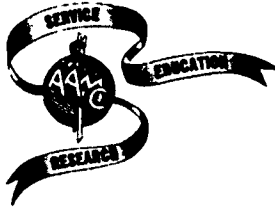


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A C T I O N S

TAKEN AT MEETINGS OF THE:

<i>Executive Council (December 15, 1972).</i>	<i>7</i>
<i>COD Administrative Board (December 14, 1972)</i>	<i>6</i>
<i>CAS Administrative Board (December 14, 1972)</i>	<i>8</i>

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ONE DUPONT, N.W., SUITE 200, WASHINGTON, D.C. 20036

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EXECUTIVE COUNCIL ACTIONS
12/15/72

RECOGNITION OF HEW SECRETARY RICHARDSON, DRS. DUVAL, MARSTON, WILSON

ACTION: The Executive Council expressed its thanks and appreciation for the dedicated service to the health of the American people offered by HEW Secretary Elliot Richardson, Assistant Secretary for Health Merlin K. DuVal, NIH Director Robert Marston, and HSMHA Administrator Vernon Wilson.

POLICY STATEMENT ON NATIONAL HEALTH CARE

ACTION: The Executive Council directed the Health Services Advisory Committee to review the Association's Policy Statement on National Health Care and to suggest changes.

MEMBERSHIP OF THE ST. JOSEPH INFIRMARY

ACTION: The Executive Council, after hearing the opinion of the Association's lawyers, concurred in the Executive Committee decision to declare the St. Joseph Infirmary ineligible for membership on the basis of its failing to hold 501(c)(3) tax exempt status.

NATIONAL COMMISSION ON VENEREAL DISEASE REPORT

ACTION: The Executive Council endorsed the recommendations of the National Commission on Venereal Disease with the understanding that the budgetary figures contained therein represent additional monies not to be taken from other health funds.

APPOINTMENT OF THE SECRETARY-TREASURER

ACTION: The Executive Council appointed Leonard Cronkhite, M.D., as the 1973 AAMC Secretary-Treasurer.

APPOINTMENT OF THE EXECUTIVE COMMITTEE

ACTION: The Executive Council by resolution designated the following individuals to serve as the Executive Committee: Dr. Charles Sprague; Dr. Daniel Tosteson; Dr. Sherman Mellinkoff; Dr. Robert Petersdorf; Dr. Leonard Cronkhite, and Dr. John Cooper.

EXECUTIVE COUNCIL ACTIONS

APPROVAL OF AAMC COMMITTEES

ACTION: The Executive Council approved a list of Association committees with the understanding that the CAS will recommend an additional member for the Committee on the Financing of Medical Education and the Health Services Advisory Committee.

ELECTION OF CAS MEMBERS

ACTION: The Executive Council approved and recommended to the Assembly the election of the following Academic Societies:

American Academy of Neurology
American College of Radiology
Association of Orthopaedic Chairmen
American College of Psychiatrists
Biophysical Society
Central Society for Clinical Research

CAS DUES INCREASE

ACTION: The Executive Council approved and referred to the Assembly the following schedule of Academic Society dues:

<u>Active Membership</u>	<u># of Soc.</u>	<u>Annual Dues</u>	<u>Yield</u>
Less than 300	28	\$ 500	\$14,000
300 - 999	10	1,000	10,000
1,000 - 4,999	8	2,000	16,000
5,000 or more	<u>5</u>	3,000	<u>15,000</u>
TOTALS	51		\$55,000

EXECUTIVE COUNCIL ACTIONS

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council approved as accredited the following list of schools:

<u>Fully Developed Schools</u>	<u>Survey</u>	<u>Years Approved</u>
Cornell University Medical College	6/72	7
SUNY-Upstate Med. Ctr. College of Medicine	5/72	7 (entering class 120)
University of Laval Faculty of Medicine	5/72	5 (entering class 200)
Duke University School of Medicine	2/72	7 (entering class 114)

Developing Schools

University of Massachusetts Medical School	5/72	Provisional Accreditation: Entering class 64-1973; 80-1974; 96-1975, pending next survey during 1973- 1974.
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Southern Illinois University School of Medicine	7/72	Provisional Accreditation to enroll a charter class of 48 entering students in June 1973; up to 24 third year students; annual resurveys.
--	------	--

Conversion to Degree Granting Medical School Survey Years Approved

University of Hawaii School of Medicine	8/72	Continued full Accreditation for the Basic Science Curriculum; Provisional Accreditation for the MD degree granting program; 66 students per class.
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Brown University, Division of Biological and Medical Sciences	8/72	Continued full Accreditation for the Basic Science Curriculum; Provisional Accreditation for the MD degree granting program; 60 students in each year of the curriculum; resurvey during 1974-75
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EXECUTIVE COUNCIL ACTIONS

MEDICINE AND OSTEOPATHY

ACTION: In response to recommendations on the relationship of Medicine and Osteopathy made by the Advisory Committee on Undergraduate Medical Education of the AMA-CME, the Executive Council voted to:

1. Reaffirm the guidelines established in 1969;
2. Inform the Liaison Committee of the efforts of the Coalition for Health Funding to secure adequate funding for the schools of medicine and osteopathy alike;
3. Concur with the CME and LCME consensus that the second Advisory Committee recommendation is a matter appropriate for consideration by the LCGME;
4. Recommend that the matter of the relationship between medicine and osteopathy be placed on the agenda of the Coordinating Council on Medical Education, and on the agenda of the AMA/AAMC Liaison Committee.

APPROVAL OF GROUPS

ACTION: The Executive Council concurred in the establishment of a Group on Business Affairs and a Planning Coordinators' Group and approved rules and regulations presented for both groups.

APPOINTMENT OF NIH DIRECTORS

ACTION: The Executive Council directed Dr. Cooper to write to President Nixon urging that a search committee comprised of distinguished scientists, educators and practitioners in the health field be appointed in collaboration with the National Academy of Sciences and the NAS Institute of Medicine to recommend to the President individuals qualified for the post of NIH Director.

AAMC/VA LIAISON

ACTION: The Executive Council, with one member dissenting, agreed that the Association should support VA appropriation requests to fund the recently authorized VA medical schools. It was also agreed that the AAMC should not testify on the issue of extending VA care to beneficiaries.

EXECUTIVE COUNCIL ACTIONS

SUPPORT OF AAMC MINORITY ACTIVITIES

ACTION: The Executive Council concurred with allocation of \$46,000 of Association funds per year for the next four years for the purpose of sharing the support of the AAMC minority activities.

DISSEMINATION OF MINORITY STUDENT ENROLLMENT DATA

ACTION: The Executive Council reviewed minority student enrollment data which had been collected by the AAMC and agreed that this data could be released in a format identifying the individual institutions.

COUNCIL OF DEANS ADMINISTRATIVE BOARD
(12/14/72)

AAMC PRIORITIES RECOMMENDED BY EXECUTIVE COMMITTEE

ACTION: On motion, seconded and carried, the Administrative Board indicated its general endorsement of the AAMC priorities as recommended by the Executive Committee and suggested two matters as deserving of particular prominence and attention:

1. Continuing Education - Evolving concepts of the continuum of medical education and the advent of the PSRO's mandated by the Social Security Amendments will stimulate a greater awareness of and a more precise definition of the need for continuing education for practicing physicians, the academic medical centers can and should play a major role in meeting this need;
2. RMP-CHP - The authorizing legislation for these programs is due to expire, the Association should have a well-considered and articulated position with respect to their extension. The involvement of some medical centers in these programs is quite significant.

COUNCIL OF DEANS SPRING MEETING PROGRAM

The Spring Meeting Program format and content were considered at length. The Board made clear its desire that the meeting be both highly instructive and highly interactive. The papers should be presented in such a fashion as to stimulate intensive discussion of management and policy issues inherent in the problems under consideration.

QUALITY OF CARE RESOLUTION

The Board urged that the Association proceed with its efforts in the area of quality of care, an endeavor made all the more urgent by the PSRO legislation.

APPROVAL OF OSR RULES AND REGULATIONS CHANGES

ACTION: On motion, seconded and carried, the Board approved the following amendments to the OSR Rules and Regulations proposed by the OSR:

"a) Section 4 (Officers and Administrative Board), Article A, Paragraph 3, should be changed to read:

COD ACTIONS

'The Secretary, whose duties it shall be (a) to keep the minutes of each regular meeting, (b) to maintain an accurate record of all actions and recommendations of the Organization, and (c) to insure the dissemination of the minutes of each regular meeting and a record of all actions and recommendations of the Organization, of the organizations contingent to the AAMC Assembly, and of the Organization's representatives on the committees of the AAMC, within one month of each meeting.'

b) Section 3 (Membership). Add:

'C. Each school shall choose the term of office of its representative in its own manner.'

The Board also agreed to invite the OSR Chairman to its next meeting to report on the Organization activities.

COUNCIL OF ACADEMIC SOCIETIES

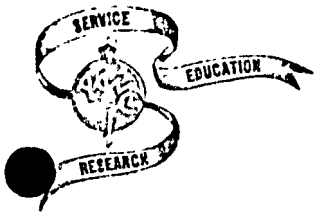
ADMINISTRATIVE BOARD

12/14/72

The CAS Administrative Board authorized appointment by the Chairman of two ad hoc committees.

1. To pursue the matter of greater faculty participation in the accreditation of undergraduate medical education. This committee is to have representation from both the basic and clinical science professorial groups and from the CAS Administrative Board.
2. To promote the development and retention of medical school faculty.

The CAS Administrative Board requested that staff prepare an "informational kit" for use by CAS representatives in reporting to the Societies they represent at their respective annual meetings.



A C T I O N S

TAKEN AT MEETINGS OF THE:

AAMC Assembly (November 4, 1972)	1
COD Administrative Board (November 3, 1972)	5
CAS Administrative Board (November 3, 1972)	7
COTH Administrative Board (November 3, 1972)	9
OSR Administrative Board (November 2, 1972)	10

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D. C. 20036

ASSEMBLY ACTIONS

(11/4/72)

ELECTION OF INSTITUTIONAL MEMBERS

ACTION: On motion, seconded and carried, the Assembly elected the following schools to the indicated class of membership:

Institutional:

University of California, Davis, School of Medicine
University of California, San Diego, School of Medicine
University of Connecticut School of Medicine
Medical College of Ohio at Toledo

Provisional Institutional:

University of South Alabama College of Medicine

Affiliate Institutional:

McMaster University Faculty of Medicine

ELECTION OF EMERITUS MEMBERS

ACTION: On motion, seconded and carried, the Assembly elected the following individuals as Emeritus Members of the AAMC:

Walter Reece Berryhill
William Wesley Frye
Vernon W. Lippard
Homer F. March
William R. Willard
Cecil L. Wittson

ELECTION OF SENIOR MEMBERS

ACTION: On motion, seconded and carried, the Assembly elected the following individuals to Senior Membership in the AAMC:

William G. Anlyan	Philip R. Lee
Peter P. Bosomworth	Manson Meads
Kenneth R. Crispell	Richard R. Overman
Merlin K. VuVal	John W. Patterson
George T. Harrell	Robert D. Sparks

ELECTION OF INDIVIDUAL MEMBERS

ACTION: On motion, seconded and carried, the Assembly elected 359 people to Individual Membership in the AAMC.

FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: On motion, seconded and carried, the Assembly adopted the document, Functions and Structure of a Medical School, as the official statement of the AAMC setting forth the standards for the accreditation of MD degree granting programs.

RESOLUTION ON THE INTERACTION OF BASIC AND CLINICAL SCIENCES

ACTION: On motion, seconded and carried, the Assembly approved a Resolution on the Basic and Clinical Sciences stating:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

RESOLUTION ON MEDICAL SCHOOL CURRICULA

ACTION: On motion, seconded and carried, the Assembly approved the following resolution:

BE IT RESOLVED: That needs for the following areas of education be evaluated and the extent of their present content in medical curricula be determined by the Group on Medical Education of the Association with a report submitted to the Organization of Student Representatives

- A) Nutrition
- B) Sex Education
- C) Medical hypnosis
- D) Non-western medicine

RESOLUTION ON MINORITY STUDENT RECRUITMENT

ACTION: On motion, seconded and carried, the Assembly approved the following resolution:

WHEREAS: The need for a conscientious effort on the part of medical schools to encourage minority admissions (including women) is necessary; and

WHEREAS: The enculturation process and sociological conditioning sometimes make it difficult for those minority groups to actively apply to medical schools;

BE IT RESOLVED: That the medical schools continue to make an active effort towards recruitment of minority groups at the high school and college levels.

RESOLUTION ON PART I OF THE NATIONAL BOARD EXAM

ACTION: On motion, seconded and carried, the Assembly approved the following resolution:

BE IT RESOLVED: That the AAMC assess the reliance of medical schools upon Part I of the National Board Exam for evaluation and promotion of students.

RESOLUTION TO ESTABLISH A COUNCIL OF FACULTIES

ACTION: On motion, seconded and carried, the Assembly rejected a resolution proposing a Council of Faculties within the governance structure of the Association.

FACULTY PARTICIPATION AND AAMC ORGANIZATION

ACTION: On motion, seconded and carried, the Assembly approved a motion directing that the AAMC not undertake any further organizational (bylaws) change to achieve faculty representation, but that the AAMC should continue to take steps to increase participation of faculty in the activities of the AAMC.

ELECTION OF OFFICERS, EXECUTIVE COUNCIL

ACTION: On motion, seconded and carried, the Assembly elected the following members as Officers and Executive Council of the Association:

Chairman-Elect: Daniel C. Tosteson

Executive Council:

COD Representatives: Ralph J. Cazort
William F. Maloney
Robert S. Stone
Robert L. Van Citters

CAS Representative: Ronald Estabrook

COTH Representative: Robert A. Derzon

COUNCIL OF DEANS BUSINESS MEETING
(11/3/72)

RESOLUTION

ACTION: The COD adopted the following resolution directing that it be made part of the permanent record of the Association and communicated to the family of Dr. John Parks:

"It is with deep sorrow that we note the passing of our friend and colleague John Parks. Dr. Parks' contributions to his country, to the profession of medicine and to medical education are widely known and will be long remembered. We who shared a professional kinship with him and who perhaps have a greater insight than most into the responsibilities he bore as Dean of a great medical school have a special fondness for Dr. Parks. His warm and conscientious manner provided an inspiration to us all. The leadership which he exercised in the field of medical education and the guidance he gave to the Association of American Medical Colleges while serving as our President leave us forever in his debt."

REPORT OF COMMITTEE ON MEDICAL SCHOOL ADMISSIONS PROBLEMS

ACTION: The COD received and endorsed the Committee's report. In addition, the Council adopted the following recommendations referred to it by the COD Administrative Board:

1. The Council of Deans recommends that the Association President and appropriate staff explore all aspects of the feasibility of a medical school admissions matching program.
2. The Council of Deans commends the efforts of the Association staff and the Group on Student Affairs in working with premedical advisors. The Council recommends that this work continue with increased emphasis on developing background information on and advising students of the range of potential careers available to those interested in working in the health field.

FACULTY PARTICIPATION IN AAMC GOVERNANCE

ACTION: The COD adopted the following resolution:

"Because of changes in the governance of the AAMC, and changes occurring at individual medical schools, there is ample opportunity for medical school faculties to exert

COUNCIL OF DEANS BUSINESS MEETING
(11/3/72)

substantial influence in the governance of the AAMC especially through the COD and the CAS, and to otherwise participate in the activities of the Association through the GSA, the GME, and the various committees and projects of the Association. The COD, therefore, takes the position that no further changes in the AAMC governance should be undertaken at this time."

ELECTION OF OFFICERS

Sherman M. Mellinkoff, M.D. was installed as Chairman of the COD.

Emanuel M. Papper, M.D. was elected to the office of Chairman-Elect.

Andrew D. Hunt, Jr., M.D. was elected to the office of Member-at-Large of the COD Administrative Board.

ELECTION OF INSTITUTIONAL MEMBERS

ACTION: The Council recommended the following:

1. Election of the University of South Alabama College of Medicine to Provisional Institutional Membership.
2. Election of the following schools to full Institutional Membership:

University of California-Davis, School of Medicine
University of California-San Diego, School of Medicine
University of Connecticut School of Medicine
Medical College of Ohio at Toledo.
3. Election of the Faculty of Medicine, McMaster University to Affiliate Institutional Membership.

FUNCTION AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The Council endorsed the Liaison Committee on Medical Education document "Function and Structure of a Medical School" and urged its adoption by the Assembly.

CAS BUSINESS MEETING
(11/3/72)

CAS DUES INCREASE

ACTION: On motion, seconded and carried, the CAS adopted the annual dues increase shown below. Six abstentions were noted.

<u>Active Membership</u>	<u># of Soc.</u>	<u>Annual Dues</u>	<u>Yield</u>
Less than 300	28	\$ 500	\$14,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	5	3,000	15,000
	—		—
TOTALS	51		\$55,000

INTERACTION OF BASIC AND CLINICAL SCIENCES

ACTION: On motion, seconded and carried, the CAS unanimously adopted the following Resolution on the Interaction of Basic and Clinical Sciences:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each

CAS BUSINESS MEETING

other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

MEMBERSHIP APPLICATIONS

ACTION: On motion, seconded and carried, the CAS Membership voted unanimously to recommend to the AAMC Executive Council the following applications:

American Academy of Neurology
American College of Psychiatrists
American College of Radiology
Association of Orthopaedic Chairmen
Biophysical Society
Central Society for Clinical Research

ELECTION OF OFFICERS AND ADMINISTRATIVE BOARD MEMBERS

ACTION: By written ballot the CAS Membership elected Ronald W. Estabrook, Ph.D., Chairman-Elect; and Robert M. Blizzard, M.D., David R. Challoner, M.D., and Rolla B. Hill, Jr., M.D., to two-year terms to the Administrative Board.

ESTABLISH AD HOC COMMITTEE

ACTION: On motion, seconded and carried unanimously, the CAS Membership voted that the CAS establish an ad hoc committee to study and report, at the next meeting, on mechanisms for the development of appropriate support and funding for advanced graduate clinical specialty and biomedical research training.

COUNCIL OF FACULTIES

ACTION: A motion, duly seconded, that the CAS recommend that there NOT be established a Council of Faculties within the AAMC at this time was defeated with 26 for and 30 against.

ACTIONS TAKEN AT THE COTH INSTITUTIONAL MEMBERSHIP MEETING
November 3, 1972

ACTION: It was moved, seconded and carried, that the COTH Ad Hoc Membership Report and the recommendations contained therein, be approved.

ACTION: It was moved, seconded and carried, that the Institutional Membership approve the actions of the COTH Administrative Board during the past administrative year.

ACTION: It was moved, seconded and carried that the following list of nominations be elected for the coming year.

Leonard W. Cronkhite, Jr., M.D.
Chairman

Robert A. Derzon
Chairman-Elect

Daniel W. Capps
Three-year term

Sidney Lewine
Three-year term

Charles B. Womer
Three-year term

David H. Hitt
Two-year term

Eugene L. Staples
One-year term

ORGANIZATION OF STUDENT REPRESENTATIVES

RESOLUTION ON THE INTERACTION OF BASIC AND CLINICAL SCIENCES

ACTION: On motion, seconded and carried, the OSR approved the following resolution:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

ACTION: On motion, seconded and carried, the OSR supported the following Executive Council resolution:

Every medical student deserves all of the advantages inherent in the National Intern and Resident Matching Program. In order to assure them this advantage, the first hospital-based graduate training appointment after the awarding of the M.D. degree should be through the National Intern and Resident Matching Program.

ACTION: On motion, seconded and carried, the OSR adopted the following:

A committee of the OSR shall be appointed to (1) investigate the extent of violations of the NIRMP; (2) report these violations to the proper authorities and to the OSR; and (3) recommend to the OSR means by which undesirable practices may be halted.

RELEASE OF INFORMATION TO THE SELECTIVE SERVICE SYSTEM

ACTION: On motion, seconded and carried, the OSR adopted the following resolution:

Whereas participation by medical schools in the military manpower procurement procedure is neither a legal requisite nor a professional responsibility, and

Whereas the release of information on students to outside agencies without the knowledge or permission of the subjects is a violation of individual liberty,

Therefore, be it resolved that the Organization of Student Representatives of the AAMC strongly recommends to the Council of Deans that all member schools refrain from releasing any information to the Selective Service System except at the specific request of each student involved.

AMENDMENTS TO OSR RULES AND REGULATIONS

A. Duties of the Secretary

ACTION: On motion, seconded and carried, the OSR adopted the following modification to its Rules and Regulations:

Section 4 (Officers and Administrative Board), Article A, Paragraph 3, should be changed to read:

"The Secretary, whose duties it shall be (a) to keep the minutes of each regular meeting, (b) to maintain an accurate record of all actions and recommendations of the Organization, and (c) to insure the dissemination of the minutes of each regular meeting and a record of all actions and recommendations of the Organization, of the organizations contingent to the AAMC Assembly, and of the Organization's representatives on the committees of the AAMC, within one month of each meeting."

B. Term of Office of OSR Members

ACTION: On motion, seconded and carried, the OSR adopted the following amendment to its Rules and Regulations:

Section 3 (Membership). Add:

"C. Each school shall choose the term of office of its representative in its own manner."

RECOGNITION OF PAST CHAIRMAN

ACTION: By acclamation, the OSR expressed its appreciation to Larry Holly for his many efforts as the Organization's first Chairman.

ELECTION OF OFFICERS

ACTION: The following OSR officers were elected for 1972-73:

Chairman-Elect: Alvin Strelnick
Yale University School of Medicine

Secretary: Jan Richard Weber
University of Wisconsin Medical School

Representatives-at-Large: Robert Kohn
Cornell University Medical College
C. Elliott Ray
University of Kentucky School of Medicine
George Woods
University of Utah College of Medicine

N.B. The other five members of the 1972-73 OSR Administrative Board will be:

Chairman: Kevin Soden
University of Florida College of Medicine
(Mr. Soden served as OSR Chairman-Elect during 1971-72.)

Regional Representatives: Central - Daniel L. Pearson
Case Western Reserve School of Medicine
Northeast - Robert Amrhein
University of Vermont College of Medicine
Southern - H. Jay Hassell
Bowman Gray School of Medicine
Western - Patrick N. Connell
University of Arizona College of Medicine
(Regional Representatives were elected at regional meetings prior to the OSR business meeting.)

REPORT OF THE AD HOC COMMITTEE ON THE ESTABLISHMENT OF A MATCHING PROGRAM FOR THE REDISTRIBUTION OF HEALTH MANPOWER

ACTION: On motion, seconded and carried, the OSR adopted the following:

That the spirit and recommendations of the Report of the Ad Hoc Committee on the Establishment of a Matching Program for the Redistribution of Health Manpower be approved and that the Administrative Board and interested OSR members draw up a resolution to present to the AAMC concerning these matters for next year's meeting.

miss kittlemeier



A C T I O N S

TAKEN AT MEETINGS OF THE:

Executive Council (September 15, 1972)	1
COD Administrative Board (September 14, 1972)	8
CAS Administrative Board (September 14, 1972)	11
COTH Administrative Board (August 6, 1972)	13

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D. C. 20036

EXECUTIVE COUNCIL
(9/15/72)

NOMINATION OF REPRESENTATIVES TO LCGME AND CCME

ACTION: On motion, seconded and carried, the Executive Council concurred in the appointment by the Chairman of Dr. William G. Anlyan, Dr. William Holden, Dr. Julius Krevans and Mr. John Danielson as the AAMC representatives to the Liaison Committee on Graduate Medical Education and Dr. William G. Anlyan, Dr. Clifford Grobstein, and Dr. T. Stewart Hamilton as the Association's representatives to the Coordinating Council on Medical Education.

LIAISON COMMITTEE ON CONTINUING MEDICAL EDUCATION

ACTION: On motion, seconded and carried, the Executive Council authorized the officers of the Association, in collaboration with the Executive Committee, to select representatives to proceed conservatively in the negotiation of a Liaison Committee on Continuing Medical Education.

PROPOSED CONSOLIDATION OF ECFMG AND CFMG

ACTION: On motion, seconded and carried, the Executive Council directed the AAMC representative to the Educational Council for Foreign Medical Graduates and the Council on Foreign Medical Graduates to urge consolidation of the two bodies through the appointment of an ECFMG executive director who would have jurisdiction over the CFMG.

LCME ACCREDITATION DECISIONS

ACTION: On motion, seconded and carried, the Executive Council approved as accredited the following schools for the terms stated:

<u>FULLY DEVELOPED SCHOOLS</u>	<u>SURVEY</u>	<u>YEARS APPROVED</u>
University of Toronto Faculty of Medicine	12/71	7 (entering class 250)
Queen's University Faculty of Medicine	2/72	7 (entering class 75)
University of Louisville School of Medicine	2/72	2 (entering class 140)
Tulane University School of Medicine	3/72	7 (entering class 148)
College of Medicine and Dentistry of New Jersey - The New Jersey Medical School	11/71	3 (entering class 110)
McMaster University Faculty of Medicine	3/72	7 (entering class 80)
Stanford University School of Medicine	4/72	3 (entering class 86) With Annual Report on status of recruitment of departmental chairmen

EXECUTIVE COUNCIL

Creighton University School of Medicine
Michigan State University College
of Human Medicine

3/72
12/71

3 (entering class 104)
The LCME approved
an increase in the
entering class size
from 85 to 100 by 1975.
The Secretary reported
that approval had been
granted to Texas Tech
to increase its class
size from 35 to 36
students for the
purpose of "enrolling
a minority student with
very strong potential
to succeed in medical
school"

Texas Tech University School of Medicine

8/71

DEVELOPING SCHOOLS

Medical College of Ohio at Toledo

12/71

Probationary Accredi-
tation pending next
survey Nov. '72. No
commitment for enroll-
ment of new students
may be made until then.

Rush Medical College

3/72

Provisional Accredi-
tation. Visit prior to
graduation of first
class. Approval granted
for entering class of
66 in 1972; 70 in 1973.

University of California, San Diego,
School of Medicine

12/72

Full Accreditation for
7 years (entering class
of 65)

College of Medicine and Dentistry of
New Jersey - Rutgers Medical School

10/72

Approval for third year
class for 32 students.
(Previous LCME Action
limited number to 16)

University of Minnesota, Duluth, Medical
Education Program

Provisional Accreditation
for the enrollment of
24 students beginning
in September, 1972.

EXECUTIVE COUNCIL

University of South Alabama
College of Medicine

1/72

Provisional Accreditation for the enrollment of 24 beginning medical students, January, 1973. Progress Report requested on the status of faculty recruitment and construction of new Basic Science Building.

CONVERSION TO DEGREE-GRANTING MEDICAL SCHOOL

Dartmouth Medical School

2/72

5 years. For the two year curriculum leading to the award of the Bachelor of Medical Science Degree (entering class 59)

Provisional Accreditation for the three-year curriculum.

EXECUTIVE COUNCIL

ELECTION OF INDIVIDUAL MEMBERS

ACTION: On motion, seconded and carried, the Executive Council recommended to the Assembly the election of 359 Individual Members.

ELECTION OF SENIOR MEMBERS

ACTION: On motion, seconded and carried, the Executive Council recommended to the Assembly the election of the following individuals to Senior Membership in the AAMC:

William G. Anlyan
Peter P. Bosomworth
Kenneth R. Crispell
Merlin K. DuVal
George T. Harrell
Philip R. Lee
Mason Meads
Richard R. Overman
John W. Patterson
Robert D. Sparks

ELECTION OF EMERITUS MEMBERS

ACTION: On motion, seconded and carried, the Executive Council recommended to the Assembly the election of the following individuals to Emeritus Membership in the AAMC:

Walter Reece Berryhill
William Wesley Frye
Vernon W. Lippard
Homer F. March
William R. Willard
Cecil L. Wittson

ELECTION OF INSTITUTIONAL MEMBERS

ACTION: On motion, seconded and carried, and contingent upon approval of the COD, the Executive Council recommended to the Assembly the election of the following schools to the indicated class of membership:

Institutional

University of California, Davis, School of Medicine
University of California, San Diego, School of Medicine
University of Connecticut School of Medicine

EXECUTIVE COUNCIL

Provisional

University of South Alabama College of Medicine

Affiliate Institutional

McMaster University Faculty of Medicine

MEDICAL COLLEGE OF OHIO AT TOLEDO

ACTION: On motion, seconded and carried, and contingent upon approval of the COD, the Executive Council, with seven members abstaining, recommended to the Assembly the election of the Medical College of Ohio at Toledo to Institutional Membership.

FLEXNER AWARD NOMINATION

ACTION: On motion, seconded and carried, the Executive Council approved the Flexner Award Committee's nomination of Dr. William R. Willard as the recipient of the 1972 Flexner Award for "extraordinary individual contributions to medical schools and to the medical educational community as a whole."

BORDEN AWARD NOMINATION

ACTION: On motion, seconded and carried, the Executive Council approved the Borden Award Committee's nomination of Dr. Philip C. Cotzias as the recipient of the 1972 Borden Award for "outstanding research in medicine conducted by a member of the faculty of an affiliated college."

CHANGE IN BORDEN AWARD CRITERIA

ACTION: On motion, seconded and carried, the Executive Council urged that the Borden Foundation reconsider its proposal to alter the criteria of the Borden Award and retain the existing criteria of "outstanding research in medicine."

ESSENTIALS FOR EDUCATION OF THE PHYSICIAN'S ASSISTANT

ACTION: On motion, seconded and carried, the Executive Council approved in principle the Essentials for Education of the Physician's Assistant.

EXECUTIVE COUNCIL

PROGRAMS IN THE BASIC MEDICAL SCIENCES

ACTION: On motion, seconded and carried, the Executive Council approved in principle the document, Programs in the Basic Medical Sciences, and returned it to the LCME for revision.

APPROVAL OF GROUPS

ACTION: On motion, seconded and carried, the Executive Council approved the establishment of a Group on Student Affairs, a Group on Medical Education and a Group on Public Relations and approved their rules and regulations after modifying them to provide for communication with appropriate AAMC councils.

POLICY STATEMENT ON THE PROTECTION OF HUMAN SUBJECTS

ACTION: On motion, seconded and carried, the Executive Council approved a policy statement of the AAMC on the Protection of Human Subjects as modified by the COD and CAS. The statement reads as follows:

The Association of American Medical Colleges asserts that academic medical centers have the responsibility for ensuring that all biomedical investigations conducted under their sponsorship involving human subjects are moral, ethical and legal. The centers must have rigorous and effective procedures for reviewing prospectively all investigations involving human subjects based on the DHEW Guidelines for the Protection of Human Subjects as amended December 1, 1971. Those faculty members charged with this responsibility should be assisted by lay individuals with special concern for these matters. Ensuring respect for human rights and dignity is integral to the educational responsibility of the institutions and their faculties.

COTH AD HOC MEMBERSHIP COMMITTEE REPORT

ACTION: On motion, seconded and carried, the Executive Council approved the report of the COH Ad Hoc Membership Committee and the recommendations contained therein.

EXECUTIVE COUNCIL

RESOLUTION ON VA POLICY RELATING TO DUAL PAYMENT OF HOUSE STAFF

ACTION: On motion, seconded and carried, the Executive Council voted to transmit the following resolution to the Veterans Administration:

The Executive Council of the AAMC considered Policy Circular #10-72-184 at its meeting on September 15, 1972. This policy, permitting dual payment to medical residents for performing duties normally expected of house officers, will have an impact on institutional policies far beyond the limited interests of the affiliated VA Dean's Committee Hospitals. The Executive Council is disturbed that there was no prior consultation with the AAMC staff or the members of the VA-AAMC Liaison Committee prior to the formulation and promulgation of this policy. The Council requests that implementation be delayed until there has been an opportunity for a thorough discussion of this matter.

FY 1972 AUDIT REPORT

ACTION: On motion, seconded and carried, the Executive Council meeting in Executive Session voted to accept the FY 1972 report of the Association's auditors, Ernst & Ernst.

COUNCIL OF DEANS ADMINISTRATIVE BOARD
September 14, 1972

Faculty Representation in the AAMC

The Board reviewed the responses to the Chairman's letter requesting an assessment of the proposal to establish an Organization of Faculty Representatives from each dean, the executive faculty and the general faculty of each institution. 52 schools responded; a plurality of the deans and the executive faculties opposed the proposal, a plurality of the general faculties favored it. 13 schools indicated that an independent Council of Faculties would be a preferable organizational structure. The Board judged that this represented no clear mandate to establish an OFR and by straw vote found only one Board member favoring either an OFR or a COF. Considering itself bound by the February COD resolution on the subject, the Board referred the matter to the regions for further discussion with the admonition that the broad issue of faculty participation in the governance of the AAMC on an institutional basis be addressed as well as the proposed organizational structure for such participation. The AAMC staff was charged to present the recommendations to the regional meetings with the stipulation that any region voting for increased faculty participation should submit a method of implementation.

Report of the Ad Hoc Committee on Admissions Problems

The Board received the report and commended the committee for its work. The Board voted to forward the report to the COD with recommendations of its own highlighting for specific COD action, several of the Committee's suggestions. The Board's recommendations:

- 1) That the AAMC President and staff be requested to explore all aspects of the feasibility of a medical school admissions matching plan and to develop a proposal for the phased implementation of such a plan for COD approval (should the project appear feasible).
- 2) That the AAMC staff and GSA be commended for their work with the pre-medical advisors and urged to continue this work with increased emphasis on developing background information relating to and advising students of the range of potential careers available to those interested in working in the health field.
- 3) The Board calls particular attention to the committee's observations with respect to the American Medical College Application Service in the belief that the coming year will provide substantial evidence that the service has overcome its start-up problems and promises to become a significant factor in improving the efficiency and effectiveness of the admissions process. Consequently, each non-participating school is advised to carefully evaluate this progress and to reassess the potential utility of AMCAS in assisting in its own admissions process.
- 4) Finally, the Board requests that the AAMC staff begin immediately to prepare the appropriate educational material referred to by the committee for the education of the admissions committees and staffs of the schools. This material should be submitted

to the COD Administrative Board for its review and evaluation prior to being made available to the individual schools.

Resolution on the Interaction of Basic and Clinical Sciences

The following resolution referred by the Executive Council was endorsed by the Board:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

Council of Deans Spring 1973 Meeting

The Board, acting as program committee for the Spring Meeting to be held in San Antonio, March 7-9, 1973, formulated as the theme of the meeting: "The Influence of Third Party Payers on Medical Education and Patient Care in the Teaching Setting." Envisioned are three sessions on this topic focusing on 1) the effect on funding, 2) the effect on faculty, and 3) the effect on the teaching program. Additional time will be set aside for a discussion with the AAMC President and for conference conclusions and actions.

Election of Institutional Members

The Board recommended to the Executive council the following membership actions:

- Election to Provisional Institutional Membership: The University of South Alabama College of Medicine.
- Election to Institutional Membership: The University of California, Davis, School of Medicine; The University of California, San Diego, School of Medicine; and the University of Connecticut School of Medicine.
- Election to Affiliate Institutional Membership: McMaster University Faculty of Medicine.

The question was raised as to whether or not a school should be granted full membership in the AAMC while on probation. In the past, full membership was not removed if the school was placed on probation following the granting of full membership in the AAMC. Since the Medical College of Ohio at Toledo was at the time of this meeting in a provisional membership status, the Board voted that the provisional status be continued and that full membership and permanent status be denied until such a time as the probationary terms are satisfied. At that time, the matter should again be brought up for consideration.

Policy Statement of the AAMC on the Protection of Human Subjects

The Board endorsed the following policy statement (In the third sentence the Board added the word "members" after faculty):

The Association of American Medical Colleges asserts that academic medical centers have the responsibility for ensuring that all biomedical investigations conducted under their sponsorship involving human subjects are moral, ethical and legal. The centers must have rigorous and effective procedures for reviewing prospectively all investigations involving human subjects based on the DHEW Guidelines for the Protection of Human Subjects as amended December 1, 1971. Those faculty members charged with this responsibility should be assisted by lay individuals with special concern for these matters. Ensuring respect for human rights and dignity is integral to the educational responsibility of the institutions and their faculties.

Resolution on VA Policy Relating to Dual Payment of House Staff

The Board endorsed the following resolution:

The Executive Council of the AAMC considering Policy Circular #10-72-184 at its meeting on September 15, 1972. This policy, permitting dual payment to medical residents for performing duties normally expected of house officers, will have an impact upon institutional policies far beyond the limited interests of the affiliated VA Dean's Committee Hospitals. The Executive Council is disturbed that there was no prior consultation with the AAMC staff or the members of the VA-AAMC Liaison Committee prior to the formulation and promulgation of this policy. The Council requests that implementation be delayed until there has been an opportunity for a thorough discussion of this matter.

COUNCIL OF ACADEMIC SOCIETIES

ADMINISTRATIVE BOARD

9/14/72

CAS DUES INCREASE

ACTION: The CAS Administrative Board will recommend to the Council that dues be increased according to the following schedule:

<u>Active Membership</u>	<u># of Soc.</u>	<u>Annual Dues</u>	<u>Yield</u>
Less than 300	28	\$ 500	\$14,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	<u>5</u>	3,000	<u>15,000</u>
TOTALS	51		\$55,000

RESOLUTION ON THE INTERACTION OF BASIC AND CLINICAL SCIENCES

ACTION: The CAS Administrative Board voted unanimously to put the Resolution on the Interaction of Basic and Clinical Sciences adopted by the Executive Council on May 18, 1972 before the Council of Academic Societies at its fall meeting.

MEMBERSHIP APPLICATIONS

ACTION: The Administrative Board recommended that membership applications of the following organizations be approved for transmission to the Council this fall:

1. The Central Society for Clinical Research, Inc.
2. The American College of Psychiatrists
3. Biophysical Society
4. American College of Radiology

POLICY STATEMENT OF THE AAMC ON THE PROTECTION OF HUMAN SUBJECTS

ACTION: The CAS Administrative Board adopted the following policy statement:

The Association of American Medical Colleges asserts that academic medical centers have the responsibility for ensuring that all biomedical investigations conducted under

their sponsorship involving human subjects are moral, ethical and legal. The centers must have rigorous and effective procedures for reviewing prospectively all investigations involving human subjects based on the DHEW Guidelines for the Protection of Human Subjects as amended December 1, 1971. Those faculty charged with this responsibility should be assisted by lay individuals with special concern for these matters. Ensuring respect for human rights and dignity is integral to the educational responsibility of the institutions and their faculties.

COTH ADMINISTRATIVE BOARD ACTIONS
August 6, 1972

COTH AD HOC MEMBERSHIP REPORT

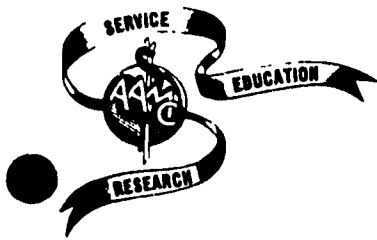
ACTION: It was moved, seconded and carried, that the COTH Ad Hoc Membership Report and the recommendations contained therein, be approved as modified. The Administrative Board recommends this report be forwarded to the COTH Institutional Membership and the AAMC Executive Council to be adopted as AAMC policy.

RESOLUTION ON THE INTERACTION OF BASIC AND CLINICAL SCIENCES

ACTION: It was moved, seconded and carried, that the Administrative Board of the Council of Teaching Hospitals enthusiastically support the "Resolution on the Interaction of Basic and Clinical Sciences."

Participation by basic scientists in hospital activities has been increasing steadily. Their contribution to hospital laboratories and radiology departments have been long-lasting and of increasing importance. Newer developments in both diagnostic and therapeutic units, such as nuclear medicine, hemodialysis, patient monitoring and cardiac surgery, have involved substantial participation on the part of basic scientists. In addition, basic scientists play an essential role in the functions of committees which monitor certain professional activities of hospitals, such as the Infections Committee, the Radiation Safety Committee, and the Committee on Human Investigations.

Since the teaching hospital will gain in increased capability of its clinical, teaching, and investigative functions through further integration of the basic medical scientists into the hospital program, the Council of Teaching Hospitals welcomes the actions contemplated in the resolution which will further this result.



A C T I O N S

Taken at meetings of the:

<i>Executive Council (May 19, 1972)</i>	1
<i>COD Administrative Board (May 18, 1972)</i>	7
<i>CAS Administrative Board (May 18, 1972)</i>	10
<i>COTH Administrative Board (May 18, 1972)</i>	13

Association of American Medical Colleges
Suite 200, One Dupont Circle, N.W., Washington, D. C. 20036

FUTURE AAMC MEETINGS

AUGUST, 1972

6	9:30 am - 1:30 pm	COTH Ad. Bd.	Palmer House
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SEPTEMBER, 1972

14	10:00 am - 4:00 pm	CAS Ad. Bd.	Cosmos Club
14	noon - 3:00 pm	COD Ad. Bd.	AAMC
14	4:00 pm - 7:00 pm	Executive Committee	Embassy Row
15	9:00 am - 4:00 pm	Executive Council	AAMC

NOVEMBER, 1972

2 - 6	AAMC ANNUAL MEETING - FONTAINEBLEAU	MIAMI, FL
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EXECUTIVE COUNCIL
(5/19/72)

RESOLUTION ON THE INTERACTION OF BASIC AND CLINICAL SCIENCES

ACTION: The Executive Council approved in principle the resolution stated below, and agreed that it would be considered by the Administrative Boards (other than CAS which initiated the resolution) and would be transmitted to the Liaison Committee on Medical Education.

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

RECOGNITION OF DR. HENRY VAN ZILE HYDE

ACTION: On learning that Dr. Henry van Zile Hyde would be retiring from the AAMC staff on July 1, the Executive Council approved a resolution recognizing Dr. Hyde's outstanding contributions to the AAMC as its Director of the Division of International Medical Education and to medical education the world over.

EXECUTIVE COUNCIL

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

ACTION: The Executive Council approved a statement previously adopted by the Council of Deans in May, 1971 stating:

Every medical student deserves all of the advantages inherent in the National Intern and Resident Matching Program. In order to assure them this advantage, the first hospital based graduate training appointment after the awarding of the M.D. degree should be through the National Intern and Resident Matching Program.

PROVIDING FACULTY ROSTER DATA TO THE NATIONAL RESEARCH COUNCIL

ACTION: The Executive Council, after receiving assurance that confidentiality would be maintained, agreed to provide data from the faculty roster to the National Research Council for use in a National Institute of General Medical Science training grant study.

DISCONTINUATION OF THE FEBRUARY MEETING, FUTURE EXECUTIVE COUNCIL MEETING DATES

ACTION: The Executive Council voted:

1. that the Assembly discontinue its semi-annual meeting, and meet once a year at the Annual Meeting; a special meeting of the Assembly may be called (as specified in the AAMC Bylaws) should the need be determined;
2. that the Councils (and OSR) work with staff in planning Spring meetings at a date and place of their choice;
3. that the Executive Council meet on the following dates during the coming year:

December 15, 1972
March 16, 1973
June 22, 1973
September 14, 1973

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council approved as accredited the following schools:

<u>FULLY DEVELOPED SCHOOLS</u>	<u>SURVEY</u>	<u>YEARS APPROVED</u>
Baylor College of Medicine	2/71	2
CMDNJ - Rutgers Medical School	10/71	7 with Progress Report
Tufts University School of Medicine	4/71	7 with Progress report in one year

EXECUTIVE COUNCIL

<u>DEVELOPING SCHOOLS</u>	<u>SURVEY</u>	<u>YEARS APPROVED</u>
University of Missouri at Kansas City	12/71	Provisional, visit in one year
University of California, Davis, School of Medicine	1/72	7 with annual progress report
Louisiana State University School of Medicine in Shreveport	5/71	Provisional, visit in 1972
University of Connecticut School of Medicine	1/72	2 with Progress Report in one year
Michigan State University College of Human Medicine	12/71	2 with Report in one yr.
University of South Alabama College of Medicine	1/72	Letter of Reasonable Assurance

FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The Executive Council approved the LCME's April 26, 1972 version of the "Functions and Structure of a Medical School" and recommended it to the Assembly for approval.

FUNCTIONS AND STRUCTURE OF A SCHOOL OF THE BASIC MEDICAL SCIENCES

ACTION: The Executive Council approved in principle two policy statements (listed below) of the LCME to assist in developing the final version of the "Functions and Structure of a School of the Basic Medical Sciences." It was agreed that the previously considered "Resolution on the Interaction of Basic and Clinical Sciences" would be transmitted to the LCME along with these statements.

- I. The Liaison Committee has categorized the types of basic medical science programs that it will consider for accreditation as follows:
- (1) Existing two-year programs accredited or provisionally accredited
 - (2) New basic science programs in institutions with a commitment to establish a full M.D. degree program with their own resources or as part of a consortium,
and
 - (3) New basic science programs in institutions which are formally affiliated with one or more already established medical schools. In this case the program will be accredited as a component of the M.D. degree-granting institution or institutions.

EXECUTIVE COUNCIL

POLICY STATEMENT ON THE ESTABLISHMENT OF A CABINET-LEVEL DEPARTMENT OF HEALTH

ACTION: The Executive Council approved the following policy statement:

Be It Resolved that the Association of American Medical Colleges wholeheartedly supports the establishment of a Cabinet-level Department of Health to serve as the single point of responsibility for defining health policy, administering federal health programs and evaluating the state of the nation's health. The Department should be administered by a Secretary of Health appointed by the President with the advice and consent of the Senate. The Secretary should be responsible for all health programs now administered by the Secretary of Health, Education, and Welfare including Medicare and Medicaid and any new program of national health insurance. In connection with establishment of a new Department of Health, an independent panel of experts should conduct a study to develop a thoughtful and coordinated national health policy and a detailed national health program for meeting current and future health needs for the United States.

POLICY STATEMENT ON THE PHYSICIAN DRAFT

ACTION: The Executive Council approved the following policy statement:

1. The "doctor draft" should terminate on July 1, 1973, the same date on which draft legislation expires. The termination of the doctor draft should apply to all individuals in college, medical school, or postgraduate medical training, regardless of age, selective service status or previous deferment. However, firm commitments previously made to specific services and programs by individuals should be honored.
 - (a) Subsequent to this termination date, military physician manpower requirements should be met entirely by volunteers. Current programs which include scholarships for medical students planning military service, higher pay scales for service physicians, the increased use of health professionals other than physicians, and the continuing critical review of the numbers of military physicians should be further developed and expanded. Retention of physicians in the service should be improved by changing current assignment requirements for those in higher rank, and by generally improving pay scales, working conditions, and opportunities for professional advancement.

EXECUTIVE COUNCIL

- II. It is the policy of the Liaison Committee to discourage the establishment of programs in the basic medical sciences that do not have a clearly defined pathway leading to the M.D. degree.

PROPOSAL FOR THE ESTABLISHMENT OF A LIAISON COMMITTEE ON GRADUATE MEDICAL EDUCATION PROPOSAL FOR THE ESTABLISHMENT OF A COORDINATING COUNCIL ON MEDICAL EDUCATION

ACTION: The Executive Council approved as written two proposals emanating from a meeting of AAMC, AMA, ABMS, AHA, and CMSS representatives. These proposals would establish a Liaison Committee on Graduate Medical Education, parallel to the present LCME, for the accreditation of programs of graduate medical education. They would also establish a Coordinating Council on Medical Education as an umbrella organization over the two accrediting committees. All five organizations would be represented on the two new structures; the LCME would be unchanged.

GUIDELINES FOR SUB-COUNCIL ORGANIZATION

ACTION: The Executive Council approved a set of guidelines for organizing the sub-council activities of the Association, recognizing four classes of sub-council structures: Organizations, Groups, Committees, and Commissions.

POLICY STATEMENT ON ELIMINATING THE FREESTANDING INTERNSHIP

ACTION: The Executive Council approved the following policy statement:

The Association of American Medical Colleges believes that the basic educational philosophy implied in the proposal to eliminate the freestanding internship* is sound. Terminating the freestanding internship will encourage the design of well-planned graduate medical education and is consistent with the policy that academic medical centers should take responsibility for graduate medical education. The elimination of the internship as a separate entity is a logical step in establishing a continuum of medical education designed to meet the needs of students from the time of their first decision for medicine until completion of their formal graduate training.

*The freestanding internship is herein defined as an internship program in a hospital which has no residency training programs.

EXECUTIVE COUNCIL

2. If a physician draft call is necessary prior to the July 1, 1973 termination date, the vulnerability to military conscription should be determined by a random sequence number drawn by Selection Service specifically for this purpose. This proposed lottery system should be administered nationally rather than by local or state draft quotas. If a national administration is not possible, a national ceiling number should be set beyond which no physician could be called by any local board.
 - (a) Draft liability under the existing law should be limited to one year, with the individual to be vulnerable no earlier than two years after receipt of the M.D. degree.

POLICY STATEMENT IN RESPONSE TO THE HARRIS COMMITTEE REPORT

ACTION: The Executive Council approved the following two points to form the basis of the AAMC response to the DHEW Financial Distress Study Report:

1. In any determination of the costs of medical school programs, the appropriate cost of each function essential to each program must be included -- e.g. the educational program leading to the M.D. degree requires classroom instruction, biomedical research (for both the faculty involved in instruction and interested students), and patient care for clinical instruction.
2. Most critical to the viability of all medical schools is the maintenance of income sufficient to support all of its programs. Where necessary, non-restricted income such as tuition, state appropriations, and endowment income must be allocable to cover the costs of any program requisite to quality education.

AAMC BUDGETARY CONSIDERATIONS

ACTION: Meeting in Executive Session, the Executive Council approved several amendments to the Association's FY 1972 Budget, approved the leasing of additional space in FY 1973, and approved the FY 1973 Budget as presented by the AAMC President.

COUNCIL OF DEANS

ADMINISTRATIVE BOARD

5/18/72

GUIDELINES FOR SUB-COUNCIL ORGANIZATIONS

ACTION: After discussing the revisions of the proposed Guidelines distinguishing the document from previously considered versions, ~~and~~ the impact of the proposal on the existing sub-council organizations and their relationships to the three councils, the Board unanimously approved the Guidelines as modified by the following amendments:

B. GROUPS

2. All Group activities shall be under the general direction of the AAMC President or his designee from the Association staff *and shall relate to the appropriate Council(s) as determined by the Executive Council.*
3. Groups may develop rules and regulations subject to the approval of the AAMC President *and the Executive Council.*
5. The activities shall be reported periodically to the *(delete Executive) Council(s) designated under B 2 above.*

PHOENIX MEETING RESOLUTIONS

ACTION: The Board considered the staff formulation of the resolutions adopted on April 22, 1972, by the Council of Deans. After minor revisions the Board endorsed the following as conveying the intent of the COD:

1. The Council of Deans recommends that the AAMC undertake a major study of undergraduate and graduate medical education programs, a study which has at its focus the definition of the quality of their product in quantifiable terms. This should include: (A) The development of standards and priorities by which the quality of educational programs may be assessed; and (B) The identification of the relationship between the performance of the physician and his educational experience.

2. The Council of Deans recommends that the AAMC assume a leadership role in bringing together appropriate organizations for the purpose of developing standards and priorities by which the quality of health care services may be assessed, and for the purpose of assessing the appropriate role of academic medical centers in the delivery of health care, especially in relation to any future national health insurance program.

FACULTY REPRESENTATION IN THE AAMC

ACTION: The Board endorsed the Chairman's proposal that a further investigation be made to determine the level of interest and depth of commitment of the faculties at the institutional level to the concept of faculty participation in the governance of the AAMC on the basis of an institutional representation scheme similar to that employed in the Organization of Student Representatives. It was decided that the Chairman would communicate directly with each Dean and ask for his assessment of the proposal as well as that of his executive and general faculty.

FUTURE MEETINGS OF THE COUNCIL OF DEANS

- ACTION:**
1. Annual Meeting - the following activities were scheduled.
 - A. COD Meeting with the VA Central Staff and hospital directors; Thursday, November 2, 4:00 pm - 5:30 pm.
 - B. COD Administrative Board; Friday, November 3, 12:00 noon - 1:30 pm -- luncheon.
 - C. COD Business Meeting; Friday, November 3, 2:00 pm - 5:00 pm.
 - D. COD-CAS Program Meeting; Sunday, November 5, 9:00 am - 12:30 pm - "Colleges and Medical Schools - Blurred Boundaries and New Alignments."
 2. Spring Meeting of the COD

The Board agreed that the spring meeting of the COD in 1973 should be modeled after the 1972 Phoenix Meeting, i.e. the Deans should meet separately as a group for a period of several days; the meeting format providing for formal presentations and discussions as well as providing time for in-

formal meetings and discussions. The Board voted to schedule the meeting in late February or early March, so as to avoid the crush of late spring meetings and activities.

Pursuant to the Board's directive, the COD Chairman and staff have scheduled the 1973 Spring Meeting on March 7-9, at the Hotel Palacio Del Rio, San Antonio, Texas.

3. CAS Workshop on the Individualization of Medical School Curricula

The Board expressed the interest of the Deans in the proposed workshop of the CAS and indicated their desire that Deans be invited to attend the workshop or send representatives. The Board expressed a willingness to participate in the planning of the program but declined to undertake the workshop as a joint venture of the CAS-COD as a spring meeting in lieu of a separate spring meeting of the COD.

DIRECTORY OF MEDICAL SCHOOL FACULTIES

ACTION: The Board considered a staff proposal that some of the information contained in the Faculty Roster Study data bank be displayed and published in a Directory of Medical School Faculties. The Board agreed that the document would be potentially very useful but cautioned that the existing problems with the Faculty Roster must be overcome before this proposal is implemented.

DEVELOPMENT OF AAMC TESTIMONY

ACTION: The Board requested that the AAMC staff publish to the Deans the methods by which AAMC testimony is developed and cleared with the constituency.

ADMINISTRATIVE BOARD
COUNCIL OF ACADEMIC SOCIETIES

May 18, 1972

CAS DUES INCREASE

ACTION: The Administrative Board will recommend to the Council that dues be increased according to one of the two schedules proposed:

Option A

<u>Membership</u>	<u># of Soc.</u>	<u>Dues</u>	<u>Yield</u>
Less than 300	28	\$ 750	\$21,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	<u>6</u>	3,500	<u>21,000</u>
TOTALS	52		\$68,000

Utilizing the above schedule, one representative from each member society will be provided coach class transportation (no accommodations) to the Annual Meeting of the AAMC. Reimbursement for this transportation would be by the Business Office of the AAMC.

Option B

<u>Membership</u>	<u># of Soc.</u>	<u>Dues</u>	<u>Yield</u>
Less than 300	28	\$ 500	\$14,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	<u>6</u>	3,000	<u>18,000</u>
TOTALS	52		\$58,000

Under this option no transportation services would be provided.

RESOLUTION ON THE REPRESENTATION OF BASIC AND CLINICAL SCIENTISTS IN
ACADEMIC HEALTH CENTERS

ACTION: The Administrative Board recommended adoption of the following resolution:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

This resolution will be forwarded to the COD and COTH Administrative Boards for their consideration and will be presented for approval to the Council of Academic Societies in the fall.

ORGANIZATION OF SUB-COUNCILOR STRUCTURE

ACTION: The Administrative Board passed the proposed organizational recommendations without modification.

MEMBERSHIP APPLICATIONS

ACTION: The Administrative Board recommended that the applications of the American Academy of Neurology and the Association of Orthopaedic Chairmen be approved for transmission to the Council in the fall.

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ACCREDITATION SYSTEM FOR GRADUATE MEDICAL EDUCATION

ACTION: The Administrative Board unanimously endorsed both of the following statements, A Proposal for the Establishment of a Liaison Committee on Graduate Medical Education and a Proposal for the Establishment of a Coordinating Council on Medical Education (both dated 3/30/72).

FALL CAS MEETING

ACTION: The Board approved the following theme for the Fall CAS meeting, "The Interface Between Premedical and Medical Education."

SPRING WORKSHOP

ACTION: A workshop sponsored by the CAS will be developed for March 1973. The title will be "Individualizing Medical Education."

FUTURE MEETINGS

ACTION: After reviewing the policy of the Cosmos Club that requires women to enter through a side door, the Board voted to discontinue meeting there.

ADMINISTRATIVE BOARD
COUNCIL OF TEACHING HOSPITALS

May 18, 1972

GUIDELINES FOR SUB-COUNCIL ORGANIZATION

ACTION: The Administrative Board passed the proposed guidelines without modification.

ANNUAL MEETING PROGRAM

ACTION: The COTH annual meeting program will be entitled:
"External Fiscal Controls on the Teaching Hospital"

.....The Philadelphia Experience
H. Robert Cathcart
President
Pennsylvania Hospital

.....The New York State Experience
Thomas L. Hawkins, Jr., M.D.
Executive Vice President and Director
Albany Medical Center Hospital

APPOINTMENT OF AD HOC COMMITTEE

ACTION: An ad hoc committee was appointed

-to examine the institutional characteristics of the present COTH membership;
-to examine the current criteria for membership, and make recommendations for desirable changes for the future;
-to examine the selection process including the possibility of moving toward some form of institutional evaluation and review.

Members of the ad hoc committee, which will have its first meeting on June 16 in New York City are as follows:

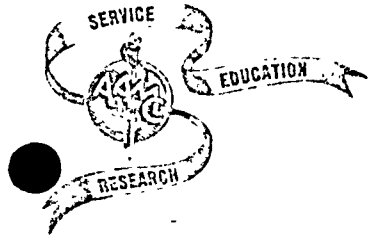
Irvin G. Wilmot (Chairman)
New York University Medical Center

Arthur J. Klippen, M.D.
VA Hospital, Minneapolis

Sidney Lewine
Mt. Sinai Hospital of Cleveland

Charles B. Womer
Yale-New Haven Hospital

Miss Littlejohn



A C T I O N S

Taken at meetings of the:

- AAMC Assembly (2/5/72)*
- Executive Council (2/5/72)*
- COD Administrative Board (2/3/73)*
- Council of Deans (2/4/72)*
- CAS Administrative Board (2/3/72)*
- Council of Academic Societies (2/4/72)*
- COTH Administrative Board (2/4/72)*
- Organization of Student Representatives (2/3-4/72)*
- Resolutions Committee (2/4/72)*

Association of American Medical Colleges
Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036

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ASSEMBLY
(2/5/72)

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

ACTION: The Assembly elected to Provisional Institutional Membership status the following schools:

Southern Illinois University School of Medicine
Mayo Medical School
Texas Tech University School of Medicine
Eastern Virginia Medical School

ELECTION OF ACADEMIC SOCIETY MEMBERS

ACTION: The Assembly elected to Academic Society Membership the following societies:

American Association of Immunologists
American Federation for Clinical Research
Association of Medical School Microbiology Chairmen
Society of Teachers of Family Medicine
Southern Society for Clinical Investigation

ELECTION OF TEACHING HOSPITAL MEMBERS

ACTION: The Assembly elected to Teaching Hospital Membership status the following institutions:

Veterans Administration Center
Biloxi, Mississippi

Veterans Administration Hospital
Sepulveda, California

COUNCIL OF TEACHING HOSPITALS DUES INCREASE

ACTION: The Assembly approved an increase in COTH dues from \$700 per hospital per year to a maximum of \$1000 per hospital per year.

EXECUTIVE COUNCIL
(2/5/72)

FACULTY REPRESENTATION IN THE AAMC

ACTION: After discussing the action of the COD referring consideration of the issue of faculty representation to the Regional Meetings, the Executive Council charged the Regional Meetings to present a proposal to the COD in November.

ACCREDITATION OF GRADUATE MEDICAL EDUCATION

ACTION: The Executive Council approved the five-point proposal (below) recommended by the January 25th meeting of AAMC representatives with delegates from the AMA, ABMS, AHA, and CMSS.

1. As soon as possible, there will be established a Liaison Committee on Graduate Medical Education, with representation from each of the five organizations, to serve as the official accrediting body for graduate medical education.
2. Simultaneously, there will be established a Coordinating Council on Medical Education to consider policy matters for both undergraduate and graduate medical education, for referral to the parent organizations.
3. The existing Liaison Committee on Medical Education and the new Liaison Committee on Graduate Medical Education will have the authority to make decisions on accreditation in their respective areas within the limits of policies established by the parent organizations and with the understanding that Residency Review Committees will continue to function.
4. All policy decisions will continue to be subject to approval by the parent organizations.
5. Policy recommendations may originate from any of the parent organizations or from the two liaison committees, but will be subject to review by the Coordinating Council before final action is taken by the parent organizations.

RECOGNITION OF JOHN DANIELSON

ACTION: On learning that John Danielson will be leaving the AAMC staff in April, the Executive Council passed a resolution expressing its appreciation of Mr. Danielson's contributions as Director of the Department of Health Services and Teaching Hospitals.

RESIGNATION OF DR. DAVID E. ROGERS

ACTION: The Executive Council accepted the resignation of Dr. Rogers and adopted the following resolution:

Resolved:

The Executive Council expresses its appreciation and gratitude for the many contributions that Dr. David E. Rogers has made to the Association of American Medical Colleges.

As an outstanding scientist, physician, dean, and new foundation executive, he continues to provide leadership in advancing the nation's health and the strength of its medical schools.

His warm personality, wisdom, and wit will be missed by his colleagues on the Executive Council.

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council approved as accredited the following schools:

<u>Fully Developed Schools</u>	<u>Survey</u>	<u>Years Approved</u>
University of North Carolina School of Medicine	3/71	2
Medical University of South Carolina College of Medicine	1/71	3
University of Texas Medical School at San Antonio	9/71	5 with annual reports
Medical College of Virginia	10/71	5
<u>Developing Schools</u>		
Mayo Medical School	9/71	provisional
University of Texas Medical School at Houston	10/71	provisional
Eastern Virginia Medical School	5/71	provisional

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

ACTION: The Executive Council recommended to the Assembly the election to Provisional Institutional Membership of the following schools:

Southern Illinois University School of Medicine
Mayo Medical School
Texas Tech University School of Medicine
Eastern Virginia Medical School

AAMC POLICY ON ACCREDITATION

ACTION: The Executive Council established the following policy of the Association of American Medical Colleges with regard to accreditation of institutions and their medical educational programs.

1. Accreditation should continue to be a nongovernmental function to meet the needs of society in identifying those institutions or programs that meet acceptable standards of quality.
2. The Association of American Medical Colleges should continue to have authority for approving the policies and procedures for accreditation of medical schools and all their educational programs.
3. Accreditation by the Federal Government has the potential of initiating direct Federal determination of the character, content, and structure of the academic programs of educational institutions and creating a Federal system of post-secondary education in the United States. This would not be in the best interest of the nation.
4. In their relationship with the government, the non-governmental accrediting agencies must retain their authority and responsibility to determine policies and procedures for accreditation consonant with sound educational concepts as well as the needs of society to identify those institutions or programs that meet acceptable standards of educational quality. Accreditation can continue to serve governmental purposes and objectives possible under these terms. The broader public purposes and objectives of the Federal Government should be achieved by different means.
5. The Association staff is directed to work with other interest organizations and agencies to insure the continued recognition of these policies.

FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The Executive Council approved the LCME's January 13, 1972 draft of the "Functions and Structure of a Medical School" and recommended it to the November Assembly for approval.

ADDITIONAL LCME MEMBERS

ACTION: The Executive Council approved a proposal to add two public members to the LCME. The AAMC and the Council on Medical Education will submit names of candidates for election by the LCME.

ORGANIZATION OF SUB-COUNCIL ACTIVITIES

ACTION: After some discussion, the Executive Council referred the proposed "Organization of Sub-Council Activities" to the Administrative Boards for deliberation. The Administrative Boards were instructed to confer with representatives of established Groups and Sections, and to make a recommendation of clear action to the Executive Council in May.

THE "FIFTH PATHWAY" (SPECIAL JUNIOR CLINICAL CLERKSHIPS FOR FOREIGN MEDICAL GRADUATES)

ACTION: The Executive Council, after receiving recommendations of the three Councils, reached the following consensus:

1. The provision of such special supervised clinical training for foreign medical graduates as the suggested special junior clinical clerkship or any other type of training is a matter for individual consideration by the individual schools, however,
2. The Executive Council wishes to call attention to the Coordinated Transfer Application System (COTRANS) which is available to assist the medical schools and students desiring to arrange for transfer on advanced standing in American medical schools. COTRANS validates the credentials of the student and assists him in arranging to take Part I, NBME. Last year COTRANS sponsored 580 eligibles, 437 of which actually took Part I, NBME. Although only 102 passed, 115 were accepted for advanced standing transfers through this service in 1971. At the present time only 46 U.S. medical schools participate in COTRANS. The Executive Council believes this is a valuable service and endorses it as a mechanism the schools may wish to consider utilizing more fully.
3. The "5th pathway" or special junior clinical clerkship does not result in the granting of the M.D. by either the foreign medical school or the U.S. medical school; the Executive Council believes member institutions should look with disfavor on any such approach where their responsibility for quality education may be compromised in any way and should seek mechanisms which provide adequate opportunity for all students to earn an unqualified degree in medicine, and
4. Finally, because of the pressure of the growing number of applicants for the expanding but still limited number of places in medical schools that will continue and become more severe and because a large number of adequately qualified applicants are being left over each year, many of whom will enroll in foreign medical schools, the Executive Council requests that the Council of Deans continue to study the matter of the foreign medical graduate.

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ACTIONS OF THE COD ADMINISTRATIVE BOARD
THURSDAY, FEBRUARY 3, 1972

1. BOS Professional Advancement Program: The Board reviewed the proposed professional advancement program of the BOS scheduled to be held in conjunction with the AAMC Annual Meeting in Miami. It approved the development of the program with the admonition that every attention be given to the quality of this endeavor and that funding of participants and faculty be consistent with AAMC Policy.
2. Tax Status of Joint Operations by Exempt Groups: The Board heard a report regarding an IRS interpretation that would make joint operations by exempt groups taxable as feeder corporations performing activities of a commercial nature. The Board received the report as information and generally concurred that the AAMC should cooperate with the American Council on Education (ACE) in its effort to secure legislation exempting such operations. Staff will pursue the required information gathering activities with the appropriate elements of the constituency.
3. Proposed Organizations of Sub-Council Activities: The Board reviewed the Guidelines for Sub-Council Organization presented for their consideration. It approved the document in principle, but expressed the desire to examine further the implications of the guidelines especially as to their impact on existing organizations.
4. Organization of Faculty Representatives: The Board discussed the proposal that faculty should be represented in the AAMC through an Organization of Faculty Representatives parallel in structure to the OSR. No action was taken on this proposal.
5. Committee on Financing Medical Education: Dr. Mayer discussed a proposal from Dr. Sprague's Committee that the CAS address the complex set of questions surrounding the salary arrangements for clinical faculty and the cost to medical schools associated with faculty practice utilizing academic facilities. Other approaches to the problem were considered, including a proposal that more exhaustive information be gathered regarding the systems for distributing income from clinical faculty practice. No specific action was taken by the Board.
6. The OSR Administrative Board: The COD Administrative Board met with the OSR Administrative Board. The Chairman of the OSR reported on the activities of the OSR. The two groups proceeded to discuss other matters of mutual interest including AAMC activities with respect to the physician draft; the commitment of the deans to the viability of the OSR; and problems posed by the presence of foreign house staff in teaching hospitals.

ACTIONS TAKEN AT THE COUNCIL OF DEANS MEETING
FRIDAY, FEBRUARY 4, 1972

1. Spring meeting of the COD: A motion to permit the dean to appoint a representative to attend the spring meeting of the COD at Phoenix, Arizona - April 19-22 was defeated by a roll call vote (55-No's; 13 yes'; 2 abstain).
2. Faculty Representation in the AAMC: The COD voted to delay action on the issue of Faculty Representation in the AAMC until all regions have had an opportunity for full discussion of the specific proposal (presented by the Executive Council for consideration by the individual Councils); and further that that delay be no longer than the November meeting of the COD.
3. The "Fifth Pathway" for American Students Studying Medicine Abroad:
The COD passed the following policy statement:

"Each medical school may independently consider applications for transfer on advanced standing via COTHRANS, which uses Part I of the National Board Examination, as a qualifying screen."

Other motions dealing with the "Fifth Pathway" were tabled until further information concerning the necessity for such action is available.

4. Policy Statement on Eliminating the Freestanding Internship: The Council of Deans approved the proposed policy statement which follows and forwarded it to the Executive Council recommending its adoption.

"The Association of American Medical Colleges believes that the basic educational philosophy implied in the proposal to eliminate the freestanding internship is sound. Terminating the freestanding internship will encourage the design of well planned graduate medical education and is consistent with the policy that academic medical centers should take responsibility for graduate medical education. The elimination of the internship as a separate entity is a logical step in establishing a continuum of medical education designed to meet the needs of students from the time of their first decision for medicine until completion of their formal specialty training."

5. Election of Provisional Institutional Members: COD recommends to the Executive Council the election of the following schools to Provisional Institutional membership in the Association of American Medical Colleges:

Southern Illinois University School of Medicine
Mayo Medical School
Texas Tech University School of Medicine
Eastern Virginia Medical School

6. Admissions Problems: While no specific action was taken at the business session, it was clear that the Council wanted to pursue further the investigation of possible mechanisms to ameliorate current problems associated with the admissions process.

Council of Academic Societies
Administrative Board Meeting

February 3, 1972

ACTIONS

1. Membership Application.

Action: On motion, duly seconded, the membership of the Society of General Physiologists was unanimously approved for consideration by the Council of Academic Societies at the fall Business Meeting. This approval is contingent on the Society's change in tax status from 501 (c) 6 to 501 (c) 3.

2. Institutional Faculty Representation.

Action: (1) The motion was made and duly seconded to recommend to the CAS Membership the Organization of Faculty Representatives as not wholly satisfactory but the best first step at this time.
The motion was defeated by one vote.

(2) The motion as made and duly seconded to recommend to the CAS Membership:

1. retention of the Council of Academic Societies;
and

2. establishment of a Council of Faculty.

Due to the lack of consensus on this issue, the motion was subsequently withdrawn.

3. Costs of Medical Education.

Action: Dr. Clark will appoint a committee to deal with the need for data on:

1. The nature of clinical faculty salary contracts where clinical faculty are using facilities for the generation of private income; and

2. The true costs of time contributed by clinical faculty for medical education.

4. Resolutions.

- Action: 1. Dr. Estabrook was authorized to present the following resolution to the CAS Membership on February 4: Be it resolved that the CAS via the AAMC and the Coalition for Health Funding express our concern for the proposed decrease in support of the competitive research grant programs for the N.I.H. as contained in the proposed budget for 1973.
2. The Administrative Board voted to recommend the following resolution to the CAS Membership on February 4: The Association of Chairmen of Departments of Physiology recognizes that significant contributions to the medical education process can be made by the early exposure of students to problems of human biology in non-medical school settings, and encourages the further exploration of these potentialities.

The Association, nevertheless, is convinced that physiology and the related basic medical sciences play an essential role in clinical medicine which cannot be sustained if formal responsibility for education in these areas is removed from the medical environment. We believe that there are aspects of physiology and other basic medical sciences whose relevance to the education of medical students cannot continue to be made evident without constant interchange with other colleagues within the environment of a medical center.

We therefore resolve that the Council of Academic Societies be requested to endorse the concept that schools of medicine continue to include appropriately designated organizational units to ensure adequate representation of these sciences in the medical curriculum.

We further resolve that this resolution be communicated to the several societies representative of basic science disciplines in the Council of Academic Societies with the hope that similar resolutions will be adopted by them.

5. Moratorium on membership for large professional colleges.

Action: It was agreed to lift the moratorium on considering applications for membership from large professional colleges.

MHL:cw
2/10/72

Council of Academic Societies
Business Meeting

February 4, 1972

ACTIONS

1. Membership Application.

Action: Upon motion, duly seconded, the CAS Membership voted unanimously to recommend to the AAMC Executive Council the application of the American Association for the Study of Liver Diseases in the Council of Academic Societies.

2. Policy Statement of Eliminating the Freestanding Internship.

Action: A motion was made and duly seconded to affirm the proposed policy statement of eliminating the freestanding internship. The original motion was subsequently amended, and duly seconded, to affirm the statement through sentence one and including the first clause of sentence two. The amended statement follows:

The Association of American Medical Colleges believes that the basic educational philosophy implied in the proposal to eliminate the freestanding internship is sound. Terminating the freestanding internship will encourage the design of well-planned graduate medical education.

The amended statement was affirmed with two dissenting votes.

3. Recommendation for the Establishment of an Organization of Faculty Representatives.

Action: Motion was made and duly seconded that the "Guidelines for the Organization of Faculty Representatives" on pp. 20-22 in the Agenda book (i.e. that emanating from the AAMC December 1971 Executive Committee Retreat) be approved.

Substitute Motion: The following substitute motion, duly seconded, was offered:

The CAS believes it is imperative to establish a Council of Faculties with the selection of two individuals from each institution, with the interim establishment of an Organization of Faculty Representatives.

(NOTE: This substitute motion was later withdrawn.)

Action: A motion was made and seconded to take the October 29, 1971 motion "supporting the development of a Council of Faculty within the AAMC" off the table. By majority voice vote the motion supporting the development of a Council of Faculty within the AAMC was carried.

The substitute motion was then withdrawn.

Action: A motion was then made and duly seconded for the establishment of an Organization of Faculty Representatives. This motion was defeated.

Action: A motion was then made and duly seconded to establish a Council of Faculties within the AAMC. This motion passed by a majority voice vote.

NOTE: Underscore added to indicate that this motion differs from the October 29, 1971 motion in being stronger, i.e. the earlier motion passed was "supporting the development of a Council of Faculty..." the latter "to establish a Council of Faculties."

4. Federal Activities.

Action: On motion, duly seconded, the following resolution was unanimously adopted:

Be it resolved that the CAS via the AAMC and the Coalition for Health Funding express our concern for the proposed decrease in support of the competitive research grant programs for the N.I.H. as contained in the proposed budget for 1973.

5. Dues Increase.

Action: The Administrative Board received as a mandate from the CAS membership the development of specific plans for restructuring dues in the CAS.

6. New Business.

Action: On motion, duly seconded, the CAS voted unanimously to forward the following resolution to the AAMC Resolutions Committee:

The Association of Chairmen of Departments of Physiology recognizes that significant contributions to the medical education process can be made by the early exposure of students to problems of human biology in non-medical school settings, and encourages the further exploration of these potentialities.

The Association, nevertheless, is convinced that physiology and the related basic medical sciences play an essential role in clinical medicine which cannot be sustained if formal responsibility for education in these areas is removed from the medical environment. We believe that there are aspects of physiology and other basic medical sciences whose relevance to the education of undergraduate and graduate medical students cannot continue to be made evident without constant interchange with other colleagues within the environment of a medical center.

We therefore resolve that the Council of Academic Societies be requested to endorse the concept that schools of medicine continue to include departments of the basic medical sciences to insure adequate representation of these disciplines.

We further resolve that this resolution be communicated to the several societies representative of basic science disciplines in the Council of Academic Societies with the hope that similar resolutions will be adopted by them.

MHL:cw
2/10/72

ACTION ITEMS
COTH ADMINISTRATIVE BOARD MEETING
February 4, 1972

MEMBERSHIP

ACTION #1

IT WAS MOVED, SECONDED AND CARRIED THAT THE FOLLOWING TWO APPLICATIONS FOR MEMBERSHIP IN COTH BE APPROVED AND SENT TO THE EXECUTIVE COUNCIL FOR ACTION:

- 1- Hospital for Joint Diseases & Medical Center, N.Y., N.Y.
- 2- Veterans Administration Hospital Denver, Colorado

ACTION #2

IT WAS MOVED, SECONDED AND CARRIED THAT THE FOLLOWING APPLICATION FOR MEMBERSHIP IN COTH BE REJECTED:

- 1- The Butler Hospital, Providence, R.I.

ACTION #3

IT WAS MOVED, SECONDED AND CARRIED THAT THE STAFF BE DIRECTED TO REVIEW THE CORPORATE STATUS OF ST. JOSEPH INFIRMARY IN LOUISVILLE, KENTUCKY. IF THE HOSPITAL NO LONGER FUNCTIONS UNDER 501(C)(3) CORPORATE STATUS, ACTION SHOULD BE TAKEN, WITH THE AID OF AAMC LEGAL COUNSEL, TO REVOKE MEMBERSHIP IN COTH.

ACTION #4

IT WAS MOVED, SECONDED AND CARRIED THAT A MORATORIUM BE DECLARED ON NEW APPLICATIONS FOR COTH MEMBERSHIP. THE CHAIRMAN WAS DIRECTED TO ACTIVATE A COMMITTEE WITH THE FOLLOWING CHARGE:

- A) To examine the institutional characteristics of the present COTH membership;
- B) to examine the current criteria for membership, and make recommendations for desirable changes for the future;
- C) to examine the selection process including the possibility of moving toward some form of institutional evaluation and review.

FREESTANDING INTERNSHIP

ACTION #5

IT WAS MOVED, SECONDED AND CARRIED THAT THE
COTH ADMINISTRATIVE BOARD APPROVE THE "POLICY
STATEMENT ON ELIMINIATING THE FREESTANDING
INTERNSHIP"

TEACHING HOSPITAL ACCREDITATION

ACTION #6

IT WAS MOVED, SECONDED AND CARRIED THAT THE
STAFF BE DIRECTED TO EXPLORE THE POSSIBILITY
OF CO-SPONSORING WITH THE JOINT COMMISSION ON
ACCREDITATION OF HOSPITALS A TWO-DAY SEMINAR
OR CONFERENCE ON "HOSPITAL ACCREDITATION STANDARDS
IN THE UNIVERSITY SETTING"

ACTIONS OF THE
ORGANIZATION OF STUDENT REPRESENTATIVES
THURSDAY, FEBRUARY 3, 1972
FRIDAY, FEBRUARY 4, 1972

1. OSR and AAMC Relationships to Related Health Organizations: The OSR discussed a proposal, approved by the COD Administrative Board, that the OSR seek to develop under the aegis of the Federation of Associations of Schools of the Health Professions, a forum for the discussion of issues related to health education and health service by students of each of the professions represented in the Federation. The OSR adopted the following alternative proposal: That the OSR of the AAMC formally invite one representative from each of the Osteopathic Schools of Medicine and one representative from each of the other health organizations represented in the Federation to attend each of the official meetings of the OSR.
2. Faculty Representation in the AAMC: The OSR discussed the proposal that an Organization of Faculty Representatives be established. It expressed some concern that the guidelines as developed had no mechanism for assuring that junior faculty would be represented in the Organization. It was their understanding that such representation was a major reason for establishing an OFR. No action was taken on the proposal and it was indicated that further discussion would be held at regional meetings held in conjunction with the GSA regional meetings.
3. Clinical Clerkships for Americans from Foreign Medical Schools: The OSR recommended that the Association adopt the following policy statement: All U.S. Medical Schools are urged to pay increased attention to American students in foreign medical schools by being receptive to applicants to transfer on advanced standing via COTRANS, which uses Part I of the National Boards as a qualifying screen.
4. Election of a Representative-at-Large to the Assembly: James Pendleton from Dartmouth was elected to represent the OSR in the Assembly.
5. Resolutions: The OSR adopted the following resolutions:
 - A. The OSR of the AAMC strongly urges the Executive Council to consider the relationship between minority groups and the academic medical center as its primary theme during its annual meeting and consider this issue as a primary priority during the coming year (s).
 - B. The OSR instructs its Action Committee to investigate the feasibility of having Part I of the National Boards offered at a third testing date (January as well as June and September). Their report and recommendation should be forwarded to the Chairman of the OSR by August 1, 1972, for consideration at the Annual Meeting in November, 1972.
 - C. Be it resolved that the OSR form an ad hoc committee to

investigate the establishment of a centralized information center and matching program whereby students seeking financial aid coupled to a service commitment might be placed with appropriate communities, counties, regional planning commissions, etc., willing to provide financial assistance for their medical education. Their report and recommendations with supporting material should be forwarded to the Chairman of the OSR by August 1, 1972.

REPORT OF THE RESOLUTIONS COMMITTEE

The AAMC Resolutions Committee met at 8:00 p.m. on the evening prior to the Assembly, Friday, February 4, 1972. Committee members present were Dr. Ronald Estabrook (CAS), Mr. Robert Cathcart (COTH), and Mr. Larry Wellikson (OSR); absent was Dr. James Eckenhoff (COD). Staff members present were Joseph Keyes, Evelyn Harrison, Peggy Thayer.

Paragraph VIII, Section I of the Association Bylaws provides: "The Resolutions Committee shall present resolutions to the Assembly for action by it. No resolution shall be considered for presentation by the Resolutions Committee unless it shall have been received at the principal office of the Association at least fourteen days prior to the meeting at which it is to be considered. Additional resolutions may be considered by the Assembly upon a 2/3 vote of the members of the Assembly present and voting." No resolution had been received in time for consideration by the Resolutions Committee. The Resolutions Committee, nevertheless, determined that it would be appropriate to meet and discuss any proposed resolution with its proponent. This was the procedure followed at previous meetings.

Dr. Estabrook informed the Committee that the Council of Academic Societies had passed a resolution which the CAS desired the Assembly to endorse. No one from the CAS appeared to support the resolution and Dr. Estabrook proceeded to explain the intent of the CAS in proposing it. The other members of the Committee asked a number of questions of Dr. Estabrook and discussed the motion at some length. The Committee was concerned that the proposed resolution was of broad significance and that there was insufficient opportunity to consider its implications. Additionally, there were some problems with the wording of the resolution. As the discussion proceeded, it became apparent that there was a serious question as to whether it would be appropriate for the Resolutions Committee to take a position on this Resolution. Dr. Estabrook volunteered his opinion as to the appropriate course of action: "The Resolutions Committee should send this resolution back to the Administrative Board of the Council of Academic Societies for further consideration and rewording." After further consideration by the committee, Dr. Estabrook decided to withdraw the resolution.

The Resolutions Committee adjourned, and reported no resolutions for consideration by the Assembly.

FUTURE AAMC MEETINGS

April, 1972

19-22 Spring COD Meeting, Three-day Institute Retreat Phoenix, AZ

MAY, 1972

17	6:30 - 9 pm	COTH Ad. Bd.	Embassy Row
18	9 am - 2:30	COTH Ad. Bd.	Embassy Row
18	10 am - 4 pm	CAS Ad. Bd.	Cosmos Club
18	noon - 3 pm	COD Ad. Bd.	AAMC
18	4 pm - 7 pm	Executive Committee	Dupont Plaza
19	9 am - 4 pm	Executive Council	AAMC

AUGUST, 1972

6 10 am - 3:30 COTH Ad. Bd. Palmer House (Chicago)

SEPTEMBER, 1972

14	10 am - 4 pm	CAS Ad. Bd.	Cosmos Club
14	noon - 3 pm	COD Ad. Bd.	Embassy Row
14	4 pm - 7 pm	Executive Committee	Embassy Row
15	9 am - 4 pm	Executive Council	AAMC

NOVEMBER, 1972

2-6 AAMC ANNUAL MEETING - HOTEL FONTAINEBLEAU MIAMI, FL