

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
October 13, 1958

Monday, October 13, 1958

Lowell T. Coggeshall, M.D., Presiding

INTRODUCTION OF NEW DEANS

The following new medical school deans were introduced:

Ernest Witebsky, Acting Dean Buffalo
Houston H. Merritt, Acting Dean . . . Columbia
Hugh H. Hussey Georgetown
William A. Sodeman Jefferson
Robert B. Howard Minnesota
Francis S. Cheever Pittsburgh
Robert H. Alway Stanford
Carlyle F. Jacobsen SUNY, Syracuse
M. K. Callison Tennessee
John W. Patterson Vanderbilt
Edward W. Dempsey . . Washington University
George B. Koelle
Pennsylvania Graduate School

INTRODUCTION OF VISITORS FROM FOREIGN MEDICAL SCHOOLS

The following visitors from foreign countries were introduced: Dr. O. E. R. Abhayaratne, Dean of Faculty of Medicine, University of Ceylon; Dr. Ramon Ortuzar, Head of the Department of Medicine, Catholic University of Chile, at Santiago; Dr. Tadao Toda, Kyushu University Medical School, Japan; Dr. Svasti Daengsvang, Director General, Department of University of Medical Sciences, Ministry of Public Health, Bangkok, Thailand; Dr. D. P. Soedjono, Professor of Pediatrics and Dean of the Medical Faculty, University of Indonesia, Djakarta; Dr. Jacobus Carolus Kapitan, Dean of the Medical Faculty, University of Airlangg, Surabaja, Indonesia; Dr. Antonio Pena-Chavarria, Dean of the Medical School, University of Costa Rica; Dr. Magid Iunes of Brazil; Dr. Alberto Duque, University Javeriana, Bogota, Columbia.

CHANGES IN AAMC BY-LAWS

In accordance with the "Articles of Incorporation and By-Laws of the Association of American Medical Colleges," the following modifica-

tions of the By-Laws of the Association were approved by the Executive Council and the Institutional Members. The By-Laws (section 11) require a 2/3 favorable vote of the Institutional and Affiliate Members for which thirty days written notice has been given.

The revisions are indicated by *italicized* new words or phrases; those words indicated in brackets are deletions.

SECTION 1. No revision

SECTION 2. No revision

SECTION 3. It is proposed that Section 3 be repealed and the following substituted.

Section 3. *Emeritus*, Individual and Sustaining Membership. There shall be *three* classes of members, known as *Emeritus Members*, Individual Members and Sustaining Members composed of persons, including corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote. The first individual members shall be those persons who were on January 1, 1955 Individual Members of an unincorporated voluntary association called Association of American Medical Colleges.

(a) *Emeritus Membership*. *Emeritus Membership shall be reserved for those faculty, deans and other administrative officers of medical schools and universities, who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education, and who, because of the retirement policies of their medical school or university, are no longer active in medical education. Any institutional, affiliate, emeritus, individual or sustaining member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by*

the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

(b) *Individual Membership. The Individual Member may be any person who has demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.*

(c) *Sustaining Membership. The Sustaining Member may be any person, including corporations, who has demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.*

SECTION 4. No revision.

SECTION 5. It is proposed that Section 5 be repealed and the following substituted:

Section 5. Officers. The officers shall be a President, a President-Elect, a Vice-President, an Executive Director, a Secretary and a Treasurer. The President-Elect, Vice-President, Secretary and Treasurer shall be elected for one-year terms at the annual meeting of members, the President-Elect to become President upon his installation in the course of the annual meeting a year after he has been elected. Any officer may be removed by the membership whenever they deem it to be in the best interest of the Association.

The Executive Director [and the Secretary] shall be appointed by the Executive Council.

The remainder of Section 5 is unchanged.

SECTION 6. It is proposed that Section 6 be repealed and the following substituted:

SECTION 6. Executive Council.

(a) No revision

(b) The Council shall consist of six elected members, five elected officers and the Immediate Past President who shall be ex-officio members

with voting rights and the Executive Director who shall be an ex-officio member without voting rights.

(c) No revision

(d) The ex-officio voting members shall consist of the elected officers and the Immediate Past President during the year after he was President. The Executive Director [and the Secretary] shall be the only [ex-officio] member[s] without vote but shall attend all Council meetings, except closed executive sessions.

The remainder of Section 6 is unchanged.

SECTIONS 7 thru 12. No revision

INSTITUTE HIGHLIGHTS

The summary of the 1958 Teaching Institute "The First Institute on Clinical Teaching," held at Swampscott, Massachusetts, October 8-11, was presented by Drs. George Packer Berry, Julius B. Richmond, Stewart G. Wolf, Jr., Charles G. Child, III, and Charles A. Janeway.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

Open hearings on the Annual Reports of all of the Association's standing committees were held.

BORDEN AWARD

Dr. Severo Ochoa, professor of biochemistry, New York University College of Medicine, was presented the 1958 Borden Award in the Medical Sciences for his work on the enzymatic synthesis of ribonucleic acid. The Award, a gold medal and \$1000, was presented by Dr. Vincent du Vigneaud, Chairman of the Committee on the Borden Award.

ABRAHAM FLEXNER AWARD

Dr. Joseph C. Hinsey, Director, New York Hospital-Cornell Medical Center, was presented the first Annual Abraham Flexner Award for outstanding Service to Medical Education. The Award was presented by Dr. Ralph C. Syvertsen, Chairman of the Committee on the Flexner Award, with the following comments:

"Now, by the authority vested in me by the Council, Mr. President, I am happy to present to you the first recipient of the Award, Joseph

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
November 1, 1959

Meeting of the Institutional Membership

Edgewater Beach Hotel, Chicago, Illinois

November 1, 1959

The meeting convened at 2:00 P.M. in the Ballroom of the Edgewater Beach Hotel, Chicago, Illinois, with Dr. John McK. Mitchell, President, presiding.

Dr. Mitchell explained that the session was a relatively new development which will be continued in hopes of giving the deans a chance to discuss on a relatively informal basis certain problems that are going to be facing them each year in the months, even weeks, ahead. The more formal committee presentations would be held for the business meeting on Wednesday morning, November 4.

Dr. Richard H. Young, the secretary, called the roll.

The first order of business was approval of the minutes of the meeting held in Chicago in February, 1959.

The following changes in the By-laws, as per the necessary 30 days' legal notice, were approved, Section V being changed to increase the terms of the secretary and treasurer from 1 to 3 years in order to give the continuity which the nature of such offices require.

The revised Section V reads as follows:

Section V. Officers. The officers shall be a president, a president-elect, a past president, a vice-president, an executive director, a secretary, and treasurer.

The president elect and vice president shall be elected for 1-year terms at the annual meeting of members, the president-elect to become president upon his installation in the course of the annual meeting a year after he has been elected. The secretary and treasurer shall be elected for a three-year term. Any officer may be removed by the members whenever they deem it to be in the best interest of the Association.

The motion was approved unanimously.

It was moved that the Articles of Incorporation and By-laws as amended to date be approved *in toto* and republished. The motion was seconded and unanimously approved. (Note: The Articles of Incorporation and By-laws as per this authorization, including a by-law change authorized January 9, 1960. See page 632 of this report.)

Dr. Boisfeuillet Jones, Chairman of the Consultants on Medical Education for the Senate Appropriations Committee, delivered the following about the work his committee is undertaking:

Dr. Mitchell, Ladies and Gentlemen of the Association: When the Congress appropriated money for the Public Health Service this past June, the appropriation for the medical research activities, principally through NIH, was increased from about \$294 million to \$400 million, a 36 per cent increase in one year. When this action was taken, the Senate Appropriations Committee likewise passed a resolution asking for the establishment of a Committee of Consultants on Medical Research to advise the Appropriations Committee on the adequacy and effectiveness of the medical research program as supported by Federal appropriations.

Several weeks later, about 8 to be exact, the President in approving the Appropriations Act

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
January 9, 1960

(Appendix I)

Articles of Incorporation Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its initial registered office in the State of Illinois is 185 North Wabsh Avenue, Chicago 1, Illinois (Cook County). The name of its initial registered agent at said address is Dean F. Smiley.
4. The first Board of Directors shall be eleven in number their names and addresses being as follows:

Vernon W. Lippard, Yale University School of Medicine, 333 Cedar Street, New Haven 11, Connecticut

Robert A. Moore, University of Pittsburgh, Pittsburgh 13, Pennsylvania

John McK. Mitchell, University of Pennsylvania School of Medicine, 36th and Hamilton Walk, Philadelphia 4, Pennsylvania

John B. Youmans, Vanderbilt University School of Medicine, Nashville 5, Tennessee

Stanley E. Dorst, University of Cincinnati College of Medicine, Eden and Bethesda Avenues, Cincinnati 19, Ohio

Stockton Kimball, University of Buffalo School of Medicine, 3435 Main Street, Buffalo 14, New York

John Z. Bowers, University of Utah College of Medicine, 105 Medical Building, Salt Lake City 1, Utah

George N. Aagaard, University of Washington School of Medicine, Seattle 5, Washington

Walter R. Berryhill, University of North Carolina School of Medicine, Chapel Hill, North Carolina

Lowell T. Coggeshall, University of Chicago, 950 E. 59th Street, Chicago 37, Illinois

Thomas H. Hunter, University of Virginia School of Medicine, Charlottesville, Virginia

5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of a class known as Institutional Members and such other classes, if any, as shall be provided in the By-Laws. Such other classes of members shall have no right to vote, and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons or institutions as may from time to time be designated pursuant to the By-Laws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.*

* This sentence has been inserted to avoid any question of compliance or non-compliance with certain Illinois legal requirements.

By-Laws

Section 1. Institutional Membership.—

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three-fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges.

b) Standards. Each institutional member shall conduct its educational program in conformity with the following standards of admission and curriculum:

Admission. Students may be admitted either by:

(1) Satisfactory completion of a minimum of collegiate instruction based on a good general education including the attainment of competence in English, Biology, Chemistry and Physics. For most students this will require three or four years of college education. Superior students may, in selected cases, be considered acceptable for admission to medical school after only two years of collegiate work. In all instances, the final judgment as to the admissibility of those superior students will rest with the individual medical school; or

(2) Examination. Candidates who have completed two years of collegiate instruction and present evidence of general scholarship of high order, but who lack the credits in certain of the required subjects, may be admitted on passing examination in these subjects.

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can best be achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These five requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person, and be able to gain and maintain the confidence and trust of those whom he treats, the respect of those with whom he works, and the support of the community in which he lives.

The curriculum should extend over a period of at least 4 academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources and curriculum as may be prescribed by the Executive Council and expressing its readiness to be inspected from time to time. The Executive Council shall consider the application and report its findings and recommendation at the next annual meeting of members for action.

d) The Executive Council shall appoint representatives to inspect schools and colleges applying for membership or reinstatement, and also those in membership in the Association at its discretion. The inspection reports, together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, By-Laws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member, which, on inspection, has been found not to conform to the then-existing Articles, By-Laws or standards may be warned by being placed on "confidential probation" for a period of two years by action of the Executive Council or may, after a full hearing before the Executive Council, by action of the Executive Council and concurring action of a meeting of the Institutional Members, be (1) placed on "open probation," (2) dropped from membership, or (3) removed from probation and reinstated.

Section 2. Affiliate Institutional Membership.—There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way, but shall have no right to vote.

Section 3. Emeritus, Individual, Sustaining and Contributing Membership.—There shall be four classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first individual members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated voluntary association called the Association of American Medical Colleges.

a) *Emeritus Membership.* Emeritus Membership shall be reserved for those faculty members, deans and other administrative officers of medical schools and universities, who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education, and who, because of the retirement policies of their medical schools or universities, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) *Individual Membership.* Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) *Sustaining and Contributing Membership.* Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 4. Meetings of Members.

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council or by ten Institutional Members.

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than 20 or more than 40 days before the date of the meeting written or printed notice stating the day, hour and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of a special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) Each Institutional or Affiliate Institutional Member may send to meetings of members as many representatives as it desires, each of whom shall have the privilege of the floor in all discussions; but only one representative of each Institutional Member shall be entitled to vote, who shall be the Dean of the Institutional Member, unless some other representative or proxy is appointed

by the Institutional Member. The Association may conclusively rely on the written statement of the Dean of a school or college that he or some other person has been properly designated as its representative or proxy. No designation or proxy shall be valid after 11 months from the date of its execution unless it provides otherwise.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

Section 5. Officers.—The officers shall be a President, a President-Elect, a Past President, a Vice President, an Executive Director, a Secretary and a Treasurer. The President-Elect and Vice President shall be elected for one-year terms at the annual meeting of the members, the President-Elect to become President upon his installation in the course of the annual meeting a year after he has been elected. The Secretary and Treasurer shall be elected for three-year terms. Any officer may be removed by the members whenever they deem it to be in the best interest of the Association.

The Executive Director shall be appointed by the Executive Council.

The officers shall have such duties as are implied by their respective titles or assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns or for any other reason ceases to act, the Vice President shall immediately become President and shall serve for the remainder of that term.

The first officers shall be as follows:

President, Vernon W. Lippard
 President-Elect, Robert A. Moore
 Past President, Stanley E. Dorst
 Vice President, John McK. Mitchell
 Treasurer, John B. Youmans
 Secretary, Dean F. Smiley
 Director of Studies, John M. Stalnaker

Section 6. Executive Council.—

a) The Executive Council (also referred to as the Council) is the board of directors of the Association, and shall manage its affairs.

b) The Council shall consist of six elected members, the five elected officers and the Immediate Past President who shall be ex officio members with voting rights and the Executive Director who shall be an ex officio member without voting rights.

c) Of the six elected members, two shall be elected annually by the Institutional Members at the annual meeting, each to serve for 3 years or until the election and installation of his successor. An elected Council member shall not serve more than two consecutive terms, but an unexpired term, unless served for at least 2 years or a term as an ex officio member, shall not be regarded for this purpose as a term.

d) The ex officio voting members shall consist of the elected officers and the Immediate Past President during the year after he was President. The Executive Director shall be the only member without vote but he shall attend all Council meetings, except closed executive sessions.

e) The annual meeting of the Council shall be held immediately following the election of council members at the annual meeting of members and at the same place. It shall elect its own Chairman.

f) Meetings of the Council may be called by the President or any two voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

g) A quorum of the Council shall be a majority of the voting Council members.

h) The Council may fill vacancies in its own membership or among the officers for the period until the next annual meeting of members.

i) The first elected members of the Council shall be:

John Z. Bowers, term expiring 1955
 Stockton Kimball, term expiring 1955
 George N. Aagaard, term expiring 1956
 Walter R. Berryhill, term expiring 1956
 Lowell T. Coggeshall, term expiring 1957
 Thomas H. Hunter, term expiring 1957

j) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of three or more voting Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

Section 7. Waiver of Notice.—Whenever any notice whatever is required to be given under the provision of these By-Laws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 8. Seal.—The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 9. Fiscal year.—The fiscal year of the Association shall be from July 1 to June 30.

Section 10. Dues.—The annual dues shall be:

Institutional Members (4-year schools)	\$1,000
Institutional Members (2-year schools)	500
Affiliate Institutional Members	250
Individual Members	10
Sustaining Members	1,000
Contributing Members	200 to 500

Section 11. Amending By-Laws.—These By-Laws may be altered, repealed, or amended, or new By-Laws adopted by a two-thirds vote of the Institutional Members present at any meeting of Institutional and Affiliate Institutional Members for which 30 days' written notice has been given.

Section 12. Amending Articles of Incorporation.—The Articles of Incorporation may be altered, repealed or amended by the Institutional Members in the manner provided by statute.

(Appendix II)

Officers of the Association and Members of the Executive Council 1959-1960

- President and Council Chairman:* THOMAS H. HUNTER
University of Virginia School of Medicine
- President-Elect:* GEORGE N. AAGAARD..... University of Washington School of Medicine
- Immediate Past President:* JOHN MCK. MITCHELL
University of Pennsylvania School of Medicine
- Vice-President:* DONALD G. ANDERSON
University of Rochester School of Medicine and Dentistry
- Treasurer:* J. MURRAY KINSMAN..... University of Louisville School of Medicine
- Secretary:* RICHARD H. YOUNG..... Northwestern University Medical School
- Executive Council, 1962:* ROBERT J. GLASER... University of Colorado School of Medicine
- Executive Council, 1962:* ROBERT C. BERSON..... Medical College of Alabama
- Executive Council, 1961:* JOHN E. DEITRICK..... Cornell University Medical College
- Executive Council, 1961:* JOHN F. SHEEHAN
Stritch School of Medicine of Loyola University
- Executive Council, 1960:* STANLEY OLSON..... Baylor University College of Medicine
- Executive Council, 1960:* GEORGE A. WOLF, Jr.. University of Vermont College of Medicine

Office of the Executive Director:

- Executive Director* WARD DARLEY
- Associate Director* LEE POWERS
- Director of Business Affairs*..... JOHN L. CRANER

Division of Research:

- Director of Research*..... HELEN H. GEE
- Assistant Director of Research*..... CHARLES F. SCHUMACHER
- Research Associate* EDWIN B. HUTCHINS

Division of Operational Studies:

- Director of Operational Studies*..... LEE POWERS
- Assistant Director of Operational Studies*..... J. FRANK WHITING

The Journal of Medical Education:

- Editor* JOHN Z. BOWERS

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
February 3, 1962

Meeting of the Institutional Membership

Palmer House

Chicago, Illinois

February 3, 1962

Presiding: DONALD G. ANDERSON, President

The meeting convened at 2:00 p.m. in the Palmer House, Chicago, Illinois, with Dr. Donald G. Anderson, President, presiding.

Dr. Richard H. Young, Secretary, called the roll and announced a quorum of the Institutional Members present.

Dr. John F. Sheehan, Vice-President, assumed the chair, calling Dr. Anderson as Chairman of the Executive Council to present the report of the Council.

Dr. Anderson stated that the Executive Council met on December 3, 1961, and on February 2-3, 1962, during which meetings its significant activities included:

1. Appointment of a committee to study and make recommendations concerning long range financing of the Association;
2. Acceptance of the resignation of Dr. Helen Gee as Director of the Division of Basic Research;
3. Approval of a pilot study on the educational costs in teaching hospitals to be jointly conducted with the AMA and AHA;
4. Appointment of a joint committee with the AMA to review the two organizations' programs of accreditation, defining objectives, methods, and scope of these programs;
5. Requesting Dr. William S. Stone, Chairman of the Association's Committee on Medical Education for National Defense, to obtain current information on government plans, regulations, and procedures for the mobilization of medical manpower and to recommend actions that the Association should take to insure the continuance of strong programs of medical education in medical schools and teaching hospitals;
6. Considering in much detail at each meeting the status of HR 4999 and S 1072;
7. Designating the Administrative Committee and representatives of the Federal Health Programs Committee which met with Dr. James Shannon in January to review the status of some of the more important programs of the National Institutes of Health involving the medical schools as a whole. At this time, the need for improved communication between the NIH and the medical schools was stressed and Dr. Anderson urged the schools to forward any problems and questions they might encounter to the AAMC's central office for presentation to the NIH. Dr. Shannon reiterated his concern that the new general research support grant be most carefully administered and proposed that the Association consider sponsoring a series of regional meetings at which any major problems about the grants might be thoroughly discussed with representatives from the NIH. Problems of the career research awards and the training programs were also discussed.
8. Voting to recommend to the Institutional Membership that the Bylaws be amended

to increase the annual dues for individual membership from \$10 to \$15, effective July 1, 1962. The proposed change would modify Section 10 of the Bylaws as follows:

Section 10. Dues—The annual dues shall be:

Institutional Members (4-year schools).....	\$1,000
Institutional Members (2-year schools).....	500
Affiliate Institutional Members.....	250
Individual Members.....	15
Sustaining Members.....	1,000
Contributing Members.....	200 to 500

Dr. Anderson moved that this amendment to the Bylaws be adopted. The motion was duly seconded, and after discussion was carried by more than a two-thirds majority voice vote.

9. Voting to recommend to the Institutional Membership that it adopt a resolution proposed by Dr. Robert Moore, expressing AAMC's opposition to the federal control of animal experimentation. Dr. Darley presented the resolution as follows:

WHEREAS, legislation has been introduced into the Congress of the United States which would provide federal regulation of the use of experimental animals;

WHEREAS, it is believed that legislation of this type would be inimical to a continuation and improvement of the high quality and character of biological and medical research in this country;

THEREFORE, BE IT RESOLVED, that the Institutional Members of the Association of American Medical Colleges go on record as opposed to federal regulatory legislation in this field; and

BE IT FURTHER RESOLVED that the Association give every support to programs of research and training in the humane care and use of experimental animals and encourage its member institutions to work with the voluntary accrediting and certifying agencies.

Following Dr. Anderson's motion that the resolution be adopted, it was seconded and carried by a majority voice vote.

At the conclusion of the report of the Executive Council, Dr. Anderson moved that it be accepted as a whole. His motion was duly seconded and carried by a majority voice vote.

Resuming the chair, Dr. Anderson called on Dr. Robert C. Berson, Chairman of the AAMC's Federal Health Programs Committee.

Dr. Berson reported on the status of HR 4999 and S 1072, the "Health Professions Educational Assistance Act of 1961," reviewing the concerted efforts of the medical schools, the universities, the Federal Health Programs and Administrative Committees, and other agencies such as the American Medical and Dental Associations, in testifying in favor of HR 4999 in January of 1962 and in otherwise exerting appropriate measures supporting these bills. Dr. Berson commended the Institutional Members for their active participation in supporting the legislation.

Following Dr. Berson's report, Dr. William S. Stone, Chairman of the Committee on Medical Education for National Defense introduced General Douglas B. Kendrick, Colonel Hayden C. Withers, and Drs. Edward C. Thomas and Paul C. Barton, representatives from the federal government, who were present to discuss matters related to the military status of residents.

Dr. Stone explained that in 1961 the Department of Defense had expected to obtain approximately 2,025 physicians for active duty from the Berry Plan and Selective Service. Because the requirements of the Department of Defense

In recent years the administrative problems associated with gifts and grants to the medical schools have become exceedingly complex—largely because of the rapid increase in the number of grants and because funds have come from so many different sources, for so many different purposes, and under so many different conditions. The medical schools recognize the need to examine closely their policies and practices for handling such funds and where necessary to institute improved management policies and practices that will insure that funds are being administered responsibly and economically for the purposes for which they are given.

The Association of American Medical Colleges believes the following principles are basic to the proper management and expenditure of extramural funds by the medical schools and their parent universities:

1. In expending extramural funds each institution should adhere to the same rules and principles, exercise the same prudence and require the same authorizations and controls as it does in the expenditure of the institution's own funds.
2. Policies and procedures for the expenditure of funds should be defined by each institution for the guidance of its administration and faculty.
3. The administrative officers of each institution should observe the spirit and the letter of the conditions under which extramural funds have been made available to and have been accepted by the institution.
4. For the proper management of extramural funds each institution should develop and maintain a system of accounts that will insure:
 - (a) That the institution at all times has available a current, complete, and accurate separate record of each extramural fund in a form similar to that maintained for its own funds,
 - (b) That it can demonstrate that proper internal controls of expenditures consistent with sound academic operating policies are being exercised.

The Association of American Medical Colleges plans a continuing study of problems related to administration and management in the medical schools. In the spring of 1962 the Association arranged a series of regional meetings at which the deans and business officers of the medical schools discussed with representatives of the National Institutes of Health, the administration of NIH grants and contracts. Similar meetings are planned for 1963. In addition, in 1963 the Association will hold a national conference of the medical schools at which basic problems of administration will be examined with the assistance of experts in management from business, industry, public affairs and education.

The Association of American Medical Colleges is prepared to provide consultation and advice to member institutions or granting agencies concerning matters discussed in this statement to the end that the productive relationship now existing between the medical schools and the many agencies concerned with the support of medical research, education, and service will be strengthened and advanced.

The Council urges each medical school to examine very closely its practices and policies with respect to the management and expenditure of Federal grants and contracts. Further, as indicated in our statement, the Association is prepared to give advice and counsel on request of any medical school on this important matter.

The Council has recommended changes in the Association's Bylaws with respect to creating a Provisional Institutional membership. Notification of this proposed change in Bylaws was sent out as required.

A new Section 3 is being proposed which is to read as follows:

PROVISIONAL INSTITUTIONAL MEMBERSHIP

There shall be a class of Institutional Members titled Provisional Institutional Mem-

bers consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions or Canada having an acceptable academic sponsor; the sponsor must have made a definite commitment to establish such school, college or program, must have appointed a full-time dean, and must have filled acceptable plans for the development of construction, faculty, and curriculum with the executive Council sixty days prior to a regular meeting of the Institutional Members. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and re-election each year will be by the Institutional Membership based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Since this is a new Section, all the Sections that follow have been advanced by a factor of one in the renumbering.

In addition, a new Section 11 is required, which will read as follows:

Dues—The annual dues shall be:

Institutional Members, 4-year schools.....	\$1,000
Institutional Members, 2-year schools.....	500
Affiliate Institutional Members.....	250
Provisional Institutional Members.....	500
Individual Members.....	15
Sustaining Members.....	1,000
Contributing Members.....	200 to 500

Motion was made that the proposed revision in Bylaws be adopted. After a proper second, the motion was voted by unanimous voice.

The Executive Council recommends that the following schools be admitted to full Institutional Membership effective as of the date of the official accreditation:

The University of Kentucky College of Medicine, October 9-11, 1961

The California College of Medicine, February 15, 1962

Upon motion, duly seconded, the above schools were voted into full membership in the Association.

The Council has been concerned with the problem of the continuation of medical education in time of national emergency or mobilization. The Council was very pleased during the course of the summer to learn that Dr. William Willard, University of Kentucky, had been appointed by President Kennedy as Chairman of the National Health Resources Advisory Committee in the Office of Emergency Planning. The Council has met with Dr. Willard and has extended to him its offer of cooperation. He has indicated his desire to have the advice, counsel and assistance of the Association as his Committee develops its plans.

The Council has officially instructed the Association's Committee on Medical Education in National Defense to work closely with Dr. Willard, to review the experience of the Association in previous emergencies and to formulate for the consideration of the Council specific proposals that this Association might put forth to the appropriate government agencies.

The Executive Council recommends that the Association join in sponsoring the organization or the establishment at an early date of a committee representing our Association, the American Medical Association, and possibly one or two other related organizations, comparable to the Joint Committee on Medical Edu-



***Articles of Incorporation
Under the Illinois
General Not for Profit
Corporation Act
and
Bylaws***

AS AMENDED FEBRUARY 2, 1963

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES
530 RIDGE AVENUE EVANSTON, ILLINOIS**

Articles of Incorporation Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its initial registered office in the State of Illinois is 185 North Wabash Avenue, Chicago 1, Illinois (Cook County). The name of its initial registered agent at said address is Dean F. Smiley.
4. The first Board of Directors shall be eleven in number their names and addresses being as follows:
 - Vernon W. Lippard, Yale University School of Medicine, 333 Cedar Street, New Haven 11, Connecticut
 - Robert A. Moore, University of Pittsburgh, Pittsburgh 13, Pennsylvania
 - John McK. Mitchell, University of Pennsylvania School of Medicine, 36th and Hamilton Walk, Philadelphia 4, Pennsylvania
 - John B. Youmans, Vanderbilt University School of Medicine, Nashville 5, Tennessee
 - Stanley E. Dorst, University of Cincinnati College of Medicine, Eden and Bethesda Avenues, Cincinnati 19, Ohio
 - Stockton Kimball, University of Buffalo School of Medicine, 3435 Main Street, Buffalo 14, New York
 - John Z. Bowers, University of Utah College of Medicine, 105 Medical Building, Salt Lake City 1, Utah
 - George N. Aagaard, University of Washington School of Medicine, Seattle 5, Washington
 - Walter R. Berryhill, University of North Carolina School of Medicine, Chapel Hill, North Carolina
 - Lowell T. Coggeshall, University of Chicago, 950 E. 59th Street, Chicago 37, Illinois
 - Thomas H. Hunter, University of Virginia School of Medicine, Charlottesville, Virginia
5. The purpose for which the corporation is organized is the advancement of medical education. The purpose

is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purposes and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of a class known as Institutional Members and such other classes, if any, as shall be provided in the By-Laws. Such other classes of members shall have no right to vote, and no action of theirs shall be necessary for corporate action. The membership of all classes shall consist of such persons or institutions as may from time to time be designated pursuant to the By-Laws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act or perform any of the functions of a post-secondary vocational institution. *

* This sentence has been inserted to avoid any question of compliance or non-compliance with certain Illinois legal requirements.

Document from the collections of the AAMC Not to be reproduced without permission

itabl
of
purpos
The

By-Laws

Section 1. Institutional Membership. -

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three-fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges.

b) Standards. Each institutional member shall conduct its educational program in conformity with the following standards of admission and curriculum:

Admission. Students may be admitted either by:

(1) Satisfactory completion of a minimum of collegiate instruction based on a good general education including the attainment of competence in English, Biology, Chemistry and Physics. For most students this will require three or four years of college education. Superior students may, in selected cases, be considered acceptable for admission to medical school after only two years of collegiate work. In all instances, the final judgment as to the admissibility of those superior students will rest with the individual medical school; or

(2) Examination. Candidates who have completed two years of collegiate instruction and present evidence of general scholarship of high order, but who lack the credits in certain of the required subjects, may be admitted on passing examination in these subjects.

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can best be achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully

graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These five requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person, and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives.

The curriculum should extend over a period of at least 4 academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in the Association shall make application in writing, giving such details of organization, resources and curriculum as may be prescribed by the Executive Council and expressing its readiness to be inspected from time to time. The Executive Council shall consider the application and report its findings and recommendation at the next annual meeting of members for action.

d) The Executive Council shall appoint representatives to inspect schools and colleges applying for membership or reinstatement, and also those in membership in the Association at its discretion. The inspection reports together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, By-Laws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member which, on inspection, has been found not to conform to the then-existing Articles, By-Laws or standards may be warned by being placed on "confidential probation" for a period of two years by action of the Executive Council or may, after a full hearing before the Executive Council by action of the Executive Council and concurring action of a meeting of the Institutional Members, be (1) placed on "open probation," (2) dropped from membership, (3) removed from probation and reinstated.

Section 2. Affiliate Institutional Membership. - There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated, voluntary associ-

Document from the collections of the AAMC Not to be reproduced without permission

Document from the collections of the AAMC Not to be reproduced without permission

ation called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way, but shall have no right to vote.

Section 3. Provisional Institutional Membership. — There shall be a class of Institutional Members entitled Provisional Institutional Members consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions or Canada having an acceptable academic sponsor; the sponsor must have made a definite commitment to establish such school, college or program, must have appointed a full-time dean, and must have filed acceptable plans for the development of construction, faculty and curriculum with the Executive Council sixty days prior to a regular meeting of the Institutional Membership. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and re-election each year will be by the Institutional Membership based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 4. Emeritus, Individual, Sustaining and Contributing Membership. — There shall be four classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first individual members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated voluntary association called the Association of American Medical Colleges.

a) Emeritus Membership. Emeritus Membership shall be reserved for those faculty members, deans and other administrative officers of medical schools and universities, who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education; and who, because of the retirement policies of their medical schools or universities, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) Individual Membership. Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of

the floor in all discussions but shall not be entitled to vote.

c) Sustaining and Contributing Membership. Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of year a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 5. Meeting of Members.

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council or by ten Institutional Members.

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than 20 or more than 40 days before the date of the meeting written or printed notice stating the day, hour and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of a special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) Each Institutional or Affiliate Institutional Member may send to meetings of members as many representatives as it desires, each of whom shall have the privilege of the floor in all discussions; but only one representative of each Institutional Member shall be entitled to vote, who shall be the Dean of the Institutional Member unless some other representative or proxy is appointed by the Institutional Member. The Association may conclusively rely on the written statement of the Dean of a school or college that he or some other person has been properly designated as its representative or proxy. No designation or proxy shall be valid after 11 months from the date of its execution unless it provides otherwise.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

Section 6. Officers. - The officers shall be a President, a President-Elect, a Past President, a Vice President, an Executive Director, a Secretary and a Treasurer. The President-Elect and Vice President shall be elected for one-year terms at the annual meeting of the members, the

President-Elect to become President upon his installation in the course of the annual meeting a year after he has been elected. The Secretary and Treasurer shall be elected for three-year terms. Any officer may be removed by the members whenever they deem it to be in the best interest of the Association.

The Executive Director shall be appointed by the Executive Council.

The officers shall have such duties as are implied by their respective titles or assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns or for any other reason ceases to act, the Vice President shall immediately become President and shall serve for the remainder of that term.

The first officers shall be as follows:

President, Vernon W. Lippard
President-Elect, Robert A. Moore
Past President, Stanley E. Dorst
Vice President, John McK. Mitchell
Treasurer, John B. Youmans
Secretary, Dean F. Smiley
Director of Studies, John M. Stalnaker

Section 7. Executive Council. -

a) The Executive Council (also referred to as the Council) is the board of directors of the Association, and shall manage its affairs.

b) The Council shall consist of six elected members, the five elected officers and the Immediate Past President who shall be ex officio members with voting rights and the Executive Director who shall be an ex officio member without voting rights.

c) Of the six elected members, two shall be elected annually by the Institutional Members at the annual meeting, each to serve for 3 years or until the election and installation of his successor. An elected Council member shall not serve more than two consecutive terms, but an unexpired term, unless served for at least 2 years or a term as an ex officio member, shall not be regarded for this purpose as a term.

d) The ex officio voting members shall consist of the elected officers and the Immediate Past President during the year after he was President. The Executive Director shall be the only member without vote but he shall attend all Council meetings, except closed executive sessions.

e) The annual meeting of the Council shall be held immediately following the election of council members at the annual meeting of members and at the same place. It shall elect its own Chairman.

f) Meeting of the Council may be called by the President or any two voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

g) A quorum of the Council shall be a majority of voting Council members.

h) The Council may fill vacancies in its own membership or among the officers for the period until the next annual meeting of members.

i) The first elected members of the Council shall be

- John Z. Bowers, term expiring 1955
- Stockton Kimball, term expiring 1955
- George N. Aagaard, term expiring 1956
- Walter R. Berryhill, term expiring 1956
- Lowell T. Coggeshall, term expiring 1957
- Thomas H. Hunter, term expiring 1957

j) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of three or more voting Council members, which committee to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not constitute a belief by the Council, or any member of the Council, of any responsibility imposed upon them by law.

Section 8. Waiver of Notice. - Whenever any notice whatever is required to be given under the provisions of these By-Laws, a waiver thereof in writing signed by all persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 9. Seal. - The Council may adopt a seal for the Association, but no seal shall be necessary to take or evidence any Association action.

Section 10. Fiscal year. - The fiscal year of the Association shall be from July 1 to June 30.

Section 11. Dues. - The Annual Dues shall be:

Institutional Members (4-year schools)	\$1,500
Institutional Members (2-year schools)	750
Affiliate Institutional Members	250
Provisional Institutional Members	500
Individual Members	15
Sustaining Members	1,000
Contributing Members	200 to 500

Section 12. Amending By-Laws. - These By-Laws may be altered, repealed, or amended, or new By-Laws adopted by a two-thirds vote of the Institutional Members present at any meeting of Institutional or Affiliate Institutional Members for which 30 days' written notice has been given.

Section 13. Amending Articles of Incorporation. - The Articles of Incorporation may be altered, repealed, or amended by the Institutional Members in the manner provided by statute.

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
June 17, 1963

The AAMC should join in an effort to explore with other agencies the possibility of positive legislation containing provisions having to do with the setting of standards for animal care, animal housing, and the use of animals in experimental work and teaching, and insuring some mechanism within the institutions by which these standards would be effected and maintained.

Dr. Robert Berson gave a report of the activities of the Federal Health Programs Committee, particularly as they related to H.R. 12 and the companion Senate Bill S. 911 concerned with federal aid to medical educational facilities, construction, and student loan funds.

Dr. Darley reviewed the financial situation of the Association since 1958. He pointed out that the Association had been receiving general support from several foundations since 1959 but that the total grants are decreasing. He anticipated that the Association could not indefinitely continue to interest foundations in general support. Dr. Darley further pointed out that the Council felt that all income from the Medical College Admission Test should be used for the support of MCAT and for research and services that are related to student admissions, counselling and welfare. For these reasons and because of the general rise in all the Association's operating costs, he suggested the Institutional Members consider a 50 per cent increase in institutional dues.

Dr. Deitrick said that dues account for less than 25 per cent of the total budget of the Association and an increase is necessary. He pointed out that the written policy of the suggested change in dues was sent to Institutional Members more than 30 days prior to this meeting as required for changes to the Constitution and Bylaws.

Dr. Donald Anderson moved that the AAMC dues be increased from \$1,000 a year to \$1,500 a year for all four-year schools and from \$500 a year to \$750 a year for schools providing only the first two years of the medical curriculum.

Dr. Vernon Wilson seconded the motion. After discussion the question was called for. The motion carried with only one dissenting vote.

Dr. Deitrick called for a consideration of the University of New Mexico's application for provisional membership in the Association. All requirements for provisional membership had been met.

Dr. Richard Young moved approval. Dr. Mark Everett seconded. The motion carried unanimously.

Dr. John Youmans of the United Health Foundation gave a report of the programs and objectives of that Foundation.

Dr. Vernon Lippard announced the plans for the First Institute on Medical School Administration.

The meeting adjourned at 3:45 P.M.

Document from the collections of the AAMC Not to be reproduced without permission

Meeting of the Institutional Membership

Biltmore Hotel

New York City, New York

June 17, 1963

Presiding: JOHN E. DEITRICK, President

The meeting convened at 2:00 P.M. on June 17, 1963 at the Biltmore Hotel, New York City.

Dr. Ward Darley, Executive Director, called the roll and announced that a quorum of Institutional Members was present.

Dr. John Deitrick announced that the first item on the agenda involving the consideration of an open probation for one of the Institutional Members would be dropped inasmuch as the school had recently provided new information reflecting favorable developments.

AMENDMENT TO BYLAWS

Dr. Darley read the proposed Bylaw change which previously had been mailed to the Institutional Members in accordance with the Constitution and Bylaws. Dr. Deitrick explained that the main change in the Bylaws was to enable the Executive Council rather than the Institutional Membership to place a member on open probation. The Institutional Membership would retain the power to drop an institution from membership in the Association.

Dr. William Stone moved approval of the following amendment to the Bylaws of the Association:

All members shall conform to the Articles of Incorporation, Bylaws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member, which, on inspection, has been found not to conform to the then-existing Articles, Bylaws, or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a period to be decided by the Council.

Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when in the judgment of the Executive Council circumstances so warrant. To drop an Institutional or an Affiliate Institutional Member from the Association Membership will require the affirmative vote of two-thirds of the Institutional Members present at an annual or specially called meeting.

Dr. Francis Cheever seconded the motion.

Dr. Deitrick then explained that the Council felt it had been handicapped in taking action, particularly when the action involved the Council of Medical Education of the American Medical Association, due to the inevitable delay of six months to a year before such action could be presented for a vote to the Association Institutional Members.

Also, the reasons for recommending that a school be placed on open probation are complex and so are difficult to explain satisfactorily to a large group such as the Institutional Membership.

Dr. Stanley Olson, after some discussion, recommended that the proposed amendment include the requirement that any school which is placed on open probation must have been on confidential probation for a minimum of one year immediately preceding the action.

Dr. Robert Jason and Dr. John Truslow recommended that the last sentence of the proposed amendment be changed to read: "To drop an Institutional or an Affiliate Institutional Member from the Association membership will require *the recommendation and justification of the Executive Council* and the affirmative vote of two-thirds of the Institutional Members present at an annual or a specially called meeting."

Dr. Stone and Dr. Cheever accepted the revision in wording of the amendment.

Mr. Henry Meadow suggested that action on the proposed Bylaw change be tabled until the next Annual Meeting. The vote to table was called for and defeated. After further discussion, President Deitrick called for a vote on the amendment to the Bylaws. The changes in the amendment were approved. Following is the final changed amendment:

All members shall conform to the Articles of Incorporation, Bylaws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member, which, on inspection, has been found not to conform to the then-existing Articles, Bylaws or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a period to be decided by the Council.

This action would not be taken except after a school in question had been on confidential probation for at least one year.

Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when in the judgment of the Executive Council circumstances so warrant. To drop an Institutional or an Affiliate Institutional Member from Association membership will require the recommendation and justification of the Executive Council and the affirmative vote of two-thirds of the Institutional Members present at an annual or specially called meeting.

Dr. Deitrick called for a standing vote on the Bylaw amendment. Fifty voted in favor of the change and 20 were opposed. With 70 members present a two-thirds majority would be 47. Therefore, Dr. Deitrick announced that the amendment to the Bylaws had been approved as finally read.

COMMENDATION RESOLUTION

Dr. Deitrick introduced a proposal by the Executive Council that Institutional Members approve the following resolution commending Dr. Leland McKittrick for the long and valuable service he has given medical education as Chairman of the Council on Medical Education and Hospitals of the AMA:

The Executive Council and Institutional Membership of the Association of American Medical Colleges, cognizant of the many and continuing contributions of the Council on Medical Education and Hospitals of the American Medical Association to medical education under the able leadership of its Chairman, Dr. Leland S. McKittrick, wishes to congratulate Dr. McKittrick for his effective, tireless, and dedicated service to the Council as its Chairman on the occasion of his retirement.

The Association of American Medical Colleges is indebted to Dr. McKittrick for his perceptive and visionary statesmanship, which has been an important and effective force in securing the continuing improvements of education in medicine.

Dr. Vernon Wilson moved the resolution's adoption and Dr. Wiggers seconded. The vote was called for and the resolution was approved unanimously.

ANIMAL CARE LEGISLATION

President Deitrick then called on Dr. Darley to report on proposed animal care legislation.

Dr. Darley said that the Board of the National Society for Medical Research is still exploring the various facets of the problem and conducting studies to determine the position which best protects the future of health science research. Dr. Stanley Bennett is Chairman of a NSMR committee to consider the content of a bill concerning the use of animals in research which would represent a positive, constructive approach to the problem.

Dr. Darley reported that another Committee, under Dr. N. R. Brewer of the University of Chicago, is working on a statement for use at any Congressional hearings which may involve animal care legislation and that the Animal Care Panel is developing a guide for facilities and care of animals. Dr. Darley also said that the AMA recently convened a meeting of large national organizations, now known as the AMA Task Force, to consider the subject.

POSITION PAPER ON RESEARCH GRANT REGULATIONS

The next item of business concerned the development of a position paper by the Executive Council with respect to federal and other sponsored research and research training.

Dr. Deitrick reported that the following consensus was apparent at the morning meeting of the Executive Council:

The Executive Council believes that the AAMC should state its position regarding the policies of the Federal Government and in turn regarding the administration of grants for research and research training. It recommends therefore that the Institutional Membership authorize the Council to prepare and distribute such a statement.

Dr. Donald Anderson moved that the above recommendation be approved. The motion was seconded by Dr. Gordon Scott and a discussion followed.

Dr. Deitrick called for a vote on a motion that the AAMC prepare a position paper. The motion was approved.

The discussion then moved to the content of the statements in the position paper. Many suggestions involving accountability, academic freedom, and the institutions' responsibilities to the grantee and grantor were made.

It was agreed that a draft of a position paper would be prepared and then sent to all Institutional Members for comment before its release.

The meeting adjourned at 3:45 P.M.

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
February 8, 1964

Meeting of the Institutional Membership

Palmer House
Chicago, Illinois
February 8, 1964

Presiding: ROBERT C. BERSON, President

The meeting of the Institutional Membership was called to order at 2:05 P.M. in the Palmer House, Chicago, Illinois, by Dr. Robert C. Berson, President.

The meeting opened with a report by Dr. Berson on the activities of the Executive Council. At its meeting on January 17, the Council discussed at length the future organizational pattern of the AAMC and decided to ask the Chairman to appoint a special committee to carry out the following assignment: (a) to study and make recommendations regarding future objectives, structure, and functions of the Association of American Medical Colleges; and (b) to make recommendations for a successor to the present Executive Director. Dr. Berson reported that Dr. Lowell T. Coggeshall had agreed to be Chairman of this special committee.

At its meeting on February 7, the Executive Council considered a proposal that had been drawn up by the Committee on International Relations in Medical Education for an evaluation of the programs in medical education that the Agency for International Development and its predecessors had sponsored. It was anticipated that there would be some changes in the proposal, but it was hoped that it would soon result in a contract and that the proposed study could get under way.

As a third informational item, Dr. Berson reported that the financing of Public Law 88-129 had not yet been approved by Congress. The Executive Council had asked the Committee on Federal Health Programs to present a statement to the Congressional Committee, and Dr. Berson suggested that the Institutional Members lend their support.

At this point, Dr. Richard H. Young, Secretary, called the roll and announced that a quorum of Institutional Members was present.

Unanimous approval was given to a motion that the Institutional Members go on record as strongly supporting early action on the supplemental bill to provide financing for Public Law 88-129 for the present fiscal year.

BYLAWS

A change in the Bylaws to increase the annual dues for Affiliate Institutional Members from \$250 to \$500 a year was approved.

Dr. Ward Darley, the Executive Director, pointed out that when the Bylaws of the Association were revised early in the 1950's, the provision authorizing Graduate Schools of Medicine to hold membership in the Association was deleted. Despite this fact, the Mayo Foundation Graduate School of the University of

Minnesota has been continued as an Institutional Member, and recently the University of Pennsylvania Graduate School of Medicine has applied for admission. The Executive Council proposed an amendment to the Bylaws reading as follows:

There shall be a class of members entitled "Graduate Affiliate Institutional Members" consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privilege of the floor in all discussions, but shall not be entitled to vote.

There was considerable discussion of this motion. Dr. Stanley Dorst reported that he and Dr. William Maloney had visited both schools, had found the educational programs excellent and recommended that the Mayo Foundation be continued as a Member of the Association and that the Graduate School of Medicine of the University of Pennsylvania be readmitted as a Member. After a lengthy discussion, the amendment of the Bylaws was approved with 3 negative votes and 5 abstentions.

Another amendment of the Bylaws establishing dues for Graduate Affiliate Institutional Members at \$1,000 a year was approved.

On the recommendation of the Executive Council, the Mayo Foundation Graduate School of the University of Minnesota and the University of Pennsylvania Graduate School of Medicine were both admitted as Graduate Affiliate Institutional Members of the Association of American Medical Colleges.

ANIMAL CARE

Dr. Darley reported on legislation pertaining to the care of laboratory animals. He stated that the National Society for Medical Research had prepared a piece of legislation that might be proposed when, as, and if it was considered advisable in order to forestall the passage of overly restrictive legislation. A motion was passed authorizing the Association's representatives to the National Society to support this strategy if and when it seemed desirable.

Dr. Darley reported that the Animal Care Panel, which had previously prepared an excellent guide for the use of laboratory animals, was working hard on accreditation procedures for animal facilities. It was felt that the development of such accreditation procedures would go far toward convincing members of Congress and others that the users of laboratory animals were able to get their houses in order, and that outside regulation was not necessary. On the strong recommendation of the Executive Council, the Institutional Members endorsed this development.

A TRIBUTE

The final item of business was the following resolution on the death of the late President Kennedy:

With a deep sense of sorrow, the Association of American Medical Colleges takes occasion to pay tribute to the memory of the late President John Fitzgerald Kennedy.

He possessed a profound respect for the finest traditions of education and of medicine.

INDIVIDUAL MEMBERS

A total of 563 new Individual Members were voted into the Association.

AMENDMENT OF THE BYLAWS

On recommendation of the Executive Council, the Bylaws were amended to raise the dues for Provisional Institutional Members from \$500 to \$1,000 a year for four-year schools and from \$500 to \$750 a year for two-year schools.

REPORT OF THE EXECUTIVE DIRECTOR

WARD DARLEY

I think I have covered about everything I want to say in the report which I gave this morning (1).

I wish I could have dealt at greater length with the work that is being done in the Division of Operational Studies. I think, however, that you cannot help but have seen the results of this program, since 10 of the papers given yesterday and today dealt in one way or another with work going on in this Division.

I wish I could have attended the meeting of the new deans this morning. I would like to urge these new deans to turn to the prior issues of *The Journal of Medical Education* that contain the Proceedings of the Association. If they will go back to 1959 and go through the Proceedings that have been published each year, they will get a comprehensive picture of the work of the Association as it has developed over the past several years.

In closing I wish to express my very sincere appreciation for the tremendous cooperation that the deans of the medical schools and their staffs have given me during my term of office as Executive Director.

REFERENCE

1. DARLEY, W. AAMC Milestones in Raising the Standards of Medical Education. *J. Med. Educ.*, 40:321-328, 1965.

REPORT OF THE SECRETARY

RICHARD H. YOUNG

The Association, in conjunction with the Council on Medical Education of the American Medical Association, carried out the following medical school surveys during the academic year 1963-1964:

New York Medical College, October 14-17, 1963

The State University of South Dakota School of Medicine,

October 21-23, 1963

Brown University Division of Medical Science, November 12-13, 1963

Queen's University Faculty of Medicine, November 11-14, 1963

Indiana University School of Medicine, December 9-12, 1963

The University of Southern California School of Medicine,

December 9-12, 1963

The University of California School of Medicine,

San Francisco, January 6-9, 1964

The George Washington University School of Medicine,

January 13-16, 1964

Emory University School of Medicine, January 20-23, 1964

The Medical College of South Carolina, January 27-30, 1964

PROGRAMS AND PROPOSALS

Dr. Berson reported that the Executive Council had approved a proposal that each dean be asked to designate one interested individual to serve as a liaison officer between the school and the AAMC's Division of International Medical Education.

He reported that the Council had approved the holding of an Institute on International Education to be held in 1966, with details as to date and place to be worked out.

The Executive Council has determined places of future annual meetings as follows: 1965—Philadelphia; 1966—San Francisco; 1967—Detroit; 1968—Baltimore.

The Council has met on occasions with representatives of the American Medical Association to discuss various problems of mutual interest, and has accepted the invitation of the Council on Medical Education to designate 3 individuals to become members of an *ad hoc* committee to study preparation for family practice.

The Council recommended and the Institutional Membership approved the continuance as Provisional Members, of the University of New Mexico School of Medicine and the Rutgers Medical School; also approved as Provisional Member, the College of Human Medicine, Michigan State University.

Dr. Berson reported that the Special Planning Committee under the Chairmanship of Dr. Lowell T. Coggeshall had reported verbally to the Council and expected to publish its report within the next three or four months. The members of the Committee are: Dr. Coggeshall, Chairman, University of Chicago; Dr. Clark Kerr, University of California; Dr. Michael E. DeBakey, Baylor University; Dr. George A. Perera, Columbia University; Dr. William N. Hubbard, Jr., University of Michigan; and Dr. John E. Deitrick, Cornell University.

Dr. Berson concluded his report by moving that the Institutional Membership approve the entire report. The motion was seconded and carried.

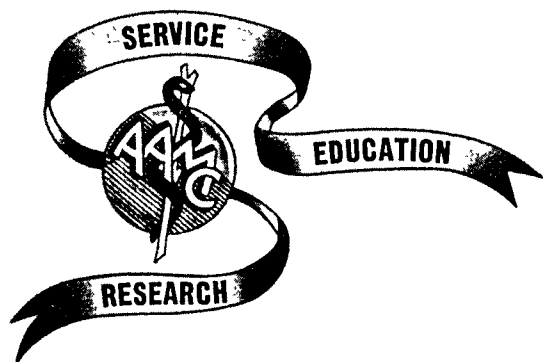
EMERITUS MEMBERS

Upon motion, seconded and carried, the following individuals were elected to Emeritus Membership:

- Mr. Ray M. Amberg, former Service Director, University of Minnesota Hospitals
- Dr. Marion S. Fay, Emeritus President, Emeritus Dean and Emeritus Professor of Biochemistry, Woman's Medical College of Pennsylvania
- Dr. Rudolph Kampmeier, Emeritus Professor of Medicine and Director of Continuing Education, Vanderbilt University
- Dr. Robert C. Lewis, Dean Emeritus and Emeritus Professor of Biochemistry, University of Colorado
- Dr. M. Pinson Neal, Emeritus Professor of Pathology, University of Missouri
- Dr. Agerico B. M. Sison, former Director of the Philippine General Hospital, Emeritus Dean, University of the Philippines, Professor of Medicine, Far Eastern University, Manila
- Dr. Francis Scott Smyth, Emeritus Professor of Pediatrics and Emeritus Dean, University of California, San Francisco

*Articles of Incorporation
and
Bylaws*

AS AMENDED
February 6, 1965



**THE ASSOCIATION OF
AMERICAN MEDICAL COLLEGES**

2530 Ridge Avenue Evanston, Illinois

*Articles of Incorporation
Under the Illinois
General Not for Profit
Corporation Act*

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its initial registered office in the State of Illinois is 185 North Wabash Avenue, Chicago 1, Illinois (Cook County). The name of its initial registered agent at said address is Dean F. Smiley.
4. The first Board of Directors shall be eleven in number their names and addresses being as follows:

Vernon W. Lippard, Yale University School of Medicine, 333 Cedar Street, New Haven 11, Connecticut

Robert A. Moore, University of Pittsburgh Pittsburgh 13, Pennsylvania

John McK. Mitchell, University of Pennsylvania School of Medicine, 36th and Hamilton Walk, Philadelphia 4, Pennsylvania

John B. Youmans, Vanderbilt University School of Medicine, Nashville 5, Tennessee

Stanley E. Dorst, University of Cincinnati College of Medicine, Eden and Bethesda Avenues, Cincinnati 19, Ohio

Stockton Kimball, University of Buffalo School of Medicine, 3435 Main Street, Buffalo 14, New York

John Z. Bowers, University of Utah College of Medicine, 105 Medical Building, Salt Lake City 1, Utah

George N. Aagaard, University of Washington School of Medicine, Seattle 5, Washington

Walter R. Berryhill, University of North Carolina School of Medicine, Chapel Hill, North Carolina

Lowell T. Coggeshall, University of Chicago, 950 E. 59th Street, Chicago 37, Illinois

Thomas H. Hunter, University of Virginia School of Medicine, Charlottesville, Virginia

5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of a class known as Institutional Members and such other classes, if any, as shall be provided in the By-Laws. Such other classes of members shall have no right to vote, and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons or institutions as may from time to time be designated pursuant to the By-Laws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.*

* This sentence has been inserted to avoid any question of compliance or non-compliance with certain Illinois legal requirements.

By-Laws

Section 1. Institutional Membership.--

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three-fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges.

b) Standards. Each institutional member shall conduct its educational program in conformity with the following standards of admission and curriculum:

Admission. Students may be admitted either by:

(1) Satisfactory completion of a minimum of collegiate instruction based on a good general education including the attainment of competence in English, Biology, Chemistry and Physics. For most students this will require three or four years of college education. Superior students may, in selected cases, be considered acceptable for admission to medical school after only two years of collegiate work. In all instances, the final judgment as to the admissibility of those superior students will rest with the individual medical school; or

(2) Examination. Candidates who have completed two years of collegiate instruction and present evidence of general scholarship of high order, but who lack the credits in certain of the required subjects, may be admitted on passing examination in these subjects.

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can best be achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This

responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These five requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person, and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works and the support of the community in which he lives.

The curriculum should extend over a period of at least 4 academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources and curriculum as may be prescribed by the Executive Council and expressing its readiness to be inspected from time to time. The Executive Council shall consider the application and report its findings and recommendation at the next annual meeting of members for action.

d) The Executive Council shall appoint representatives to inspect schools and colleges applying for membership or reinstatement, and also those in membership in the Association at its discretion. The inspection reports, together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, By-Laws and standards of admission and curriculum, as they may be changed from time to time. Any Institutional Member or Affiliate Institutional Member, which, on inspection, has been found not to conform to the then-existing Articles, By-Laws or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a period to be decided by the Council. This action would not be taken except after a school in question had been on confidential probation for at least one year. Any Institutional or Affiliate Institutional Member

that is on confidential or open probation may be reinstated to unqualified membership when in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional or Affiliate Institutional Member from Association Membership will require a recommendation and justification of the Executive Council and the affirmative vote of two-thirds of the Institutional Members present at an annual or specially called meeting. (amended June 17, 1963, New York)

Section 2. Affiliate Institutional Membership. — There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way, but shall have no right to vote.

Section 3. Provisional Institutional Membership. — There shall be a class of Institutional Members entitled Provisional Institutional Members consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions or Canada having an acceptable academic sponsor; the sponsor must have made a definite commitment to establish such school, college or program, must have appointed a full-time dean, and must have filed acceptable plans for the development of construction, faculty and curriculum with the Executive Council sixty days prior to a regular meeting of the Institutional Membership. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and re-election each year will be by the Institutional Membership based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 4. Graduate Affiliate Institutional Membership. — There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privilege of the floor in all discussions but shall not be entitled to vote.

Section 5. Emeritus, Individual, Sustaining and Contributing Membership.— There shall be four classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first individual members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated voluntary association called the Association of American Medical Colleges.

a) **Emeritus Membership.** Emeritus Membership shall be reserved for those faculty members, deans and other administrative officers of medical schools and universities, who have been active in the affairs of the AAMC and who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education; and who, because of the retirement policies of their medical schools or universities, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) **Individual Membership.** Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) **Sustaining and Contributing Membership.** Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 6. Meeting of Members.

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council or by ten Institutional Members.

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than 20 or more than 40 days before the date of the meeting written or printed notice

stating the day, hour and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of a special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) Each Institutional or Affiliate Institutional Member may send to meetings of members as many representatives as it desires, each of whom shall have the privilege of the floor in all discussions; but only one representative of each Institutional Member shall be entitled to vote, who shall be the Dean of the Institutional Member, unless some other representative or proxy is appointed by the Institutional Member. The Association may conclusively rely on the written statement of the Dean of a school or college that he or some other person has been properly designated as its representative or proxy. No designation or proxy shall be valid after 11 months from the date of its execution unless it provides otherwise.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

Section 7. Officers.— The officers shall be a President, a President-Elect, a Past President, a Vice President, an Executive Director, a Secretary and a Treasurer. The President-Elect and Vice President shall be elected for one-year terms at the annual meeting of the members, the President-Elect to become President upon his installation in the course of the annual meeting a year after he has been elected. The Secretary and Treasurer shall be elected for three-year terms. Any officer may be removed by the members whenever they deem it to be in the best interest of the Association.

The Executive Director shall be appointed by the Executive Council.

The officers shall have such duties as are implied by their respective titles or assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns or for any other reason ceases to act, the Vice President shall immediately become President and shall serve for the remainder of that term.

The first officers shall be as follows:

- | | |
|------------------------------------|---------------------------------------|
| President, Vernon W. Lippard | Treasurer, John B. Youmans |
| President-Elect, Robert A. Moore | Secretary, Dean F. Smiley |
| Past President, Stanley E. Dorst | Director of Studies, John M. Stalaker |
| Vice President, John McK. Mitchell | |

Section 8. Executive Council. —

a) The Executive Council (also referred to as the Council) is the board of directors of the Association, and shall manage its affairs.

b) The Council shall consist of six elected members, the five elected officers and the Immediate Past President who shall be ex officio members with voting rights and the Executive Director who shall be an ex officio member without voting rights.

c) Of the six elected members, two shall be elected annually by the Institutional Members at the annual meeting, each to serve for 3 years or until the election and installation of his successor. An elected Council member shall not serve more than two consecutive terms, but an unexpired term, unless served for at least 2 years or a term as an ex officio member, shall not be regarded for this purpose as a term.

d) The ex officio voting members shall consist of the elected officers and the Immediate Past President during the year after he was President. The Executive Director shall be the only member without vote but he shall attend all Council meetings, except closed executive sessions.

e) The annual meeting of the Council shall be held immediately following the election of council members at the annual meeting of members and at the same place. It shall elect its own Chairman.

f) Meeting of the Council may be called by the President or any two voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

g) A quorum of the Council shall be a majority of the voting Council members.

h) The Council may fill vacancies in its own membership or among the officers for the period until the next annual meeting of members.

i) The first elected members of the Council shall be:

John Z. Bowers, term expiring 1955
Stockton Kimball, term expiring 1955
George N. Aagaard, term expiring 1956
Walter R. Berryhill, term expiring 1956
Lowell T. Coggeshall, term expiring 1957
Thomas H. Hunter, term expiring 1957

j) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Com-

mittee to act during intervals between meetings of the Council, consisting of three or more voting Council members which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

Section 9. Waiver of Notice. – Whenever any notice whatever is required to be given under the provision of these By-Laws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 10. Seal. – The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 11. Fiscal year. – The fiscal year of the Association shall be from July 1 to June 30.

Section 12. Dues. – The Annual Dues shall be:

Institutional Members (4-year schools)	\$1,500
Institutional Members (2-year schools)	750
Affiliate Institutional Members	500
Graduate Affiliate Institutional Members	1,000
Provisional Institutional Members	750
Individual Members	15
Sustaining Members	1,000
Contributing Members	200 to 500

Section 13. Amending By-Laws. – These By-Laws may be altered, repealed, or amended, or new By-Laws adopted by a two-thirds vote of the Institutional Members present at any meeting of Institutional or Affiliate Institutional Members for which 30 days' written notice has been given.

Section 14. Amending Articles of Incorporation. – The Articles of Incorporation may be altered, repealed or amended by the Institutional Members in the manner provided by statute.

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
October 24, 1966

HEALTH PROFESSIONS RECORDS PROJECT

The Committee on Student Affairs was kept informed of the development of a proposed Health Professions Records Project and has suggested that this might be tied in with the gathering of biographical material via the Medical College Admission Test, thus eliminating the need for students to provide such information separately to each medical school. The Committee was informed that the AAMC Executive Council, at its meeting of February 4, authorized the seeking of funds from appropriate foundations and/or governmental agencies to finance the development of this proposed uniform records system for applicants, students, alumni, and faculty of medical schools and possibly schools of other health professions.

OTHER ACTIVITIES

The Committee also reviewed changes in test scores on both the Medical College Admission Test and on Part 1 of the National Board examinations. The Committee sponsored an orientation program for new GSA members which was held on October 29, 1965, and also sponsored the preparation of an Annotated Bibliography on Admissions and Student Affairs by Miss E. Shepley Nourse and Dr. Davis G. Johnson.

The Committee on Student Affairs helped prepare the agenda for the 5 GSA regional meetings and for the national GSA meeting (See pages 530-537).

The Committee nominated and sponsored the election of the following GSA national officers for 1966: Chairman, Dr. John L. Caughey, Jr., Western Reserve; Vice-Chairman, Dr. Joseph J. Ceithaml, University of Chicago; and Secretary, Dr. Davis G. Johnson, AAMC.

ACTIVITIES OF GSA COMMITTEES

Detailed reports of the activities of the GSA Committees that report to and are coordinated by the Committee on Student Affairs are included in the Joint Report of the Committee on Research in Education and the Division of Education and in the Proceedings of the Annual Meeting of the AAMC Group on Student Affairs.

REPORT AND RECOMMENDATIONS OF THE
COMMITTEE ON CONSTITUTION AND BYLAWS

GEORGE A. WOLF, JR., M.D.

In response to the wishes of the Institutional Members, expressed at the November, 1965 meeting, Dr. Thomas Turner, President, appointed Dr. George A. Wolf, Jr. as chairman and Drs. Joseph Stokes, Warren Bostick, John Detrick, Manson Meads, Charles Sprague, Vernon Lippard, Douglas Surgenor, Marcus Kogel, Vernon Wilson, Winston Shorey, and Roger Egeberg as members of an *ad hoc* Committee on Constitution and Bylaws. On the basis of the decisions reached at the special meeting on July 19 and 20 and its own deliberations, this Committee recommends that the revisions of the Bylaws which follow be adopted.

The major objectives of these revisions are to (a) establish regional meetings of the AAMC; (b) reconstitute the Executive Council so it will contain an individual from each region; (c) state explicitly the responsibility and authority of

Institutional Members to establish policies for the Association and of the Executive Council and officers for carrying out policies, taking interim action, and managing the business affairs of the Association; (d) clarify the role of "councils," such as the Council of Teaching Hospitals; and (e) establish the role of the Nominating Committee.

In reconstituting the Executive Council, it is recommended that the office of Vice-President, which has had a one-year term, be abolished and one additional elected member be added to the Executive Council. It is also recommended that the office of Secretary be abolished, its corporate duties be added to those of the Treasurer, and an additional elected member be added to the Executive Council. It is also recommended that the incumbent Secretary, Dr. Richard Young, serve as that elected member for the two years remaining in the term of Secretary to which he was elected.

This will result in an Executive Council with 9 elected members, including one from each region (presumably 5 regions initially) and 1 from the Council of Teaching Hospitals, plus the 4 elected officers (President, President-Elect, Past-President, and Secretary-Treasurer). The Executive Director is an ex officio member without vote.

The Committee believes that a specific regional pattern for the AAMC should be adopted by the Institutional Members; but it does not believe the details of this pattern should be included in the Bylaws, since it may be desirable to modify those details from time to time.

REPORT OF THE NOMINATING COMMITTEE

CLIFFORD G. GRULEE, JR.

President-Elect: John Parks, George Washington University

Secretary-Treasurer: Robert B. Howard, University of Minnesota

Executive Council: Russell A. Nelson, Johns Hopkins University (one year)
 Richard H. Young, Northwestern University (two years)
 Robert M. Bucher, Temple University (three years)
 Franklin G. Ebaugh, Jr., Boston University (three years)
 John R. Hogness, University of Washington (three years)

At the Seventy-Seventh Annual Business Meeting, on motion, seconded and carried, these nominations were accepted.

DISCUSSION AND ACTION

Dr. George A. Wolf, Jr., Chairman of the Committee on Constitution and Bylaws, reported briefly on the Committee's activities and called attention to the report (See pages 591-592) and to the material on pages 1 through 16 in the agenda book. There were no questions and Dr. Wolf moved that the proposed bylaw changes as printed in the agenda book be approved. The motion was seconded. The vote was called and the motion carried. Dr. Turner then discharged the Committee on Constitution and Bylaws. The Bylaws of the Association of American Medical Colleges, as amended, appear below:

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SECTION 1. INSTITUTIONAL MEMBERSHIP

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three-fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated voluntary association called the Association of American Medical Colleges.

b) Standards. Each Institutional Member shall conduct its educational program in conformity with the following standards of curriculum:

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can be best achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These 5 requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person, and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives.

The curriculum should extend over a period of at least four academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources, and curriculum as may be prescribed by the Executive Council and expressing its readiness to be reviewed from time to time. The Executive Council shall consider the application and report its findings and recommendation for action at the next annual meeting of members.

d) The Executive Council shall appoint at its discretion representatives to survey programs of schools and colleges applying for membership or reinstatement, and also those in membership in the Association. The survey reports, together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, Bylaws, and education standards established by the Association. Any Institutional Member or Affiliate Institutional Member, which, after accreditation visit, has been found not to conform to the then-existing Articles, Bylaws, or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council be placed upon "open probation" for a period to be decided by the Council. This action will not be taken except after a school in question has been on confidential probation for at least one year. Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional or Affiliate Institutional Member from Association membership will require a recommendation and justification of the Executive Council and the affirmative vote of two-thirds of the Institutional Members present at an annual or special meeting.

SECTION 2. AFFILIATE INSTITUTIONAL MEMBERSHIP

There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way, but shall have no right to vote.

SECTION 3. PROVISIONAL INSTITUTIONAL MEMBERSHIP

There shall be a class of Institutional Members entitled Provisional Institutional Members consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions, or Canada having an acceptable academic sponsor; the sponsor must have made a definite commitment to establish such school, college, or program, must have appointed a full-time dean, and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council 60 days prior to a regular meeting of the Institutional Membership. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and reelection each year will be by the Institutional Membership based upon an acceptable progress report that has been received by the Executive Council 60 days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussion but shall not be entitled to vote.

SECTION 4. GRADUATE AFFILIATE INSTITUTIONAL MEMBERSHIP

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an

accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privilege of the floor in all discussions but shall not be entitled to vote.

SECTION 5. EMERITUS, INDIVIDUAL, SUSTAINING, AND CONTRIBUTING MEMBERSHIP

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first Individual Members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated voluntary association called the Association of American Medical Colleges.

a) Emeritus Membership. Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers, who have been active in the affairs of the AAMC and who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education; and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual, or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) Individual Membership. Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) Sustaining and Contributing Membership. Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

SECTION 6. MEETING OF MEMBERS

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council, or by 10 Institutional Members.

Regional meetings of Institutional Members shall be held at least twice each year in each of the regions established by the Institutional Members, to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion or action at the national level. The Executive Council member elected from each region shall set the time and place of such meetings.

Document from the collections of the AAMC Not to be reproduced without permission

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than twenty or more than forty days before the date of the meeting written or printed notice stating the day, hour, and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) One representative of each Institutional Member shall cast its vote. The Association may accept the written statement of the Dean of an Institutional Member that he or some other person has been properly designated to vote for the institution.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

g) The decisions and actions taken at a meeting of the Institutional Members shall establish policy for the Association.

SECTION 7. OFFICERS

The officers of the Association shall be a President (who shall serve as Chairman of the Executive Council), a President-Elect, who shall also be Vice-President, an Immediate Past-President, a Secretary, a Treasurer, and an Executive Director. The same person shall be Secretary and Treasurer, and may be designated Secretary-Treasurer. The President-Elect shall be elected at the annual meeting of the Institutional Members to serve in that office for one year, then be installed as President for a one-year term in the course of the annual meeting the year after he has been elected. The Secretary-Treasurer shall be elected for a three-year term and shall be eligible for election to a second term of three years. The Executive Director shall be appointed by the Executive Council, which on his recommendation may appoint an Assistant Secretary to assist the Secretary and perform his duties in his absence. The other officers shall be elected by a majority of the Institutional Members present and voting and may be removed by a vote of two-thirds of such members.

The officers shall have such duties as are implied by their respective titles or are assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns, or for any other reason ceases to act, the President-Elect shall immediately be designated by the Executive Council as President and shall serve for the remainder of that term and the next term.

The Executive Director shall recommend to the Executive Council the organization of the staff of the Association.

SECTION 8. EXECUTIVE COUNCIL

a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs

of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Institutional Members and take necessary interim action for the Association and carry out duties and functions delegated to it by the Institutional Members. It shall set high educational standards as prerequisites for the election of Institutional Members.

b) The Executive Council shall consist of 9 elected members and, ex officio, the Immediate Past-President, the President, the President-Elect, and the Secretary-Treasurer, all of whom shall be voting members. The Executive Director shall be an ex officio member without vote.

c) Of the 9 elected members of the Executive Council, 3 shall be elected annually by the Institutional Members at the annual meeting, each to serve for three years or until the election and installation of his successor. He shall be eligible for reelection for one additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the Institutional Members present and voting.

One elected member of the Executive Council shall be from each region of the Association.

In order to have 9 elected members beginning in 1966, not only shall 3 members be elected as aforesaid at the 1966 annual meeting to succeed those whose terms then expire, but the 4 elected members whose terms do not then expire shall continue to serve the terms to which they have been elected, and the person who was Secretary of the Association immediately prior to that meeting shall serve as a member for two years, and also 1 member shall be elected at that meeting to serve for one year.

d) The annual meeting of the Council shall be held immediately following the election of Council members at the annual meeting of members and at the same place.

e) Meeting of the Council may be called by the President or any 2 voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

f) A quorum of the Council shall be a majority of the voting Council members.

g) The Executive Council may appoint and dissolve from time to time such committees as it seems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control.

h) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of 3 or more voting Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

SECTION 9. COUNCILS OF THE ASSOCIATION

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the Institutional Members present and voting. The

purpose of such councils shall be to provide for special activities in important areas of medical education, as part of the program or as an extension of the program of the Association. Such Councils with approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For purposes of particular emphases, need, or timeliness, such councils are expected to appoint *ad hoc* committees and study groups, develop facts and information, and also to call national, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity of the council. Such councils are encouraged to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position. Such councils shall report at least annually to the Institutional Membership and to the Executive Council.

SECTION 10. NOMINATING COMMITTEE

A nominating committee composed of 5 persons, each from a different region of the Association shall be appointed by the Executive Council. After soliciting suggestions from the Institutional Members, the committee will report to the Institutional Members at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any Institutional Member at the annual meeting. Election shall be by a majority vote of the Institutional Representatives present and voting.

SECTION 11. WAIVER OF NOTICE

Whenever any notice whatever is required to be given under the provision of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

SECTION 12. SEAL

The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

SECTION 13. FISCAL YEAR

The fiscal year of the Association shall be from July 1 to June 30.

SECTION 14. DUES

The Annual Dues shall be:

Institutional Members (four-year schools)	\$1,500
Institutional Members (two-year schools)	750
Affiliate Institutional Members	500
Graduate Affiliate Institutional Members	1,000
Provisional Institutional Members	750
Individual Members	15
Sustaining Members	1,000
Contributing Members	200 to 500
Council of Teaching Hospitals Members	500

SECTION 15. AMENDING BYLAWS

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the Institutional Members present at any meeting of Insti-

tutional or Affiliate Institutional Members for which thirty days' written notice has been given.

SECTION 16. AMENDING ARTICLES OF INCORPORATION

The Articles of Incorporation may be altered, repealed, or amended by the Institutional Members in the manner provided by statute.

REGIONAL ORGANIZATION FOR THE AAMC

Dr. William N. Hubbard, Jr., moved passage of the following pattern for the regional organization for the AAMC:

Purpose.—The major purpose of regional meetings of the Institutional Members of the Association shall be to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion of such issues at the national level. Faculty and medical center administrative officers of each member institution should be encouraged to participate actively in the regional discussions and meetings.

Designation of regions.—The initial 5 regions will be as follows: (a) Northeast, consisting of Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York, Pennsylvania, New Jersey, Delaware, Maryland, the District of Columbia; (b) South, including West Virginia, Virginia, North Carolina, South Carolina, Georgia, Florida, Tennessee, Kentucky, Alabama, Mississippi, Louisiana, Arkansas, Texas, and Oklahoma; (c) Midwest, consisting of Ohio, Indiana, Illinois, Michigan, and Wisconsin; (d) Great Plains, consisting of Kansas, Missouri, Nebraska, Iowa, North Dakota, South Dakota, and Minnesota; (e) West, including Wyoming, Montana, Colorado, Nevada, New Mexico, Arizona, Utah, Idaho, California, Oregon, Washington, Alaska, and Hawaii. It is to be explicitly understood, however, that any institution may, at its own discretion, elect to attend meetings of an adjoining region, or to identify itself regularly with a region different from that set forth, if that seems most convenient. Each region should organize meetings in a way representatives of institutions in that region believe will best accomplish their purposes.

Communications.—For the regional organization to be most effective, a pattern of communication between the regional and national organizations should be devised. The officers and members of the Executive Council who live in each region should work with the regional membership in obtaining opinion on matters pertinent to the business of the Association and on any which may require rapid consensus. There should be 2 stated meetings of each regional group per year. These meetings should be scheduled at times and places that are most convenient for the regional membership. The staff of the Association should be called on to assist with the arrangements for such meetings, to distribute appropriate material in advance of the meetings, and where feasible to attend them. A method for recording the proceedings of each regional meeting and the transmission of such records to the national organization should be devised by each regional group.

Decisions on matters of policy affecting the whole Association will be reached on a national and not on a regional basis.

The above motion was seconded. Earlier in the meeting there had been some discussion, including 1 strong voice against regionalization on the basis of geography. However, when the vote was called, the motion carried with 3 opposing votes.

AAMC RELATIONS WITH ACADEMIC SOCIETIES

At the previous meeting on July 19-20, 1966, the Institutional Membership had approved in principle the idea of bringing faculty members into active participation in the AAMC through academic societies and had authorized a task force to study the matter. The approach through the academic societies was

favored over per-school faculty representation on an AAMC Council of Faculty. Dr. Kenneth R. Crispell, chairman of the task force, reported that its members had met with representatives of medicine, surgery, pediatrics, pathology, neurosurgery, and neurology. He moved passage of the task force's recommendation of the formation of an AAMC Council of Academic Societies as set forth in a handout sheet. This motion was seconded by Dr. William G. Anlyan, who spoke strongly in favor of timely action by the AAMC in view of the implications of medicare and the AMA-initiated Millis Report.*

There was some discussion, with a few voices pleading for further rumination before "rushing" into hasty action. Dr. Turner emphasized the fact that the task force had very thoroughly examined the issues surrounding the establishment of a new Council of Academic Societies and gave reassurance that Dr. Crispell's task force would not be dismissed whatever the action of the Institutional Membership might be.

Dr. Turner suggested discussing each of the 6 points in the handout separately. This was done. Each item was discussed, motions were made and seconded proposing some amendments in language, and each of these 6 motions carried. The resulting document is as follows:

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 2 members, one of whom shall be a department chairman and one a faculty member not holding a major administrative position.
4. The Council of Academic Societies will nominate 4 members to the Executive Council of the AAMC—2 from the basic sciences and 2 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 for membership in the Council of Academic Societies and be invited to nominate 2 members to the Council of Academic Societies. 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.

Through the action at this meeting, item 3 above defines a smaller initial group than the task force had originally envisioned. With respect to item 4 above, a substitute motion that would have delayed any action until February was defeated. Item 4 will require a bylaws change increasing Executive Council membership from 9 to 13.

Following the series of actions on each of the 6 points, it was moved and seconded that the amended document as a whole be accepted by the Institutional Membership. The motion was carried.

Following the luncheon break, Dr. Turner reported that the Executive Council had met and 2 proposals had been drawn up. These were presented to the Institutional Membership by Dr. William N. Hubbard, Jr. A sheet listing 2 of 3 groups that would require representation in the new Council of Academic Societies was

* John S. Millis was chairman of the Citizens Commission on Graduate Medical Education commissioned by the American Medical Association. The Commission's report, *The Graduate Education of Physicians*, was published in the fall of 1966.



Articles of Incorporation
of the
Association of American Medical Colleges

Under the Illinois
General Not for Profit
Corporation Act

and

Bylaws

As Amended October 30, 1967

Association of American Medical Colleges

2530 Ridgo Avenue
Evanston, Illinois 60201

1346 Connecticut Avenue, N.W.
Washington, D.C. 20036

ARTICLES OF INCORPORATION OF THE ASSOCIATION OF
AMERICAN MEDICAL COLLEGES

Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its initial registered office in the State of Illinois is 185 North Wabash Avenue, Chicago 1, Illinois (Cook County). The name of its initial registered agent at said address is Dean F. Smiley.

4. The first Board of Directors shall be eleven in number, their names and addresses being as follows:

Vernon W. Lippard, Yale University School of Medicine, 333 Cedar Street,
New Haven 11, Connecticut

Robert A. Moore, University of Pittsburgh, Pittsburgh 13, Pennsylvania

John McK. Mitchell, University of Pennsylvania School of Medicine, 36th and
Hamilton Walk, Philadelphia 4, Pennsylvania

John B. Youmans, Vanderbilt University School of Medicine, Nashville 5,
Tennessee

Stanley E. Dorst, University of Cincinnati College of Medicine, Eden and
Bethesda Avenues, Cincinnati 19, Ohio

Stockton Kimball, University of Buffalo School of Medicine, 3435 Main Street,
Buffalo 14, New York

John Z. Bowers, University of Utah College of Medicine, 105 Medical Building,
Salt Lake City 1, Utah

George N. Aagaard, University of Washington School of Medicine, Seattle 5,
Washington

Walter R. Berryhill, University of North Carolina School of Medicine, Chapel
Hill, North Carolina

Lowell T. Coggeshall, University of Chicago, 950 E. 59th Street, Chicago 37,
Illinois

Thomas H. Hunter, University of Virginia School of Medicine, Charlottesville,
Virginia

5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of a class known as Institutional Members and such other classes, including Provisional Institutional Members, as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of members shall have no right to vote and no action of theirs shall be necessary for

any corporate action. The membership of all classes shall consist of such persons as may from time to time be designated pursuant to the Bylaws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.*

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Section 1. Institutional Membership

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges.

b) Standards. Each Institutional Member shall conduct its educational program in conformity with the following standards of curriculum:

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can be best achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thor-

* This sentence has been inserted to avoid any question of compliance or non-compliance with certain Illinois legal requirements.

oughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These 5 requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives. The curriculum should extend over a period of at least four academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources, and curriculum as may be prescribed by the Executive Council and expressing its readiness to be reviewed from time to time. The Executive Council shall consider the application and report its findings and recommendation for action at the next annual meeting of members.

d) The Executive Council shall appoint at its discretion representatives to survey programs of schools and colleges applying for membership or reinstatement, and also those in membership in the Association. The survey reports, together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, Bylaws, and education standards established by the Association. Any Institutional Member or Affiliate Institutional Member which after accreditation visit has been found not to conform to the then-existing Articles, Bylaws, or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon "open probation" for a period to be decided by the Council. This action will not be taken except after a school in question has been on confidential probation for at least one year. Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional or Affiliate Institutional Member from Association membership will require a recommendation and justification of the Executive Council and the affirmative vote of two thirds of the Institutional Members present at an annual or special meeting.

Section 2. Affiliate Institutional Membership

There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate

Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way but shall have no right to vote.

Section 3. Provisional Institutional Membership

There shall be a class of Institutional Members entitled Provisional Institutional Members consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions, or Canada having an acceptable academic sponsor. The sponsor must have made a definite commitment to establish such school, college, or program; must have appointed a full-time dean; and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council sixty days prior to a regular meeting of the Institutional Membership. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and reelection each year will be by the Institutional Members based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussion and shall be entitled to vote after they have admitted their first class.

Section 4. Graduate Affiliate Institutional Membership

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privilege of the floor in all discussions but shall not be entitled to vote.

Section 5. Emeritus, Individual, Sustaining, and Contributing Membership

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first Individual Members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated, voluntary association called the Association of American Medical Colleges.

a) Emeritus Membership. Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers, who have been active in the affairs of the Association, who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education, and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual, or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifica-

tions by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) Individual Membership. Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) Sustaining and Contributing Membership. Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 6. Meeting of Members

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council, or by 10 Institutional Members.

Regional meetings of Institutional Members shall be held at least twice each year in each of the regions established by the Institutional Members, to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion or action at the national level. The Executive Council member elected from each region shall set the time and place of such meetings.

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than twenty or more than forty days before the date of the meeting written or printed notice stating the day, hour, and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) One representative of each Institutional Member shall cast its vote. The Association may accept the written statement of the Dean of an Institutional Member that he or some other person has been properly designated to vote for the institution.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

g) The decisions and actions taken at a meeting of the Institutional Members shall establish policy for the Association.

Section 7. Officers

The Officers of the Association shall be a President (who shall serve as Chairman of the Executive Council), a President-Elect, who shall also be Vice-President, an Immediate Past-President, a Secretary, a Treasurer, and an Executive Director. The same person shall be Secretary and Treasurer, and may be designated Secretary-Treasurer. The President-Elect shall be elected at the annual meeting of the Institutional Members to serve in that office for one year, then be installed as President for a one-year term in the course of the annual meeting the year after he has been elected. The Secretary-Treasurer shall be elected for a three-year term and shall be eligible for election to a second term of three years. The Executive Director shall be appointed by the Executive Council, which on his recommendation may appoint an Assistant Secretary to assist the Secretary and perform his duties in his absence. The other officers shall be elected by a majority of the Institutional Members present and voting and may be removed by a vote of two thirds of such members.

The officers shall have such duties as are implied by their respective titles or are assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns, or for any other reason ceases to act, the President-Elect shall immediately be designated by the Executive Council as President and shall serve for the remainder of that term and the next term.

The Executive Director shall recommend to the Executive Council the organization of the staff of the Association.

Section 8. Executive Council

a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Institutional Members and take necessary interim action for the Association and carry out duties and functions delegated to it by the Institutional Members. It shall set high educational standards as prerequisites for the election of Institutional Members.

b) The Executive Council shall consist of 15 elected members and, ex officio, the Immediate Past-President, the President, the President-Elect, and the Secretary-Treasurer, all of whom shall be voting members. The Executive Director shall be an ex officio member without vote.

c) Of the 15 elected members of the Executive Council, 4 shall be members of the Council of Academic Societies and 3 shall be members of the Council of Teaching Hospitals; 5 shall be elected annually by the Institutional Members at the annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two thirds of the Institutional Members present and voting.

At least 1 elected member of the Executive Council shall be from each of the regions of the Association.

In order to have 15 elected members beginning in 1967, not only shall the 6 members whose terms do not expire in 1967 continue to serve for the terms to which they were elected but also 9 additional members shall be elected at the annual meeting in October 1967, 5 to serve a three-year term, 2 a two-year term, and 2 a one-year term, as determined by lot amongst the 9 drawn at the session at which they shall be elected. Thereafter, 5 new members shall be elected each year for a three-year term to replace those whose terms then expire.

d) The annual meeting of the Executive Council shall be held within six weeks after the annual meeting of Institutional Members at such time and place as the President shall determine.

e) Meeting of the Council may be called by the President or any 2 voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

f) A quorum of the Council shall be a majority of the voting Council members.

g) The Executive Council may appoint and dissolve from time to time such committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control.

h) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of 3 or more voting Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

Section 9. Councils of the Association

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the Institutional Members present and voting. The purpose of such councils shall be to provide for special activities in important areas of medical education as part of the program or as an extension of the program of the Association. Such councils with approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For purposes of particular emphasis, need, or timeliness, such councils are expected to appoint *ad hoc* committees and study groups; develop facts and information; and also to call national, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity of the council. Such councils are encouraged to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position. Such councils shall report at least annually to the Institutional Membership and to the Executive Council.

Section 10. Nominating Committee

A nominating committee composed of 5 persons, each from a different region of the Association, shall be appointed by the Executive Council. After soliciting suggestions from the Institutional Members, the committee will report to the Institutional Members at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any Institutional Member at the annual meeting. Election shall be by a majority vote of the Institutional Representatives present and voting.

Section 11. Waiver of Notice

Whenever any notice whatever is required to be given under the provision of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 12. Seal

The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 13. Fiscal Year

The fiscal year of the Association shall be from July 1 to June 30.

Section 14. Dues

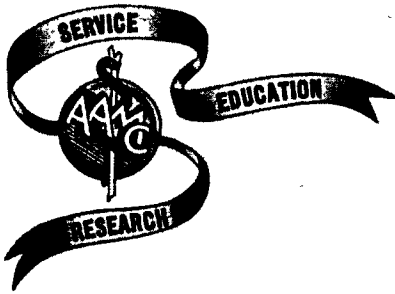
The annual dues of each class of members shall be in such amounts as determined by the Institutional Members.

Section 15. Amending Bylaws

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the Institutional Members present at any meeting of Institutional or Affiliate Institutional Members for which thirty days' written notice has been given.

Section 16. Amending Articles of Incorporation

The Articles of Incorporation may be altered, repealed, or amended by the Institutional Members in the manner provided by statute.



Articles of Incorporation
of the
Association of American Medical Colleges

Under the Illinois
General Not for Profit
Corporation Act

and

Bylaws

As Amended November 4, 1968

Association of American Medical Colleges

**2530 Ridge Avenue
Evanston, Illinois 60201**

**1346 Connecticut Avenue, N.W.
Washington, D.C. 20036**

Articles of Incorporation of the Association of American Medical Colleges*

Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.

2. The period of duration of the corporation is perpetual.

3. The address of its registered office in the State of Illinois is 2530 Ridge Avenue, Evanston, Illinois 60201. The name of its registered agent at said address is John L. Craner.

4. [Names of initial Board of Directors omitted.]

5. The purpose for which the corporation is organized is the advancement of medical education, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of classes known as Institutional Members, Provisional Institutional Members, Academic Society Members, and

Teaching Hospital Members, and such other members as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of members shall have no right to vote and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons as may from time to time be designated pursuant to the Bylaws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies, or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.†

†This sentence has been inserted to avoid any question of compliance or noncompliance with certain Illinois legal requirements.

*As amended November 4, 1968.

Bylaws of the Association of American Medical Colleges

Section I. Institutional Membership

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as shall from time to time be recommended by the Council of Deans and be elected by the Assembly by a majority vote. The Council of Deans shall consist of the dean of each Institutional Member and of each Provisional Institutional Member which has admitted its first class.

b) Standards. Each Institutional Member shall conduct its educational program in conformity with the following standards of curriculum:

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can be best achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These 5 requirements are obviously not distinctly separable but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives.

c) A medical school or college desiring Institutional Membership, Provisional Institutional Membership, or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources, and curriculum as may be prescribed by the Executive Council and expressing its readiness to be reviewed from time to time. The Executive Council shall consider the application and report its findings and recommendations for action at the next annual meeting of members.

d) The Executive Council shall appoint at its discretion representatives to survey programs of schools and colleges applying for membership or reinstatement, and also those in membership in the Association. The survey reports, together with recommendations, shall be furnished to a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, Bylaws, and education standards established by the Association. After an accreditation visit, any Institutional Member, Provisional Institutional Member, or Affiliate Institutional Member which has been found not to conform to the then-existing Articles, Bylaws, or standards may be approved for a term limited to less than five years by action of the Executive Council or may, after an opportunity for a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a limited term for a period to be decided by the Council. Any Institutional, Provisional, or Affiliate Institutional Member that is on open probation may be approved for a term limited to less than five years or reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional, Provisional, or Affiliate Institutional Member from Association membership will require a recommendation and justification of the Executive Council and the affirmative vote of two-thirds of the Assembly members present at an annual or special meeting.

Section 2. Affiliate Institutional Membership

There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges and such Canadian medical schools and colleges as shall be elected from time to time. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way but shall have no right to vote.

Section 3. Provisional Institutional Membership

The Provisional Institutional Members shall be those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States or its possessions operated exclusively for educational, scientific, or charitable purposes, having an acceptable academic sponsor, which have been elected to member-

ship as set forth below. The sponsor must have made a definite commitment to establish such school, college, or program; must have appointed a full-time dean; and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council sixty days prior to an annual meeting of the Assembly. Provisional Institutional Members will be elected for one-year periods upon the recommendation of the Council of Deans at an annual Assembly by a majority vote. Reelection each year will be based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions and shall be entitled to vote after they have admitted their first class.

Section 4. Graduate Affiliate Institutional Membership

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 5. Academic Society Members

The Academic Society Members shall be such associations in the fields of medicine and biomedical sciences, operated exclusively for educational, scientific, or charitable purposes, as shall from time to time be elected at an annual Assembly by a majority vote of the members present and voting.

Academic Society Members shall be nominated by action of the Council of Academic

Societies and approved by the Executive Council of the Association of American Medical Colleges for election by the Assembly.

The voting rights of the Council of Academic Societies' members shall be as follows: The Council of Academic Societies shall designate no more than 35 of its members of the Assembly, each one of whom shall have 1 vote in the Assembly.

Section 6. Teaching Hospital Members

Teaching Hospital Members shall consist of (a) those hospitals nominated for election by the Assembly, by an Institutional Member or Provisional Institutional Member from among the major teaching hospitals affiliated with the Member and (b) teaching hospitals which are either nominated by an Institutional Member or Provisional Institutional Member on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in 3 of the following 5 departments: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, Psychiatry, and are nominated by the Council of Teaching Hospitals for election by the Assembly.

Teaching Hospital Members shall be organizations operated exclusively for educational, scientific, or charitable purposes.

The voting rights of the Teaching Hospital Members shall be as follows: The Council of Teaching Hospitals shall designate 10 per cent of its members, up to a maximum of 35, each of which shall have 1 vote in the Assembly.

Section 7. Emeritus, Individual, Sustaining, and Contributing Membership

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members.

a) **Emeritus Membership.** Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers,

who have been active in the affairs of the Association, who have demonstrated unusual capacity and interest in dealing with the problems, and in contributing to the progress of medical education, and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual, or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) **Individual Membership.** Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) **Sustaining and Contributing Membership.** Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 8. Meetings

a) Meetings of members shall be known as the Assembly. The annual Assembly shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any Council may be called by

the Chairman, by a majority of the voting members of the Executive Council, or by 20 voting members of the Association.

Regional meetings of Institutional Members shall be held at least twice each year in each of the regions established by the Institutional Members, to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion or action at the national level. The Executive Council member elected from each region shall set the time and place of such meetings.

c) All meetings shall be held at such place in Illinois, or elsewhere as may be designated in the notice of the meeting. Not less than twenty or more than forty days before the date of the meeting, written or printed notice stating the day, hour, and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of a special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) A representative of each Assembly member shall cast its 1 vote. The Association may accept the written statement of the Dean of an Institutional Member, or Provisional Institutional Member, that he or some other person has been properly designated to vote on behalf of the institution, and may accept the written statement of the respective Chairmen of the Council of Academic Societies and the Council of Teaching Hospitals designating the names of the individuals who will vote on behalf of each society or hospital.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by all voting members of the Association.

f) A majority of the voting members of the Association shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may

adjourn the meeting from time to time without further notice.

g) The decisions and actions taken at a meeting of the Assembly shall establish policy for the Association.

Section 9. Officers

The officers of the Association shall be those elected by the Assembly and those appointed by the Executive Council.

The elected officers shall be a Chairman, who shall preside over the Assembly and shall serve as Chairman of the Executive Council, and a Chairman-Elect, who shall serve as Chairman in the absence of the Chairman. The Chairman-Elect shall be elected at the annual meeting of the Assembly, to serve in that office for one year, then be installed as Chairman for a one-year term in the course of the annual meeting the year after he has been elected. During the year 1968-69 the individual who was elected President-Elect (as the office was described in the then-existing Bylaws) at the 1967 Annual Meeting shall serve as Chairman.

The officers appointed by the Executive Council shall be a President, who shall be the Chief Executive Officer, and a Secretary-Treasurer, who shall be appointed from among the Executive Council members. The Executive Council may appoint 1 or more Vice Presidents and an Assistant Secretary-Treasurer on nomination by the President.

The elected officers shall have such duties as are implied by their title or are assigned to them by the Assembly. The appointed officers shall have such duties as are implied by their titles or are assigned to them by the Executive Council. If the Chairman dies, resigns, or for any other reason ceases to act, the Chairman-Elect shall thereby become Chairman and shall serve for the remainder of that term and the next term.

The President shall recommend to the Executive Council the organization of the staff of the Association.

Section 10. Executive Council

a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set high educational standards as prerequisites for the election of members of the Association.

b) The Executive Council shall consist of 16 elected members and, ex officio, the Chairman and Chairman-Elect, all of whom shall be voting members. The President shall be an ex officio member without vote.

c) Of the 16 elected members of the Executive Council, 1 shall be the Chairman of the Council of Academic Societies and 3 others shall be members of that Council; one shall be Chairman of the Council of Teaching Hospitals and 2 others shall be members of that Council; one shall be Chairman of the Council of Deans and 8 shall be other members of that Council. The Chairman of each of the 3 Councils shall be a voting member of the Executive Council, ex officio. Each of the 13 other voting members shall be elected annually by the Assembly at the annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for 1 additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two thirds of the members of the Assembly present and voting.

At least 1 elected member of the Executive Council shall be from each of the regions of the Association.

d) The annual meeting of the Executive Council shall be held within six weeks after the annual meeting of the Assembly at such time and place as the Chairman shall determine.

e) Meetings of the Council may be called by the Chairman or any 2 voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

f) A quorum of the Council shall be a majority of the voting Council members.

g) The Executive Council may appoint and dissolve from time to time such committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control.

h) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Executive Committee to act during intervals between meetings of the Council, consisting of the Chairman, the Chairman-Elect, the President, and 3 or more other Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any members of the Council, of any responsibility imposed upon them by law.

Section 11. Councils of the Association

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the members of the Assembly present and voting. The purpose of such councils shall be to provide for special activities in important areas of medical education as part of the program or as an extension of the program of the Association. Such councils with approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For purposes of particular emphasis, need, or timeliness, such councils are expected to appoint ad hoc committees and study groups; develop facts and information; and also to call na-

tional, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity of the Council. Such councils are encouraged to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position. Such councils shall report at least annually to the Assembly and to the Executive Council.

Section 12. Nominating Committee

A nominating committee composed of 5 persons, each from a different region of the Association, shall be appointed by the Executive Council. After soliciting suggestions from the members of the Assembly, the committee will report to the Assembly at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any member of the Assembly at the annual meeting. Election shall be by a majority of the Assembly members present and voting.

Section 13. Waiver of Notice

Whenever any notice whatever is required to be given under the provision of

these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 14. Seal

The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 15. Fiscal Year

The fiscal year of the Association shall be from July 1 to June 30.

Section 16. Dues

The annual dues of each class of members shall be in such amounts as determined by the Assembly.

Section 17. Amending Bylaws

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the members present at any meeting of the Assembly for which thirty days' written notice has been given.

Section 18. Amending Articles of Incorporation

The Articles of Incorporation may be altered, repealed, or amended by the voting members in the manner provided by statute.

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
February 8, 1969

Meetings of the AAMC Assembly

February 8, 1969

Palmer House, Chicago, Illinois

The Assembly was called to order by Chairman Robert J. Glaser at 2:10 P.M. Dr. T. Stewart Hamilton, Secretary-Treasurer, called the roll and declared a quorum present.

Report of the Chairman of the Executive Council

Dr. Glaser reported on the following recent activities of the Executive Council:

1. An ad hoc committee, appointed by President John Parks to recommend a candidate for the first full-time President of the Association, unanimously chose Dr. John A. D. Cooper for this important post. Dr. Cooper's appointment was effective immediately on a half-time basis and full-time beginning July 1, 1969.

2. An Executive Committee of the Executive Council was created to include the Chairman and Chairman-Elect of the Executive Council, and the Chairmen of the Councils of Academic Societies, Deans, and Teaching Hospitals.

3. Special action was taken to commend Dr. Robert C. Berson, Executive Director, and the staff for carrying the programs of the AAMC through a difficult period. Dr. Glaser particularly thanked the staff for its efforts in the move of AAMC headquarters from Evanston, Illinois, to Washington, D.C.

4. Following the recommendation of the Sprague Committee, a Department of Academic Affairs was authorized.

5. Membership in the Liaison Committee on Medical Education was expanded to include representation from the Councils of Teaching Hospitals and Academic Societies.

6. The appointment of Dr. John S. Millis as Vice President to the National Fund for Medical Education was noted.

7. The section on medical education in the Carnegie Commission report was endorsed. The Carnegie Foundation, the Department of Health, Education, and Welfare (DHEW), and Dr. Lee DuBridge, Science Adviser to the President, were so informed.

8. The AAMC cost allocation pilot study was discussed. Additional academic medical centers were urged to explore this administrative device as methodology and procedures become defined.

9. The report on the establishment of a Commission on Medical Education and Graduate Medical Education, prepared by Drs. Cheves McC. Smythe and C. H. William Ruhe, was referred to the three AAMC Councils for consideration.

10. Recommendations concerning the establishment of a Commission on Foreign Medical Graduates were received.

Other Reports

Interim reports were presented by the three AAMC Councils. Final reports of these activities for the year of this report appear elsewhere in the Proceedings.

In addition, the following special reports were presented: (a) Dr. Ralph Hewitt of the Brookings Institution and formerly Assistant Secretary for Legislation, DHEW, on problems inherent in obtaining federal funding; (b) Dr. Richard Stevenson of the National Institutes of Health on supplementation of research career development awards; and (c) Robert Graham, Chairman of the Student American Medical Association (SAMA) Commission on Medical Education, on its composition and goals.

Medical Research and Research Training

A resolution that would call for AAMC support of medical research and research training was discussed at length. The importance of such support was clearly acknowledged, but the consensus favored development of a broader statement which would be circulated prior to official action.

ACTION: On motion, seconded and carried, the resolution was tabled. The Assembly was adjourned at 3:55 P.M.

November 3, 1969

Convention Center, Cincinnati, Ohio

The Assembly was called to order by Chairman Robert J. Glaser at 9:23 A.M. By consent of the Assembly, a quorum was declared present. The Agenda as presented was accepted.

Annual Report

The Annual Report of the Association, which included reports of the three AAMC Councils, officers, staff, and committees and the report of the Federal Health Programs Committee were presented.

ACTION: On motion, seconded and carried, these reports, which appear elsewhere in these proceedings, were accepted.

A detailed account of the Association's financial status appeared in the reports of the Treasurer and that of the Director of Business Affairs.

ACTION: On motion, seconded and carried, the Assembly approved the following resolution: That the report of Ernst & Ernst, Association auditors, for the fiscal year ended June 30, 1969 be accepted and that expenditures reflected therein which are in excess of previously authorized budgets be approved.

Revision of Bylaws

The Council of Teaching Hospitals and the AAMC Executive Council recommended

amendment of Section 6, Teaching Hospital Members, of the Association Bylaws.

ACTION: On motion, seconded and carried, the Assembly amends Section 6, Teaching Hospital Members, of the Association Bylaws to read as follows:

Teaching Hospital Members shall consist of (a) teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, Psychiatry, and are elected by the Council of Teaching Hospitals and (b) those hospitals nominated by an Institutional Member or Provisional Institutional Member, from among the major Teaching Hospitals affiliated with the Members and elected by the Council of Teaching Hospitals.

Teaching Hospital Members shall be organizations operated exclusively for educational, scientific, or charitable purposes.

The voting rights of the Teaching Hospital Members shall be as follows: The Council of Teaching Hospitals shall designate 10 percent of its members, up to a maximum of 35, each of which shall have 1 vote in the Assembly.

Policy on National Health Insurance

The Executive Council unanimously recommended that the Assembly approve in principle the concept of a universal health insurance. If adopted, an ad hoc committee would be appointed to develop a more detailed position statement.

ACTION: On motion, seconded and carried, the Assembly approved in principle a universal health insurance for all citizens as a proper and necessary step in having the best possible health care for the people, which is the principal objective of this Association.

Election of Members

The Assembly considered first the election of Provisional Institutional and Institutional Members.

ACTION: On motion, seconded and carried, the Assembly approved: (a) reelection to Provisional Membership of the University of Arizona College of Medicine; University of California, Davis School of Medicine; University of California, San Diego School of Medicine; University of Connecticut School of Medicine; University of Massachusetts Medical School; Mount Sinai School of Medicine of

CONSTITUTION AND BY-LAWS
of the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

As Amended
February 7, 1970

Minutes of AAMC Assembly Meeting

February 7, 1970

Palmer House, Chicago, Illinois

Call to Order

The meeting was called to order by Dr. Robert B. Howard at 2:05 p.m

Roll Call

Dr. T. Stewart Hamilton, secretary-treasurer, declared that a quorum was present.

Revision of Bylaws of the Association

The changes in Bylaws recommended by the AAMC Executive Council and circulated to the members of the Assembly, with a minor modification suggested by Dr. Sherman Mel-linkoff, were considered.

ACTION: On motion, seconded and carried, the Assembly amends the Association Bylaws to read as follows:

Article 3.

The address of its registered office in the State of Illinois is 135 South LaSalle Street, Chicago, Illinois. The name of its registered agent at said address is Paul Heineke. The address of its registered office in the District of Columbia is One Dupont Circle, N.W. Washington, D.C. The name of its registered agent at said address is James W. Quiggle.

Section 2. Affiliate Institutional Membership. There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges (not eligible under the provisions of Section 1 and such Canadian medical schools and colleges as shall be elected from time to time Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way but shall have no right to vote. (Provisional Affiliate Institutional Membership criteria are specified in Section 4. *Provisional Institutional Membership.*)

Section 3. Graduate Affiliate Institutional Membership

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an

organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members, they shall have the privileges of the floor in all discussions but shall not be entitled to vote. (Provisional Graduate Affiliate Institutional Membership criteria are specified in Section 4. *Provisional Institutional Membership*)

Section 4. Provisional Institutional Membership

The Provisional Institutional Members shall be those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States or its possessions operated exclusively for educational, scientific, or charitable purposes, having an acceptable academic sponsor, which have been elected to membership as set forth below. The sponsor must have made a definite commitment to establish such school, college, or program; must have appointed a full-time dean; and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council sixty days prior to an annual meeting of the Assembly. Provisional Institutional Members will be elected for one-year periods upon the recommendation of the Council of Deans at an annual Assembly by a majority vote. Re-election each year will be based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions and shall be entitled to vote after they have admitted their first class.

The Provisional Affiliate Institutional Members shall be those newly developing medical schools and colleges (not eligible under the provisions of Section 2) and such Canadian medical schools and colleges that shall be elected from time to time. They have the same privileges as Affiliate Institutional Members. The Provisional Graduate Affiliate Institutional Members (not eligible under the provisions of Section 3) shall be those newly developing graduate schools that are an integral

part of or related to an accredited university or universities that have a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care.

Election of Charles R. Drew Post Graduate Medical School

The recommendation of the Executive Council that the Charles R. Drew Graduate Medical School be elected to Provisional Graduate Affiliate Institutional Membership was discussed. Dr. John Deitrick raised questions regarding the organization of the medical school and whether it planned to grant degrees. Members of the site visit team pointed out that there were close relationships of the school with UCLA and USC and that it fulfilled the criteria for Provisional Graduate Affiliate Institutional Membership.

ACTION On motion, seconded and carried, the Assembly elects the Charles R. Drew Postgraduate Medical School to Provisional Graduate Affiliate Institutional Membership in the Association.

Election of Developing Canadian Schools

The four developing Canadian schools which have been carried as Non-Member Institutions in Development wish to assume a more formal role in the Association's affairs. The Executive Council recommended that the four schools be elected to Provisional Affiliate Institutional Membership in the AAMC. This recommendation was discussed at the Executive Committee of the Canadian Association and met with their approval.

ACTION On motion, seconded and carried, the Assembly elects to Provisional Affiliate Institutional Membership in the AAMC the following Canadian Schools. University of Sherbrooke Faculty of Medicine; McMaster University Faculty of Medicine; Memorial University Faculty of Medicine; Calgary University Faculty of Medicine.

Election of CAS Societies

The Executive Committee of the Council of Academic Societies, the membership of the CAS, and the Executive Council of the Association recommend the election of five new

societies to membership in the Council of Academic Societies.

ACTION On motion, seconded and carried, the Assembly elects to membership in the Council of Academic Societies the following societies: Association of Anatomy Chairmen, Society of Academic Anesthesiology Chairmen; American Association of University Professors of Neurology; Association of Academic Physiologists; Association for Medical School Pharmacology.

Dr. Robert Q. Marston

Dr. Marston, director of NIH, discussed the FY '70 and '71 federal budgets and the general issue of the appropriate level of biomedical research support with the members. Given the tight fiscal situation, he pointed out that the recommended levels of support in the FY '71 budget for health should assure the members of the interest of the Administration in the financial problems facing medical schools and teaching hospitals.

Report of the Executive Council

Dr. Howard reported on the meeting of the Executive Committee with Dr. Roger O. Egeberg, assistant secretary for health and scientific affairs, and commented on the effects of a six-months vacancy in that office. The chairman reported that Dr. Egeberg discussed the implications of President Nixon's budget, and expressed his concern in the problems facing the medical schools and his willingness to discuss them with the AAMC at any time.

Dr. Marc J. Musser, chief medical director of the VA, met with the Executive Council to cover the future of VA relationships with the medical schools. He and his staff have announced a series of five regional meetings, to be attended by VA hospital directors and deans, to identify and consider problem areas.

Negotiations for the transfer of the Ridge Avenue property in Evanston have been completed and the Association will receive a lump sum payment in the amount of \$100,000 as full settlement of the AAMC's equity in the property.

Following the Assembly's directive at its last meeting that mechanisms be explored for the development of student participation in the



Articles of Incorporation
of the
Association of American Medical Colleges

Under the Illinois
General Not for Profit
Corporation Act

and

Bylaws

As Amended October 30, 1967

Association of American Medical Colleges

2530 Ridge Avenue
Evanston, Illinois 60201

1346 Connecticut Avenue, N.W.
Washington, D.C. 20036

ARTICLES OF INCORPORATION OF THE ASSOCIATION OF
AMERICAN MEDICAL COLLEGES

Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.
2. The period of duration of the corporation is perpetual.
3. The address of its initial registered office in the State of Illinois is 185 North Wabash Avenue, Chicago 1, Illinois (Cook County). The name of its initial registered agent at said address is Dean F. Smiley.

4. The first Board of Directors shall be eleven in number, their names and addresses being as follows:

Vernon W. Lippard, Yale University School of Medicine, 333 Cedar Street,
New Haven 11, Connecticut

Robert A. Moore, University of Pittsburgh, Pittsburgh 13, Pennsylvania

John McK. Mitchell, University of Pennsylvania School of Medicine, 36th and
Hamilton Walk, Philadelphia 4, Pennsylvania

John B. Youmans, Vanderbilt University School of Medicine, Nashville 5,
Tennessee

Stanley E. Dorst, University of Cincinnati College of Medicine, Eden and
Bethesda Avenues, Cincinnati 19, Ohio

Stockton Kimball, University of Buffalo School of Medicine, 3435 Main Street,
Buffalo 14, New York

John Z. Bowers, University of Utah College of Medicine, 105 Medical Building,
Salt Lake City 1, Utah

George N. Aagaard, University of Washington School of Medicine, Seattle 5,
Washington

Walter R. Berryhill, University of North Carolina School of Medicine, Chapel
Hill, North Carolina

Lowell T. Coggeshall, University of Chicago, 950 E. 59th Street, Chicago 37,
Illinois

Thomas H. Hunter, University of Virginia School of Medicine, Charlottesville,
Virginia

5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of a class known as Institutional Members and such other classes, including Provisional Institutional Members, as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of members shall have no right to vote and no action of theirs shall be necessary for

any corporate action. The membership of all classes shall consist of such persons as may from time to time be designated pursuant to the Bylaws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.*

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Section 1. Institutional Membership

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as the Institutional Members shall from time to time elect at an annual meeting by the affirmative votes of three fourths of the Institutional Members present. The first Institutional Members shall be those medical schools and colleges which were on January 1, 1955, Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges.

b) Standards. Each Institutional Member shall conduct its educational program in conformity with the following standards of curriculum:

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can be best achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thor-

* This sentence has been inserted to avoid any question of compliance or non-compliance with certain Illinois legal requirements.

oughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These 5 requirements are obviously not distinctly separable, but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives.

The curriculum should extend over a period of at least four academic years.

c) A medical school or college desiring Institutional Membership or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources, and curriculum as may be prescribed by the Executive Council and expressing its readiness to be reviewed from time to time. The Executive Council shall consider the application and report its findings and recommendation for action at the next annual meeting of members.

d) The Executive Council shall appoint at its discretion representatives to survey programs of schools and colleges applying for membership or reinstatement, and also those in membership in the Association. The survey reports, together with recommendations, shall be furnished a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, Bylaws, and education standards established by the Association. Any Institutional Member or Affiliate Institutional Member which after accreditation visit has been found not to conform to the then-existing Articles, Bylaws, or standards may be warned by being placed on "confidential probation" by action of the Executive Council for a period to be decided by the Council or may, after a full hearing before the Executive Council and by action of the Executive Council, be placed upon "open probation" for a period to be decided by the Council. This action will not be taken except after a school in question has been on confidential probation for at least one year. Any Institutional or Affiliate Institutional Member that is on confidential or open probation may be reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional or Affiliate Institutional Member from Association membership will require a recommendation and justification of the Executive Council and the affirmative vote of two thirds of the Institutional Members present at an annual or special meeting.

Section 2. Affiliate Institutional Membership

There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges which were on January 1, 1955, Affiliate Institutional Members of an unincorporated, voluntary association called the Association of American Medical Colleges and such Canadian medical schools and colleges as the Institutional Members shall from time to time elect. Affiliate

Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way but shall have no right to vote.

Section 3. Provisional Institutional Membership

There shall be a class of Institutional Members entitled Provisional Institutional Members consisting of those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States, its possessions, or Canada having an acceptable academic sponsor. The sponsor must have made a definite commitment to establish such school, college, or program; must have appointed a full-time dean; and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council sixty days prior to a regular meeting of the Institutional Membership. Provisional Institutional Members will be elected for one-year periods in the same manner as Institutional Members and reelection each year will be by the Institutional Members based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next regular annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussion and shall be entitled to vote after they have admitted their first class.

Section 4. Graduate Affiliate Institutional Membership

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privilege of the floor in all discussions but shall not be entitled to vote.

Section 5. Emeritus, Individual, Sustaining, and Contributing Membership

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members. The first Individual Members shall be those persons who were on January 1, 1955, Individual Members of an unincorporated, voluntary association called the Association of American Medical Colleges.

a) Emeritus Membership. Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers, who have been active in the affairs of the Association, who have demonstrated unusual capacity and interest in dealing with the problems and in contributing to the progress of medical education, and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual, or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifica-

tions by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) Individual Membership. Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) Sustaining and Contributing Membership. Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 6. Meeting of Members

a) The annual meeting of all members shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any class may be called by the President, by a majority of the voting members of the Executive Council, or by 10 Institutional Members.

Regional meetings of Institutional Members shall be held at least twice each year in each of the regions established by the Institutional Members, to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion or action at the national level. The Executive Council member elected from each region shall set the time and place of such meetings.

c) All meetings shall be held at such place in Illinois, or elsewhere, as may be designated in the notice of the meeting. Not less than twenty or more than forty days before the date of the meeting written or printed notice stating the day, hour, and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) One representative of each Institutional Member shall cast its vote. The Association may accept the written statement of the Dean of an Institutional Member that he or some other person has been properly designated to vote for the institution.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by the Dean or properly designated representative of all Institutional Members.

f) A majority of the Institutional Members shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

g) The decisions and actions taken at a meeting of the Institutional Members shall establish policy for the Association.

Section 7. Officers

The Officers of the Association shall be a President (who shall serve as Chairman of the Executive Council), a President-Elect, who shall also be Vice-President, an Immediate Past-President, a Secretary, a Treasurer, and an Executive Director. The same person shall be Secretary and Treasurer, and may be designated Secretary-Treasurer. The President-Elect shall be elected at the annual meeting of the Institutional Members to serve in that office for one year, then be installed as President for a one-year term in the course of the annual meeting the year after he has been elected. The Secretary-Treasurer shall be elected for a three-year term and shall be eligible for election to a second term of three years. The Executive Director shall be appointed by the Executive Council, which on his recommendation may appoint an Assistant Secretary to assist the Secretary and perform his duties in his absence. The other officers shall be elected by a majority of the Institutional Members present and voting and may be removed by a vote of two thirds of such members.

The officers shall have such duties as are implied by their respective titles or are assigned to them by the Executive Council or by action of a meeting of the Institutional Members. If the President dies, resigns, or for any other reason ceases to act, the President-Elect shall immediately be designated by the Executive Council as President and shall serve for the remainder of that term and the next term.

The Executive Director shall recommend to the Executive Council the organization of the staff of the Association.

Section 8. Executive Council

a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Institutional Members and take necessary interim action for the Association and carry out duties and functions delegated to it by the Institutional Members. It shall set high educational standards as prerequisites for the election of Institutional Members.

b) The Executive Council shall consist of 15 elected members and, ex officio, the Immediate Past-President, the President, the President-Elect, and the Secretary-Treasurer, all of whom shall be voting members. The Executive Director shall be an ex officio member without vote.

c) Of the 15 elected members of the Executive Council, 4 shall be members of the Council of Academic Societies and 3 shall be members of the Council of Teaching Hospitals; 5 shall be elected annually by the Institutional Members at the annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two thirds of the Institutional Members present and voting.

At least 1 elected member of the Executive Council shall be from each of the regions of the Association.

In order to have 15 elected members beginning in 1967, not only shall the 6 members whose terms do not expire in 1967 continue to serve for the terms to which they were elected but also 9 additional members shall be elected at the annual meeting in October 1967, 5 to serve a three-year term, 2 a two-year term, and 2 a one-year term, as determined by lot amongst the 9 drawn at the session at which they shall be elected. Thereafter, 5 new members shall be elected each year for a three-year term to replace those whose terms then expire.

d) The annual meeting of the Executive Council shall be held within six weeks after the annual meeting of Institutional Members at such time and place as the President shall determine.

e) Meeting of the Council may be called by the President or any 2 voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

f) A quorum of the Council shall be a majority of the voting Council members.

g) The Executive Council may appoint and dissolve from time to time such committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control.

h) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Administrative Committee to act during intervals between meetings of the Council, consisting of 3 or more voting Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any member of the Council, of any responsibility imposed upon them by law.

Section 9. Councils of the Association

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the Institutional Members present and voting. The purpose of such councils shall be to provide for special activities in important areas of medical education as part of the program or as an extension of the program of the Association. Such councils with approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For purposes of particular emphasis, need, or timeliness, such councils are expected to appoint *ad hoc* committees and study groups; develop facts and information; and also to call national, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity of the council. Such councils are encouraged to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position. Such councils shall report at least annually to the Institutional Membership and to the Executive Council.

Section 10. Nominating Committee

A nominating committee composed of 5 persons, each from a different region of the Association, shall be appointed by the Executive Council. After soliciting suggestions from the Institutional Members, the committee will report to the Institutional Members at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any Institutional Member at the annual meeting. Election shall be by a majority vote of the Institutional Representatives present and voting.

Section 11. Waiver of Notice

Whenever any notice whatever is required to be given under the provision of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 12. Seal

The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 13. Fiscal Year

The fiscal year of the Association shall be from July 1 to June 30.

Section 14. Dues

The annual dues of each class of members shall be in such amounts as determined by the Institutional Members.

Section 15. Amending Bylaws

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the Institutional Members present at any meeting of Institutional or Affiliate Institutional Members for which thirty days' written notice has been given.

Section 16. Amending Articles of Incorporation

The Articles of Incorporation may be altered, repealed, or amended by the Institutional Members in the manner provided by statute.



Articles of Incorporation
of the
Association of American Medical Colleges

Under the Illinois
General Not for Profit
Corporation Act

and

Bylaws

As Amended November 4, 1968

Association of American Medical Colleges

**2530 Ridge Avenue
Evanston, Illinois 60201**

**1346 Connecticut Avenue, N.W.
Washington, D.C. 20036**

Articles of Incorporation of the Association of American Medical Colleges*

Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.

2. The period of duration of the corporation is perpetual.

3. The address of its registered office in the State of Illinois is 2530 Ridge Avenue, Evanston, Illinois 60201. The name of its registered agent at said address is John L. Craner.

4. [Names of initial Board of Directors omitted.]

5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of classes known as Institutional Members, Provisional Institutional Members, Academic Society Members, and

Teaching Hospital Members, and such other members as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of members shall have no right to vote and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons as may from time to time be designated pursuant to the Bylaws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies, or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.

9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.†

†This sentence has been inserted to avoid any question of compliance or noncompliance with certain Illinois legal requirements.

*As amended November 4, 1968.

Bylaws of the Association of American Medical Colleges

Section 1. Institutional Membership

a) The Institutional Members shall be such medical schools and colleges of the United States, operated exclusively for educational, scientific, and charitable purposes, as shall from time to time be recommended by the Council of Deans and be elected by the Assembly by a majority vote. The Council of Deans shall consist of the dean of each Institutional Member and of each Provisional Institutional Member which has admitted its first class.

b) Standards. Each Institutional Member shall conduct its educational program in conformity with the following standards of curriculum:

Curriculum. The fundamental objective of undergraduate medical education shall be to provide a solid foundation for the student's future development. This objective can be best achieved, first by providing the proper setting in which the student can learn, and secondly, by stimulating the student to use this setting to the best advantage.

Undergraduate medical education must permit the student to learn fundamental principles applicable to the whole body of medical knowledge, to acquire habits of reasoned and critical judgment of evidence and experience, and to develop an ability to use these principles wisely in solving problems of health and disease. It should not aim at presenting the complete, detailed, systematic body of knowledge concerning each and every medical and related discipline.

Undergraduate medical education can achieve these aims only if the student plays an active role. It must provide incentive for active learning on the part of the student. This can best be achieved by giving him definite responsibility in real day-to-day problems in health and disease. This responsibility must, of course, be carefully graded to the student's ability and experience and must be exercised under careful guidance by the faculty.

To implement the fundamental objective, undergraduate medical schools must provide an opportunity for the student: (1) to acquire basic professional knowledge, (2) to establish sound habits of self-education and of accuracy and thoroughness, (3) to attain basic clinical and social skills, (4) to develop sound attitudes, (5) to gain understanding of professional and ethical principles. These 5 requirements are obviously not distinctly separable but are mutually interdependent.

Given incentive and opportunity to learn and guidance toward the grasp of principles, with the problems of health and disease as a frame of reference, it is hoped that the student will build the necessary foundation for his career in medicine, be it practice (general or limited), teaching, research, or administration. The student should develop into a responsible professional person and be able to gain and maintain the confidence and trust of those he treats, the respect of those with whom he works, and the support of the community in which he lives.

c) A medical school or college desiring Institutional Membership, Provisional Institutional Membership, or Affiliate Institutional Membership in this Association shall make application in writing, giving such details of organization, resources, and curriculum as may be prescribed by the Executive Council and expressing its readiness to be reviewed from time to time. The Executive Council shall consider the application and report its findings and recommendations for action at the next annual meeting of members.

d) The Executive Council shall appoint at its discretion representatives to survey programs of schools and colleges applying for membership or reinstatement, and also those in membership in the Association. The survey reports, together with recommendations, shall be furnished to a responsible authority in the school or college, and shall be sent to all members of the Executive Council.

e) All members shall conform to the Articles of Incorporation, Bylaws, and education standards established by the Association. After an accreditation visit, any Institutional Member, Provisional Institutional Member, or Affiliate Institutional Member which has been found not to conform to the then-existing Articles, Bylaws, or standards may be approved for a term limited to less than five years by action of the Executive Council or may, after an opportunity for a full hearing before the Executive Council and by action of the Executive Council, be placed upon open probation for a limited term for a period to be decided by the Council. Any Institutional, Provisional, or Affiliate Institutional Member that is on open probation may be approved for a term limited to less than five years or reinstated to unqualified membership when, in the judgment of the Executive Council, circumstances so warrant. To drop an Institutional, Provisional, or Affiliate Institutional Member from Association membership will require a recommendation and justification of the Executive Council and the affirmative vote of two-thirds of the Assembly members present at an annual or special meeting.

Section 2. Affiliate Institutional Membership

There shall be a class of members entitled Affiliate Institutional Members, consisting of those medical schools and colleges and such Canadian medical schools and colleges as shall be elected from time to time. Affiliate Institutional Members shall have the same qualifications as Institutional Members and shall be elected in the same way but shall have no right to vote.

Section 3. Provisional Institutional Membership

The Provisional Institutional Members shall be those newly developing schools or colleges of medicine or programs of undergraduate medical education in the United States or its possessions operated exclusively for educational, scientific, or charitable purposes, having an acceptable academic sponsor, which have been elected to member-

ship as set forth below. The sponsor must have made a definite commitment to establish such school, college, or program; must have appointed a full-time dean; and must have filed acceptable plans for the development of construction, faculty, and curriculum with the Executive Council sixty days prior to an annual meeting of the Assembly. Provisional Institutional Members will be elected for one-year periods upon the recommendation of the Council of Deans at an annual Assembly by a majority vote. Reelection each year will be based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next annual meeting. Provisional Institutional Members shall have the privileges of the floor in all discussions and shall be entitled to vote after they have admitted their first class.

Section 4. Graduate Affiliate Institutional Membership

There shall be a class of members entitled Graduate Affiliate Institutional Members, consisting of those graduate schools that are an integral entity of an accredited university that has a medical school, that are administered by a full-time dean or director, that conduct an organized course of medical postgraduate instruction associated with programs of research and patient care, and that have been in operation long enough to demonstrate their value and stability. Graduate Affiliate Institutional Members will be elected in the same manner as the Institutional Members; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 5. Academic Society Members

The Academic Society Members shall be such associations in the fields of medicine and biomedical sciences, operated exclusively for educational, scientific, or charitable purposes, as shall from time to time be elected at an annual Assembly by a majority vote of the members present and voting.

Academic Society Members shall be nominated by action of the Council of Academic

Societies and approved by the Executive Council of the Association of American Medical Colleges for election by the Assembly.

The voting rights of the Council of Academic Societies' members shall be as follows: The Council of Academic Societies shall designate no more than 35 of its members of the Assembly, each one of whom shall have 1 vote in the Assembly.

Section 6. Teaching Hospital Members

Teaching Hospital Members shall consist of (a) those hospitals nominated for election by the Assembly, by an Institutional Member or Provisional Institutional Member from among the major teaching hospitals affiliated with the Member and (b) teaching hospitals which are either nominated by an Institutional Member or Provisional Institutional Member on the basis of important affiliations for the purposes of medical education or which have approved internship programs and full residencies in 3 of the following 5 departments: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, Psychiatry, and are nominated by the Council of Teaching Hospitals for election by the Assembly.

Teaching Hospital Members shall be organizations operated exclusively for educational, scientific, or charitable purposes.

The voting rights of the Teaching Hospital Members shall be as follows: The Council of Teaching Hospitals shall designate 10 per cent of its members, up to a maximum of 35, each of which shall have 1 vote in the Assembly.

Section 7. Emeritus, Individual, Sustaining, and Contributing Membership

There shall be 4 classes of members, known as Emeritus Members, Individual Members, Sustaining Members, and Contributing Members.

a) Emeritus Membership. Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers,

who have been active in the affairs of the Association, who have demonstrated unusual capacity and interest in dealing with the problems, and in contributing to the progress of medical education, and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education. Any Institutional, Affiliate Institutional, Emeritus, Individual, or Sustaining Member may nominate any person for Emeritus Membership. Nominations shall be directed to the Executive Council. After approval of qualifications by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members. Emeritus Members shall not pay dues; they shall have the privileges of the floor in all discussions but shall not be entitled to vote.

b) Individual Membership. Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

c) Sustaining and Contributing Membership. Sustaining and Contributing Members may be any persons or corporations, who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members. They shall have the privileges of the floor in all discussions but shall not be entitled to vote.

Section 8. Meetings

a) Meetings of members shall be known as the Assembly. The annual Assembly shall be held at such time in October or November and at such place as the Executive Council may designate.

b) Special meetings of all members or of members of any Council may be called by

the Chairman, by a majority of the voting members of the Executive Council, or by 20 voting members of the Association.

Regional meetings of Institutional Members shall be held at least twice each year in each of the regions established by the Institutional Members, to identify, define, and discuss issues relating to medical education and to make recommendations for further discussion or action at the national level. The Executive Council member elected from each region shall set the time and place of such meetings.

c) All meetings shall be held at such place in Illinois, or elsewhere as may be designated in the notice of the meeting. Not less than twenty or more than forty days before the date of the meeting, written or printed notice stating the day, hour, and place of the meeting shall be delivered, either personally or by mail, to each member entitled to attend. In the case of a special meeting, the purpose or purposes for which the meeting is called shall be stated in the notice of the meeting.

d) A representative of each Assembly member shall cast its 1 vote. The Association may accept the written statement of the Dean of an Institutional Member, or Provisional Institutional Member, that he or some other person has been properly designated to vote on behalf of the institution, and may accept the written statement of the respective Chairmen of the Council of Academic Societies and the Council of Teaching Hospitals designating the names of the individuals who will vote on behalf of each society or hospital.

e) Any action that may be taken at a meeting of members may be taken without a meeting if approved in writing by all voting members of the Association.

f) A majority of the voting members of the Association shall constitute a quorum. Action, except on the admission of members, shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may

adjourn the meeting from time to time without further notice.

g) The decisions and actions taken at a meeting of the Assembly shall establish policy for the Association.

Section 9. Officers

The officers of the Association shall be those elected by the Assembly and those appointed by the Executive Council.

The elected officers shall be a Chairman, who shall preside over the Assembly and shall serve as Chairman of the Executive Council, and a Chairman-Elect, who shall serve as Chairman in the absence of the Chairman. The Chairman-Elect shall be elected at the annual meeting of the Assembly, to serve in that office for one year, then be installed as Chairman for a one-year term in the course of the annual meeting the year after he has been elected. During the year 1968-69 the individual who was elected President-Elect (as the office was described in the then-existing Bylaws) at the 1967 Annual Meeting shall serve as Chairman.

The officers appointed by the Executive Council shall be a President, who shall be the Chief Executive Officer, and a Secretary-Treasurer, who shall be appointed from among the Executive Council members. The Executive Council may appoint 1 or more Vice Presidents and an Assistant Secretary-Treasurer on nomination by the President.

The elected officers shall have such duties as are implied by their title or are assigned to them by the Assembly. The appointed officers shall have such duties as are implied by their titles or are assigned to them by the Executive Council. If the Chairman dies, resigns, or for any other reason ceases to act, the Chairman-Elect shall thereby become Chairman and shall serve for the remainder of that term and the next term.

The President shall recommend to the Executive Council the organization of the staff of the Association.

Section 10. Executive Council

a) The Executive Council is the board of directors of the Association and shall manage its affairs. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set high educational standards as prerequisites for the election of members of the Association.

b) The Executive Council shall consist of 16 elected members and, ex officio, the Chairman and Chairman-Elect, all of whom shall be voting members. The President shall be an ex officio member without vote.

c) Of the 16 elected members of the Executive Council, 1 shall be the Chairman of the Council of Academic Societies and 3 others shall be members of that Council; one shall be Chairman of the Council of Teaching Hospitals and 2 others shall be members of that Council; one shall be Chairman of the Council of Deans and 8 shall be other members of that Council. The Chairman of each of the 3 Councils shall be a voting member of the Executive Council, ex officio. Each of the 13 other voting members shall be elected annually by the Assembly at the annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for 1 additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two thirds of the members of the Assembly present and voting.

At least 1 elected member of the Executive Council shall be from each of the regions of the Association.

d) The annual meeting of the Executive Council shall be held within six weeks after the annual meeting of the Assembly at such time and place as the Chairman shall determine.

e) Meetings of the Council may be called by the Chairman or any 2 voting Council members, and written notice thereof, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

f) A quorum of the Council shall be a majority of the voting Council members.

g) The Executive Council may appoint and dissolve from time to time such committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control.

h) The Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Executive Committee to act during intervals between meetings of the Council, consisting of the Chairman, the Chairman-Elect, the President, and 3 or more other Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association; but the designation of such a committee and the delegation to it of authority shall not relieve the Council, or any members of the Council, of any responsibility imposed upon them by law.

Section 11. Councils of the Association

Councils of the Association may be established or dissolved at any annual meeting by a majority vote of the members of the Assembly present and voting. The purpose of such councils shall be to provide for special activities in important areas of medical education as part of the program or as an extension of the program of the Association. Such councils with approval of the Executive Council may appoint standing committees and staff to develop, implement, and sustain program activity. For purposes of particular emphasis, need, or timeliness, such councils are expected to appoint ad hoc committees and study groups; develop facts and information; and also to call na-

tional, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity of the Council. Such councils are encouraged to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position. Such councils shall report at least annually to the Assembly and to the Executive Council.

Section 12. Nominating Committee

A nominating committee composed of 5 persons, each from a different region of the Association, shall be appointed by the Executive Council. After soliciting suggestions from the members of the Assembly, the committee will report to the Assembly at the annual meeting, nominating individuals to be elected as officers and members of the Executive Council. Additional nominations may be made by the representative of any member of the Assembly at the annual meeting. Election shall be by a majority of the Assembly members present and voting.

Section 13. Waiver of Notice

Whenever any notice whatever is required to be given under the provision of

these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 14. Seal

The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 15. Fiscal Year

The fiscal year of the Association shall be from July 1 to June 30.

Section 16. Dues

The annual dues of each class of members shall be in such amounts as determined by the Assembly.

Section 17. Amending Bylaws

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the members present at any meeting of the Assembly for which thirty days' written notice has been given.

Section 18. Amending Articles of Incorporation

The Articles of Incorporation may be altered, repealed, or amended by the voting members in the manner provided by statute.