

December 1972

POSITION STATEMENT REGARDING THE GOALS OF THE CARNEGIE COMMISSION

1. Expansion of the functions of university health science centers so that they can play a central role in coordinating and guiding health manpower education and cooperating with other agencies in the development of improved health care delivery systems in their regions.

The American Society of Internal Medicine agrees that the university health science center should have, as its major goal, the coordination and guidance of medical education. Health science centers might lend their expertise to the development of systems through experimentation with models.

2. Development and expansion of programs for physicians' and dentists' associates and assistants.

The American Society of Internal Medicine agrees that programs for allied health personnel should be expanded during the present era of physician shortage, but that guidance in the development of these programs should come from all sectors of organized medicine.

3. Acceleration of medical and dental education, thereby achieving greater efficiency.

The American Society of Internal Medicine agrees that medical education may be accelerated if quality is not compromised. Accelerated programs should be limited to a select group of university health science centers until the quality and effects of the experiment can be assessed.

4. Integration of the curriculum, including such changes as consolidation of instruction in the basic sciences on main university campuses, integration of preprofessional and professional education, and more carefully integrated and coordinated programs of post-graduate training.

The American Society of Internal Medicine feels that the educational experience should represent a smooth continuum of effort from the preprofessional through the post-graduate years. Firstly, the past emphasis on a broad background in the humanities should be preserved. Secondly, the basic science education should be closely integrated with clinical instruction.

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5. Changes in medical and dental education so that they are more responsive to the expressed needs of students and **more** concerned with problems of delivery of health **care**.

The American Society of Internal Medicine feels that medical education should always be responsive to the needs of society.

6. A **50** percent increase in medical school entrant places.

The American Society of Internal Medicine agrees that there should be an increase in medical school entrant places until the projected needs of the delivery system are reached.

7. Initiation of **nine new** university health science centers.

The American Society of Internal Medicine *agrees* that at the time of this report, this goal was pertinent, but this goal has since been surpassed.

8. Positive policies to encourage the admission of women and members of minority groups to professional training in medicine and dentistry.

The American Society of Internal Medicine agrees that women and minority *group* participation should be expanded as rapidly as qualified applicants can be brought to **the** medical school level.

9. A **20** percent increase in dental school entrant places.

The American Society of Internal Medicine is not competent to evaluate the needs of dentistry.

10. Development of approximately **126** area health education centers, affiliated with university health science centers.

In connection with this goal, the American Society of Internal Medicine strongly supports studies and efforts which may provide more effective health care capability in all regions of the country. We encourage further study and exploration of the role of health education centers *in* this effort.

Approved, Board **of** Trustees, November 1972