OCT. 29, 1990 The Founding + Evolution of CAS
By Dr. Swanson

Folder 2

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THE FOUNDING AND EVOLUTION OF

THE COUNCIL OF ACADEMIC SOCIETIES

The 1965, report, "Planning for Medical Progress Through Education" recommended that a Council of Faculty should be established. The report stated, "This Council should provide for all participation of faculty representative, **selected for their broad interest in education for health and medical sciences. It should be concerned primarily with matters of curriculum, education content, and educational methods** (emphasis added)."

The concept of a Council of Academic Societies as the mechanism for faculty representation to the AAMC was developed by a Task Forced chaired by Dr. Kenneth Crispell, then Dean at the University of Virginia School of Medicine. In September 1966 The Task Force presented the following recommendations to the Executive Council:

We recommend the formation of a Council of Academic Societies:

1. An Academic Society is defined as a society which has as a prerequisite for membership appointment to a medical school faculty or a society which in the opinion of the Executive Council of the Association of American Medical Colleges has as one of its major functions a commitment to the problems of medical education.

2. The societies to be represented on the Council of Academic Societies will be proposed by the Executive Council and determined by a vote of the institutional members

3. To form the Council, each of the selected societies will be asked by the Executive Council of the AAMC to designate two members, one of whom shall be a department chairman and one a faulty member not holding a major administrative position.

4. The Council of Academic Societies will nominate four members to the Executive Council of AAMC--two from the basic sciences and two from the clinical sciences.

5. In those **teaching** disciplines in which such societies do not now exist, the **teaching** discipline may be given the same consideration as Academic Societies and be invited to nominate two members to the Council of Academic Societies (emphasis added). Subsequently, they may be encouraged to form such a society.

6. This Council of Academic Societies would be encouraged to function as an integral part of the regional organization of the AAMC.

Twenty two societies were represented by 44 individuals at the first meeting of the CAS on October 27, 1967. In a discussion of what the Councils agenda should be the following ideas were presented:

> The Council should seek to develop an action role for itself. The Council should avoid any tendency to became a debating society at which nothing more was accomplished than speech making. Rather, the Council should address itself to problems that were general enough to concern many, not so global as to present the temptation to allow escape into dialectic, well enough circumscribed so that they were solvable and important enough so that the answer when arrived at would be worth having. It was suggested that the most immediate problem on which this Council should focus its attention was the general area of health manpower. It was further suggested that problems in faculty development would be a fruitful place for the Council to begin. Other areas of potential interest included the nature of the bottleneck preventing the rapid expansion of medical schools and some of the problems which the further interdigitation of residents into the programs of medical centers will occasion.

At the second meeting of the CAS in October,1968 the first elected chairman, Thomas Kinney, Professor and Chairman of Pathology at Duke, told the Council:

> The CAS is now in a position to carry out its main objectives: (a) to bring the medical college faculty in to more active participation in the programs of the AAMC, (b) to enhance the medical school faculties' awareness of the national scope of the demands made upon medical education, and (c) to serve as a forum in which faculty opinion is given recognition in the formulation of national policies in the whole span of medical education.
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> The CAS, then, expects to be active in medical academic affairs. **It is generally agreed that the 3 major areas of concern of the faculty of any medical center are: (a) the students, including their selection and the development of their intellectual and nonintellectual characteristics; (b) the curriculum, its content and methodology of presentation; and (C) the faculty itself, which includes the training, recruitment, and development of the faculty** (emphasis added).

It is of interest that none of the recommendations that formed

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the CAS and none of the subsequent dialogue during its first two meetings mentioned a CAS role in the formulation of biomedical research policy. However, after the AAMC move to Washington in 1969, the focus of interest of the CAS membership and its administrative board was principally on biomedical research.

In 1972, after strong urging by the American Federation for Clinical Research (AFCR), the Division of Biomedical Research and Faculty Development was created with Michael Ball, Immediate Past President of the AFCR, as its director. That office has been the central focus of the CAS, and the plateauing and downturn of federal support for biomedical research and the reduction of research training opportunities have been major, continuing concerns of the Council. Other national policy issues that have been of particular interest to the CAS include the clinical laboratory improvement act, medicare reimbursement of physicians in a teaching setting, ethical standards in research, unionization of the house staff and animal research legislation.

Although medical education issues have been part of many CAS programs, only one has caused widespread debate among member societies and this is the role of the National Board of Medical Examiners in certification for medical licensure and for medical student and medical education program evaluation.

Although the original concept was that the CAS would concern itself with medical education, particularly medical student education, in practice the CAS has always placed biomedical research policy and the support of the NIH on the top of its agenda. If there is a lack of recognition of the primacy of biomedical research on the CAS agenda, it may derive from the longstanding policy of having the Executive Council speak with one voice on behalf of all three Councils.

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