

The AUPN: Past, Present, and Future

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The Association of University Professors of Neurology (AUPN) may be the oldest American neurological society you have never heard of. It began in 1968 as an organization of neurology department chairs to inform and shape neurological education, clinical practice and research, and to be a combined voice for neurology leaders to influence policy.

AUPN Origins

In 1965, the American Association of Medical Colleges (AAMC) commissioned a blue-ribbon panel led by Lowell Coggeshall, an infectious disease specialist and Dean of Biological Sciences at the University of Chicago, to examine “emerging trends in medical education, medical research and health care” and their implications for the AAMC. The Coggeshall Report¹ noted the expanding need for well-trained physicians, the explosion of medical knowledge and specialization, and “the need for the university to assume increasing responsibility for health and medical sciences.” Due to “the growing need to maintain interdisciplinary relationships,” the AAMC in October 1966 recommended formation of a Council of Academic Societies (CAS),² composed of “professorial societies” representing the major clinical and basic science disciplines, and “distinguished societies” whose members are elected based on academic accomplishment. Multiple societies could represent a single discipline, as long as they were predominantly academic. The American Neurological Association (ANA), represented by Melvin Yahr, was the first neurological society to gain CAS membership.

With the proliferation of enlarging neurology divisions and newly autonomous neurology departments

separated from internal medicine, their chairs and chiefs recognized the need for a society to address the concerns of academic neurology. The first official organizational meeting of the AUPN was held June 12, 1967, at the Claridge Hotel in Atlantic City, New Jersey. The interim chairman was Maynard Cohen, chair of neurology at Rush-Presbyterian-St Luke’s Medical Center in Chicago, Illinois. Cohen, David Daly (then chair at the University of Texas at Dallas), Erland Nelson (University of Maryland), David Clark (University of Kentucky), and Norman Geschwind (then chair at Boston University) were unanimously elected to the Board of Trustees. On June 7, 1968 in Baltimore, Maryland, the Articles of Incorporation and Bylaws of the AUPN were adopted. The name of the AUPN echoes other contemporary chair societies including those for ophthalmology and pathology, as well as the American Association of University Professors, established in 1915 to promote academic freedom to express controversial viewpoints.

At the first AUPN meeting on June 16, 1968 in Washington, DC, Maynard Cohen was selected as President. In a 2012 interview,³ Cohen stated that the goal of the society was to encourage department chairs to work together for common goals. The AUPN would maintain communication between the chairs and create liaisons for academic neurology with the AAMC and CAS, the American Board of Psychiatry and Neurology (ABPN), the Accreditation Council of Graduate Medical Education (ACGME), the ANA, American Academy of Neurology (AAN), and the Child Neurology Society. AUPN also maintains liaisons with the American Brain Coalition and the United Council for Neurological Subspecialties.

View this article online at wileyonlinelibrary.com. DOI: 10.1002/ana.26564

Received Dec 1, 2022. Accepted for publication Dec 1, 2022.

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At the November 2, 1968 meeting of the CAS,² the “American Association of University Professors of Neurology” (sic) with its 67 members applied for ratification as a new member society dedicated to “promotion of medical education, research and patient care, particularly with respect to Neurology.”² The application was initially deferred, but was approved the following year.⁴ The misnomer was corrected in the 1970 CAS meeting minutes. The AUPN bylaws state its purpose as “a forum for discussion of problems and for development of mutual interests and concerns to Heads or Chairmen of Departments or Divisions of Neurology in accredited medical schools in the United States.” Canadian institutions were subsequently invited to join. Membership in the AUPN was restricted to department chairs until the spring of 1995 when the membership voted to allow adult and pediatric residency program directors to join. The inclusion of other educational and administrative leaders has gradually expanded to include the clerkship director, research director, Veteran’s Administration (VA) chief, and a vice chair, with the institution as the unit of membership.

AUPN’s Role in Residency Training

An early concern of the AUPN was the value of internship training in internal medicine. In 1966, the American Medical Association released the Report of the Citizen’s Commission on Graduate Medical Education chaired by John Millis, President of Western Reserve University in Cleveland, Ohio. The Millis Report noted that “internship programs vary widely in the extent to which they duplicate the experience already gained in the clinical clerkship, in the amount of routine and sometimes menial service required, and in their educational quality.”⁵ The Millis Report recommended abolition of a separate medicine internship and combination of the internship and residency years into a unified residency program. In July 1970, the ABPN sent a notice to program directors that it would no longer require an internship for candidates to be eligible for board certification. AUPN members rebelled against this directive, calling it “high-handed.” Together with the AAN and ANA, they sent impassioned pleas to the ABPN to restore the internship requirement. In response, the ABPN reinstated the requirement of a first year of general medicine effective July 1, 1977. However, the movement toward integrated neurology residency training has continued. In the 2022 National Resident Matching Program match,⁶ 139 of 181 neurology residency programs in the USA were categorical, integrating the first year into the residency program, with specific requirements for internal medicine training during the preliminary year.

In 1979, the AUPN was instrumental in creating and managing the first US neurology residency match program, the National Early Match Program (NEMP), which occurred several weeks prior to the National Residency Match Program. This allowed residents to rank internships after finding out where they would be doing their neurology residency, and promoted collaboration with internal medicine programs to rank neurology-matched candidates so they were guaranteed internship positions at the site of their neurology residency. In 1986, the AAMC’s Council of Deans recommended a uniform AAMC-run system for residency application and selection. The AUPN was initially resistant. Mark Dyken (Indiana University) surveyed the applicants participating in the NEMP for the AUPN, and found that students overwhelmingly preferred the two-tier match, so the existing system was retained. Some years later, there was concern that the separate match might be driving medical students away from choosing neurology as a specialty, and Joel Morgenlander (Residency Program Director at Duke University), representing the AUPN and the AAN’s Consortium of Neurology Program Directors, helped orchestrate a change to the National Residency Match Program in 2007.⁷

The AUPN originally organized the national neurology self-assessment test for residents, turning it over to the AAN in 1988 to manage as the Residency In-Service Training Examination (RITE). In 1994, an AUPN committee chaired by Jasper Daube (Mayo Clinic) reviewed quality measures of neurology residency programs and concluded that the educational aspects of a training program should be paramount in evaluating its quality,⁸ determined by the breadth of the patient base, the quality of the faculty and residents, and the ability of graduates to pass the ABPN Board examination. In 1997, a position statement⁷ of the Quality Improvement Committee of the AUPN recommended “1) that the educational goals of neurology residency training be dissociated from patient-care needs in academic medical centers and 2) that minimum levels of quality be applied to residents in neurology residency programs and to these programs themselves,” including minimum criteria for entry into the program, advancement from one year to the next, and performance of the graduates for program accreditation. They recommended that neurology resident candidates have minimum board scores of at least the 30th percentile on the US Medical Licensing Examination Step 1 and 2, that residents below the 10th percentile on the RITE examination should not progress to the next year of training, and that a minimum of 60% of graduates pass the ABPN examination within 5 years of graduation. Although there was

never agreement on minimum admission standards to neurology residencies, standards for advancement evolved into the system of clinical competency evaluations and milestones used today. Moreover, the ACGME pays close attention to the ABPN pass rate for program reaccreditation.

AUPN Support of Research Career Development

The AUPN has consistently supported the recruitment and development of research-oriented neurology faculty. Protecting faculty research efforts, particularly during the early years, when new faculty with research training are establishing their laboratories and research programs, became increasingly difficult due to the high demand for clinical care and the necessity of covering the cost of salaries. Jerry Mendell, chair at University of Cincinnati and President of AUPN in 1999–2000, noted that “taking pressure off young faculty to allow their research to mature was a high priority. Salaries were a shared responsibility between the Department and the Dean’s office. After I left office in 2000, things changed in academic medicine and the emphasis trended toward a business model. The medical school put pressure on the department to organize a ‘practice plan’ designed to cover salaries from clinical practice. This became the number one priority, diminishing emphasis on teaching and research.”⁹

The AUPN responded to these pressures by advocating for increased National Institutes of Health (NIH) support of research and developing resources for education. According to Dennis Landis,¹⁰ chair at Case Western Reserve University and President of the AUPN in 2007–2008, “Academic leadership was deeply concerned about the declining participation of neurologists in research. A course was developed under the auspices of the ANA to educate and encourage those who had been awarded K08 and K23 grants to continue their research and apply for independent funding. A second course, sponsored by NINDS, the AUPN and the ANA, was set up to educate and encourage MD-PhD students (started in 2002 by Landis, later directed by Bruce Ransom [University of Washington] and currently by Allan Levey [Emory University]). Third, the AUPN expanded the core (Annual AUPN) meeting to include mentoring sessions for new and established chairs.”

There was concern at the NIH that fewer K (training) grant awardees subsequently obtained R01 awards, indicating successful transition to funded research careers. The NIH was considering whether to eliminate the programs as ineffective, which would have had a devastating effect on development of research faculty. In 2000, Landis conveyed

the concerns of the AUPN and ANA to Gerald Fischbach, then Director of the National Institute of Neurological Disorders and Stroke (NINDS), and the K08 and K23 programs were subsequently continued and enhanced.

AUPN Support of Education and Career Development

The AUPN department chairs traditionally held an annual meeting for a few hours before the annual meeting of the ANA, consisting largely of “reports” from the NINDS, the VA, and the ABPN. This meeting was informative but often lengthy and dry. To make these meetings more useful, the AUPN developed a series of leadership programs of pragmatic importance to chairs. These sessions evolved by 2010 into a series of 3 “chair-level” career development symposia with content by and for department chairs, presented in the early morning each day of the ANA meeting. The ANA developed parallel programs for mid and early career faculty. For the residency directors, a mentoring “bootcamp” was developed, spearheaded by Joel Morgenlander, as well as a similar program for clerkship directors, ably assisted by Ralph Jozefowicz (University of Rochester). These programs became virtual in 2020 during the COVID pandemic. The AUPN’s annual meeting was abandoned in 2014; however, a revitalized in-person AUPN meeting is planned for the day prior to the ANA annual meeting starting in 2024.

Democratization of the AUPN

During its first 40 years, the AUPN was run like a small family business. The leadership was composed of officers who were selected and appointed by the existing officers. David Fink (University of Michigan, President 2015–2016) expanded the AUPN leadership by creating a Board of Councilors and establishing committees of councilors to carry out specific functions.¹¹ Furthermore, Councilors and Officers would be elected by a vote of all the members. He also established a weekly Saturday email newsletter to engage the community of chairs, which has continued as a monthly newsletter, now under the name “The Neuro Transmitter.”

The AUPN has also evolved past its original composition as an “old boys’ club” and taken active steps to become more inclusive and diverse. The number of female chairs of neurology departments has increased dramatically in recent years, with 21% (32/154) of academic chairs now held by women. The AUPN has had 3 female presidents, Rosalie Burns (Medical College of Pennsylvania, President 1991–1992), Karen Johnston (University of Virginia, President 2017–2018), and Robin Brey (University of Texas at San Antonio, President 2019–2020), and 3 of

the 9 current councilors are women. There is one current Hispanic councilor. The absence of Black councilors and chairs is troubling and requires vigorous recruitment. Fortunately, the ranks of program directors, clerkship directors, and VA chiefs are far more female and diverse, which should increase the inclusivity of the Council as these members are added. Although the AUPN has taken initial steps, we have a long road ahead. Because the AUPN membership reflects the leadership of neurology departments across the country, academic neurology must break barriers and promote diversity among academic leaders.

Future Directions

A recent strategic planning session reaffirmed AUPN's mission: "To advance and strengthen the academic Neurology community through education, mentorship and the sharing of best practices among leaders in academic neurology"; and its vision: "To shape the future of neurology as the voice of its academic leaders." This puts us squarely between the two larger American neurological organizations, the ANA, which represents all academic neurologists, and the AAN, which represents all neurologists, as an organization focused on the concerns of departments of neurology and their leadership.

In recent years, the AUPN has expanded its educational offerings to include podcasts and "Leadership Minutes" videos, as well as interactive programs for VA chiefs, female leaders of neurology, new chairs, and chairs of small departments. We are embracing digital and social media. The goal of these efforts is to disseminate the knowledge and experience of AUPN leaders more broadly and create "an enduring product: a set of ideas, guidelines, strategies and spreadsheets ... that could be available to the membership and modified with experience."¹⁰ This column is part of that effort, a partnership with the *Annals of Neurology* in which to share the concerns of the AUPN with the neurology community.

The AUPN will continue to focus on the challenges faced by academic neurology departments to support their research and education missions. However, we must also

recognize that business concerns are here to stay; no margin, no mission. We must also address the broader social issues that affect our departments to help make academic neurology a force for good.

Acknowledgments

I am grateful to the prior presidents and members of the AUPN who generously shared their recollections and insights, which made this article possible, particularly David Fink, Clifton Gooch, Lud Gutmann, Dennis Landis, Jerry Mendell, Joel Morgenlander, and Martin Samuels. Thanks also to the AUPN Council for helpful edits, comments, and suggestions.

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