

EXTERNAL COMMITTEE ON THE STRUCTURE
AND GOVERNANCE OF THE HEALTH SCIENCES CENTER
AT THE UNIVERSITY OF MINNESOTA.

Report.

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report of

**EXTERNAL
COMMITTEE**

on

GOVERNANCE

of

**UNIVERSITY
HEALTH
SCIENCES**

UNIVERSITY OF MINNESOTA

FEBRUARY 26, 1970

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February 26, 1970

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**EXTERNAL
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on *the structure and*

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UNIVERSITY

HEALTH

SCIENCES

VANDERBILT UNIVERSITY



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Office of the Chancellor

February 26, 1970

President Malcolm Moos
University of Minnesota
Minneapolis, Minnesota 55455

Dear President Moos:

Here is the report of the External Committee on the Structure and Governance of the Health Sciences Center at the University of Minnesota. The Committee members were D. Harold Copp, Professor and Head, Department of Physiology, University of British Columbia; Rashi Fein, Professor of Medical Economics, Harvard University; Robert J. Glaser, Vice President for Medical Affairs, Stanford University; Alexander Heard, Chancellor, Vanderbilt University; Matthew McNulty, Vice President, Health Sciences, Georgetown University; Alvin L. Morris, Special Assistant to the President, University of Kentucky; Edmund Daniel Pellegrino, Vice President for Health Sciences, State University of New York at Stony Brook Health Sciences Center; William H. Stewart, Chancellor, Louisiana State University Medical Center; James Warren, Chairman, Department of Medicine, Ohio State University; Warren E. Weaver, Dean, School of Pharmacy, Medical College of Virginia; and George D. Zuidema, Director, Department of Surgery, the Johns Hopkins University. Professor Fein served as Vice Chairman of the Committee and I as Chairman. Robert W. Bonine, Assistant Executive Director, Louis W. and Maud Hill Family Foundation, aided the Committee as staff and liaison officer.

The Committee was formed to obtain advice from external sources on the governance of the University of Minnesota Health Sciences Center. In your letter of December 9, 1969, you asked that we address ourselves to the following questions:

1. Is there a need for a Regents' definition of the missions and responsibilities of the health sciences?
2. Given the history, current situation, existing competence and needs of the health sciences, both within and without the University of Minnesota, what alternative administrative

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structures could be developed for units in this area? Such administrative structures should also take cognizance of the needs of the allied health professions.

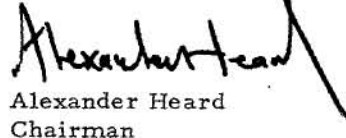
3. How should the responsibilities for continuing and graduate education in the health sciences be divided between the health science units, the Extension Division, and the Graduate School?
4. What steps should be taken to assure satisfactory relationships between all professional units in the health sciences and the hospitals?
5. What steps should be taken to assure satisfactory relationships between all professional units and the basic science departments?
6. What should be the pattern of relationship sought with affiliated hospitals, and other community agencies and services and the locus of decision making on contracts specifying these relationships?

Prior to visiting the campus on January 15-18, 1970, members of the Committee were given outlines of the history and organization of components of the Health Sciences Center. They were also given comments by several of the schools on the six questions posed for the Committee.

The Committee spent two and one-half days hearing the views of Regents, University administrative officers, and the principal groups in the Health Sciences Center. The remainder of the four-day session was spent discussing the evidence presented and developing this report.

Our work was aided immeasurably by the staff of the University and especially of the Health Sciences Center. Their dedication to the welfare of the University and the people of Minnesota was manifest. We especially want to thank Mr. Bonine and the Hill Family Foundation. Mr. Bonine's help was of great value.

Sincerely yours,



Alexander Heard
Chairman
External Committee on the
Structure and Governance of
the Health Sciences Center at
the University of Minnesota

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MISSION OF THE HEALTH SCIENCES CENTER

The Committee has examined the organizational structure through which the University of Minnesota undertakes to advance health science education, services, and research. We have done this at a crucial time in the health affairs of the state and at a critical point in the development of health sciences in the University. To evaluate or prescribe administrative patterns intended to advance the University's Health Sciences Center requires definition of the missions, responsibilities, and objectives of the Center's program. Administrative arrangements will determine the framework within which these purposes are pursued.

The Committee believes that the Regents, in consultation with administrative officers, faculty, and students, must define the goals of the Health Sciences Center's program. Such a definition would help all those involved in the health sciences to understand the objectives of the programs and the need for establishing priorities among them.

It is not the Committee's task to offer such a definition. Our examination has, however, alerted us to the importance and potential value of such a statement. Furthermore, we have noted concerns on the part of the Regents and the entire University community — administration, faculty, and students — which must be dealt with. We note some of these concerns because it is within the context of these concerns and our awareness of national trends that we have examined alternative administrative arrangements.

The health sciences at the University of Minnesota have achieved a recognized excellence in scientific medicine; the first stage of a program of physical and enrollment expansion is already underway; and consideration is being given to the development of additional medical schools at other locations. The Regents and the University must now decide how best to use both the resources already available and those planned, to help meet the future health requirements of the people of Minnesota.

Two potent social phenomena have drastically altered the climate within which these decisions must be made: first, the public's concern and sense of urgency regarding efficient, equitable, and comprehensive health care services for all citizens of the state; second, the manifest need to provide adequate opportunities for all qualified citizens of the state who wish to pursue careers in health. Nowhere in the nation have these two objectives yet been met. Simple extrapolation of current methods of health care delivery and expansion of enrollment indicate they are unlikely to be met. Moreover, these objectives are

being sought at a time when federal support for medical research — support which has brought this and other health centers to the present excellence they possess — is diminishing. Thus, the climate of financial constraint and the need to consider future changes in the delivery and organization of services is everywhere forcing public officials more clearly to define the missions and priorities of the institutions for which they are responsible.

The University of Minnesota's Health Sciences Center is an instrument of social utility. Its public support will in large measure be influenced by its responsiveness to the concerns of the people and by the degree to which it contributes to the attainment of better health care for the public. These concerns were frequently expressed, yet they are broad enough to permit varying interpretations. It is useful to note some specific attitudes presented to this Committee that grew out of these two broad concerns. These are viewpoints that need to be considered by the Regents. They can help in defining the missions of the Health Sciences Center in harmony with public needs.

1. *The Health Sciences Center at the University of Minnesota should assume a role of major leadership in enhancing the delivery of health care services throughout the state.* The Center should do so by developing more efficient and equitable patterns of health care delivery. This does not imply assuming responsibility for delivery of all health services in the state. The Center will have its greatest impact by developing new models of health care delivery, by demonstration, and by consultation with existing institutions. This function is of such priority that it must be maintained even when it implies confrontation with established patterns and with professional groups. What in fact is needed is a *commitment to the improvement of health care services equivalent to that which has characterized the support of research in this institution over the past two decades.* The priorities for health care delivery and research must receive the closest continuing scrutiny in order to provide a proper balance between them. We recognize that continued excellence in research is an essential condition underlying improvement in health care. What is required is not the dismantling of the research effort that now exists, but the building of additional kinds of research efforts, namely those designed to find the best ways of bringing medical care to the people and the best ways of adapting to the changing needs of the people.

2. *The Health Sciences Center should lead in developing new health professions at all levels of sophistication and training, whenever these are necessary to achieve the goal of comprehensive health care in the state.* In this endeavor, more opportunities must be created in health careers for qualified students in the state by expanding enrollments, by encouraging disadvantaged young people to enter the health sciences, and by creating new occupations. We recognize that an expansion of numbers of those trained to the highest level of sophistication will not alone meet the delivery system's needs. It is for this reason that we stress the need for new kinds of personnel.
3. *The Center has a responsibility for extending its educational influence throughout the state and for experimenting with new ways to improve the distribution of physicians, nurses, and other health professionals by the best use of clinical facilities throughout the state.* This responsibility is particularly pertinent to the developing school at Duluth which might, for example, start as a "clinical campus" under the auspices of the Minneapolis Center rather than as a standard four-year medical school.
4. *The Health Sciences Center has a responsibility for the continuing education of each of the health professionals in the state.* This responsibility is now underscored by the trend toward periodic recertification and by new patterns of education developing in the health professions.
5. *The Center has a continuing mandate to remain in the closest contact with the people of the state to perceive their health needs in their own terms—not necessarily as perceived by the professional.* Indeed, the Center can make a major contribution by engaging in a continuing dialogue with community, Regents and legislators. A new pattern of professional-public interchange can be generated. The professional becomes the expert witness who outlines possibilities, methods, and practicability of meeting the health needs expressed by the public sector. The professional provides the data so that rational public policies can be adopted from among recognized alternatives. The choice of goals—the distribution of resources between health and other social purposes—remains with the Regents and the public. This having been done, University administrators, faculty, and students will be able to interpret and implement the mission of the Center and will be able to work together toward a common goal.
6. Discussions with students disclosed the desire to see far more emphasis on the "team" approach to providing health care. Students assert that *if future health care delivery systems require a team approach to provide the necessary services, today's health student must be exposed to this approach in his educational experience.* Currently, students are dismayed over the lack of dialogue among the various professions; e.g., physician with dentist. Students recognize the impossibility of training all professionals in the same courses and programs, but emphasize the necessity of integrated training when practicable. They expressed the hope that research on, and education concerning, health care delivery systems could attract resources sufficient to advance that field to the level attained by the basic health sciences. Today's health science student will have far more responsibility for leadership and direction of health care delivery systems than today's practicing health professional has and current training must provide preparation for this changing role. There will be greater involvement of the other health professionals with the physician and dentist in the delivery of health care, and the organizational structure of the Health Sciences Center should be such as to promote this team concept, both in health care delivery and in education.

If these are some of the purposes which the health sciences should seek, then the organizational pattern should be designed to attain them. The organizational pattern will then have certain characteristics—e.g., it will emphasize cooperative efforts of all health professionals, allow for the development of common goals among component schools of the Center, encourage new programs and experimental approaches in education and service, and permit distribution of resources according to a plan designed to achieve the outlined objectives. Further, the administrative pattern should permit continuing contact between the Center and the practicing professional, the Regents, the Legislature, and the public. Finally, the Health Sciences Center must foster a continuing re-definition of its own mission and goals consistent with the changing needs of society and the changing nature of the health sciences.

The charge to Administrator of the Center becomes clear if the Center's mission is defined. The structure can be adapted so as to make the charge a realizable reality. Without a definition of mission and a commitment by the Regents, no administrative pattern can operate with direction, clarity, purpose, and utility.

HEALTH SCIENCES ADMINISTRATIVE STRUCTURE

Given the missions the External Committee believes to be inherently imposed on the health sciences at the University of Minnesota, we have concluded that the administrative structure through which the health sciences function requires important revision. The University's programs in health sciences have grown in size and scope. The University needs a radically improved capacity for effective long-term planning — if it is to play its proper part in providing health care for the people of Minnesota and in the systematic and efficient development of needed programs and facilities. Sound financial patterns must be carefully defined and the resulting financial requirements effectively presented to prospective sources of funding: local, state, federal, and private. Institutional priorities need to be fixed and internal problems resolved through rational processes which are widely understood and which command confidence within and outside the University.

The Health Sciences Center should be headed by a chief administrative officer, known as vice president for the health sciences or provost of the health sciences or a similar title, as would best suit the University's system of administrative designations. (Hereafter in this report this individual will be referred to as the Chief Administrative Officer or CAO).

Authority over, and responsibility for all aspects of all health science activities in the University should be vested in the CAO. He should be *the one line officer* to whom the several deans and directors within the Center, including the hospital director, should report. The President of the University should define the CAO's relationship to University administrative officers outside the Health Sciences Center. Interdisciplinary and cooperative programs among the various units within the Health Sciences Center will doubtless increase, calling — especially in these cases — for coordination in planning and funding.

There should not be created a separate line for the Health Sciences Center in the University budget submitted to the Legislature. The CAO should be Chief Budget Officer for the Health Sciences Center, reviewing the financial needs of each school and each component of the center and ultimately preparing recommendations for the President. After action by the Legislature, Regents, and President, the CAO should have full responsibility for allocation, within the center, of the funds made available to the Health Sciences Center.

The CAO should provide strong and visible leadership in planning and administering the health sci-

ences. In order to function with maximum effectiveness the CAO should have two offices. He should have one in Morrill Hall so that his participation in the Central Administration of the University is clearly defined and achieved. He must also spend considerable time in health science areas and should have a suitable office suite within the Health Sciences Center to permit and to symbolize a meaningful relationship with the deans and other administrative leaders in the Center.

These recommendations stem from our awareness of the scope, volume, and cost of the health sciences, of the ground they hold in common, and of the critical relationships they create between the University and the community.

The existing College of Medical Sciences should be dissolved, and a Dean of the Medical School appointed.

The present limited structure clearly is no longer satisfactory.

The CAO may wish to create advisory groups — e.g., a council of deans and directors with whom to confer regularly for purposes of coordination and planning. He will need important staff help. This staff must give him the administrative assistance he will need to implement the recommendations that follow in this report. (Specifically, a separate Assistant CAO might be needed for each of the Center-wide functions pertaining to affiliated hospitals, basic health sciences, continuing education, and community relations.) The staff must also help to carry out program development in a way that will ensure that the University provides the kind of leadership the state requires.

It is advisable that the Dean of the College of Veterinary Medicine report to the CAO, his college thus being considered one of the units of the Health Sciences Center.

The College of Veterinary Medicine, while enjoying natural working relationships with the schools and programs in the Institute of Agriculture, has obvious relationships with other components of the health sciences. While it might not be as exclusively a part of the Health Sciences Center as, for example, is the Nursing School, there should be a system whereby coordination and appropriate cooperation can be achieved. For example, the Dean of the College of Veterinary Medicine should presumably be a member of any advisory council of deans and directors.

The Director of the University Hospitals should report directly to the CAO.

Though we propose that the Director of the University Hospitals report to the CAO, we wish to emphasize the need for the Director to be responsive to the educational and research needs of the several schools comprising the Center. An essential portion of the programs of Medical School clinical departments is carried out in University hospitals. The other schools, however, also have important specific requirements and as greater emphasis is placed on the development of new approaches to health care, the University Hospitals and clinics will necessarily be intimately involved.

Clearly the post of chief administrative officer will call for an individual of exceptional qualifications — knowing academic as well as health matters, possessing many personal virtues, and doubtless hard to find.

The External Committee evaluated alternative possibilities that would have lodged certain functions in committees or other groups or that might have called for a less demanding individual role. In the end, the Committee abandoned them all as not providing the sharp focus of comprehensive authority and responsibility that is required and that our recommendations are designed to achieve.

BASIC HEALTH SCIENCES

Most presentations made to the External Committee referred to the basic health sciences. The quality of the basic science departments plays a major role in fostering the prominence of the University of Minnesota's medical sciences. The location of the basic sciences in the Medical School is not without merit. It is clear, however, that the course content and course offerings of the basic health science departments have not always met the needs of the schools outside the Medical School (Dental, Pharmacy, Nursing, etc.). The External Committee believes that dissatisfaction regarding the basic health sciences stems mainly from the lack of coordination among health science schools and from the failure to recognize that changes in course content, sequence, and scope can have a detrimental effect upon students and faculty of schools outside the Medical School.

At this point in the history of the Health Sciences Center the Basic Science Departments should remain an integral part of the Medical School.

This recommendation was adopted after extensive deliberation. In these deliberations it became clear that there is need for changes that would assure closer associations than now exist between these departments and other units of the Center. These changes are aimed at assuring responsiveness to the educational goals of the other units and assuring open pathways of communication. We make three specific recommendations which we believe are essential to the realization of these aims.

- 1. The committee recommends that a coordinator of basic health sciences be appointed and that he be directly responsible to the CAO of the Health Sciences Center.** This officer should relate directly with the chairmen of the basic health sciences departments and the deans of all units including the Medical School. He should recommend to the CAO the most equitable and effective application of fiscal resources and space in support of basic science instruction for all units. It is presumed that these recommendations will represent agree-

ment reached between the various deans and the basic sciences chairman. Only in rare instances should it be necessary for the CAO to arbitrate differences of opinion. A primary role of the coordinator would be to facilitate and encourage desirable communication.

- 2. The committee also recommends that the budgets of the Basic Sciences Departments represent, in part, a composite of funds allocated in a way that recognizes responsibilities to the schools in which significant instruction is provided.** It follows, therefore, that these budgets will be developed as a result of discussions between basic sciences department chairmen and the respective deans. Although the proportion of a department's total budget that reflects its commitment to a given school will relate to the extent of its commitment to that school, the use of such money should be at the total discretion of the chairman. The Committee assumes that the coordinator of basic health sciences will participate in budgetary discussions.
- 3. The committee further recommends that systems be developed that will lead to a greater interaction between the faculties of the basic health sciences and those of other parts of the Health Sciences Center.** Joint appointments should be encouraged with active participation implied. Basic sciences departments should be represented on the Executive Committee and the curriculum committees of other schools. Program and curricular planning in the Medical School which has important implications to the basic sciences should include representation of the dean or faculty of the affected units. The coordinator of basic health sciences should be responsible for implementing these recommendations and monitoring their effectiveness.

While one can neither legislate cooperation nor assure it through organization, the Committee believes that the above recommendations provide the opportunity for the described aims to be realized.

ALLIED HEALTH SCIENCES

The External Committee believes that whatever health manpower goals can be achieved in the future, the supply of health professionals (as currently defined) for a projected 1980 population of 252 million Americans, with exponentially increasing expectations, will be inadequate for Minnesota and for the nation. As new patterns of health care delivery emerge, the manpower necessary to provide delivery will undergo substantial and continuing change in type, length and scope of educational requirements.

The Minnesota Legislature and the people of Minnesota have demonstrated a keen interest in their health care delivery system. They must become aware that the health care delivery system of the future may be manned by assistant physicians, nurse-physicians, associate dentists, and other para-professional personnel. Such individuals, expertly trained for the tasks they perform and teamed with physicians, dentists, etc., would ensure that the health needs of Minnesota would be met effectively and efficiently. It is vitally important that the development of such training programs be carried on in the University Health Sciences Center with its research, service, and educational resources. It will be necessary for the Regents, with the advice and counsel of the health professions, to recommend the removal or modification of certificate or license requirements that encumber the development and effective use of para-medical personnel and potential allied health personnel.

Apparently, development of the allied health science professions to meet health manpower needs has been recognized by the University of Minnesota Health Sciences Center. Testimony presented to the Committee agreed concerning the substantive issues of manpower shortages, critical shortcomings in health care delivery systems, and recognition of the public's growing concern and dissatisfaction with many facets of health care delivery.

The Committee recommends that the Health Sciences Center immediately establish a School of Allied Health Sciences.

This School would provide for a wide range of pertinent educational programs in the allied health professional and vocational personnel fields, by making the best use of existing departmental structures, and the initiative and ability of these structures to educate and train the required manpower.

In addition to coordinating existing programs, this School would be expected to provide leadership in anticipating, planning, and developing curricula to meet the changing manpower requirements in the allied health science fields. Such a School, effectively administered and appropriately staffed, would provide a source of central leadership and planning, although the present programs could continue in their existing locations with curriculum content and instruction provided by their present faculty.

UNIVERSITY HOSPITALS

The University of Minnesota Hospitals play a key role in offering service to the people of Minnesota while serving as the principal laboratory for the several Health Science Center schools. As the health sciences come to grips with contemporary problems of health care, the Hospitals must be responsive to the needs for service and educational programs based in the professional faculties of the Health Science Center Schools; they must offer opportunities for developing innovative programs which will deliver new types of service and education. The administrative structure of the University Hospitals must be designed in a way that will insure full participation in these programs.

The University Hospitals should be an autonomous administrative unit in the Health Sciences Center, and its director should sit on a Health Sciences Council with the Deans of the several schools.

He or his representative should sit on the advisory boards of each of the participating schools. These arrangements, it is hoped, will assure his proper representation at all policy-making levels within the Center.

The administrative pattern for the operation of the hospital should be improved by creating a new board which would replace the present Medical Staff Hospital Council.

The heads of the clinical departments of the Medical School should be appointed chiefs of the clinical services of the Hospital and also be appointed to the new hospital board. The membership of this board should include directors of other units responsible for patient care and hospital-based educational programs, such as nursing service, pharmacy, dentistry, laboratory medicine (clinical pathology), and ambulatory care programs. Consideration should be given to the adding of a representative from the School of Allied Health Sciences and the possibility of one or two representatives elected by the staff at-large. All

this would provide the necessary coordination for planning broadly-based programs of education as well as providing operational procedures which will assure excellence in patient care. The members of this board would have responsibilities in their respective Health Sciences Schools, but they would also have the authority necessary to implement decisions and programs in clinical areas.

Present restrictions governing admission of patients to the University Hospitals should be abolished and the hospitals should be encouraged to develop improved programs for care of emergency and ambulatory patients and to extend their services in new ways to the community.

The present regulations governing admission of patients to the University Hospitals appear to be unnecessarily restrictive. They undoubtedly interfere with the development of balanced educational programs within the Hospital and the community it serves. As new programs develop, the creation of an advisory board or council that has significant consumer and community representations should be considered.

Existing arrangements for use of Hospital facilities can be continued or extended as necessary, by working agreements with such other units as the University School of Mechanical and Aerospace Engineering and the Program in Hospital and Health Care Administration Division in the School of Public Health.

This administrative pattern would improve the ability of the Hospitals to function effectively in offering patient care, would permit each of the Health Sciences Center Schools to maintain its own educational and research programs, and would enhance interaction among the Health Sciences schools as cooperative and innovative programs emerge. The fiscal policies of the Hospitals and their director would fall within the jurisdiction of the CAO and ultimately of the President of the University.

AFFILIATION-HOSPITALS, COMMUNITY AGENCIES AND SERVICES

In order to carry out the multiple missions of the Health Sciences Center, the University must continue to seek arrangements with other institutions and agencies—arrangements that are mutually satisfactory and consistent with the University's missions and standards. In the past, the School of Medicine has been the principal school in the health sciences area in need of affiliation, and it has developed considerable sophistication in managing affiliations with hospitals, community agencies and services. In recent years, as the health care system has matured, additional segments of the Health Science Center, such as the Schools of Public Health, Nursing, Pharmacy, Dentistry, and the University Hospitals, have also established various kinds of relationships with outside institutions and agencies. Failure to build upon the sophistication of the School of Medicine in these matters would be tragic, but to meet the total needs of the Health Sciences Center a different organizational procedure is needed.

The CAO of the Health Sciences Center should have sufficient staff support to accomplish the following: (1) develop relationships with affiliated hospitals; (2) develop relationships with non-hospital delivery systems (as they emerge); (3) stimulate and develop relationships with community groups.

At present, an associate dean has these responsibilities (particularly the first) for the School of Medicine. Because of the total needs of the Health Sciences Center, the various functions should be centralized in an office of affiliated institutions and agencies located in the office of the CAO. This office would be separate from that of the Director of University Hospitals, but it would maintain a close liaison with it. This arrangement would in no way compromise discussions that precede agreement and

participation. It would, however, ensure maximum coordination with minimum duplication of effort. This office would bring together both those who seek affiliation and those who are sought out for affiliation. It would enhance credibility because of its location at the site of decision-making in the Health Sciences Center.

The potential of such an office is large. It could help develop a more uniform approach in allocating funds in support of the Regent-defined missions in affiliated institutions and agencies. It could help the University extend its expertise by assisting in developing model health care systems compatible with available resources. It could develop educational programs that are not suitable for the University campus, but that do require the support of the University staff and faculty. Finally, it could make possible uniform approaches to faculty relationships within affiliated institutions and agencies.

The magnitude and relatedness of affiliated institutions would dictate the need for "on site" administrators of education programs who would provide liaison with the chief officers of affiliated programs. We believe that such persons should be attached to the central administration and not to any individual school.

The chief officer of affiliated programs would have the responsibility to assess the relative needs and demands placed on the University for direct, on site, administrative guidance.

The University should encourage affiliated institutions to participate in projects of mutual interest and concern. Similarly, the University should encourage its campus-based departments and schools to look outward to other institutions and agencies for support of the University missions

GRADUATE SCHOOL RELATIONSHIP

The University of Minnesota maintains a large graduate school of a type common to many state universities. Its relationship to the advanced degree programs in the basic and related health sciences is not unusual and apparently operates without unusual complications. On the other hand, the program relating to the clinical departments of the School of Medicine is unique and has been the object of recent discussion.

All residents and fellows (clinical or research) of the University and affiliated hospitals are registered in the Graduate School and pay tuition as candidates for either a master's degree or a doctorate in a clinical subject. In conjunction with their advanced clinical training, they may obtain a graduate degree if they meet the appropriate course, thesis, and examination requirements. The Graduate School supervises this program.

In some clinical departments graduate programs are stressed; in others, no graduate degrees have

been granted for many years. The programs were developed prior to the current specialty board examinations. At the time they represented a pioneer effort to certify specialty training, particularly in programs associated with the Mayo Clinic. The traditional plan served several useful purposes, principally by stimulating some residents to scholarly activity in clinical and basic science areas. Today, however, relatively few residents and fellows in affiliated hospitals earn graduate degrees. The External Committee concludes that most of the rationale for this unusual program has disappeared.

"Residents" should not automatically be required to register as graduate students. However, if a resident desires the benefits of the Graduate Degree Program, these benefits should be available to him.

Graduate degree programs should be carefully monitored by the Graduate School, but the basic direction and control of the trainee's clinical program should rest in his school and his department.

CONTINUING EDUCATION

The importance of continuing education for health professionals has long been recognized in the program of the University of Minnesota. The University also recognizes that the importance of continuing education will increase in the future as new developments change the technology of health care. This situation is further complicated for the University by the additional professional requirements imposed by those in charge of re-licensing and the pressures of certain professional societies.

Each school should have a director for continuing education who would assure an energetic and informed development of a Continuing Education Program. The Chief Administrative Officer of the Health

Sciences Center should have an Assistant CAO to provide the coordination required in scheduling and other support for continuing educational efforts.

We believe that primary responsibility for planning and conducting continuing education belongs in the individual school where need, demand, and resources can best be identified. It is true, however, that need for inter-professional continuing education courses does exist and will doubtless increase. We have, therefore, recommended that an Assistant CAO provide for coordination of these and other matters. This individual would also be able to provide any necessary linkages to the Extension Division and other parts of the University.

SUMMARY

The report of the External Committee examines issues of governance of the University of Minnesota's Health Sciences Center. The recommendations are designed to develop a structure which, the Committee believes, would enable the Health Sciences Center to maintain and advance its current position as one of the nation's outstanding health education organizations and to meet more effectively the future needs of the people of Minnesota.

The mission and structure of all organizations are intertwined. The ability to achieve desired goals will be influenced by administrative structure. It is also true, however, that there is no necessary one-to-one relationship between mission and structure. A structure can, and should, be flexible so as to be able to adapt to change and to new priorities.

We have attempted to indicate the kinds of missions that the Health Sciences Center might address. These are goals that the nation and other educational institutions are concerned with and that the University of Minnesota must respond to, although this University, like others, will have its own special priorities, opportunities, and problems.

The structure we have recommended attempts to develop a governance mechanism with visible lines of authority and decision-making responsibility. At the same time we recognize the need for those who have

responsibility to be guided in their exercise of responsibility. This requires channels of communication that enable those with responsibility to know the choices open to them and the implications of their choices. It requires the involvement of those who have responsibility for teaching, research, and service programs. In a university this means the involvement of faculty and students. In a modern university — one whose concerns include the community of which it is a part — this also means the involvement of the Regents, the people and their representatives. The governance structure we have outlined attempts to build in this involvement.

We have suggested clear lines of authority, not only so that effective decisions can be made but also so that those who are concerned know who is making them. We have suggested a governance structure that, we believe, makes possible involvement on the part of those concerned and responsiveness on the part of those with responsibility.

No structure can succeed except as individuals work to make it succeed. We have every reason to believe that the dedication, commitment, and concern of the people of Minnesota and the faculty, students, and administrative offices of the University will insure that the Health Sciences Center will be one of Minnesota's and the nation's important strengths.

