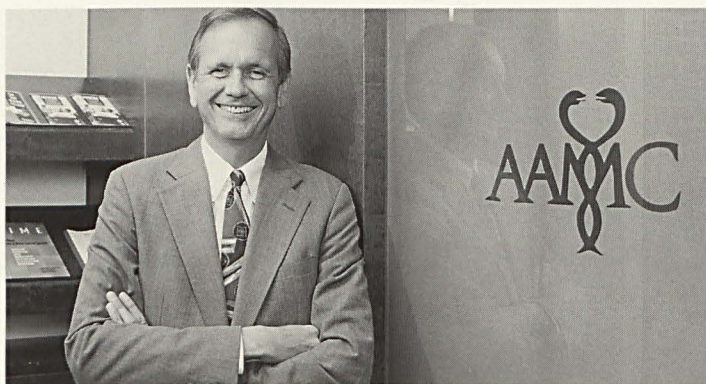
Hospitals and Related Institutions; Lynne Fagnani, vice president for Finance,

National Association of Public Hospitals; William E. Easterling, M.D., CAS board member and associate dean for Continuing Education, University of North Carolina at Chapel Hill School of Medicine; and, from the Veterans Administration, Elwood Headley, M.D., acting deputy undersecretary for Health, and Elizabeth Short, M.D., associate chief medical director. The panel also joined with the Association’s constituency group, the Government Relations Representatives,

for discussions with Marilyn Yaeger, special assistant to President Clinton for Public Liaison, and Congressman Jim McDermott, M.D., D-Wash.

The Advisory Panel worked with three researchers—F. Stephen Larned, M.D.; Helen Smits, M.D.; and Joyce V. Kelly, Ph.D.—to explore in-depth the development of consortia as a means to assure continuity in medical education. Many proposals to reform graduate medical education include the formation of local or regional consortia—formal associations of medical schools, teaching hospitals, and other organizations involved in physician residency training. A survey of 36 functioning consortia revealed that consortia feature centralized support, direction, and coordination, allowing members to function collectively.

Recognizing that to remain viable in an increasingly competitive delivery system, teaching hospitals will need to compete effectively on both price and quality, the AAMC engaged Lewin-VHI to analyze the differences between teaching



William B. Kerr, immediate past chair, Council of Teaching Hospitals and chair of the AAMC’s Advisory Panel on Strategic Positioning for Health Care Reform, and director, Medical Center at the University of California, San Francisco.



1957

Ward Darley, M.D. becomes executive director. The AAMC offices move to a new central headquarters in Evanston, Illinois.

The Group on Student Affairs is organized.

The teaching hospital section is formed.



1958

The Abraham Flexner Award for Distinguished Service to Medical Education is established. The first recipient is Joseph C. Hinsey, director, New York Hospital and Cornell Medical Center and AAMC chair, 1949-50.

and non-teaching hospital costs for all payers. On average, the cost of services provided by teaching hospitals is significantly higher than the cost of services in non-teaching hospitals. In 1991, the average cost for all cases was about \$6,000 per admission for teaching hospitals (excluding direct graduate medical education costs) compared with about \$4,400 for non-teaching hospitals. The Lewin study explored the types of cost differences and the degree to which teaching hospitals would require separate payments to “level the playing field” as they vie for patients in more competitive markets. This study represents a departure from the existing literature, as previous analyses of teaching costs have been limited to Medicare operating costs.

Arising from informal discussions between the AAMC and the Association of Professors of Medicine (APM), the Study Group on the Future of Graduate Medical Education was formed. The Study Group is charged with examining the impact of downsizing and changing the mix of residency and fellowship positions in teaching institutions—one of the most difficult issues facing both organizations in the current era of reform of health care delivery and financing.

The year also was marked by major conferences in the health care reform arena. In fall 1993, the AAMC held a Health Care Reform Briefing attended by more than 200 medical school and teaching hospital officials. Participants had the opportunity to hear from and question members of both houses of



Congress, representatives of the Clinton administration, and the directors of two major think tanks. The briefing served to kick off the national health care debates that followed.

The AAMC conference “Restructuring Academic Medicine for a New Era” explored how academic medical institutions and community providers are dealing with changes in the service environment, coupled with new market forces. Topics centered on academic medical centers’ growing efforts to form integrated service delivery systems. Participants heard how medical school faculty, community physicians, and hospitals are uniting through a variety of mechanisms including mergers, acquisitions, and other affiliation agreements, and they discussed strategies for implementing such change.

The AAMC and the Group Health Association of America joined forces in the spring to host a conference on preparing medical students and residents

Co-chairs R. Edward Howell (right), director/CEO, University of Iowa Hospitals and Clinics and COTH chair-elect, and Robert M. Glickman, M.D., chair, Department of Medicine, Beth Israel Hospital and Harvard Medical School and chair of the Association of Professors of Medicine, at the initial meeting of the Study Group on the Future of Graduate Medical Education.

for practice in managed care settings, and explored strategies for increasing the number of generalist physicians. The two organizations recognize that with a rapidly increasing percentage of physicians working in HMOs, academic medicine must learn ways to work cooperatively with managed care organizations in education and research activities as well as service programs.

Amid all the activity generated by health care reform, the Division continued its ongoing services to members. A number of COTH members were subpoenaed by the Office of the Inspector General requesting information on the use and billing of Medicare for cardiac devices that have not been approved by the Food and Drug Administration. The AAMC identified subpoenaed members, distributed relevant information, and hired

The AAMC and AMA publish their first joint statement on the “Functions and Structure of a Modern Medical School”

James B. Conant, Ph.D., president *emeritus*, Harvard University, gives the first Alan Gregg Memorial Lecture.

Augustus J. Carroll publishes the first study on the cost of educating a physician.

1959

Some 15,000 applicants file almost 58,000 applications—an average of 3.9 each—for approximately 8,000 first-year places in 85 U.S. medical schools. Today, some 45,000 applicants are filing more than 560,000 applications each year—an average of 12.4 per individual—to vie for approximately 16,100 places at 126 medical schools.

legal counsel to prepare a widely circulated memorandum on billing options for non-approved devices.

In another legal action, Thomas Jefferson University Hospital contested a decision by a Medicare fiscal intermediary that denied the hospital's request to claim administrative costs from the affiliated medical school. The hospital had not claimed the costs prior to 1985. While the hospital won its case at the initial administrative appeals hearing, that decision was overturned and two subsequent federal court decisions upheld

the government's position. When the U.S. Supreme Court agreed to hear the case, the AAMC jointly with the AHA submitted a "friend of the court" brief on behalf of the hospital, but in a 5-4 decision issued in June, the Supreme Court decided for the government.

The Division provided ongoing staffing support for COTH, the Group on Faculty Practice, and the Section on Resident Education. Each of these constituency organizations had highly successful annual and spring meetings, engaged in expanded information sharing and data gathering, and

established future agendas to pursue the implications of market- and government-driven health care reform.

The Division also directed significant effort toward ongoing monitoring, assessment, and input into regulations affecting physician practice, GME, Medicare, Medicaid, the VA, and other areas where service, education, and research interface. Major efforts have focused on the implications of GME reform, the revision of IL372 guidelines relating to fraud and abuse, and the future status of non-profit institutions.

DIVISION OF COMMUNICATIONS

As the pace of health care reform escalated, AAMC communication to constituents, legislators, the media, and the general public grew.

Repercussions from the national debate extended throughout academic medicine, attracting unprecedented media attention. AAMC capitalized on this invigorated interest by setting a new benchmark for proactive AAMC media relations.

More than twice the annual number of press releases were issued, gaining mainstream and medical trade press coverage of the Association's major conferences and arranging hundreds of interviews with major news outlets including the *New York Times*, the *Washington Post*, the *Associated Press*,

CNN, CBS News, and National Public Radio. For the first time in Association history, members of the AAMC leadership

took their message about health care reform directly to the editorial board of the *Washington Post*.



Reporters conducted live interviews with AAMC constituents following their June meeting with President Clinton where they voiced their support for universal coverage.

1962

The first annual conference on Research in Medical Education (RIME) is held.

The Group on Public Relations elects its first chair and begins holding regular meetings in conjunction with the AAMC Annual Meeting.

1963

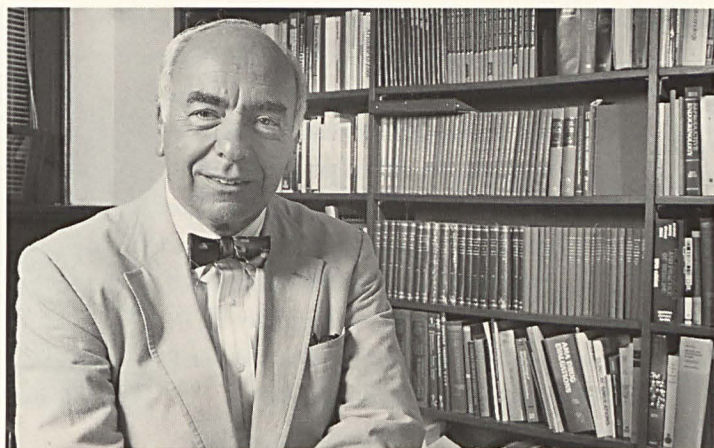
In the presence of academic medicine leaders, President John F. Kennedy signs the Health Professional Education Assistance Act, marking one of the first instances of AAMC involvement in government legislation. The pen used by the president is preserved in the AAMC Mary A. Littlemeyer Archives.

John F. Kennedy

To reinforce AAMC positions on health care reform and other issues, opinion articles and letters to the editor were placed for the AAMC leadership. Extending these national efforts, staff worked throughout the year with the public relations professionals at member institutions to assist them with promotional campaigns. Notable examples of these collaborative efforts included publicity for the 1994 Match Day results and President Clinton's meeting with academic leaders at the White House in June.

In addition to gaining increased press attention to academic medicine issues, several public relations activities enabled the Association to forge new and enhanced relationships with the media relations teams at the White House, the Group Health Association of America, Research!America, the Association of Academic Health Centers, and the American Medical Association.

The *AAMC Reporter* published a record number of pages—including two Special Reports—this year. Health care reform dominated the headlines, and a new column, "Health Care Reform Watch," monitored policy making on Capitol Hill and elsewhere. Other front-page topics included shaping federal science and technology policy, restructuring academic medical centers, developing strategies to graduate more generalist physicians, and ensuring a larger pipeline of minority students interested in medicine.



Newly appointed chair of the editorial board for *Academic Medicine* Daniel D. Federman, M.D., dean for Medical Education, Harvard Medical School.

The Association continued its successful joint publishing effort with Academic Physician Services, Inc. The bi-monthly magazine, *Academic Physician and Scientist*, features AAMC news and lists hundreds of positions available in academic medicine. It reaches more than 100,000 faculty, administrators, program directors, senior residents, and fellows throughout the U.S., and its position listings now are available over the Internet, giving candidates 24-hour access to the most current database of job openings. *Academic Physician and Scientist* provides a reach beyond the familiar professional networks that is essential to increase racial and ethnic diversity among faculty.

AAMC's journal celebrates its 70th birthday this year, and begins its seventh year as *Academic Medicine*. As the Association's flagship publication, *Academic Medicine* serves the diverse needs of a broad community—leaders of medical schools, teaching hospitals, and

research institutes. It brings the ideas of policy makers to the community, and presents the community's concerns and research to academic leaders.

This year the journal established a relationship with The George Washington University National Health Policy Forum, and now occasionally publishes its briefing papers covering issues of interest to academic medicine, including economic and political analyses of health care reform issues

A measure of the journal's reach is the number of databases and indexes that now routinely include its abstracts, presenting this information to specialty and cross-disciplinary groups around the world in educational and policy settings.

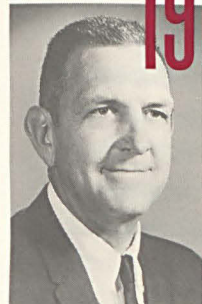
In the past year, *Academic Medicine* published special supplements and sets of theme articles, including:

- ▼ The supplement "Integrity in Biomedical Research," organized and edited by Paul J. Friedman, M.D., University of California, San Diego,

1964

The AAMC's first annual International Conference is held.

1965



Robert C. Berson, M.D., becomes executive officer of the Association, and the Council of Teaching Hospitals is formed.

The first Faculty Salary Survey is conducted.

School of Medicine and chair-elect of the CAS board;

- ▼ A set of articles on the legal background and practical impact of the Americans With Disabilities Act on academic medicine institutions;
- ▼ A set of articles on the background, rationale, and possible difficulties of including women in clinical trials, coordinated by James F. Burris, M.D., associate dean for Research Operations at the Georgetown University Medical Center;
- ▼ A series of AAMC Papers reporting on detailed analyses of AAMC database information about specialty choice, medical school financing, and the trend toward longer time spent in medical school, developed by Donald G. Kassebaum, M.D., vice president, Division of Educational Research and Assessment, and Paul Jolly, Ph.D., associate vice president, Section for Operational Studies; and
- ▼ A major critique of policies and strategies for increasing the production of generalist physicians.

The journal also launched a new feature called "In Progress," a collection of peer-reviewed reports of innovative approaches to medical training. "In Progress" met with success in the review and selection process and received favorable response from medical faculty and administrators. It is edited and coordinated by M. Brownell Anderson, assistant vice president, Section for Educational Programs.

DIVISION OF EDUCATION POLICY

Some of the most critical concerns within academic medicine—graduate medical education, the production of generalist physicians, and curricular reform—fall under the auspices of this new division which unites the Association's Section for Educational Programs, Office of Generalist Physician Programs, and Section for Graduate Medical Education.

By crafting a national position on the need for generalist physicians, and establishing the Office of Generalist Physician Programs to carry out its recommendations, the AAMC has sent a clear message that it will take the lead in finding solutions to this critical problem.

One of the major efforts of the office this year took place on September 29 when nearly all of the nation's 142 allopathic and osteopathic medical schools participated in the first annual celebration of National Primary Care Day involving thousands of students interested in learning more about primary care.

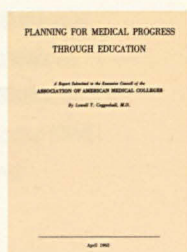
The AAMC's Office of Generalist Physician Programs served as headquarters for the effort, which involved nine national medical student organizations. Their goal was to encourage medical schools to designate an entire day to raising medical student awareness of the generalist disciplines, correcting misconceptions that might prevent them from choosing careers in

primary care, and highlighting the efforts medical schools are making in this area. As a long-term goal, the event is designed to serve as an annual catalyst for medical educators and students to become involved in educational experiences in primary care.

Former Surgeon General C. Everett Koop, M.D., was the national keynote speaker for the event, addressing medical student concerns and questions. His address was videotaped and copies were distributed to participating medical schools.

Another major effort in shifting the balance toward primary care was this year's AAMC conference to help medical schools craft generalist strategies. Workshops for faculty teams helped

The Lowell T. Coggeshall Report, "Planning for Medical Progress Through Education," calls for reorganization of the Association.



1966

The Council of Academic Societies is formed at the annual meeting in San Francisco with 59 learned societies as members.

The Faculty Roster System is created.

1967

The Group on Business Affairs is launched.



Nancy E. Gary, M.D., dean, Uniformed Services University of the Health Sciences, and George T. Bryan, M.D., dean, University of Texas Medical School at Galveston, and chair of the Council of Deans Administrative Board. Dr. Bryan is chair of the Advisory Committee for Generalist Physician Programs, and Dr. Gary is a committee member.

Participants learn new strategies and approaches for encouraging students to choose primary care specialties, including:

- ▼ identifying and recruiting medical school applicants interested in generalist careers;
- ▼ revising medical school curricula to provide students with meaningful experiences in the generalist disciplines;
- ▼ creating financial incentives to encourage medical students to choose generalist careers;
- ▼ providing students with clinical training in ambulatory care settings;
- ▼ fostering research opportunities in generalist fields among faculty, students, and residents; and
- ▼ improving hiring, reward, and promotion systems for generalist faculty.

In April the Association sponsored a joint conference with the Group Health Association of America that focused on

strategies for training medical students in managed care settings. The AAMC recognizes that medical schools and managed care organizations must join together to develop the curricula and ambulatory care experiences essential to training future physicians to practice in a new health care arena.

The Association's efforts to encourage generalism were bolstered by data from the March 1994 NRMP Match results showing that 1,850 seniors, or 14 percent, matched to family practice residency positions, an increase of 1.4 percent over

last year. The number of family practice positions filled by seniors has risen gradually but steadily since 1991.

The Office of Generalist Physician Programs continues to develop an information database that includes an extensive annotated bibliography; a listing of state legislative initiatives that affect the supply, distribution, and delivery of primary care; and a catalog of generalist physician initiatives in medical schools.

Another aim of this division is to help member institutions implement the strategies outlined in the Association's landmark 1992 study, "Assessing Change in Medical Education—The Road to Implementation" (ACME-TRI). In addition to a conference and resources developed on the use of standardized patients in clinical teaching and assessment, division staff have begun to develop two workshops for medical school faculty and staff—a workshop for curriculum administrators, and another on computer technologies in medical education.



University of Michigan Medical School faculty Jim Wolliscroft, M.D. (seated), associate chair and director of Clinical Programs, Department of Internal Medicine, and associate editor of "Ideas in Medical Education" for *Academic Medicine*, and Wayne K. Davis, Ph.D., associate dean for Medical Education and chair-elect of the Group on Educational Affairs. They also are past chairs of the Research in Medical Education committee.

1968

In response to the Coggeshall Report, the Executive Council makes a key policy decision to focus the Association's efforts on medical education. A revision of the AAMC by-laws creates the Council of Deans.

The Group on Medical Education is established—now known as the Group on Educational Affairs.

The AAMC Archives are opened. It was named after Mary H. Littlemeyer, the first director, in 1992.

1969



John A. D. Cooper, M.D., becomes the first full-time president of the Association.

As part of the implementation phase of the ACME-TRI project, staff of the Section for Educational Programs are compiling a database of curriculum innovations, and introduced the annual "In Progress" feature in the May 1994 issue of *Academic Medicine*. "In Progress" is a collection of peer-reviewed reports on innovative approaches to medical education. For its first publication, the reports focused on approaches linked to the ACME-TRI report or the AAMC's generalist initiative. These descriptive reports carry the seeds of ideas useful to many programs and institutions, and are useful for people "in the trenches" who work in all aspects of medical education—undergraduate, graduate, and continuing education. M. Brownell Anderson, assistant vice president for Educational Programs, edited the 47 selected reports that covered areas such as curriculum management, educational strategies, information transmission and management, and graduate medical education.

The *AAMC Curriculum Directory*, first published in 1972, continues to be an important resource about undergraduate medical curriculum. But as the medical school curriculum has grown more complex, so has the need for more and better information. Division staff are working to create a computerized version of the *Curriculum Directory* and to increase the kinds and amount of information available about each medical school's curriculum. The national curriculum database is being tested by a

variety of medical schools and will be available to all schools in 1995.

The 33rd Annual Research in Medical Education (RIME) Conference will take place at this year's AAMC Annual Meeting. The RIME Conference features original research papers and symposia presentations as well as short abstract presentation sessions. The abstract sessions were added to the program in 1992 and bring an important dimension to the conference. A unique feature of the RIME Conference is that the "Proceedings" are published prior to the conference in addition to the annual *Academic Medicine* supplement. Other program additions during the past few years include the addition of "Meet the

Professor" sessions and intensive, research-oriented workshops for participants.

The 1994 Annual Meeting marked the 19th annual session of the Innovations in Medical Education exhibits. Paula Stillman, M.D., originated the idea of staging exhibits as a means for schools to present works-in-progress. The number of exhibits has grown exponentially, with more than 180 applications for exhibits received in 1994. Topics range from computer applications in medical education to innovative approaches to clinical education. The exhibits continue to provide a lively, thought-provoking experience for exhibitors and attendees alike.

DIVISION OF EDUCATIONAL RESEARCH AND ASSESSMENT

Much of the student data medical schools use emanate from the Division of Educational Research and Assessment. The division collects and analyzes information about medical students' backgrounds and characteristics, academic progress, specialty and career choices, and educational debt. Through administration of student and graduate questionnaires, the Division's Section for Educational Research publishes findings in the Association's journal, *Academic Medicine*. "Specialty Preferences of 1993 Medical School Graduates" showed that the tide of specialty interest had turned:

19.3 percent of last year's medical school graduates were planning a generalist career compared to 14.6 percent in 1992, accompanied by a downturn of interest in the medical, surgical, and support specialties.

The continued rise in educational debt was analyzed in "Relationship Between Indebtedness and the Specialty Choices of Graduating Medical Students: 1993 Update," which showed that medical student average debt levels were \$50,000 for public schools and \$75,000 for private schools. In 1993, 40.7 percent of private school graduates had debts of \$75,000 or more, compared to only 1.3 percent in

The first grants are received to increase opportunities for minorities in the health professions.

The American Medical College Application System is inaugurated and 56 medical schools participate.

1970

The AAMC moves its headquarters to Washington, D.C.





Stacy Tessler, OSR chair-elect, Brown University School of Medicine, and Philip Szenas, senior research associate, Section for Educational Research, discuss the Graduation Questionnaire.

LCME and the U.S. Department of Education began the process of reconciling LCME organization and procedures with the 1992 Higher Education Act amendments.

The Section for Accreditation also coordinates AAMC participation in the Accreditation Council for Continuing Medical Education, and has worked with the Society of Medical College Directors of Continuing Medical Education to develop strategies to strengthen the continuum of undergraduate, graduate, and continuing medical education.

The Division is the focus of activities in international health and medical education, and represented the Association at the XIV Pan-American Conference on Medical Education in Quito, Ecuador, and the World Summit on Medical Education in Edinburgh, Scotland. The division also acted as the interface with the International Health Medical Education Consortium, coordinating Association programs and strategies with the coalition of international health interests across more

than 60 U.S. medical schools. In the past year, the Division hosted meetings with health ministers and educators from Argentina, Japan, and the republics of Georgia, Russia, and Ukraine.

Gail H. Cassell, Ph.D., chair, Department of Microbiology, University of Alabama School of Medicine, and LCME member.

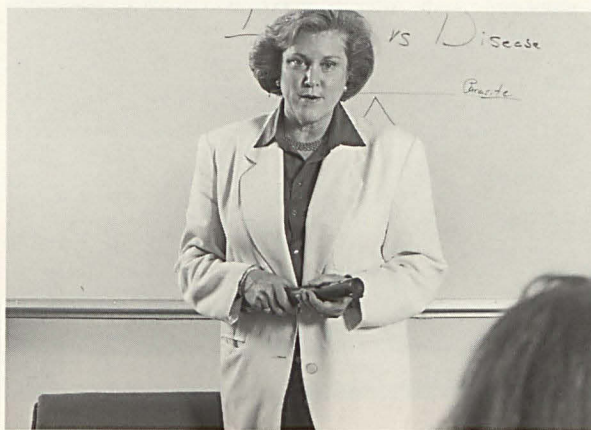
1983; and 22.2 percent of graduates planning a surgical or support specialty cited debt as a strong influence on their career choice.

"Factors Influencing the Specialty Choices of 1993 Medical School Graduates" showed the hierarchy of influences on graduates' specialty choices. Top factors related to patients, to the content and quality of the specialty, to helping people, and to the perceived blend of the graduate's personality with the specialty.

The Division published the second edition of *TRENDS plus: U.S. Medical School Applicants, Matriculants, Graduates 1993*, a compendium of nationwide data on applicant and matriculant characteristics, academic progress and graduation rates, NRMP match rates, students' ratings of the adequacy of time devoted to selected instructional areas, ratings of factors influencing specialty choices, and career and practice intentions of graduates.

The Division's Section for Accreditation acts as the AAMC

secretariat for the Liaison Committee on Medical Education (LCME), the accrediting agency for U.S. and Canadian medical schools. The LCME conducted 18 site visits during the past year and reviewed status reports on 63 schools. The LCME adopted new accreditation standards related to required immunizations for medical students, the assessment of library resources needed in curricular reform, and student diversity. The Council on Post-secondary Accreditation awarded the LCME continued five-year recognition, and the



The first RIME Proceedings are prepared.

The AAMC task force to assist medical schools to increase participation of minority groups is organized.

1971

The Group on Institutional Planning (originally the Planning Coordinators Group) is formed.

The AAMC's Management Education Programs begin.

A special assistant to the AAMC President for Women in Medicine is appointed.

DIVISION OF INSTITUTIONAL PLANNING AND DEVELOPMENT

With or without health care reform legislation, medical schools face pressing strategic concerns as a result of increasingly competitive market forces. At the same time, medical schools face heightened demands to transform academic programs in accordance with developments in clinical practice, research, and societal expectations. To assist medical schools in meeting these challenges, the AAMC established the Advisory Panel on the Mission and Organization of Medical Schools.

The Panel, chaired by Andrew G. Wallace, M.D., dean, Dartmouth Medical School, met first on August 16 to begin to define priorities for in-depth examination. Future Panel activities will stimulate broad discussions of key issues, incorporating diverse perspectives. Panel members will assess the ramifications of developments on medical schools' multiple missions and consider how these transformations might reshape missions to ensure that medical schools are educating the best physicians for the future. Priorities raised at the first meeting led to the creation of six working

groups to assist in timely and concurrent coordination of the Panel's work: Preserving the Medical Schools' Academic Mission in a Competitive Marketplace, Nurturing the Development of Primary Care, Capturing the Promise of Biomedical Research, Tapping the Power of Information, Adapting to Resource Constraints, and Fulfilling the Social Contract.

To respond more immediately to medical schools' concerns about financial strategies and planning, the AAMC convened a second panel. The Task Force on Medical School Financing, chaired by David M. Korn, M.D., vice president and dean, Stanford University School of Medicine, has begun to review existing data and has proposed initiatives which will provide the AAMC and its membership greater insight into the complexities of medical school financing. Specific issues under analysis by Task Force members include the costs of educating medical students, the level of clinical revenue supporting academic programs and research activities, and new costs involved in moving clinical training programs into community-based and ambulatory settings.

One-fourth of U.S. medical school faculty are women, and this proportion continues to climb. However, less than 10 percent of these women are full professors—an average of only 13 per medical school, including basic science faculty and non-tenured professors.

Andrew Wallace, M.D.,
chair of the Advisory
Panel on the Mission
and Organization of
Medical Schools and
dean, Dartmouth
Medical School.

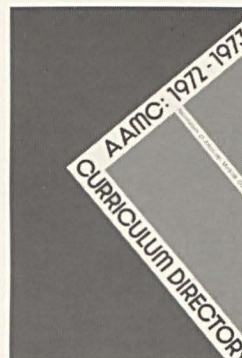


1972

The Organization of Student Representatives is formed.

The Group on Public Relations (now known as the Group on Institutional Advancement) is formally recognized by the Executive Council.

The first issue of the AAMC Curriculum Directory is published.



1973

The Institutional Profile System is created.



David Korn, M.D., chair, Task Force on Medical School Financing, and vice president and dean, Stanford University School of Medicine.

negotiating for resources, understanding the organizational culture, and managing academic finances. The AAMC is unable to meet the large demand for skill development programs for women faculty, so AAMC staff work with medical

schools and academic societies to sponsor local seminars.

The Division's Section for Operational Studies is responsible for three of the Association's four major databases, and for producing policy reports. Responding to growing public policy concerns about the imbalance between primary care practitioners and specialists, the Section has generated school-specific reports, listing post-graduate training activities of each graduate from the classes of 1988 through 1990, to permit policy studies by

Association staff, constituents, and others.

The Section also annually produces the *Report on Medical School Faculty Salaries*, now in its 29th year, used by institutions to determine appropriate salary levels. The Section's "Annual Report on Medical School Financing," published in two parts in the *Journal of the American Medical Association* and *Academic Medicine*, provides historical and current data on the sources and uses of funds for U.S. medical education. These data also support the work of the AAMC's Task Force on Medical School Financing.

Medical school officials continue their heavy use of the AAMC's Institutional Profile System (IPS) to produce custom reports comparing their institutions with selected others on a choice of variables. IPS has obtained data on tens of thousands of variables derived from medical school annual reports, data from the Liaison Committee on Medical Education, and other sources.

The Faculty Roster System maintains a comprehensive database on all full-time

Women's career progress in medicine remains a matter of serious concern.

With the goal of nurturing the next generation of women department chairs, the AAMC Women in Medicine program moved forward this year with its second seminar for senior women faculty. More than 120 women professors and associate professors from 67 medical schools gathered for plenaries, workshops, and networking. Christine K. Cassel, M.D. chief, General Internal Medicine, University of Chicago/Pritzker School of Medicine, observed that women are well positioned to lead in primary care and health promotion which are fast becoming medicine's high visibility areas under health care reform.

Equally popular was Women in Medicine's seventh annual seminar for junior women faculty. Both meetings focused on developing the requisite advancement and management skills that women often lack because they are undermentored. Workshops centered on



Janet Bickel (left), assistant vice president for Institutional Planning and Development, and Virginia V. Weldon, M.D., vice president for Public Policy at Monsanto and AAMC 1985-86 chair, at the AAMC's 1993 Annual Meeting.

1976

The Minority Affairs Section of the Group on Student Affairs is established and creates a Service Award.

1978

The first Women Liaison Officers are appointed.

1979

The Faculty Roster System is used for the first time to help recruit minority and women faculty.

U.S. medical school faculty. It primarily is used for policy studies like *Participation of Women and Minorities on U.S. Medical School Faculties*, as well as school-specific alumni faculty reports. The system also operates as a recruitment tool, a service that is complemented by the AAMC's cooperative venture with *Academic Physician and Scientist*, which mails lists of openings to all faculty members included in the Faculty Roster.

Operational Studies also works with the Association's Section for Student Programs on the Electronic Residency Application Service (ERAS) which has

been under development for the last year and a half. After its unveiling at the 1993 Annual Meeting, the ERAS prototype underwent further refinement. ERAS will allow student application materials—including the dean's letter, transcripts, and letters of recommendation—to be transmitted over the Internet from the dean's office to residency program directors throughout the U.S.

As the Section for Professional Education Programs enters its 22nd year of providing educational seminars for AAMC members, demands for their services continue to increase. This past

year two new seminars were added to the AAMC's annual slate of programs—one on generalism and another on issues concerning the admission, evaluation, and promotion of disabled students in undergraduate medical education. The centralization of services in the AAMC's meeting planning area has enabled more consistent and efficient organization of events and easier registration for constituents.

This division also staffs the Group on Institutional Planning and the Group on Business Affairs.

DIVISION OF MINORITY HEALTH, EDUCATION AND PREVENTION

For more than 25 years the AAMC has helped U.S. medical schools increase racial and ethnic diversity among students and faculty. Although progress has been made, most administrators now realize that resolving the issue of underrepresented groups in medical education is impossible without working with undergraduate colleges and local school systems to produce academically prepared minority students interested in medicine. To this end, every medical school has pledged its commitment to *Project 3000 by 2000*, the Association's initiative to increase the number of underrepresented minorities entering medical school each year to 3,000 by the year 2000.

This past summer the first national *Project 3000 by 2000* conference, "Educational Partnerships for Equity and Excellence: Rx for Diversity in Science and Health," joined educators from high schools, colleges, and health professions schools to discuss the state of the art of health science partnerships and explore their capacity for increasing racial and ethnic diversity—not only in medicine but in other science- and health-related fields.

A series of four regional *Project 3000 by 2000* technical assistance workshops were held across the country last year, bringing together medical school project coordinators and local educators to learn about forming educational partnerships. The sessions were structured to promote

dialogue among medical school, college, and local school system officials who want to work together to improve educational opportunities for minority students interested in medicine.

The Division created the National Network for Health Science Partnerships (NNHeSPa) to improve communication among interested educators along the health science pipeline. Its quarterly newsletter, *NNHeSPa News*, circulates to more than 4,000 medical school, college, and high school educators who are involved or interested in activities to improve educational opportunities for minorities in the health sciences.

1982

The Student and Applicant Information Management System (SAIMS) is created.

1983

The AAMC's tracking of students extends to their graduate medical education years.

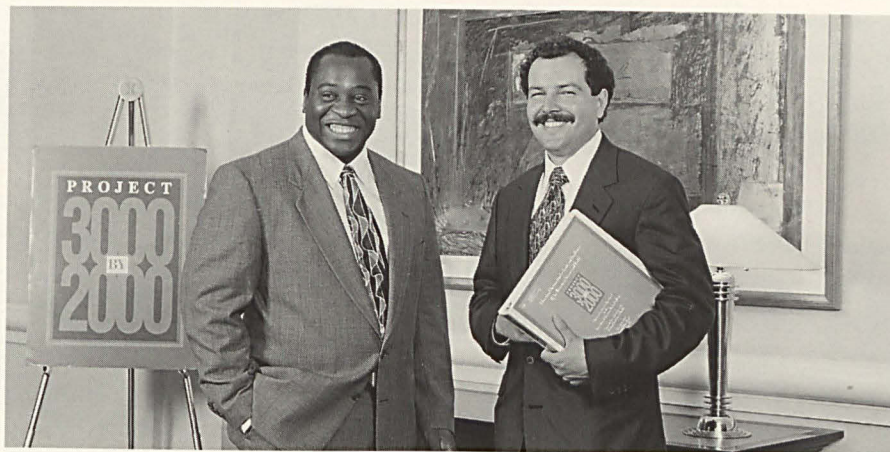
1984

A landmark effort culminates in the publication of "Physicians for the Twenty-First Century: Report of the Project Panel on the General Professional Education of the Physician and College Preparation for Medicine," better known as the GPEP Report.

A new recruitment resource for medical schools is the Association's *Secondary School Science Minority Achievement Registry (S³MAR)*. The 1993-94 version of this two-part reference manual contains descriptions of 168 programs that help prepare minority high school students for careers in medicine and related fields. The second volume lists more than 3,000 students throughout the country who have participated in or are enrolled in the programs listed in Volume I. S³MAR also will be valuable for tracking these students' progress after they leave high school.

As *Project 3000 by 2000* moves forward, several signs of success have emerged.

- ▼ Between 1991 (when *Project 3000 by 2000* was officially launched), and 1993, the number of underrepresented minority students entering medical school increased 18 percent to 1,863. These students now represent more than 11.4 percent of all 1993 medical school entrants.
- ▼ Underrepresented minority medical school applicants are up 7.5 percent over the same period last year and represent more than 11 percent of the applicant pool—the highest in history.
- ▼ More medical schools are working in partnership with local school systems to improve the quality of education available to minority students, especially in the sciences.



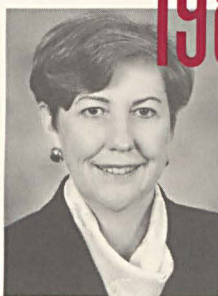
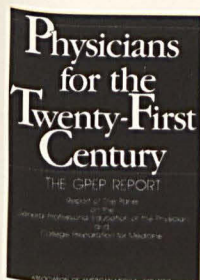
▼ The American College of Physicians' Richard and Hinda Rosenthal Foundation Award was presented to the AAMC in recognition of the progress made by *Project 3000 by 2000*.

▼ The Robert Wood Johnson Foundation selected the AAMC as the National Program Office for the Minority Medical Education Program (MMEP). The MMEP provides educational enrichment to underrepresented minority college students interested in medicine through six programs across the country. This program also has been reauthorized for an additional four years at up to eight institutions.

▼ *Project 3000 by 2000* has been endorsed by the American Medical Association, the Council on Graduate Medical Education, and the Western Region of the Association of Pre-health Professions Advisors.

Opening speakers at the AAMC's first "Educational Partnerships" conference were David Graham, M.D., (left) past chair of the OSR and second-year resident, Harlem Hospital Center, with Abel Torres, M.D., J.D., assistant dean for Clinical Affairs, Loma Linda University School of Medicine.

The Agency for Health Care Policy and Research (AHCPR) awarded the AAMC more than \$530,000 to continue its successful Health Services Research Institute. The program, established in 1991, helps develop the health services research skills of junior minority medical school faculty through AAMC-sponsored seminars and independent study. The 18-month program pairs each Institute fellow with a senior health services researcher who serves as a mentor and consultant as fellows take their research problems from concept paper to grant application.



1985

Virginia V. Weldon, M.D., then deputy vice chancellor, Washington University School of Medicine, is the first woman elected as chair of the AAMC.

A major revision of the LCME's "Functions and Structure of a Medical School" is issued.

Work is progressing on the nation's first comprehensive database of minority physicians. In January 1993 the AAMC received a three-year, \$490,000 grant from the Henry J. Kaiser Family Foundation to develop a database containing information on gender, race, national origin, matriculation and graduation year, and premedical education for minority physicians.

Until the mid-1960s, three-quarters of all black physicians were educated at Howard and Meharry medical schools, so the team's first step was to examine the records of these two historically black institutions. The next step will be to work with deans, minority affairs officers, and admissions officers at all other medical schools to collect names, ethnicity, and national origin of every minority graduate. Finally, detailed student data from the AAMC's Student and Applicant Information Management System (SAIMS) stretching back to 1979 will be merged with the new data. These undertakings are expected to produce a database of some 45,000 minority physicians that will be a rich source of information for medical educators, policy makers, and health services researchers. It also is vital to *Project 3000 by 2000*, and will help meet the demand for physician workforce data. The database will not be available for commercial purposes.

The Division currently is updating the 20-year-old Simulated Minority Admissions Exercise (SMAE). The new



Herbert W. Nickens, M.D., AAMC vice president for Minority Health, Education and Prevention (left), discusses the minority database project with Charles H. Epps, Jr., M.D., vice president of Health Affairs and executive dean, Howard University College of Medicine, and Clarence Q. Pair, M.D., a 1926 graduate of Howard.

version, the Expanded Minority Admissions Exercise (EMAE) will train admissions committees in the use of noncognitive variables in admissions decisions, understanding multiculturalism, and interviewing candidates from diverse racial and ethnic backgrounds. EMAE will feature videotaped interviews with minority students illustrating issues such as interviewing strategies and culturally sensitive questions, plus the noncognitive

characteristics of minority applicants. A pilot will be presented at the 1994 AAMC Annual Meeting.

Management issues took center stage at this year's expanded Minority Faculty Career Development Seminar. At this fifth annual event, more than 100 junior minority faculty members gathered to identify their professional goals and learn to overcome the special challenges they face.

DIVISION OF STUDENT AFFAIRS AND EDUCATION SERVICES

The Association established this new division to consolidate its student programs and initiatives in admissions, student affairs, and student financial assistance with its service programs to ensure closer linkages among the Association's activities supporting medical education.

The Section for Student Programs was active across a number of fronts this past

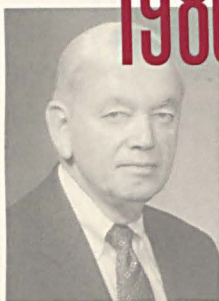
year. It developed a resource manual to help schools develop policy in the areas of health services, substance abuse, and student mistreatment, and continued working on strategies to help admissions committees gather information about applicants' integrity and character.

The Section also focused attention on the admission and promotion of disabled medical students, publishing the

1986

Robert G. Petersdorf, M.D. becomes the Association's sixth executive officer and second president.

MEDLOANS makes its first loan.



1987

The Group on Faculty Practice is launched.

1988

The Committee on Governance and Structure is formed.

The AAMC establishes the Division of Minority Health, Education and Prevention.

Americans with Disabilities Act (ADA) and the Disabled Student in Medical School: Guidelines for Medical Schools. The handbook explains the requirements of the Act, frames questions for schools to consider in shaping and implementing their own policies, and outlines accreditation issues in curriculum development. A management education program is planned to provide further guidance and technical assistance to members on this issue.

The Group on Student Affairs (GSA) held three professional development conferences this past year. One on financial aid offered specialized, in-depth analysis of current developments in student aid for the health professions—crucial at a time when average medical student debt is approaching \$60,000. Another conference focused on academic counseling for students with developmental disabilities, and the Minority Affairs Section of the GSA held a professional development seminar on organization and management for minority affairs officers.

The transition from medical school to residency and the importance of a well-integrated medical education process have been high on the Association's agenda for many years. One of its newest and most exciting innovations is the Electronic Residency Application Service (ERAS). Norma E. Wagoner, Ph.D., dean of Students, University of Chicago/Pritzker School of Medicine, and J. Robert Suriano, Ph.D., associate dean for Student Affairs, University of Cincinnati College



of Medicine, proposed the idea of a computerized application process for residency programs and reported the positive reactions of program directors in a paper for *Academic Medicine*. Subsequently the GSA, through its steering committee, formally proposed that AAMC explore the feasibility of developing such a system, recognizing that to succeed, such a project would require the enthusiasm of both schools and residency programs.

In the fall of 1992, the AAMC appointed an Advisory Committee broadly representative of the various constituencies involved in the residency application process. Chaired by Andrew Wallace, M.D., dean, Dartmouth Medical School, the committee has completed the feasibility study and a working prototype of ERAS. This project is staffed by both the Section on Student Programs and the Section for Operational Studies.

This past year the AAMC reached a collaborative agreement on ERAS with the

(From left to right) GSA leaders Billy Ray Ballard, M.D., D.D.S., associate dean, Student Affairs, and director, Medical School Admissions, University of Texas Medical School at Galveston, chair, Minority Affairs Section; Michael J. Miller, M.D., associate dean, Student Affairs, Oregon Health Sciences University School of Medicine, GSA vice chair; Carol MacLaren, Ph.D., assistant dean, Student Affairs, University of Washington School of Medicine, GSA chair-elect; and Hershel P. Wall, M.D., associate dean, Admissions and Students, University of Tennessee, Memphis, College of Medicine, GSA chair.

American Medical Association (AMA). As part of ERAS, the AMA will develop an online residency information system based on their FREIDA database, making it available directly to students.

MEDLOANS, the AAMC-sponsored medical student loan program, had another banner year. MEDLOANS volume grew a dramatic 34 percent from \$185 million in 1992-93 to \$248 million in 1993-94. The program has been instrumental in lowering the cost of borrowing for medical students. This year the combined contributions of MEDLOANS partners reduced the federal Stafford Loan

1989

The Association's journal is redesigned, renamed, and reinvented as *Academic Medicine*.

The AAMC assumes management of the National Resident Matching Program.

1991

The Association builds a new headquarters building and moves into permanent quarters.





(From left to right) ERAS committee members Beverley D. Rowley, Ph.D., CAS Administrative Board member and director, Medical Education, Maricopa Medical Center; Norma E. Wagoner, Ph.D., dean of students, University of Chicago/Pritzker School of Medicine; and Barbara E. Tardiff, M.D., ORR representative and resident at the Oregon Health Sciences University School of Medicine.

guarantee fee from 1 percent for 1993-94 to .75 percent for the current academic year. The lower costs are projected to save MEDLOANS borrowers a total of \$500,000 next year alone. In addition, a reduction in the Alternative Loan Program (ALP) in-school interest rate is expected to save an additional \$100,000.

Approximately 62,100 individuals sat for the MCAT in 1993—the largest number of examinees in the program's history. MCAT staff currently are working with 45 institutions on the relationship between selection data and medical

student performance. Data for 1992 and 1993 entrants will be analyzed for each of the 45 institutions to provide information on the predictive value of admissions data and procedures for medical student performance. The first set of results were published in *Academic Medicine* in an article titled "Assessing the Validity of the Updated Medical College Admission Test."

The American Medical College Application Service (AMCAS), established in 1969 as a centralized service for students to apply to medical schools, saves time, effort, and money for both applicants and admissions committees. In the late 1960s approximately 18,000 applicants applied to 89 medical schools, filing almost 90,000 applications for nearly 9,000 places—an average of 4.8 applications per individual. Twenty-five

years later, more than 45,000 applicants filed 560,000 applications for approximately 16,000 places at 126 medical schools—an average of 12 applications per individual.

Although a final count of 1994 applicants will not be available until late fall, an applicant record has been established. As of July, 45,138 people had applied to enter U.S. medical schools in the fall, a 6 percent increase over the same time last year, well surpassing the 1993 all-time record of 42,808 applicants.

Volume was heavy for the AAMC-managed National Resident Matching Program this year when a total of 22,352 applicants participated in the 1994 Match, and 17,405 were matched to residency positions. U.S. medical school seniors made up 14,204 of the applicants and 13,205 of those matched. The overall match rate for U.S. seniors increased from 92.4 percent in 1993 to 93 percent this year.

Project 3000 by 2000 is launched at the Annual Meeting.

The Organization of Resident Representatives is established.

Incorporation of an essay section in the MCAT is introduced.

1992

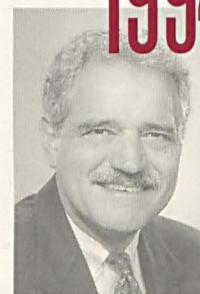
The report "Assessing Change in Medical Education-The Road to Implementation" (ACME-TRI) is issued.

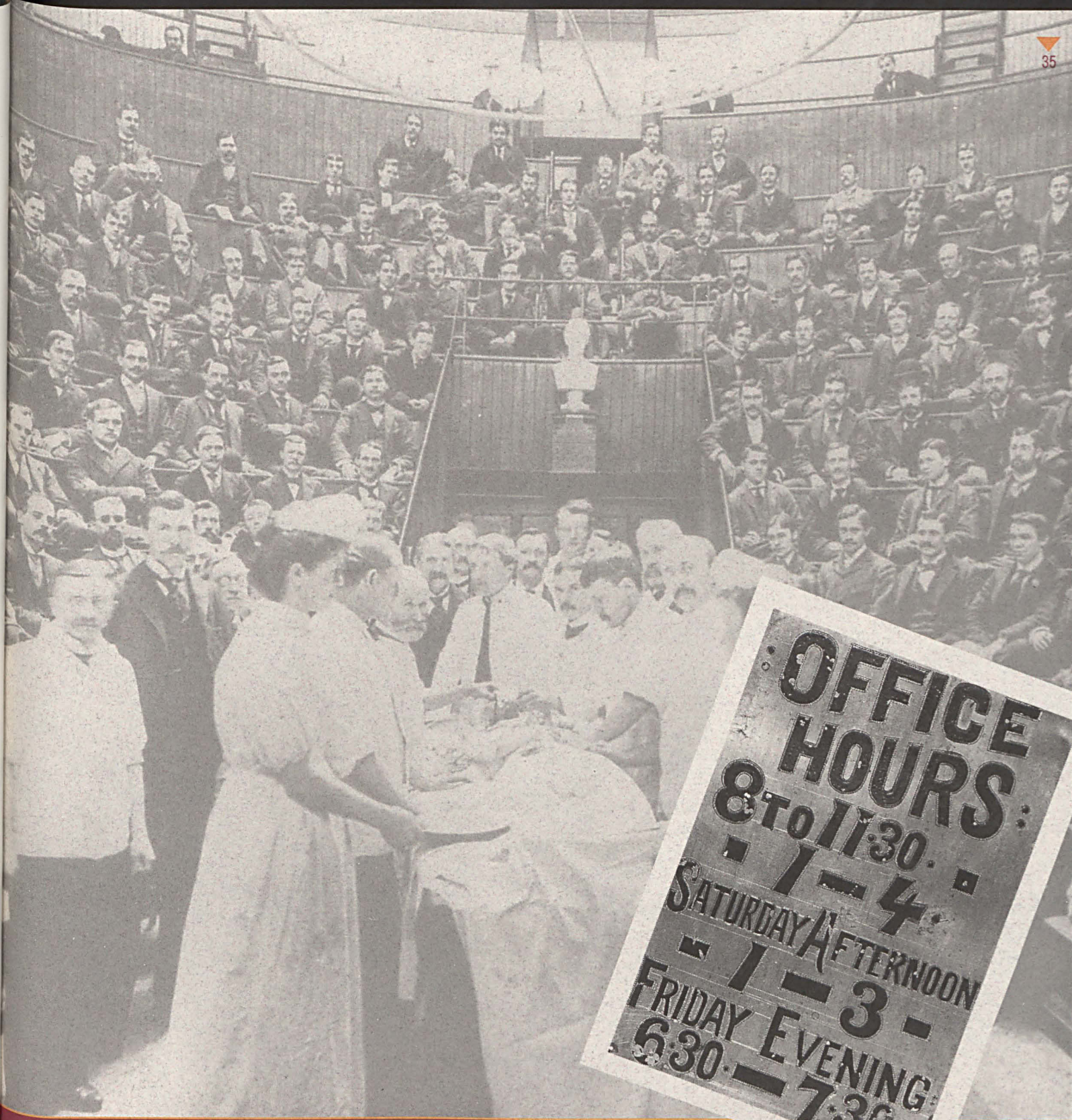
1993

The Office of Generalist Physician Programs is established.

1994

Jordan J. Cohen, M.D., becomes the AAMC's seventh executive officer and third president in April 1994.





OFFICE HOURS:
8 to 11:30.
- 1 - 4 -
SATURDAY AFTERNOON
- 1 - 3 -
FRIDAY EVENING
6:30 - 7:30 -

REPORT OF THE TREASURER

For the Fiscal Year Ended June 30, 1994

Fiscal Year 1994 marked the continuance of the Association's financial growth and positive operating performance.

Highlights

- ▼ The Association concluded the year with a \$759,186 excess of current unrestricted fund revenue over expenses and transfers.
- ▼ Despite generally unfavorable financial market conditions, the

Association's portfolio stood at \$35,950,494 on June 30, 1994, \$1,316,665 above the record level achieved a year earlier.

- ▼ Including a \$2,375,425 net gain on sale of investments, total unrestricted fund balances (the Association's equity) grew to \$32,705,908, representing an increase of \$6,047,603 since June 30, 1993.

Operating Results

Total unrestricted operating revenue for the year reached \$32,557,085, up 9 percent over revenues received in 1992-1993.

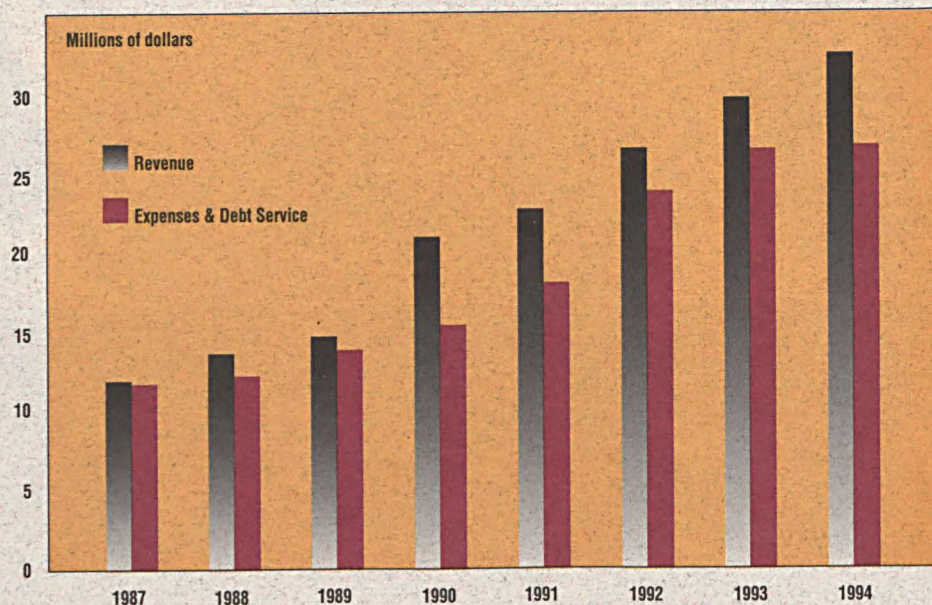
This significant increase was due, in part, to a 7 percent increase in medical school applicant processing.

Operating expenses in 1993-94 increased \$245,960 over the previous fiscal year to total \$23,752,911. This relatively small rise was due to a significant drop in MCAT development cost.

The balance sheet and statement of revenue, expenses and changes in fund balances were extracted from the Association's audited financial statements.

Revenue, Expenses and Debt Service

Fiscal Year Ended June 30



Balance Sheet

June 30, 1994

Assets

Current Funds:

Cash and cash equivalents	\$4,080,312
U.S. government contracts receivable	393,355
Accounts receivable	
—net of allowance for doubtful accounts	1,459,006
Investments (book value)	35,950,494
Supplies, deposits and prepaid expenses	621,836
Notes receivable	<u>876,694</u>

Total current funds **\$43,381,697**

Plant funds:

Investment in plant:	
Land	\$11,001,742
Building	19,670,740
Furniture and equipment	<u>7,771,170</u>
	38,443,652

Less accumulated depreciation (5,150,614)

Total net investment in plant **33,293,038**

Due from current funds	11,079,047
Deferred financing costs	<u>583,515</u>

Total plant funds **\$44,955,600**

Liabilities and Fund Balances

Current Funds:

Accounts payable and accrued expenses	\$1,646,025
Custodial funds	1,105,666
Due to plant funds	11,079,046
Deferred revenue	4,390,389
Deferred compensation	<u>1,785,817</u>

Total liabilities **20,006,943**

Fund balances:

Unrestricted	16,113,695
Designated	7,028,429
Restricted	<u>232,630</u>

Total current fund balances **23,374,754**

Total current funds **\$43,381,697**

Plant funds:

Accrued Interest expense	\$1,515,263
Bonds payable, net	<u>33,188,416</u>

Total liabilities **34,703,679**

Fund balances:

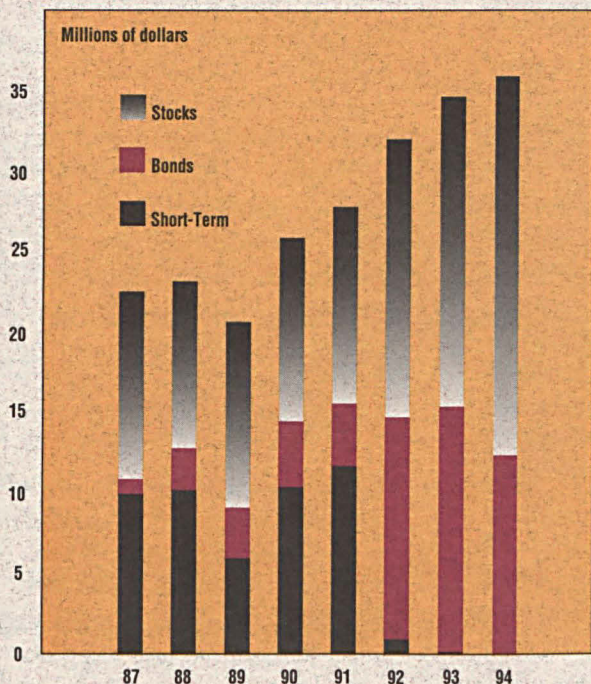
Investment in plant	688,137
Unexpended - unrestricted	<u>9,563,784</u>

Total plant fund balances **10,251,921**

Total plant funds **44,955,600**

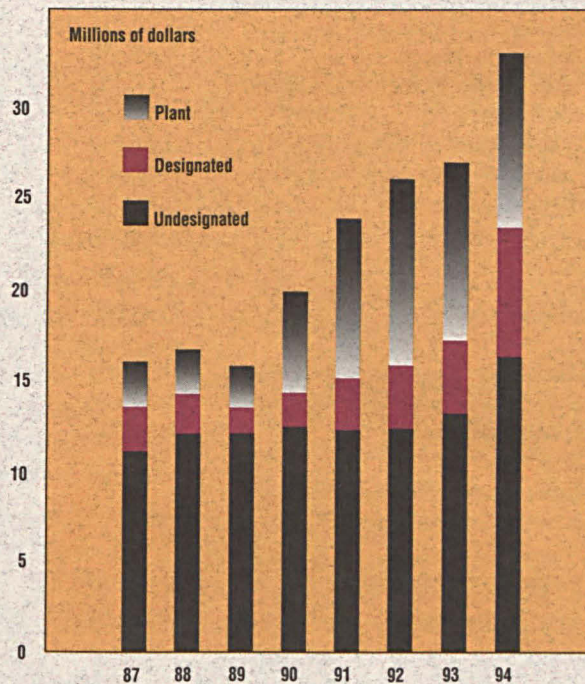
Investments—Market Value

Fiscal Year Ended June 30



Unrestricted Fund Balances

Fiscal Year Ended June 30



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Statement of Revenue, Expenses, and Changes in Fund Balances

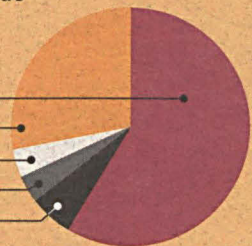
For the year ended June 30, 1994

	Current Funds					Total Funds
	Unrestricted	Unrestricted Designated	Restricted	Total Current Funds	Plant Funds	
Revenue:						
Dues	\$9,198,903	\$ —	\$ —	\$9,198,903	\$ —	\$9,198,903
Service programs	19,067,773	—	—	19,067,773	—	19,067,773
Journal of Academic Medicine	254,912	—	—	254,912	—	254,912
Other publications	1,620,816	3,700	—	1,624,516	—	1,624,516
Investment income	1,142,864	—	—	1,142,864	—	1,142,864
Private grants, net of refunds	20,810	—	644,169	664,979	—	664,979
Government contracts and grants	123,364	—	801,395	924,759	—	924,759
Meetings and workshops	736,798	1,285,278	—	2,022,076	—	2,022,076
Other	390,845	6,470	—	397,315	—	397,315
Total revenues	32,557,085	1,295,448	1,445,564	35,298,097	—	35,298,097
Expenses:						
Division administration and programs:						
Institutional planning and development	2,257,222	924,235	380,190	3,561,647	—	3,561,647
Government relations	796,824	39,128	—	835,952	—	835,952
Biomedical research	816,363	—	37,468	853,831	—	853,831
Education policy	998,204	—	58,065	1,056,269	—	1,056,269
Student affairs and education services	6,256,362	359,075	—	6,615,437	—	6,615,437
Minority health, education, and prevention	495,804	—	832,372	1,328,176	—	1,328,176
Clinical services	1,110,540	35	—	1,110,575	—	1,110,575
Communications	473,054	—	—	473,054	—	473,054
Educational research and assessment	302,810	—	13,036	315,846	—	315,846
Publications	1,260,518	—	—	1,260,518	—	1,260,518
Groups	441,317	166,803	—	608,120	—	608,120
Liaison committees	146,932	—	—	146,932	—	146,932
Special studies	280,543	—	—	280,543	—	280,543
Special programs and meetings	237,657	—	—	237,657	—	237,657
	15,874,150	1,489,276	1,321,131	18,684,557	—	18,684,557
Administration and general:						
Office of the President	1,244,829	452,943	—	1,697,772	—	1,697,772
Office of the Executive Vice President	419,223	—	—	419,223	—	419,223
Governing boards	537,879	—	—	537,879	—	537,879
Administrative services	1,421,395	—	—	1,421,395	—	1,421,395
Information services	2,289,524	—	—	2,289,524	312,415	2,601,939
General expenses	1,637,724	—	—	1,637,724	4,843,449	6,481,173
Annual meeting	328,187	—	—	328,187	—	328,187
	7,878,761	452,943	—	8,331,704	5,155,864	13,487,568
Total expenses	23,752,911	1,942,219	1,321,131	27,016,261	5,155,864	32,172,125
Excess (deficiency) of revenue over expenses	8,804,174	(646,771)	124,433	8,281,836	(5,155,864)	3,125,972
Mandatory transfer for principal and interest	(2,994,988)	—	—	(2,994,988)	2,994,988	—
Council designated transfers	(5,050,000)	3,650,000	—	(1,400,000)	1,400,000	—
Net increase (decrease) in fund balances	759,186	3,003,229	124,433	3,886,848	(760,876)	3,125,972
Gain on investment termination	2,375,425	—	—	2,375,425	—	2,375,425
Fund balances, beginning of year	12,979,084	4,025,200	108,197	17,112,481	11,012,797	28,125,278
Fund balances, end of year	\$16,113,695	\$7,028,429	\$232,630	\$23,374,754	\$10,251,921	\$33,626,675

Unrestricted Current Fund Revenue

Fiscal Year Ended June 30, 1994

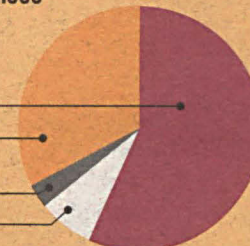
Service Programs—58.6%
Dues—28.3%
Other—3.9%
Investment Income—3.5%
Publications—5.8%



Unrestricted Current Fund Expenses

Fiscal Year Ended June 30, 1994

Salaries & Benefits—56.8%
Supplies & Services—32.6%
Facilities Cost—3.0%
Travel & Related—7.6%



Sponsored Programs

Private Foundation Support

Baxter Foundation

- ▼ Support for the Annual AAMC Award for Distinguished Research in Biomedical Science

Commonwealth Fund

- ▼ A four-year award to enhance the Commonwealth Fund Fellowship Program in Academic Medicine for Minority Students (\$231,000)

Charles E. Culpeper Foundation

- ▼ A three-year award to assess the state of curriculum revisions in U.S. medical schools (\$947,580)

Howard Hughes Medical Institute

- ▼ A five-year award to monitor careers of medical students who have participated in HHMI's training programs (\$480,000)

Robert Wood Johnson Foundation

- ▼ A four-year award for the preparation and publication of information on minorities in medical education (\$42,887)
- ▼ A subcontract with the National Public Health and Hospital Institute's strategy of urban public hospitals (\$40,264)
- ▼ A three-month award to assemble data and provide research assistance to the Foundation for the evaluation of the Minority Medical Education Program (\$17,000)
- ▼ A one-year award to provide technical assistance and direction for the Minority Medical Education Program (\$328,635)

Henry J. Kaiser Family Foundation

- ▼ A one-year award to develop an educational enrichment program for minority adolescents (\$70,000)

- ▼ A nine-month award to identify and survey minority physicians (\$15,000)

- ▼ A three-year award to develop a minority physician database (\$490,000)

Macy Foundation

- ▼ A three-year award to strengthen minority activities at the AAMC (\$361,162)

Federally Sponsored Programs

U.S. Department of Health and Human Services

Health Resources and Services Administration

- ▼ A one-year contract to perform an Analysis of Career Plans, Specialty Choices, and Related Information for Postgraduate Physicians: 1987 and Comparison to Earlier Years (\$139,275)
- ▼ A purchase order for support to convene an agenda-setting conference on medical education research (\$24,500)
- ▼ A one-year contract to investigate the effect that economic factors have on specialty choice (\$114,255)
- ▼ One-year purchase order to develop a data linkage module for multiple years of medical school informatics that includes both undergraduate and graduate student data from 125 allopathic medical schools (\$24,874)
- ▼ A nine-month purchase order to obtain the data and analyze the information from the March 1993 AAMC Survey of Units/Departments of Preventive Medicine (\$11,290)
- ▼ A three-year contract to collaborate with DHHS in the 1993-95 Secretary's

Award for Innovations in Health Prevention and Disease Prevention programs (\$130,411)

National Institutes of Health

- ▼ A five-year contract for the continued maintenance and development of the Faculty Roster database system (\$1,650,626)
- ▼ A purchase order for the development and purchase of a *Handbook for Instruction in the Responsible Conduct of Research* (\$43,106)

Agency for Health Care Policy and Research

- ▼ A two-year grant in support of a national conference and professional development institute for minority researchers in health services research (\$442,594)
- ▼ A two-year continuation grant in support of a professional development institute for minority researchers in health services research (\$532,866)

National Institute of Mental Health

- ▼ A three-year grant to develop partnerships between high schools, colleges and medical schools to encourage minority enrollment in medical schools (\$767,471)

Corporate Grants

Warner Lambert Foundation

- ▼ Support for the general operation of the Association as a sustaining and contributing member

Merck and Co. and the Merck Company Foundation

- ▼ Support for the AAMC Group on Institutional Advancement's Awards for Excellence in Medical Education Public Affairs Competition

AAMC COMMITTEES

The Executive Committee and Administrative Boards make extensive use of committees of AAMC constituents to guide their deliberations on key policy matters and to provide oversight for AAMC operations.

Flexner Award Committee

Chooses recipient of Abraham Flexner Award for Distinguished Service to Medical Education.

Chair

Giles G. Bole, M.D.
University of Michigan Medical School

Karl Adler, M.D.
New York Medical College

Jean D. Gray, M.D.
Dalhousie University Camp Hill Hospital

James Klinenberg, M.D.
Cedars-Sinai Medical Center

Marshall A. Lichtman, M.D.
University of Rochester Medical Center

Chandor B. Stebbins, M.D.
University of Southern California School of Medicine

Baxter Award Committee

Chooses recipient for Annual Baxter Award for Distinguished Research in the Biomedical Sciences.

Chair

Harold J. Fallon, M.D.
The University of Alabama School of Medicine at Birmingham

Diana S. Beattie, Ph.D.
West Virginia University School of Medicine

William B. Neaves, Ph.D.
University of Texas Southwestern Medical School at Dallas

William A. Peck, M.D.
Washington University School of Medicine

Ian M. Phillips, Ph.D.
University of Florida College of Medicine

Mark A. Rogers, M.D.
Duke University Hospital

**ex officio*

Outstanding Community Service

Selects member institution or organization with long standing, major institutional commitment to addressing community needs.

Chair

Richard D. Krugman, M.D.
University of Colorado School of Medicine

John C. Dickinson, M.D.
University of Rochester School of Medicine

Bernard J. Fogel, M.D.
University of Miami School of Medicine

Glenn C. Hamilton, M.D.
Wright State University School of Medicine

William H. Johnson, Jr.
University of New Mexico Hospital

Lynn Eckhart, M.D.
University of Massachusetts Medical Center

AAMC Appointees to the ALPHA OMEGA ALPHA Distinguished Teacher Award Committee

Selects recipients for four teaching awards.

Basic Sciences

Donald A. Fischman, Ph.D.
Cornell University Medical College

Thomas E. Smith, Ph.D.
Howard University College of Medicine

Clinical Sciences

J. Bronwyn Bateman, M.D.
American Academy of Ophthalmology

Lynn Eckhart, M.D., Dr. P.H.
University of Massachusetts Medical Center

Glen C. Hamilton, M.D.
Wright State University School of Medicine

Nominating Committee

Charged with nominating candidates for position as officers of the Assembly and members of the Executive Council.

Chair

Spencer Foreman, M.D.
Montefiore Medical Center

Andrew G. Wallace, M.D.
Dartmouth Medical School

Norman H. Edelman, M.D.
University of Medicine and Dentistry of New Jersey
Robert Wood Johnson Medical School

Charles M. O'Brien, Jr.
The Western Pennsylvania Hospital

Joel G. Sacks, M.D.
Butterworth Hospital, Grand Rapids

Resolutions Committee

Receives and acts on resolutions for presentation to the Assembly.

Chair

James A. Hallock, M.D.
East Carolina University School of Medicine

Frank Butler
University of Kentucky Hospital

Denise Dupras, M.D., Ph.D.
Mayo Medical School

Beverly D. Rowley, Ph.D.
Maricopa Medical Center

Stacy Tessier
Brown University School of Medicine

Audit Committee

Reviews and approves the AAMC's audited financial reports.

Chair

Charles M. O'Brien, Jr.
The Western Pennsylvania Hospital

Charles H. Epps, Jr., M.D.
Howard University College of Medicine

George A. Hedge, Ph.D.
West Virginia University School of Medicine

Investment Committee

Provides direction for and reviews the performance of the Association's investments.

Chair

Spencer Foreman, M.D.
Montefiore Medical Center

Harry N. Beaty, M.D.
Northwestern University Medical School

Stuart Bondurant, M.D.
University of North Carolina at Chapel Hill School of Medicine

Jordan J. Cohen, M.D.*
AAMC

Nelson Ford
Georgetown University Medical Center

Paul J. Friedman, M.D.
University of California, San Diego, School of Medicine

Morton I. Rapoport, M.D.
University of Maryland Medical System

**ex officio*

AAMC Advisory Panel on Biomedical Research

Advises AAMC governance on research policy positions, advocacy, and cohesion.

Chair

Kenneth I. Berns, M.D., Ph.D.
Cornell University Medical College

William R. Brinkley, Ph.D.
Baylor College of Medicine

Stuart Bondurant, M.D.*
University of North Carolina at Chapel Hill School of Medicine

David H. Cohen, Ph.D.
Northwestern University

Gerald D. Fischbach, M.D.
Harvard Medical School

Susan Gerbi, Ph.D.
Brown University School of Medicine

Karen A. Holbrook, Ph.D.
University of Florida College of Medicine

Ernst Knobil, Ph.D.
University of Texas Health Science Center, Houston

David Korn, M.D.
Stanford University School of Medicine

David G. Nathan, M.D.
The Children's Hospital, Boston

Herbert Pardes, M.D.
Columbia University College of Physicians and Surgeons

Robert R. Rich, M.D.
Baylor College of Medicine

John D. Stobo, M.D.
The Johns Hopkins Hospital

**ex officio*

Women in Medicine Coordinating Committee

To advance the status and develop the potential of women in academic medicine.

Pamela Charney, M.D.
Bronx Municipal Hospital Center

Noelle A. Granger, Ph.D.
University of North Carolina at
Chapel Hill School of Medicine

Laurel Harken, M.D.
University of Colorado School of Medicine

Sharon Hostler, M.D.
University of Virginia Health Sciences Center

Melissa Merideth
The Johns Hopkins University School of
Medicine

Lois Nora, M.D., J.D.
Rush-Presbyterian-St. Luke's Medical Center

Deborah E. Powell, M.D.
University of Kentucky College of Medicine

Sally Rosen, M.D.
Temple University School of Medicine

ACADEMIC MEDICINE Editorial Board

Provides guidance for the Association's monthly scholarly journal.

Chair
Daniel D. Federman, M.D.
Harvard Medical School

Philip C. Anderson, M.D.
University of Missouri—Columbia School of
Medicine

Bruce L. Ballard, M.D.
Cornell University Medical Center

Stuart Bondurant, M.D.
University of North Carolina at Chapel Hill
School of Medicine

Thomas W. Chapman, M.P.H., FASCE
University Hospital, George Washington
University

Rita Charon, M.D.
Columbia University College of Physicians and
Surgeons

N. Lynn Eckhart, M.D.
University of Massachusetts Medical School

Bernard J. Fogel, M.D.
University of Miami School of Medicine

Nancy E. Gary, M.D.
Uniformed Services University of the Health
Sciences
F. Edward Hébert School of Medicine

James R. Gavin, III, M.D., Ph.D.
Howard Hughes Medical Institute

Murray A. Kappelman, M.D.
University of Maryland School of Medicine

Richard D. Krugman, M.D.
University of Colorado School of Medicine

Thomas A. Massaro, M.D., Ph.D.
University of Virginia Health Sciences Center

Emilie H. Osborn, M.D.
University of California, San Francisco, School
of Medicine

Michael Reichgott, M.D., Ph.D.
Albert Einstein College of Medicine of Yeshiva
University

Kelly M. Skeff, M.D., Ph.D.
Stanford University School of Medicine

David B. Swanson, Ph.D.
National Board of Medical Examiners

Ramon Velez, M.D., M.Sc.
Bowman Gray School of Medicine of Wake
Forest University

John E. Wennberg, M.D.
Dartmouth Medical School

VA/Medical Deans Liaison Committee

Facilitates communication and cooperation between the VA and academic medicine.

Chair
David Korn, M.D.
Stanford University School of Medicine

George M. Bernier, Jr., M.D.
University of Pittsburgh School of Medicine

Marvin R. Dunn, M.D.
University of South Florida School of Medicine

Jeffrey L. Houpt, M.D.
Emory University School of Medicine

John J. Hutton, M.D.
University of Cincinnati School of Medicine

MCAT Validity Studies Advisory Group

Provides oversight for implementation of and research on the updated MCAT.

Chair
Robert F. Sabalis, Ph.D.
University of South Carolina School of Medicine

Shirley Nickols Fahey, Ph.D.
University of Arizona College of Medicine

Debra Gillers
State University of New York at Stony Brook
School of Medicine

Robert Lee, Ph.D.
Washington University School of Medicine

Fernando S. Mendoza, M.D.
Stanford University School of Medicine

Lewis H. Nelson III, M.D.
Bowman Gray School of Medicine of Wake
Forest University

George Nowacek, Ph.D.
Medical College of Ohio

Martin A. Pops, M.D.
University of California, Los Angeles, School of
Medicine

Marliss Strange
University of Oregon

Management Education Programs Planning Committee

Designs and implements seminars to assist constituents in development of managerial skills.

Chair
William T. Butler, M.D.
Baylor College of Medicine

Carol A. Aschenbrenner, M.D.
University of Nebraska Medical Center

Gerard N. Burrow, M.D.
Yale University School of Medicine

David J. Fine
Tulane University Hospital and Clinic

William B. Kerr
The Medical Center at the University of
California, San Francisco

Layton McCurdy, M.D.
Medical University of South Carolina College of
Medicine

I. Dodd Wilson, M.D.
University of Arkansas College of Medicine

Ad Hoc Committee on Physician Payment Reform

Advises AAMC on issues in the development and implementation of Medicare physician fee reform.

Chair
Michael E. Johns, M.D.
The Johns Hopkins University School of
Medicine

S. Craighead Alexander, M.D.
Hahnemann University School of Medicine

George T. Bryan, M.D.
University of Texas Medical School of Galveston

Charles Daschbach, M.D.
St. Joseph's Medical Center

C. McCollister Evarts, M.D.
Pennsylvania State University College of
Medicine

Terry Hammons, M.D.
University Hospitals of Cleveland

Benjamin F. Kready
University of Texas Medical School at San
Antonio

Wilbur B. Pittinger
Hospital of the University of Pennsylvania

Lawrence Scherr, M.D.
North Shore University Hospital

G. Philip Schrodel
The University of Michigan Medical School

Michael R. Stringer
University of California, San Diego, School of
Medicine

Advisory Panel on Strategic Positioning for Health Care Reform

Identifies and develops AAMC's role in the health care reform debate and recommends strategic positioning for constituents.

Chair
William B. Kerr
The Medical Center at the University of
California, San Francisco

Giles G. Bole, M.D.
University of Michigan Medical School

Stuart Bondurant, M.D.*
University of North Carolina at
Chapel Hill School of Medicine

Gerard N. Burrow, M.D.
Yale University School of Medicine

Denise Dupras, M.D., Ph.D.
Mayo Medical School

Clifford M. Eldredge
Pennsylvania Hospital

Spencer Foreman, M.D.*
Montefiore Medical Center

Linda Gage-White, M.D.
Louisiana State University at Shreveport

Jerome H. Grossman, M.D.
New England Medical Center, Inc.

Nicole Lurie, M.D.
University of Minnesota
School of Public Health

David L. Nahrwald, M.D.
Northwestern University Medical School

Richard L. O'Brien, M.D.
Creighton University School of Medicine

William D. Owens, M.D.
Washington University School of Medicine

Thomas Pyle
MetLife Healthcare Corporation

Lawrence Scherr, M.D.
North Shore University Hospital

Elizabeth M. Short, M.D.
Department of Veterans Affairs

Jay H. Stein, M.D.
Oklahoma Medical Center

Emery A. Wilson, M.D.
University of Kentucky College of Medicine

I. Dodd Wilson, M.D.
University of Arkansas College of Medicine

**ex officio*

Continuing Medical Education (CME) Working Group

A subcommittee of the Advisory Panel on Strategic Positioning for Health Care Reform to develop framework to implement AAMC policies and recommendations for CME.

Chair

James C. Leist, Ed. D.
Bowman Gray School of Medicine of Wake Forest University

Seymour Cohen, M.D.
Long Island Jewish Medical Center

David A. Davis, M.D.
University of Toronto Faculty of Medicine

William E. Easterling, Jr., M.D.
University of North Carolina at Chapel Hill School of Medicine

Gerald Escovitz, M.D.
Medical College of Pennsylvania

Harold J. Fallon, M.D.
The University of Alabama School of Medicine

Bernard J. Fogel, M.D.
University of Miami School of Medicine

Michael L. Friedland, M.D.
State University of New York Health Science Center at Syracuse College of Medicine

Carl Getto, M.D.
Southern Illinois University School of Medicine

Stephen Goldfinger, M.D.
Harvard Medical School

Phil R. Manning, M.D.
University of Southern California School of Medicine

Paul E. Mazmanian, Ph.D.
Virginia Commonwealth University Medical College of Virginia

I. Dodd Wilson, M.D.
University of Arkansas College of Medicine

**ex officio*

Advisory Committee on Electronic Residency Application Service

This committee is reviewing the feasibility of an electronic transfer of residency applications and supporting credentials from medical schools to residency programs.

Chair

Andrew G. Wallace, M.D.
Dartmouth Medical School

David Altman, M.D. †
University of California, San Francisco, School of Medicine

Bruce L. Ballard, M.D.
Cornell University Medical College

Roland Folse, M.D.
Southern Illinois University School of Medicine

David Longnecker, M.D.
University of Pennsylvania School of Medicine

Harry Mayhew, M.D.
Medical College of Ohio

Daniel Reinke, M.D.
Dartmouth Medical School

Beverly D. Rowley, Ph.D.
Maricopa Medical Center

Leslie J. Sandlow, M.D.
University of Illinois College of Medicine

Bernice Sigman, M.D.
University of Maryland School of Medicine

Jimmy L. Simon, M.D.
Bowman Gray School of Medicine of Wake Forest University

Barbara Tardiff, M.D.
Oregon Health Sciences University

Norma E. Wagoner, Ph.D.
University of Chicago/Pritzker School of Medicine

† Resigned April 1994 to become AAMC Associate Vice President for Generalist Physician Programs

Advisory Committee for the Office of Generalist Physician Programs

This committee provides insight, knowledge and experience on issues concerning generalist physicians that can contribute to the development of information resources and programmatic initiatives.

Chair

George T. Bryan, M.D.
University of Texas Medical School at Galveston

Ron J. Anderson, M.D.
Parkland Memorial Hospital

Edward N. Brandt, Jr., M.D., Ph.D.
University of Oklahoma College of Medicine

Lynn N. Eckhart, M.D.
University of Massachusetts Medical School

Harold J. Fallon, M.D.
University of Alabama School of Medicine

Nancy E. Gary, M.D.
Uniformed Services University of the Health Sciences
F. Edward Hébert School of Medicine

Richard D. Krugman, M.D.
University of Colorado School of Medicine

James J. Mongan, M.D.
University of Missouri-Kansas City School of Medicine

William A. Peck, M.D.
Washington University School of Medicine

Gerald Perkoff, M.D.
University of Missouri-Columbia School of Medicine

Vivian W. Pinn, M.D.
The National Institutes of Health

Paul Ramsey, M.D.
University of Washington School of Medicine

Andrew G. Wallace, M.D.
Dartmouth Medical School

MEDLOANS Technical Advisory Committee

This committee advise the AAMC and other MEDLOANS organizations on issues relating to the operation of the MEDLOANS program.

Robert Dame
Rush Medical College of Rush University

Paul S. Garrard
Georgetown University School of Medicine

Michael S. Katz
University of Medicine and Dentistry of New Jersey
Robert Wood Johnson Medical School

Mary Lu Parks
Eastern Virginia Medical School of the Medical College of Hampton Roads

Karen C. Pryor
University of Rochester School of Medicine and Dentistry

Charlene N. Vizcarra
Loma Linda University School of Medicine

Project 3000 by 2000 Executive Implementation Committee

The Executive Implementation Committee advocates and promotes the implementation of *Project 3000 by 2000* to academic medicine and to government, private philanthropy, business, and the broader education community.

Chair

William T. Butler, M.D.
Baylor College of Medicine

Spencer Foreman, M.D.
Montefiore Medical Center

Ruy V. Lourenco, M.D.
UMDNJ-New Jersey Medical School

Haile T. Debas, M.D.
University of California, San Francisco, School of Medicine

Gerald S. Moss, M.D.
University of Illinois College of Medicine

Robert L. Summitt, M.D.
University of Tennessee, Memphis, College of Medicine

Jane Thomas, Ph.D.
Wayne State University School of Medicine

Gerald E. Thomson, M.D.
Columbia University College of Physicians and Surgeons

Norma E. Wagoner, Ph.D.
Finch University of Health Sciences/Chicago Medical School

Donald E. Wilson, M.D.
University of Maryland School of Medicine

AAMC Representatives to the Accreditation Council for Graduate Medical Education

Robert D'Alessandri, M.D.
West Virginia University School of Medicine

Jeffrey L. Houpt, M.D.
Emory University School of Medicine

John Saultz, M.D.
Oregon Health Sciences University

Raymond G. Schultze, M.D.
UCLA Medical Center

AAMC Members to the Accreditation Council for Continuing Medical Education

Seymour Cohen, M.D.
Long Island Jewish Medical Center

James A. Hallock, M.D.
East Carolina University School of Medicine

Allen W. Mathies, Jr., M.D.
Huntington Memorial Hospital

Nancy Bennett, Ph.D.
Harvard Medical School

Charles E. Osborne, Ed.D.
Children's National Medical Center,
Washington, D.C.

Robert R. Raszowski, M.D., Ph.D.
University of South Dakota School of Medicine

Accreditation Review Committee Members

Co-Chair

Richard L. O'Brien, M.D.
Creighton University School of Medicine

Gail H. Cassell, Ph.D.
University of Alabama School of Medicine

Joseph S. Gonnella, M.D.
Jefferson Medical College of Thomas Jefferson
University

Richard H. Moy, M.D.(1)
Southern Illinois University School of Medicine

William B. Neaves, Ph.D.
University of Texas Southwestern Medical
School

Andrew G. Wallace, M.D.
Dartmouth Medical School

Student Participant

Daryll C. Dykes, Ph.D.
State University of New York Health Science
Center at Syracuse College of Medicine

(1) Retired December 1993

Committee on Research Integrity

The Committee on Research Integrity guides the Association in policy development on issues related to maintaining the integrity of research and oversees new initiatives.

Chair

Paul J. Friedman, M.D.
University of California, San Diego, School of
Medicine

David A. Blake, Ph.D.
The Johns Hopkins University School of
Medicine

Rita Charon, M.D.
Columbia University College of Physicians and
Surgeons

Joe Dan Coulter, Ph.D.
The University of Iowa College of Medicine

C. Kristina Gunsalus
University of Illinois, Champaign

Jeffrey L. Houpt, M.D.
Emory University School of Medicine

Annette Johnson, J.D.
New York University Medical Center

Nathan G. Kase, M.D.
Mount Sinai School of Medicine

Lois M. Nora, M.D., J.D.
Rush Medical College of Rush University

Thomas E. Smith, Ph.D.
Howard University College of Medicine

Walter W. Sullivan, Ph.D.
Morehouse School of Medicine

Elliott J. Sussman, M.D.
Lehigh Valley Hospital

Farah M. Walters
University Hospitals of Cleveland

Task Force on Medical School Financing

The Task Force on Medical School Financing is charged to review existing data collection efforts and to propose new initiatives.

Chair

David Korn, M.D.
Stanford University School of Medicine

Stuart Bondurant*
University of North Carolina at Chapel Hill
School of Medicine

Robert M. Carey, M.D.
University of Virginia School of Medicine

Robert M. D'Alessandri, M.D.
West Virginia University School of Medicine

C. McCollister Everts, M.D.
Pennsylvania State University College of
Medicine

Lee F. Fetter
Washington University School of Medicine

Gregory F. Handlir
University of Maryland School of Medicine

Michael E. Johns, M.D.
The Johns Hopkins University School of
Medicine

Richard D. Krugman, M.D.
University of Colorado School of Medicine

F. Stephen Larned, M.D.
Maine Medical Center

William Mattern, M.D.
University of North Carolina at Chapel Hill
School of Medicine

Paul E. Metts
Shands Hospital at the University of Florida

Gerald S. Moss, M.D.
University of Illinois College of Medicine

Robert C. Talley, M.D.
University of South Dakota School of Medicine

* *ex officio*

Advisory Panel on the Mission and Organization of Medical Schools

The Advisory Panel is charged to examine the ways in which changes in the practice, science, and social expectations of medicine should reshape the missions and organization of medical schools.

Chair

Andrew G. Wallace, M.D.
Dartmouth Medical School

Ron J. Anderson, M.D.
Parkland Memorial Hospital

Carol A. Aschenbrener, M.D.
University of Nebraska Medical Center

B. Lyn Behrens, M.B., B.S.
Loma Linda University School of Medicine

Stuart Bondurant, M.D.*
University of North Carolina at Chapel Hill
School of Medicine

Edward M. Copeland III, M.D.
University of Florida at Gainesville College of
Medicine

Robert M. Daugherty, Jr., M.D., Ph.D.
University of Nevada School of Medicine

Catherine DeAngelis, M.D.
The Johns Hopkins Hospital

Alan Fogelman, M.D.
University of California, Los Angeles, School of
Medicine

John D. Forsyth
University of Michigan Hospitals

William J. Fortuner III, M.D.
Milton S. Hershey Medical Center

Bruce L. Gewertz, M.D.
Finch University of Health Sciences/Chicago
Medical School

Jeffrey L. Houpt, M.D.
Emory University School of Medicine

John J. Hutton, Jr., M.D.
University of Cincinnati College of Medicine

Thomas Inui, M.D.
Harvard Medical School

William N. Kelley, M.D.
University of Pennsylvania Medical Center,
Health System and School of Medicine

David Korn, M.D.
Stanford University School of Medicine

William J. Lennarz, Ph.D.
State University of Stony Brook School of
Medicine

Laurence J. Marton, M.D.
University of Wisconsin-Madison Medical School

Layton McCurdy, M.D.
Medical University of South Carolina

Henry J. Ralston III, Ph.D.
University of California, San Francisco, School
of Medicine

Anthony P. Tartaglia, M.D.
The Albany Medical Center College

Winston Wallen
Medtronic, Minneapolis

Farah M. Walters
University Hospitals of Cleveland

Bruce Weinstein
University of Connecticut School of Medicine

W. T. Williams, Jr., M.D.
Carolinas Medical Center, Charlotte

Donald E. Wilson, M.D.
University of Maryland School of Medicine

* *ex officio*

AAMC/APM Study Group on the Future of Graduate Medical Education

Jointly formed by the AAMC and the Association of Professors of Medicine (APM), the study group is charged with developing materials to support constituent institutions trying to change their internal medicine residency training programs.

Co-Chair

Robert Glickman, M.D.
Beth Israel Hospital, Boston

Co-Chair

R. Edward Howell
University of Iowa Hospitals and Clinics

William Arnold, M.D.
Lutheran General Hospital, Chicago

Ira C. Clark
Jackson Memorial Hospital, Miami

Richard J. Glasscock, M.D.
University of Kentucky College of Medicine

William R. Hazzard, M.D.
Bowman Gray School of Medicine of Wake
Forest University

Robert G. Newman, M.D.
Beth Israel Medical Center, New York

Wilbur G. Pittinger
Hospital of the University of Pennsylvania

Raymond G. Schultze, M.D.
University of California, Los Angeles Medical
Center

Philip D. Zieve, M.D.
The Johns Hopkins, Bayview Medical Center

PROFESSIONAL DEVELOPMENT

Through its groups, the Association supports professional development activities for a range of medical center officials. Group programs facilitate interaction among these professionals and with Association staff and governing bodies.

Group on Business Affairs Steering Committee

Principal business officers and individuals with general and research administration responsibilities

Chair

Lee Fetter
Washington University School of Medicine

Chair-Elect

Gregory Handlir
University of Maryland School of Medicine

Immediate Past Chair

Deborah McGraw
University of California, San Diego

Executive Secretary

Jack Krakower
AAMC

Byron Backlar, J.D.
Oregon Health Sciences University School of Medicine

Francis X. McCrossan
Brown University School of Medicine

David R. Perry
University of North Carolina at Chapel Hill School of Medicine

Judith Rothman
University of California, Los Angeles

Thomas W. Schmitt
Harvard University

Steven A. Weiner
Finch University of Health Sciences/Chicago Medical School

Group on Business Affairs Professional Development Committee

Chair

Thomas W. Schmitt
Harvard University

Valerie Anderson
Emory University School of Medicine

David M. Bray
Harvard Medical School

Stephen M. Cohen
Yale University School of Medicine

Richard A. Culbertson
University of Wisconsin Medical School

Donna Devine
University of Washington School of Medicine

Anne Ferris
University of Michigan Medical School

Peter H. Fitzgerald
University of Texas Southwestern Medical School

Dwayne Sackman
University of Kansas Medical Center

Patricia St. Germain
University of Arizona College of Medicine

Group on Faculty Practice Steering Committee

Senior governance and administration representatives from medical school faculty practice plans as nominated by their respective deans.

Chair

Martin S. Litwin, M.D.
Tulane University School of Medicine

Chair-Elect

William C. Park, Jr.
Bowman Gray School of Medicine of Wake Forest University

Immediate Past Chair

Frank L. Mitchell, M.D.
University of Missouri-Columbia School of Medicine

Executive Secretary

Robert D'Antuono
AAMC

Steven H. Burkett
University of Tennessee, Memphis, College of Medicine

William E. Carter
University of Virginia School of Medicine

Bernard Lane, M.D.
State University of New York at Stony Brook Health Science Center School of Medicine

David A. Ontjes, M.D.
University of North Carolina at Chapel Hill School of Medicine

Henry M. Tufo, M.D.
University of Vermont College of Medicine

Edward M. Webster
University of California, San Diego, School of Medicine

AHC/AAMC Government Relations Representatives Steering Committee

The Steering Committee plans and coordinates the educational activities and serves as a contact network for information and advocacy on various legislative issues.

Chair

Susan Phillips
University of Chicago Hospitals

Chair-Elect

Bruce Kelly
Mayo Medical School

Gilda Vantresca Ecroyd
New York University School of Medicine

Thomas Etten
University of Minnesota

Joseph Franklin
University of Indiana

John Lein, M.D.
University of Washington School of Medicine

Daniel Nickelson
Cleveland Clinic

Eugenia C. Stoner
University of Pittsburgh School of Medicine

Valerie Williams
University of Oklahoma College of Medicine

Ellery Woodworth
The Johns Hopkins University

Group on Institutional Planning Steering Committee

Officials from medical schools and teaching hospitals responsible for planning academic and health care programs, facilities, and marketing efforts.

Chair

Mary Ann Newman
The University of Texas M.D. Anderson Cancer Center

Chair-Elect

Ann Schwind
Harvard Medical School

Immediate Past Chair

David D. Pinter
Baylor College of Medicine

Executive Secretary

Robert F. Jones, Ph.D.
AAMC

Howard Buxbaum
University of Medicine and Dentistry of
New Jersey
Robert Wood Johnson Medical School

Richard E. Lavery
University of Vermont College of Medicine

Alan Lyles, Sc.D.
The Johns Hopkins University School of
Medicine

W. Clark Johnson
University of Louisville School of Medicine

Donna Gissen
Medical College of Wisconsin

Steven Panish
University of California, Los Angeles, School of
Medicine

Group on Educational Affairs Steering Committee

Administrators and faculty with responsibilities
in the areas of undergraduate, graduate,
continuing medical education, development of
instructional resources, and research in medical
education.

Chair

William D. Mattern, M.D.
University of North Carolina at Chapel Hill
School of Medicine

Chair-Elect

Wayne K. Davis, Ph.D.
University of Michigan Medical School

Immediate Past-Chair

Reed G. Williams, Ph.D.
University of Illinois College of Medicine

Executive Secretary

M. Brownell Anderson
AAMC

Peter Coggan, M.D.
University of Nevada School of Medicine

Larrie Greenberg, M.D.
Children's National Medical Center, D.C.

Stanley M. Kirson, M.D.
Miami Valley Hospital

Geoff Norman, Ph.D.
McMaster University Health Sciences Center

James M. Shumway, Ph.D.
West Virginia University School of Medicine

Bruce Weinstein
University of Connecticut School of Medicine

Robert S. Wigton, M.D.
University of Nebraska College of Medicine

Research in Medical Education Planning Committee

Chair

Geoff Norman, Ph.D.
McMaster University Health Sciences Center

Immediate Past Chair

David Swanson, Ph.D.
National Board of Medical Examiners

Executive Secretary

M. Brownell Anderson
AAMC

Ruth-Marie E. Fincher, M.D.
Medical College of Georgia School of Medicine

Charles P. Friedman, Ph.D.
University of North Carolina at Chapel Hill
School of Medicine

Emil R. Petrusa, Ph.D.
Duke University Medical Center

Paul G. Ramsey, M.D.
University of Washington School of Medicine

David E. Steward, M.D.
Southern Illinois University School of Medicine

Group on Institutional Advancement Steering Committee

Medical School and teaching hospital officials
responsible for public relations, alumni affairs,
and development.

Chair

Nancy W. Grover
The Western Pennsylvania Hospital

Chair-Elect

James H. Brucker, Ph.D.
Milton S. Hershey Medical Center

Vice Chair, Public Relations

Janet Norton
University of California, San Francisco, School
of Medicine

Vice Chair, Alumni and Development

L. Rupert Chambers
Baylor College of Medicine

Immediate Past Chair

Elizabeth P. Waters
Medical University of South Carolina

Executive Secretary/Treasurer

Elizabeth M. Martin
AAMC

Richard Elbaum
University of California, Los Angeles, School of
Medicine

Randy L. Farmer
Washington University School of Medicine

Christine Hickey
Beth Israel Hospital

Lynda B. Nine
West Virginia University School of Medicine

Group on Student Affairs Steering Committee

Dean's office personnel with responsibility for
student affairs, admissions, minority affairs,
and student financial aid.

Chair

Hershel P. Wall, M.D.
University of Tennessee, Memphis, College of
Medicine

Chair-Elect

Carol F. MacLaren, Ph.D.
University of Washington School of Medicine

Vice Chair

Michael J. Miller, M.D.
Oregon Health Sciences University School of
Medicine

Executive Secretary

Frances R. Hall
AAMC

A. Geno Andreatta
State University of New York Health Sciences
Center at Syracuse College of Medicine

Billy Ray Ballard, M.D., D.D.S.
University of Texas Medical School at Galveston

Paul Carlson, Ph.D.
Wright State University School of Medicine

Leah Dickstein, M.D.
University of Louisville School of Medicine

Shirley Nickols Fahey, Ph.D.
University of Arizona College of Medicine

Gorgon F. Faircloth, Jr., Ph.D.
Cornell University Medical College

Karen C. Pryor
University of Rochester School of
Medicine and Dentistry

Sally Olexia, Ph.D.
Kalamazoo College

Robert F. Sabalis, Ph.D.
University of South Carolina School of Medicine

Stacy Tessler
Brown University School of Medicine

Group on Student Affairs Committee on Student Financial Assistance

Chair

Karen Pryor
University of Rochester School of Medicine and
Dentistry

Michael Cabana
University of Pennsylvania School of Medicine

Mary B. Fenton
Saint Louis University School of Medicine

L. Sue Harpole
University of Tennessee, Memphis, College of
Medicine

Betty Hazelbaker
University of Texas Medical School at Galveston

Leon Johnson, Jr., Ed.D.
National Medical Fellowships, Inc.

Michael S. Katz
University of Medicine and Dentistry of New
Jersey

Nancy Kull
University of California, San Francisco, School
of Medicine

Jacqueline McMillan
Wright State University School of Medicine

Anthony M. Sozzo
New York Medical College

Norma E. Wagoner, Ph.D.
Finch University of Health Sciences/Chicago
Medical School

Hershel P. Wall, M.D.
University of Tennessee, Memphis, College of
Medicine

Group on Student Affairs Committee on Admissions

Chair

Robert F. Sabalis, Ph.D.
University of South Carolina School of Medicine

T. G. Jackson, Ph.D.
University of South Alabama

Maria Lofftus
University of California, San Diego, School of
Medicine

Michael J. Miller, M.D.
Oregon Health Sciences University
School of Medicine

Rawn Salenger
Albany Medical College

Thomas C. Taylor
University of Iowa College of Medicine

Jane Thomas, Ph.D.
Wayne State University School of Medicine

David Trablisy
The Johns Hopkins University School of
Medicine

Linda W. Williams
University of Arkansas College of Medicine

**Group on Student Affairs
Committee on Student Affairs**

Chair

A. Geno Andreatta
State University of New York Health Science
Center at Syracuse College of Medicine

Billy Ray Ballard, M.D., D.D.S.
University of Texas Medical School at Galveston

Sue A. Brown
University of Virginia School of Medicine

Paul G. Carlson, Ph.D.
Wright State University School of Medicine

Brenda D. Lee
University of Rochester School of Medicine and
Dentistry

Carol F. MacLaren, Ph.D.
University of Washington School of Medicine

Randolph Manning, Ed.D.
University of South Florida College of Medicine

Maria Savoia, M.D.
University of California, San Diego, School of
Medicine

**Section for Resident Education
Coordinating Committee**

Representatives from members of the COTH,
medical schools, and select academic societies
with institutional responsibility for graduate
medical education.

Chair

Stanley M. Kirson, M.D.
Miami Valley Hospital

Executive Secretary

Robert D'Antuono
AAMC

Martin Brotman, M.D.
California Pacific Medical Center

Robert M. Donati, M.D.
St. Louis University School of Medicine

Doris Farquhar
University of Texas Medical School at Houston

Charles P. Friedman, Ph.D.*
University of North Carolina at Chapel Hill
School of Medicine

Richard B. Hornick, M.D.
Orlando Regional Medical Center

Kathryn Lane
Maimonides Medical Center

Michael J. Reichgott, M.D., Ph.D.
Albert Einstein College of Medicine of Yeshiva
University

Craig S. Scott, Ph.D.
University of Washington School of Medicine

Ethel Weinberg, M.D.
Baystate Medical Center

Robert Wigton, M.D.
University of Nebraska College of Medicine

* *ex officio*

**Group on Student Affairs/ Minority
Affairs Section Coordinating
Committee**

Medical school officials with responsibility for
minority activities, programs, and issues.

Chair

Billy Ray Ballard, M.D., D.D.S.
University of Texas Medical School at Galveston

Vice Chair

Gregory Strayhorn, M.D., Ph.D.
University of North Carolina at Chapel Hill
School of Medicine

Executive Secretary

Lily May Johnson
AAMC

Leon Anderson, Jr., D.M.D.
University of Mississippi School of Medicine

Harold R. Bardo, Ph.D.
Southern Illinois School of Medicine

Charles Garcia
University of Washington School of Medicine

Marion K. Kelly
Indiana University School of Medicine

Jacqueline McMillan
Wright State University School of Medicine

Theodore Miller, M.D.
Charles R. Drew University of Medicine and
Science

Colleen Romain
Tufts University School of Medicine

Phyllis Stevens
Boston University School of Medicine

Jane Thomas, Ph.D.
Wayne State University School of Medicine

Hershel P. Wall, M.D.
University of Tennessee, Memphis, College of
Medicine

Zelda West
University of Maryland School of Medicine

AAMC STAFF

Office of the President

In one of his first moves as AAMC president, Jordan J. Cohen, M.D., named Richard Knapp, Ph.D., executive vice president of the Association. Dr. Knapp joined the AAMC 26 years ago, serving first as a project director of the COTH Teaching Hospital Information Center Project. He was appointed director, Department of Teaching Hospitals in 1974. In 1984 he was named senior vice president for Governmental Relations, an area he will continue to direct.

Edward J. Stemmler, M.D., who served as the AAMC's executive vice president for four years, has become the president's senior advisor. Before joining the Association, Dr. Stemmler was dean at the University of Pennsylvania School of

Medicine and served as chair of the Association from 1986 to 1987.

Robert G. Petersdorf, M.D., AAMC president from 1987 to 1994, retired in April and was named president *emeritus* by the AAMC Executive Council. Dr. Petersdorf served the AAMC over a 20-year period, first on the Administrative Board of the CAS and then as CAS chair in 1972. He was elected AAMC chair in 1977.

Over almost eight years of distinguished leadership in the Association, he accomplished a revision of

Seated from left to right: Donald G. Kassebaum, M.D., Richard M. Knapp, Ph.D., Jordan J. Cohen, M.D., Edward J. Stemmler, M.D., Robert M. Dickler. Standing: John W. Diggs, Ph.D., Edwin L. Crocker, Kathleen S. Turner, Joseph A. Keyes, Jr., J.D., Thomas F. Moberg, Ph.D., Elizabeth M. Martin, Robert L. Beran, Ph.D. Not pictured: Herbert W. Nickens, M.D.



the governance and structure of the AAMC to meet contemporary needs; initiated *Project 3000 by 2000*; adopted numerous progressive positions, including limits for resident physician hours, a revised mix of GME trainees with emphasis on primary care disciplines, and an initiative to cope with student indebtedness; a program to address conflict of interest in research; an enhanced communications program; and a new Association headquarters building.

Division of Institutional Planning and Development

Joseph A. Keyes, Jr., J.D., joined the Association in 1970 as a senior staff associate in Institutional Development. Three years later he was named director for the Division of Institutional Studies. He was appointed staff counsel to the AAMC in 1978 and was named vice president for Institutional Planning and Development in 1987. He has been responsible for many AAMC programs and activities over his 24 years with the Association, including the Liaison Committee for Medical Education, the Management Education Programs, and the AAMC's three major databases: the Student and Applicant Information Management System, the Institutional Profile System, and the Faculty Roster. This past April Mr. Keyes was appointed senior vice president and has resumed staffing responsibilities for the Council of Deans.

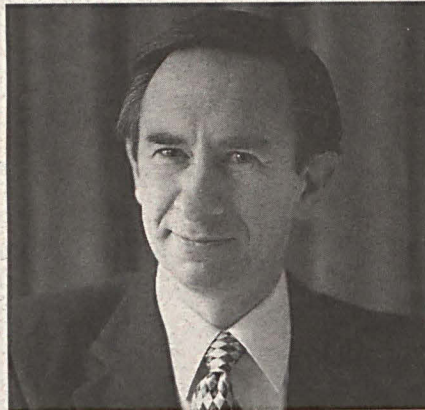
Division of Student Affairs and Education Services

Robert L. Beran, Ph.D., was appointed vice president for the Association's new Division of Student Affairs and Educational Services. Dr. Beran joined the AAMC's Department of Academic Affairs in 1975 to direct a major study of three-year curricula in U.S. medical

schools. In 1991 he was named associate vice president of the Division of Medical Student and Resident Education. A founder of MEDLOANS and former director of the MCAT, Dr. Beran now heads one of the largest and busiest areas of the Association.

Division of Education Policy

David F. Altman, M.D., was named director, Office of Generalist Physician Programs, when he joined the AAMC in April. He moved from the University of California, San Francisco, School of Medicine, where he was professor of Medicine and director of Research for the Pew Health Commission and the Center of the Health Professions. In 1992-93, he served on the legislative staff of Senator Jay Rockefeller, D-W.Va., as a Robert Wood Johnson Fellow, and helped to write legislation to address the nation's primary care needs. He also was a member of the working group of President Clinton's health care reform team.

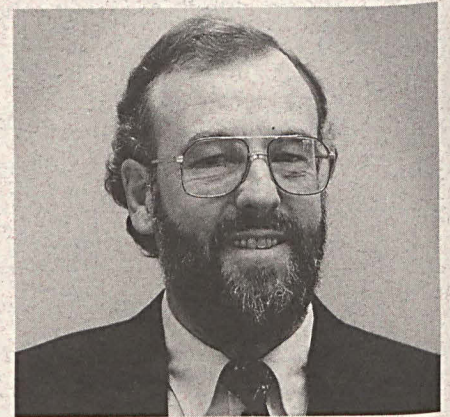


David F. Altman, M.D.

Office of Information Resources

Thomas F. Moberg, Ph.D., was appointed vice president for Information Resources in July. Prior to that he was vice president for Information and Computing Services at Kenyon College in Ohio. Before going to Kenyon in 1987 he was director of Academic Computing, associate director of Computer Services, Resident Statistician, and lecturer in

Mathematics at Grinnell College in Iowa. He currently chairs the Board of Directors of CAUSE, the international association for information technology in higher education.



Thomas F. Moberg, Ph.D.

Division of Clinical Services

G. Robert D'Antuono joined the Division of Clinical Services as a staff associate in 1988 and subsequently was promoted to senior staff associate in 1991. This past year he was promoted to assistant vice president for the Division. His major areas of responsibility are managing the activities and services of the Group on Faculty Practice and the Section on Resident Education. In addition, he follows all proposed regulations impacting the payment of teaching physicians and edits the quarterly newsletter *GFP Notes*.

Scholar-in-Residence

In September Malcolm Cox, M.D., professor and vice chair, Department of Medicine, University of Pennsylvania School of Medicine, joined the Association as Scholar-in-Residence. During his year with the AAMC, Dr. Cox will focus on workforce issues and, in particular, issues related to consortia formation and development as well as how to accommodate changes in the mix and size of residency programs.

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