

ARCHIVES  
 COUNCIL OF ACADEMIC ACTIVITIES  
 1967-1968

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October 24, 1966

We recommend the formation of a Council of Academic Societies.

1. An Academic Society is defined as a society which has as a pre-requisite for membership appointment to a medical school faculty or a society which in the opinion of the Executive Council of the Association of American Medical Colleges has as one of its major functions a commitment to the problems of medical education.
2. The societies to be represented on the Council of Academic Societies will be proposed by the Executive Council and determined by a vote of the institutional members.
3. To form the Council, each of the selected societies will be asked by the Executive Council of the AAMC to designate two members, one of whom shall be a department chairman and one a faculty member not holding a major administrative position.
4. The Council of Academic Societies will nominate four members to the Executive Council of the AAMC -- two from the basic sciences and two from the clinical sciences.
5. In those teaching disciplines in which such societies do not now exist, the teaching discipline may be given the same consideration as academic societies for membership in the Council of Academic Societies and be invited to nominate two members to the Council of Academic Societies. Subsequently, they may be encouraged to form such a society.
6. This Council of Academic Societies would be encouraged to function as an integral part of the regional organization of the AAMC.

The Professorial Societies

Medicine	Anatomy
Pediatrics	Physiology
Surgery	Pharmacology
Radiology	Pathology
Preventive Medicine	Dermatology
Oto-Laryngology	Anesthesiology
Obstetrics-Gynecology	Urology
Psychiatry	

The Distinguished Societies

American Association of Physicians  
American Society for Clinical Investigation  
American Surgical Association  
Federated Societies



*FL*  
*WAS*

DEC 17 1966

AAstC

J. HILLIS MILLER HEALTH CENTER  
COLLEGE OF MEDICINE

UNIVERSITY OF FLORIDA

GAINESVILLE

Office of the Dean

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ext. 5771 • zip 32601

December 13, 1966

Dr. Cheves McC. Smythe  
Associate Director  
Association of American Medical Colleges  
2530 Ridge Avenue  
Evanston, Illinois

Dear Cheves:

This is my reply to your letter of December 5 asking for some microbiologists who could be instrumental in bringing about representation of their disciplines in the Council of Academic Societies. I have thought about this and I believe we should attempt to have two Societies represented namely, the American Microbiological Society and the American Association of Immunologists. In the former group I would like to suggest Dr. A. F. Rasmussen at U.C.L.A., Dr. Irving Gordon, University of Southern California, Dr. Morris F. Shaffer, of Tulane, Dr. Charles Evans at Seattle and Dr. Lester O. Krampitz at Western Reserve. The American Association of Immunologists could be represented by Byron Waksman at ~~Tulane~~ <sup>Yale</sup>, Dennis Watson at Minnesota and Sheldon Dray at the University of Illinois.

I believe that any of these gentlemen could be helpful in bringing together a number of representatives from medical schools in their respective fields to nominate representation in the Council of Academic Societies of the A.A.M.C.

Please let me know so I can be of any further help to you in communicating with these gentlemen.

With best regards, I remain,

Sincerely yours,

*Emanuel Suter*  
Emanuel Suter, M.D.  
Dean

ES:dhi

Duke University Medical Center

DURHAM, NORTH CAROLINA

JAN 6 1967  
AAMC

OFFICE OF THE DEAN  
SCHOOL OF MEDICINE

January 3, 1967

POSTAL CODE 27706  
TELEPHONE 919-684-3438

Dr. William N. Hubbard, Jr.  
Dean  
School of Medicine  
University of Michigan  
Ann Arbor, Michigan 48104

Dear Bill:

I have just finished chatting with Tom Kinney and Dan Tosteson with regard to the meeting on January 10 in Chicago in the organization of the Council of Academic Societies. They are both gung-ho, and will be strong supporters of the program as it evolves.

In the course of the conversation, Tom showed me the minutes of the Northeastern Regional Meeting of the American Association of Chairmen of Medical Departments of Pathology held on December 16, 1966, at College Park, Maryland. In the minutes, Ivan Bennet is quoted as saying the following:

"As can be seen from this protests concerning Government policy and decisions can be a product of incomplete understanding, a biased viewpoint or just ill advised. Unfortunately such protests may also be misdirected such as the recent letter of the American Association of Medical Colleges to the President which ignored the normal channels that are primarily concerned with helping academic medicine and which have been working for years in its behalf."

In a separate, concluding paragraph, the following was said by Ivan Bennet:

"The American Association of Chairmen of Medical School Department of Pathology, Inc. might do well to seek membership in the Medical Intersociety Council headed by Dr. Robert Williams. Also, they could apply for membership in the Research Society Council which presently has representatives from some of the other chairmen's groups but none from pathology."

Dr. William N. Hubbard, Jr.  
Page Two  
January 3, 1967

I thought that it would be important for you  
and Cheves to have this information.

With best wishes,

Sincerely yours,

*Bill*

William G. Anlyan, M.D.

~~WGA:mcm~~  
✓ Dr. Cheves Smythe

# CHRONOLOGICAL FILE COPY

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1 yr.   
5 yrs.   
Permanently   
Follow-up Date \_\_\_\_\_

January 4, 1967

Dr. Avram Goldstein  
Professor of Pharmacology  
Stanford University School of Medicine  
Stanford Medical Center  
300 Pasteur Drive  
Palo Alto, California

Dear Dr. Goldstein:

I am taking the liberty of responding to your letter to Dr. Hubbard since you were kind enough to send me a copy. You will not be surprised to learn that the question of the best method to obtain representation from the basic science disciplines occupied perhaps as much talk and thought as any other in the organization of a Council of Academic Societies. The key question, of course, is whether one is communicating with faculties or societies. Possibly lack of resolution of this issue lies at the heart of many discussions of past weeks.

It seems a little late to get in touch with Dr. Harold Hodge at this time. I assure you that we will remain in touch with pharmacology and pharmacologists as the Council of Academic Societies develops, and all of us will miss you on January 10. Your suggestions and thoughts will be taken to heart and will be treated anything but lightly.

Best regards.

Sincerely yours,

Cheves McC. Saythe, M.D.  
Associate Director

CMS:es

cc: Dr. Lowry  
Dr. William N. Hubbard, Jr.  
Dr. Robert C. Beraen

*See notes*

STANFORD UNIVERSITY SCHOOL OF MEDICINE

STANFORD MEDICAL CENTER  
300 PASTEUR DRIVE, PALO ALTO, CALIFORNIA

RECEIVED

JAN 3 1967

AAMC  
DAvenport 1-1200

DEPARTMENT OF PHARMACOLOGY

December 30, 1966

Dr. William N. Hubbard, Jr.  
President AAMC  
Dean, University of Michigan Medical School  
Ann Arbor, Michigan 48104

Dear Dr. Hubbard:

I am very sorry to have to decline your kind invitation to participate in the formation of a Council of Academic Societies in the AAMC. I am afraid I could not find even the limited amount of time that would be required.

It seems to me in any case that the representation of academic disciplines should be through learned societies and not by arbitrary individual choices, if you wish to have "meaningful representation from the basic science disciplines from the beginning of this effort." Academicians already dominate these societies in fields like pharmacology, biochemistry, physiology, and so on. This is why it has never been necessary to organize distinct university societies in the basic sciences, as the surgeons, radiologists, and other practitioners have been obliged to do. I think, therefore, that your simplest course would be to request the Councils of the basic-science societies to send representatives to your meeting. I am certain that the American Society for Pharmacology and Experimental Therapeutics, on whose Council I presently sit, would be pleased to send delegates who would be officers of our society and at the same time professors at a university medical school.

As an immediate measure to secure someone in my place I would suggest that Dr. Smythe call Professor Harold Hodge, Department of Pharmacology, University of Rochester School of Medicine, Rochester, New York, the current president of our society. He would be able to secure immediate representation for the January 10 meeting. If there is any difficulty reaching Dr. Hodge, Dr. Smythe might try our past president, Professor George Koelle, Department of

COPY

Dr. Hubbard  
December 30, 1966

Page 2

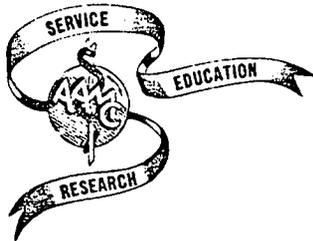
Pharmacology, University of Pennsylvania School of Medicine, Philadelphia.  
Our president-elect is Professor Allan Bass, Department of Pharmacology,  
Vanderbilt University, Nashville, Tennessee.

Sincerely yours,

Avram Goldstein  
Professor of Pharmacology  
Executive Head

AG:jj

CC: Dr. Smythe ✓  
Dr. Hodge  
Dr. Lowry



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

2530 RIDGE AVENUE EVANSTON, ILLINOIS 60201

*Corrected Copy*

JAN 12 1967

EVANSTON: 312-328-9505

CHICAGO: 312-273-4350

CABLE ADDRESS: AAMC EVANSTON

WILLIAM N. HUBBARD, JR.  
PRESIDENT AAMC  
DEAN, UNIVERSITY OF  
MICHIGAN MEDICAL SCHOOL  
ANN ARBOR, MICHIGAN 48104

January 11, 1967

MEMORANDUM

TO: Dr. Kenneth R. Crispell  
Dr. Thomas D. Kinney  
✓ Dr. Cheves M. Smythe

FROM: W. N. Hubbard, Jr., M.D.

Since the meeting yesterday, I have worried over the origins of the problems we encountered. I believe that we should initiate the organization with:

1. Those groups composed entirely of chairmen of departments, with or without additional professorial membership
2. Those organizations with a preponderant majority approximating 70 to 75 percent of medical school faculty members

I believe that in the basic sciences we have a problem identical with that in the clinical sciences so far as the "practitioner" society is concerned. Just as the many "colleges" in the clinical areas include faculty members but are, in fact, oriented toward a discipline without regard to the institutional qualities of a medical school or university, so is the American Physiological Society, the Biochemical Society and a number of others really a practitioner group within that area.

My second concern is that we are trying to do too much too soon in this organization and should begin with a set of organizations that beyond doubt provide the means of faculty representation. It should also be clearly the intent that as soon as possible we should strive for comprehensive representation utilizing means not yet fully apparent.

I am convinced that the Institutional Membership would not accept an unlimited number of organizations within the so-called

Drs. Crispell, Kinney and Smythe

-2-

January 11, 1967

Council of Academic Societies, many of which, over their many years of existence, have expressed no interest whatsoever in problems of medical education, however defined. I am deeply concerned that in our effort to avoid leaving some one out we have come very close to encouraging an assortment that would be totally unacceptable to the Institutional Membership and create a fiasco. We cannot afford this and I urge you to consider initiating this Council with a small number of organizations identified beyond any dispute as representative of faculty, with the clear understanding that such a beginning is only a beginning and therefore not subject to criticism of exclusiveness.

WNH:des

[Tab B]

COUNCIL OF ACADEMIC SOCIETIES

ORGANIZATIONAL MEETING

January 10, 1967, 10:00 a.m.

Ramada Inn-O'Hare, O'Hare Airport,  
Chicago, Illinois

Table of Contents

1. List of those invited.
2. Background information.
3. Action taken by Institutional Membership in San Francisco, October, 1966, authorizing a Council of Academic Societies.
4. Potential program.
5. Professorial, Distinguished, and Practitioner Societies.
6. Possible Methods of Organization of Council.
7. Definition of Societies.
8. Procedure for Selection of Societies.
9. Possible Methods of Selection of Nominees for Executive Council.
10. Sources of Support for Council of Academic Societies.
11. Time and Place of Subsequent Meetings.
12. Reimbursement for Expenses.

1) Tentative List of Those to Attend

1. Dr. George Aagaard  
Professor of Medicine  
The University of Washington, Seattle  
Member of the Task Force to create the CAS
2. Dr. Eben Alexander, Jr.  
Professor of Neurological Surgery & Department Chairman  
Bowman Gray School of Medicine
3. Dr. John A. Campbell  
Professor of Radiology & Department Chairman  
Indiana University
4. Dr. Philip P. Cohen  
Professor of Biochemistry & Department Chairman  
The University of Wisconsin
5. Dr. Kenneth R. Crispell  
Dean  
University of Virginia Medical School  
Chairman of the Task Force to create the CAS

---

6. Dr. John F. Daly  
Professor of Otorhinolaryngology & Department Chairman  
New York University School of Medicine
7. Dr. Donald Duncan  
Professor of Anatomy & Department Chairman  
University of Texas
8. Dr. Benjamin Etsten  
Professor of Anesthesiology & Department Chairman  
Tufts University School of Medicine
9. Dr. Harry A. Feldman  
Professor of Preventive Medicine & Department Chairman  
State University of New York, Syracuse
10. Dr. Patrick J. Fitzgerald  
Professor of Pathology & Department Chairman  
State University of New York, Downstate Medical Center
11. Dr. Robert E. Forster  
Professor of Physiology & Department Chairman  
The University of Pennsylvania
12. Dr. John Graham  
Professor of Pathology & Department Chairman  
The University of North Carolina

13. Dr. William N. Hubbard  
Dean  
The University of Michigan Medical School  
President of the AAMC, & Chairman of the Executive Council
14. Dr. Eugene Kennedy, Jr.  
Professor of Biochemistry  
Harvard Medical School
15. Dr. Thomas D. Kinney  
Professor of Pathology  
Duke University School of Medicine
16. Dr. A. Edward Maumenee  
Professor of Ophthalmology & Department Chairman  
The Johns Hopkins University
17. Dr. Harry McGaughey  
Professor of Obstetrics & Gynecology  
University of North Carolina
18. Dr. Harry Prystowsky  
Professor of Obstetrics & Gynecology & Department Chairman  
University of Florida
19. Dr. Jonathan Rhoades  
Professor of Surgery & Department Chairman  
University of Pennsylvania
20. Dr. Morris Frank Shaffer  
Professor of Microbiology & Department Chairman  
Tulane University School of Medicine
21. Dr. Robert Slater  
Association for the Aid of Crippled Children  
Member of the Task Force to create CAS
22. Dr. Daniel C. Tosteson  
Professor of Pharmacology & Physiology & Department Chairman  
Duke University School of Medicine
23. Dr. Raymond F. Waggoner  
Professor of Psychiatry and Department Chairman  
University of Michigan
24. Dr. James V. Warren  
Professor of Medicine and Department Chairman  
Ohio State University
25. Dr. Ralph Wedgwood  
Professor of Pediatrics & Department Chairman  
University of Washington, Seattle

26. Dr. Robert H. Williams  
Professor of Medicine  
University of Washington, Seattle
27. Dr. Russell T. Woodburne  
Professor of Anatomy & Department Chairman  
University of Michigan
28. Dr. Robert C. Berson  
Executive Director, AAMC
29. Dr. Cheves McC. Smythe  
Associate Director, AAMC

2) Background Information

In 1964 the Association of American Medical Colleges commissioned, with the aid of a grant from the Commonwealth Fund, a group of distinguished educators to examine the adequacy of current methods for providing health personnel, to consider the changing place of medicine in American society, and to define for the Association of American Medical Colleges its function in this changing society.

The commission published its report, Planning for Medical Progress through Education, the now well-known Coggeshall Report, in April of 1965. Among the many observations and recommendations of this report are such statements as:

- Perhaps the most emphatic implication of emerging trends is the need for those responsible for education in the health field to give increasing attention to meeting the requirements of the nation, state, and community for health care and personnel.
- A most significant implication of emerging trends is that medical education should, in the future, be planned and provided as a continuum -- a continuous process with all other elements carefully integrated and under coordinated leadership. The Association cannot relate itself to deans of medical schools alone and serve medical education effectively.
- The Association of American Medical Colleges is the organization that can most logically provide needed leadership and serve as spokesman for education for the broad range of the health professions and medical sciences and is best equipped to do so.
- The Association will need to strive to bring about better relations among the many organizations concerned with education in the health fields.
- As noted at a number of points in this report the present is a time for action.
- If the broad leadership now called for does not come from the Association, it will be provided by others -- persons outside the medical school and, most likely, by government in response to public pressures and legislative decisions.

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- No one organization is currently providing broad, and comprehensive leadership in the field of medical education and education for the related health professions and occupations. There are so many organizations now involved in planning and providing programs and policies that programs are not well related or even in quality. A fragmented approach is not meeting present needs.
  
- A clear implication of current trends is that the Association of American Medical Colleges should provide for and encourage meaningful participation of other organizations in the work of the Association. There should be specific provision for involvement of their representatives in the activities and work of the Association.
  
- The organizations that most clearly need to be provided opportunities to participate in the Association's efforts include universities, directly related health organizations, organizations representing medical specialties, voluntary and consumer organizations.
  
- The Association of American Medical Colleges representing principally those who are involved in education for health in the medical sciences exerts its leadership and service role largely through its capacity as a forum and as a center for communication. Primarily a membership of organizations, the chief strength of the association lies in the institutional strength of its members and their subsequent effect on standards and educational progress. It is the forum which permits initiation and development of ideas and programs.
  
- As a corollary of all of the above it is recommended that the Association of American Medical Colleges undertake to be a more effective spokesman and that its philosophy and objectives be spread across the land. No other group can educate and inform as well. No other group can speak as authoritatively for the needs and goals of physician education. Consideration at the highest levels of national policy formation and program development -- including those of the government, states, and related public or private organizations -- calls for the wise guidance of those who are most qualified to assist.
  
- It is recognized that there are a number of ways in which the Association could be reorganized and the Executive Council will probably work to consider various alternatives.

- Representation in the Association should include all principle elements of the university community involved with education for health and medical sciences.
  
  - Provision should be made for the participation of other related organizations, expression of their views and effective working relationships with or among them. It should be mainly an association of institutions and organizations, but both formal and practical provisions should be made for active involvement of responsible and concerned individuals.
  
  - Council of Faculty - this council should provide for all participation of faculty representatives selected for their broad interest in education for health and medical sciences. It should be concerned primarily with matters of curriculum, educational content, and educational methods.
  
  - Provision should be made for suitable participation by other organizations.
- 
- The Association should recognize as related organizations other organizations primarily concerned with education or practice in health and medical sciences.

The institutional membership did not adopt the whole report in toto at the time of its 1965 annual meeting. It did redefine the purposes of the Association in these terms: "The purpose of the Association is the advancement of medical education and presuming this purpose it shall strengthen, expand, and cooperate with all educational programs that are important to the nation's health, with particular concern for the entire span of education and training for the medical profession and health sciences."

3) Authorization of a Council of Academic Societies

Subsequent to 1965 virtually every action of the Association has been in some way derived from the recommendations of the Coggeshall Report. Among these was the appointment of a task force which was charged with devising a more active role for medical school faculty members and for the disciplines to which they belong in the affairs of the AAMC. The members of the task force were Dr. Kenneth Crispell, Dean of the University of Virginia School of Medicine, Robert Slater, then Dean of the University of Vermont College of Medicine and Dr. George Aagaard, former Dean of the University of Washington School of Medicine.

In September of 1966 they brought to the Executive Council a recommendation that a Council of Academic Societies be formed. This was accepted by the Executive Council and was introduced to the institutional membership at its October 1966 annual meeting. The recommendation quoted below, includes among its six points provisions for strong representation on the Executive Council of the AAMC:

We recommend the formation of a Council of Academic Societies.

1. An Academic Society is defined as a society which has as a prerequisite for membership appointment to a medical school faculty or a society which in the opinion of the Executive Council of the Association of American Medical Colleges has as one of its major functions a commitment to the problems of medical education.
2. The societies to be represented on the Council of Academic Societies will be proposed by the Executive Council and determined by a vote of the institutional members.
3. To form the Council, each of the selected societies will be asked by the Executive Council of the AAMC to designate two members, one of whom shall be a department chairman and one a faculty member not holding a major administrative position.
4. The Council of Academic Societies will nominate four members to the Executive Council of the AAMC -- two from the basic sciences and two from the clinical sciences.
5. In those teaching disciplines in which such societies do not now exist, the teaching discipline may be given the same consideration as academic societies for membership in the Council of Academic Societies and be invited to nominate two members to the Council of Academic Societies. Subsequently, they may be encouraged to form such a society.
6. This Council of Academic Societies would be encouraged to function as an integral part of the regional organization of the AAMC.

After a lengthy discussion the institutional membership accepted this recommendation and directed that the societies and/or disciplines listed below be approached in the first steps in the formation of the Council:

The Professorial Societies

Medicine	Anatomy
Pediatrics	Physiology
Surgery	Pharmacology
Radiology	Pathology
Preventive Medicine	Dermatology
Otolaryngology	Anesthesiology
Obstetrics-Gynecology	Urology
Psychiatry	

The Distinguished Societies

American Association of Physicians  
American Society for Clinical Investigation  
American Surgical Association  
Federated Societies

4) Potential Program for the Council of Academic Societies

The action taken by the Institutional membership authorizes a Council of Academic Societies, touches upon its membership, its representation on the Executive Council, and its organization. However, the program of the Council and those issues to which it might most profitably address itself, are in no way defined. Although details of organization will demand attention at first, a clear statement of the purpose or purposes of the Council should be decided upon early. The suggestions listed below are presented only to serve as a focus for discussion. Rather than adopting a detailed statement of purpose at its first meeting, the task of drafting such a statement might be assigned to an ad hoc committee.

- a) The Council of Academic Societies may serve to provide an opportunity for those faculty members who design and carry out programs of medical education to come together in formulating policy in response to the challenges to medical education.
- b) The Council of Academic Societies may become a forum in which the weight of faculty opinion may be given its proper recognition in the formulation of effective national policies for the whole span of medical education.
- c) The Council of Academic Societies may serve to enhance the awareness of faculties of the national scope of the demands made upon medical education, of their magnitude, of the need for response to them by the faculties, and of both the potential size and depth of such a response.
- d) The Council of Academic Societies may serve as a focal point for the elaboration of some more general attitudes toward the forces which impinge upon the medical centers and their parent universities -- the demands of federal and state legislative bodies for a variety of services, some definition of the degree of university responsibility for total care for large numbers of people and some attempt to define the proper borders of the involvement of the universities in the solution of major social issues facing us.

5) Professional, Distinguished, and Practitioner Societies

A brief survey of medical organizations revealed that there are literally hundreds of them with some medical school faculty representation or some interest in medical education. Arbitrary picking and choosing in this group could only lead to disaster. Therefore, societies have been classified as professorial, distinguished, or practitioner.

With the thought that the only sensible method of approaching the societies should depend on publishable definitions, the following are tentatively suggested:

1. A professorial society may be defined as one in which: a) all members are professors and/or heads of departments, but the membership does not necessarily include every department chairman; or b) a society in which the membership contains all heads of departments, but in addition, may contain other faculty members of less than professorial or chairmanship rank and the bulk (over 75%) of the membership are active on medical school faculties; or c) a society in which the only criterion for membership is chairmanship of a medical school department and every head of department in the appropriate discipline in the U. S. schools is included.

(This set of definitions gives one considerable latitude of action in approaching a number of clinical organizations, but they are not adaptable to the situation which exists in the basic sciences.)

2. A distinguished society may be defined as one in which the membership is by election by the members of the society and such election is dependent upon recognition for significant accomplishment in one or more of the fields of activity germane to medical education, i.e., teaching, research, service or administration. Its membership should be predominantly (over 75%) of men active on medical school faculties.
3. A practitioner society may be defined as one in which a major focus of concern of the society must be with the education of physicians at the undergraduate or postgraduate level. Its concern must not be restricted to a narrow area of professional activity. The membership may or may not be directly involved in active education of medical students. The societies' governing body should be in close touch and active liaison with those responsible for the direction of programs of formal medical instruction.

As listed above, these definitions are relatively easy to apply to many of the clinical specialty groups, but they are not readily adaptable to extant patterns of organization in many of both the firmly established and newly emerging basic sciences. Therefore, before hasty commitments were made, it became self-evident that the organizations to whom invitations were to be extended should be involved in planning of the Council of Academic Societies from its very beginning. Therefore, the organizational meeting of January 10, 1967 was called.

A number of issues need to be resolved. Some of the more obvious will be identified, a brief appropriate discussion appended, and one of a number of alternate operational solutions suggested. Many modifications of these solutions are possible.

January 26, 1967

SPECIALTYSOCIETY

Anatomy	American Association of Anatomists
Anesthesiology	Association of University Anesthetists
Dermatology	Association of Professors of Dermatology
Medicine	Association of Professors of Medicine
	Association of American Physicians
Obstetrics-Gynecology	Association of Professors of Obstetrics & Gynecology
	American Gynecological Society
Ophthalmology	Association of University Professors of Ophthalmolog
Otolaryngology	Society of University Otolaryngologists
Pathology	American Association of University Professors of Pathology
Pediatrics	Association of Medical School Pediatric Department Chairmen
Preventive Medicine and Public Health	Association of Teachers of Preventive Medicine
Psychiatry	Association of Chairmen of Departments of Psychiatry
Radiology	Association of University Radiologists
Surgery	Society of Surgical Chairmen
	American Surgical Association

6) Possible Methods of Organization of the Council

How large should the Council of Academic Societies be? How should its members be elected? Should there be limitations on the number from each discipline or specialty? How will the various disciplines be defined? In how many areas in medicine are there legitimate academic and/or professorial societies?

Suggestions:

1. A society, depending upon its membership, may be represented by one or two men.
2. There need be no limit on the number of societies representing any discipline.
3. There should be no attempt to limit the number of disciplines. Societies representing both biophysics and physiology could be included.
4. Only one man from each discipline, should be on the governing board of the council.

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5. There should be no more than two men from any discipline nominated as representatives of the Council of Academic Societies to the Executive Council of the AAMC.
6. Of the four Executive Council members, two should represent basic science disciplines and two clinical disciplines.

January 26, 1967

TO: Doctors William N. Hubbard, Jr.  
Robert C. Eerson

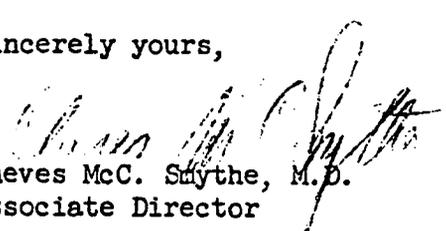
George Aagaard	Thomas D. Kinney
Eben Alexander, Jr.	A. Edward Maumenee
John A. Campbell	Jonathan Rhoads
Philip P. Cohen	Morris Frank Shaffer
Kenneth R. Crispell	Robert Slater
James B. Snow, Jr.	Daniel C. Tosteson
Donald Duncan	Raymond F. Waggoner
Harry A. Feldman	James V. Warren
Patrick J. Fitzgerald	Ralph Wedgwood
Robert E. Forster	Robert H. Williams
A. Donald Merritt	Russell T. Woodburne

FROM: Cheves McC. Smythe, M.D.

Enclosed is an abstract of the discussion which took place at the organizational meeting of the Council of Academic Societies on January 10, 1967. It is forwarded to you for your information and requires no further action at this time.

We shall stay in touch.

Sincerely yours,

  
Cheves McC. Smythe, M.D.  
Associate Director

CMS:es

6000-4

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ORGANIZATIONAL MEETING OF THE COUNCIL OF ACADEMIC SOCIETIES

January 10, 1967

Ramdada Inn-O'Hare, Chicago, Illinois

PRESENT: William N. Hubbard, Jr., Chairman  
Robert C. Berson  
Cheves McC. Smythe

George Aagaard	Thomas D. Kinney
Eben Alexander, Jr.	A. Edward Maumenee
John A. Campbell	Jonathan Rhoads
Philip P. Cohen	Morris Frank Shaffer
Kenneth R. Crispell	Robert Slater
James B. Snow, Jr.	Daniel C. Tosteson
Donald Duncan	Raymond F. Waggoner
Harry A. Feldman	James V. Warren
Patrick J. Fitzgerald	Ralph Wedgwood
Robert E. Forster	Robert H. Williams
A. Donald Merritt	Russell T. Woodburne

Dr. William N. Hubbard, Jr., as Chairman, opened the meeting at 10:00 a.m. January 10, 1967 with a charge to the group present that they use the first hours of the meeting to examine the organizational structure proposed in the memorandum submitted to them. The purpose of the meeting is to find a way to include faculty in an influential manner within the Association of American Medical Colleges so that as the AAMC continues in its six year experience with Federal Health it can be better informed and speak from a broader base of information than has been possible in the past. A Council of Academic Societies composed of faculty members from medical schools who were also representatives of established societies was envisioned in order to create a forum for faculty opinion and faculty representation in the AAMC. Faculties of medical schools should have an important formal position in the development of policies and positions of the AAMC and should participate in the formulation and announcement of all policies. Simple faculty representation would not take the AAMC beyond past efforts, whereas the idea of professional societies would provide some kind of unifying forum for the individual societies to come together and provide a basis for consideration of postgraduate training and continuing education programs in the future. Those present were not asked to conform to a fixed pattern but to suggest ways and means by which the AAMC could get faculty representation. Those present were asked to identify an organizing committee that would deal with the issues to be raised. The group was charged not to predict the formal, final membership, but to have enough representative quality so that it would be a reasonable group from which to arrive at a definition of the ultimate. The AAMC is a part of a university community which itself is rapidly changing. Just as a total university community finds itself organizing itself nationally, so must the AAMC as part of that community.

Dr. Philip P. Cohen stated that he thought the aims should be not to represent the faculties but rather the areas of activity with which the faculties identified. He felt that by encompassing all the different professional societies under a formal identification by saying the AAMC had a liaison of some type with them would be a sectarian view and such an umbrella approach to gain a loud voice for the AAMC would be unfortunate. He suggested only identification with medical school departments would have a meaningful impact on society -- an opportunity for the individual faculty member to define what his area is, how his area is represented. The scope and breadth of new thinking and fresh ideas would not come from the professional societies because they would defend their own positions and would not represent radical and bold ideas. He thought the AAMC should exploit those areas in the university that are not having an impact on medical schools today but would have in the future, such as engineering, schools of education, undergraduate programs, etc. He charged the approach as being sectarian by restricting the group to only those societies that represent the components of the medical faculty. He proposed a group of advisory councils: education methods and procedure, a research component, the clinical service function, and administration of education for the deans. He said it is important to get away from the idea of representing faculty and to represent those segments of interest which are identified as rallying points for those interested in teaching and research.

Dr. Jonathan Rhoads suggested that the representative side as outlined in the submitted report be a rotating group of people. He thought there would be relatively few people who would serve over two years, many perhaps a year. He suggested that that kind of a constituency was valuable as a feedback mechanism but cannot gain great power or authority as a put-in mechanism. He thought it would be useful to provide some sense of participation and keep a large number of key professional societies informed about what the AAMC was endeavoring to do, but it would need to be supplemented by a group of people who could serve on a longer term basis because of what they have to give. These people could be developed from the transient representatives of societies and some could be developed in other ways to provide an effective in-put. He suggested that people have to stay with a thing over a considerable period of time to be effective.

Dr. Ralph Wedgwood proposed that the Council be flexible so that stepwise they could incorporate the expanding role of the AAMC, expanding from a primary role or interest in the process of medical education, to that of the education of physicians and the education of health professions. He suggested a harder definition of the organizations that should be given representation on the Council be made. Organizations which should be represented should have as a primary requisite, that of an academic position on a University faculty. The organization must represent all of the universities involved in the process of medical education. He felt that department chairmen need to be involved in the AAMC council process.

Dr. Thomas Kinney suggested that by looking back to see who the past presidents of the various societies have been for the past 15 years, and by looking at their constitutions, organizations which might be included could be identified. He thought the important thing was to get on with a structure that would bring together men representing the various disciplines that are concerned with teaching in medical schools, problems relating to education, research, building, government, financing, etc. He said he found the Millis Report unacceptable and had the AAMC been more aggressive it would have been able to present a plan which would have been accepted. He advised everyone to keep an open mind, suggested the Council of Academic Societies would function all the way through the AAMC and said that no matter what was done at the meeting, even though it would be incomplete, it would be a start.

Dr. Robert Williams summarized the activities of the Association of Professors of Medicine, the Medical Intersociety Council, and the Research Societies Council.

Dr. Hubbard presented names proposed as an organizing committee, Dr. Thomas Kinney, Chairman pro tem, Drs. Jonathan Rhoads, James Warren, Philip P. Cohen, Morris Shaffer, and Ralph Wedgwood.

Dr. Robert E. Forster said he had some fundamental questions he would like answered before voting.

Dr. Hubbard moved that decision on the committee be deferred until after lunch and further discussion.

The meeting adjourned for lunch, at 12:30 p.m.  
At 1:30 p.m. the discussion was resumed.

Dr. Robert E. Forster asked what sort of representation and control the professional societies and their representatives would have.

A discussion of some length ensued. It was decided the initial founding group should be small and representative of the major components of the faculties. There are no restrictions in preventing one of these people from becoming president of the AAMC. They should be distinguished in their fields and have membership in a distinguished society. The purpose of the CAS of the AAMC was defined as a forum in which the broadly represented consideration of medical educators could clarify attitudes and define responsibilities in guiding the development of local and national policies toward education in the universities, colleges, and medical centers, and in improving the health of the people.

A motion was made and carried that from this faculty group an organizing committee be formed with Dr. Thomas Kinney as Chairman pro tem, and other members of the committee being Drs. Rhoads, Warren, Cohen, Shaffer, and Wedgwood.

At 3:00 p.m. the meeting adjourned for coffee and was resumed at 3:20 p.m.

Dr. Hubbard suggested that the three men who had been on the task force, Drs. Crispell, Aagaard, and Slater, as well as Berson, Smythe, and himself, meet with the committee.

Dr. Hubbard extended his thanks to the members of the meeting and the meeting adjourned at 4:00 p.m.

A G E N D A

Council of Academic Societies

April 20, 1967

University Club of Chicago

1. Background of the formation of the Council of Academic Societies, Dr. Robert C. Berson
2. Review of steps taken to date, Dr. Thomas Kinney
3. Appointment of Chairman pro-tem.
4. Appointment of nominating committee.
5. Appointment of a committee on Constitution and By-laws.
6. Possible programs for the Council:
  - a. What part is the Council to take in the 1967 annual meeting of the Association of American Medical Colleges?
  - b. What part is the Council to take in the Workshop on the Education of the Physician to be held in the spring of 1968?
  - c. Responses of clinical faculties to regulation of Titles XVIII and, more importantly, XIX.
  - d. Organization of data accumulation to allow optimal documentation of effects of fluctuating levels of support on research development.
7. Additional societies.
8. Sources of financial support.

S C H E D U L E

4:00 - 6:00 p.m.	Meeting
6:00 - 7:00 p.m.	Cocktails
7:00 - 8:30 p.m.	Dinner
8:30 - 10:00 p.m.	Meeting
10:00 p.m.	Adjourn

April 27, 1967

MINUTES

FIRST MEETING OF THE COUNCIL OF ACADEMIC SOCIETIES

April 20, 1967

University Club of Chicago - Chicago, Illinois

Those present were:

- Dr. Allan D. Bass, American Society for Pharmacology and  
Experimental Therapeutics
- Dr. Henrik H. Bendixen, Association of University Anesthetists
- Dr. Roger Boles, Society of University Otolaryngologists
- Dr. E. B. Brown, Jr., Council of the American Physiological Society
- Dr. John A. Campbell, Association of University Radiologists
- Dr. Sam L. Clark, Jr., American Association of Anatomists
- Dr. Philip P. Cohen, American Society of Biological Chemists, Inc.
- Dr. George Entwisle, Association of Teachers of Preventive Medicine
- Dr. Harry A. Feldman, Association of Teachers of Preventive Medicine
- Dr. Henry W. Hollinshead, American Association of Anatomists
- Dr. Thomas D. Kinney, American Association of University Professors  
of Pathology
- Dr. Allan Lorincz, Association of Professors of Dermatology
- Dr. A. Edward Maumenee, Association of University Professors of  
Ophthalmology
- Dr. Frank W. Newell, Association of University Professors of  
Ophthalmology
- Dr. John Nurnberger, American Association of Chairmen of Departments  
of Psychiatry
- Dr. A. F. Rasmussen, American Academy of Microbiology
- Dr. Mark Ravitch, American Surgical Association
- Dr. Jonathan E. Rhoads, Society of Surgical Chairmen
- Dr. James Byron Snow, Jr., Society of University Otolaryngologists
- Dr. Daniel C. Tosteson, Chairmen of Medical School Departments of  
Physiology
- Dr. James V. Warren, Association of Professors of Medicine
- Dr. Ralph J. Wedgwood, Association of Medical School Pediatric  
Department Chairmen
- Dr. Robert Willson, Association of Professors of Gynecology &  
Obstetrics
- Dr. Robert C. Berson - AAMC
- Dr. Cheves McC. Smythe - AAMC

Absent were:

- Dr. Robert H. Williams, Association of Professors of Medicine
- Dr. Dennis W. Watson, American Academy of Microbiology.

Dr. Robert C. Berson opened the meeting at 4:00 p.m. in the forced absence of Dr. William N. Hubbard, Jr. Dr. Berson reviewed the reasons why the AAMC was anxious to see full development of the Council of Academic Societies.

Dr. Thomas Kinney reviewed the steps that had been taken to date, including the work of the ad hoc committee which drew up guidelines for the establishment of the Council, and the invitations to 16 societies to join in the formation of the CAS. These are:

- American Association of Anatomists
- Association of University Anesthetists
- Association of Professors of Dermatology
- Association of Professors of Medicine
- Association of American Physicians
- Association of Professors of Obstetrics & Gynecology
- American Gynecological Society
- Association of University Professors of Ophthalmology
- Society of University Otolaryngologists
- American Association of University Professors of Pathology
- Association of Medical School Pediatric Department Chairmen
- Association of Teachers of Preventive Medicine
- Association of Chairmen of Departments of Psychiatry
- Association of University Radiologists
- Society of Surgical Chairmen
- American Surgical Association

Dr. Kinney emphasized that there is no prejudice against any other societies joining and that the 16 societies were only a nucleus group from which the CAS would grow. They are not charter members or different from any future society invited to join. The guidelines are quite permissive and were written in the full knowledge that they would not be final.

The Executive Council of the AAMC has accepted the guidelines as a basis of operation. The 16 societies listed above have been presented to the Institutional Membership of the AAMC and elected to form the Council of Academic Societies.

A MOTION was made and seconded to appoint Dr. Thomas Kinney as Chairman pro tem. In the subsequent discussion a consensus was apparent that the group at the meeting should be considered an ad hoc committee of the whole and would so function with its Chairman until a regular meeting could be held and a permanent Chairman elected. The motion passed.

A MOTION was made by Dr. Feldman and seconded that the committee adopt the guidelines as a working document until a formal constitution was adopted. The motion passed unanimously.

It was suggested the CAS have an all day meeting on Friday, October 27, 1967, during which a constitution should be adopted and officers and representatives of the CAS to the Executive Council should be elected. This decision was reached without formal action. It was also decided that the minutes should show that the proposed draft of the constitution should be circulated to the members no later than September 1st.

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After extensive discussion on how to process more societies into membership in the Council between now and October, A MOTION was made that in the selection of other societies the sense of the guidelines be followed. It was further moved, 1) that the disciplines mentioned on page 4 of the guidelines be represented, 2) that not more than two societies represent any one discipline during the formative stages, 3) that one of the two societies representing the discipline be a professorial society, 4) that any newly invited societies have memberships equivalent to the membership of the 16 initial societies, and 5) that if an appropriate organization is not identified in a discipline listed on page 4 of the guidelines it may be invited to send representatives. These motions were passed unanimously.

The meeting recessed for dinner at 6:15 p.m.

Dr. Kinney called the meeting to order at 8:00 p.m.

After an informal canvas of those present it was moved and seconded that the following societies be presented to the Executive Council of the AAMC for membership in the Council of Academic Societies:

1. American Society of Biological Chemists, Inc.
2. American Academy of Microbiology
3. American Neurological Association
4. American Physiological Society
5. American Association of Pathologists and Bacteriologists
6. American Pediatric Society

This motion passed unanimously.

It was moved and seconded that societies pertaining to the following disciplines be referred to a Credentials Committee:

1. Orthopedics
2. Neurosurgery
3. Urology
4. Plastic surgery
5. Cardiology
6. Additional societies in radiology and psychiatry.

This motion passed unanimously.

After discussion of possible programs for the CAS, a MOTION was made by Dr. Cohen that the committee concerned with the Constitution and By-laws consider a Preamble outlining the goals and purposes of the CAS together with the proposed constitution and by-laws and that these be presented to the AAMC at their fall meeting.

The motion was seconded and passed.

A MOTION was made by Dr. Wedgwood that an Agenda Committee be called to bring before the Council at the October meeting those issues which it deems to be most critical and deserve priority. The motion was seconded and passed.

A consensus was reached that Dr. Kinney communicate to the Executive Council of the AAMC that the CAS welcomed the opportunity to join with the AAMC in future deliberations, and that they are grateful that this particular step has been taken which can be considered a giant step toward the improvement of medical schools.

Dr. Kinney then proposed the appointment of the following three committees:

1. Nominating and Credentials Committee:

Chairman, Dr. Warren, with Doctors Maumenee, Bass, and Rasmussen or Shaffer.

2. Agenda Committee:

Chairman, Dr. Wedgwood with Doctors Ravitch, Cohen, Brown or Forster.

3. Constitution and By-laws Committee:

Chairman Dr. Rhoads, with Doctors Tosteson, Clark, and Feldman.

A MOTION was made, seconded and passed approving these committees and the above listed appointments.

Other matters discussed but not acted upon include:

1. A history of the actions of and attitudes within the AAMC leading to creation of the CAS.
2. Deliberations on both the eventual and proper size and membership of the CAS.
3. Deliberations on the proper role and/or functions of the CAS.
4. Description of the annual meeting and other communications and staff functions of the AAMC.
5. Extensive discussion of membership in the CAS in which the dichotomy between professionalism implicit in a societal approach was contrasted with the desirability of an unaligned commitment of faculty members qua faculty members to medical education and its needs.
6. The undesirability of setting in motion forces calling for the creation of societies which have no function except to fit the constitution of the CAS.
7. Articulation of the CAS with other functions of the AAMC.
8. Financial support of the CAS.

April 24, 1967

TO: The Executive Council

FROM: The Council of Academic Societies

SUBJECT: Progress Notes on Meeting of April 20

Representatives from the 16 societies of the Council of Academic Societies and from microbiology, pharmacology, physiology, and biochemistry attended the first meeting of the Council of Academic Societies on April 20, 1967.

A surprising amount of progress was made. Significant actions taken included:

1. Acceptance of previously written guidelines as a working document for the organization of this council.
2. Appointment of Doctor Thomas Kinney as Chairman pro tem.
3. Appointment of nominating, credentials, agenda, constitution and by-laws committees.
4. Nomination of six additional societies for membership.
5. Identification of a series of societies for consideration by the Credentials Committee.
6. Scheduling a one day meeting at the time of the annual meeting. Constitution, a slate of officers, a program and identification of possible methods of support are to be ready for consideration by the Institutional Membership at its next annual meeting.
7. Agreement that the activities of this Council should be self-supporting once it has become organized and active.
8. Enthusiastic re-endorsement of the potential effectiveness of such a Council tempered by realistic statements of possible pitfalls.

When formal minutes are prepared they will be circulated to the Executive Council.

CMS:es

6140-11

April 24, 1967

TO: The Executive Council

FROM: The Council of Academic Societies

SUBJECT: Nomination for Membership in the Council of Academic Societies

At its first meeting on April 20, 1967, the Council of Academic Societies voted to present the following societies to the Executive Council for membership in the Council of Academic Societies:

1. American Society of Biological Chemists, Inc.
2. American Academy of Microbiology
3. American Neurological Association
4. American Physiological Society
5. American Association of Pathologists and Bacteriologists
6. American Pediatric Society
7. Other faculty or professional societies as they become formally organized.

CMS:es

6140-11

[Tab D]

## Meeting of the Council of Academic Societies

New York Hilton Hotel  
New York, New York  
October 27, 1967

Presiding: THOMAS D. KINNEY, Chairman Pro Tem

### PLENARY BUSINESS MEETING

The meeting was called to order by Dr. Thomas D. Kinney at 9:00 A.M. Convened in this first Annual Meeting of the Council of Academic Societies (CAS) was a total of 44 participants representing 22 disciplines and 27 medical schools.

#### INTRODUCTION

Dr. Kinney gave an account of the beginnings of the CAS and the steps that had been taken to bring it to its current status. He outlined as tasks to be accomplished at this meeting: (a) the further organization of the CAS, (b) approval of a proposed Constitution and Bylaws, (c) election of officers, and (d) identification of proper programs for the CAS.

#### REPORT OF THE NOMINATING AND CREDENTIALS COMMITTEE

*Membership.*—Dr. James V. Warren, Chairman of the Nominating and Credentials Committee, presented the Committee's report. It recommended that 7 additional societies be approved as constituent members of the CAS and that their nomination be forwarded to the Executive Council of the Association of American Medical Colleges for its recommendation to the Institutional Membership for ratification. The organization, purposes, and history of the societies that were recommended for nomination were reviewed. Each society was duly nominated, seconded, and unanimously approved by the CAS. Those societies nominated included:

The Association of Chairmen of Departments of Physiology  
The Society of Academic Radiology Chairmen  
The Association of University Cardiologists  
The Society of University Urologists  
The American Association of Neurological Surgeons  
Joint Committee on Orthopaedic Research and Seminars  
Academic Clinical Laboratory Physicians and Scientists

The CAS membership also discussed the status of the Society of Academic Pharmacologists, whose organization has not yet been completed. It was concluded that this society was not sufficiently mature to be voted on at this time. However, the CAS approved its subsequent membership on a tentative basis.

Brought out during the discussion of the nomination of these societies were certain issues and points of view on which no formal action was taken. These

included (a) the danger of encouraging an infinite proliferation of societies, (b) the relative merits of representation of a given discipline by more than one society, and (c) the need for considerable elasticity in considering individual societies for membership. It was suggested that formal guidelines for the admission of additional societies should be prepared. It was pointed out that some societies can be expected to withdraw or to change form, depending upon the problems presented to them in coming years.

*Officers.*—The Nominating Committee nominated the following slate of officers:

*Chairman:* Thomas D. Kinney, Duke University

*Chairman-Elect:* Jonathan E. Rhoads, University of Pennsylvania

*Secretary:* Harry A. Feldman, State University of New York (Syracuse)

*Executive Committee Members:*

Eben Alexander, Jr., Bowman Gray

Sam L. Clark, Jr., Washington University (St. Louis)

Patrick J. Fitzgerald, State University of New York (Brooklyn)

John I. Nurnberger, Indiana University

Daniel C. Tosteson, Duke University

Ralph Wedgwood, University of Washington (Seattle)

*AAMC Executive Council Representatives:*

Eben Alexander, Jr., Bowman Gray

Thomas D. Kinney, Duke University

Jonathan E. Rhoads, University of Pennsylvania

Daniel C. Tosteson, Duke University

Subsequent to a call for nominations from the floor, the election of these officers was moved, seconded, and unanimously passed. The nominations for Executive Council Members were forwarded to the Nominating Committee of the Association of American Medical Colleges, which presented this slate to the Institutional Membership for vote at its October 30, 1967, meeting. As recorded in the report of that meeting, these nominations were unanimously approved by the Institutional Membership.

#### REPORT OF THE CONSTITUTION AND BYLAWS COMMITTEE

Dr. Jonathan E. Rhoads, Chairman of the Constitution and Bylaws Committee, reported that the Committee had drafted a Constitution which had been circulated prior to the meeting. After a thorough review and discussion of each section of the Constitution, several revisions were incorporated into the draft. Dr. Kinney then asked for a motion for acceptance of the entire Constitution as revised. This motion was made, seconded, and unanimously approved.

The same procedure was followed for the Bylaws. Dr. Kinney then asked for a motion for acceptance of the Bylaws. This motion was made, seconded, and unanimously passed.

Subsequent to this meeting, the Constitution and Bylaws, with appropriate revisions that arose out of the discussion, were circulated among the membership. The Constitution and Bylaws of the Council of Academic Societies of the Association of American Medical Colleges, as finally adopted, appear at the end of this report (See pages 582-588).

## REPORT OF THE AGENDA COMMITTEE

The Agenda Committee (Chairman, Dr. Ralph Wedgwood) did not suggest a specific agenda. Rather, this Committee encouraged the representation of the faculties of the colleges of medicine by societies representing the various interests of the faculties. The Council should seek to develop an action role for itself. The Council should address itself to problems that are general enough to concern many, yet not so global as to present the temptation to allow escape into dialectic; well enough circumscribed so that they are solvable; and important enough so that the answer when arrived at would be worth having. The Committee suggested that the most immediate problem on which the Council should focus its attention is the general area of health manpower. It further suggested that problems in faculty development would be a fruitful place for the Council to begin. Other areas of potential interest include the nature of the bottleneck preventing the rapid expansion of medical schools and some of the problems which the further interdigitation of residents into the programs of medical centers will occasion.

## PLENARY PROGRAM SESSION

First to appear on the program of the Council of Academic Societies was Dr. William N. Hubbard, Jr., Dean, University of Michigan Medical School and President of the AAMC. Dr. Hubbard's topic was "Consideration of the Need for Increased Faculty Participation in the Actions of the Association of American Medical Colleges."

Dr. Hubbard stressed the urgent need for involvement of the faculty in proposing solutions to some of the pressing problems that the medical schools now face. Foremost among these problems that he cited is manpower. Dr. Hubbard observed that many qualified applicants are denied an opportunity for admission to medical schools simply because sufficient places to accommodate them do not exist. Further, production of medical manpower for research, for teaching, and for patient care is inadequate to meet the demands of society.

Faculty advice is also needed, according to Dr. Hubbard, on such matters as (a) establishment of a flexible curriculum considered in light of the total span of the education of the physician and of the multiple goals and motivations of the student body and (b) a method of measurement of student learning vis-à-vis his later professional responsibility.

"Major Issues Facing Medical School Faculties" was next discussed by Dr. Ivan L. Bennett, Jr., Deputy Director, Office of Science and Technology, Executive Office of the President. Dr. Bennett enumerated 4 major issues that medical school faculties must face as (a) the need to educate more physicians, (b) the need to devise a better system for the delivery of health care, (c) the need as faculty members to identify with the medical profession, and (d) the need to find ways to make their opinions heard and acted upon in Washington.

Dr. Bennett recommended to the Council that their opinion be sound, collective, and transmitted in a consistent program at the local level through their congressmen and senators. He emphasized that goals must be examined in the broad context of an evolving society.

Concluding the program session was Dr. Lowell T. Coggeshall, Trustee, University of Chicago, and Chairman of the Committee which recommended to the Association of American Medical Colleges the establishment of a formal council

of faculty within the organizational framework of the Association. Dr. Coggeshall reiterated the need for faculty not only to educate more physicians but more importantly to devise an improved system of utilization. An equally important role for the Council is in evaluating federal programs, according to Dr. Coggeshall.

**COUNCIL OF ACADEMIC SOCIETIES  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
CONSTITUTION**

**Preamble**

The Association of American Medical Colleges, in order to provide for greater faculty participation in its affairs, has authorized and brought into being this Council of Academic Societies. This action was taken in response to a broader conception of the role of the Association of American Medical Colleges which was set forth in a 1965 commissioned report to the Association, entitled *Planning for Medical Progress Through Education*.

The specific objectives of the Council of Academic Societies are to serve as a forum and as an expanded medium for communication between the Association of American Medical Colleges and the faculties of the schools of medicine. This forum should serve to enhance faculty participation in the formulation of national policies to provide for the whole span of medical education. The mechanism of communication shall include election at appropriate intervals of representatives to serve on the Executive Council of the Association of American Medical Colleges.

**Article 1**

The name of this organization shall be the Council of Academic Societies of the Association of American Medical Colleges.

**Article 2. Part 1—Constituent Societies**

*Section 1.* The Council of Academic Societies shall be composed of societies which have an active interest in medical education.

*Section 2.* A society may either seek or be invited to become a constituent society of the Council of Academic Societies.

*Section 3.* An initial group of scientific societies (see Appendix A) was invited by vote of the Executive Council and Institutional Members of the Association of American Medical Colleges to join the Council of Academic Societies and to send 2 representatives. All accepted the invitation.

*Section 4.* In the future, additional societies will be nominated as constituent societies of the Council of Academic Societies by vote of two thirds of the members present at a duly constituted meeting of the Council of Academic Societies, provided that notice of the proposed nominations shall have been circulated to the members at least one month in advance of the meeting. The nomination of new constituent societies, after being passed upon by the Council of Academic Societies, will be sent to the Executive Council of the Association of American Medical Colleges and to the Institutional Membership of the Association of American Medical Colleges for ratification.

**Article 2. Part 2—Composition of the Council of Academic Societies**

*Section 1. Representatives of Societies.* Each constituent society will be invited

to designate 2 representatives who will be members of the Council of Academic Societies.

*Section 2. Members-at-Large.* A number of individuals not to exceed 10 who are not chosen representatives of constituent societies but who have special interests and competence in medical education may be elected to membership in the Council of Academic Societies by the chosen representatives of the constituent societies as defined in the Bylaws. Election to membership-at-large shall require approval of two thirds of those present and voting at such elections.

#### Article 3

Any constituent society may withdraw at its discretion. Involuntary termination of participation by a scientific society which has been elected to the Council of Academic Societies shall occur only after a two-thirds vote of all members of the Council after thirty days prior notice of the proposed action, followed by a two-thirds vote of the Executive Council of the Association of American Medical Colleges and the necessary ratification by a majority of the Institutional Members.

#### Article 4

The method of selection of representatives by each constituent society shall be the sole responsibility of that organization. The term of office of chosen representatives and of members-at-large shall be two years but no individual is to serve more than four such consecutive terms.

#### Article 5

Individuals elected as officers of the Council of Academic Societies or as members of the Executive Council of the Association of American Medical Colleges representing the Council of Academic Societies may hold their membership on the Council of Academic Societies, ex officio, even though they may be succeeded by new representatives from their constituent organizations. (See below under Articles 6 and 10.)

#### Article 6. Officers

A Chairman, a Chairman-Elect, and a Secretary-Treasurer shall be elected annually by the Council of Academic Societies. A nominating committee of 7 members shall be selected by a mail ballot from all members of the Council with each being asked to vote for 7 persons. The 7 members who receive the largest number of votes will constitute the nominating committee and shall bring in the names of 2 candidates for each office whom they recommend and who they have ascertained would be willing to serve if elected. The only exception is the Chairman who would ordinarily be the Chairman-Elect from the previous year. Election shall be by written ballot at the annual meeting. The term of office of the Chairman and Chairman-Elect shall be approximately one year, from one annual meeting to the next. Officers shall begin their terms following the annual meeting of the Association of American Medical Colleges and serve until the end of the next annual meeting of the Association. The Secretary-Treasurer may not serve for more than two years following the expiration of his term as a representative of a constituency.

#### Article 7

*Section 1. Duties of the Chairman.* The Chairman shall preside at all meetings. He shall serve as chairman of the Executive Committee and shall be an ex officio

member of all committees. He shall have primary responsibility for arranging the agenda of meetings, provided that no question which 5 or more members desire to have placed on the agenda shall be omitted, and provided that there shall be at each meeting an opportunity for items of business to be introduced from the floor for action at a subsequent meeting.

*Section 2. Duties of the Chairman-Elect.* The Chairman-Elect shall act as a Vice-Chairman and assume the duties of the Chairman whenever the latter is absent or unable to act. He shall also keep in close touch with the affairs of the Council of Academic Societies and shall be an ex officio member of all committees, except that on nominations.

*Section 3. Duties of the Secretary-Treasurer.* The Secretary-Treasurer shall be responsible for keeping the minutes of meetings, a roster of members, sending out notices of meetings, and notifying the constituent societies of the need for selecting their representatives. He shall receive and review periodic reports from the business office of the Association of American Medical Colleges. He shall be entitled to inspect the books of original entry for deposits and expenditures of the Council. He shall be invited to review the results of the annual auditor's report with the auditing agency of the Association of American Medical Colleges.

#### **Article 8. The Executive Committee**

The Executive Committee shall be elected by written ballot at the annual meeting and shall number 9: the 3 officers of the Council of Academic Societies and 6 other members, 2 of whom will serve as representatives to the Executive Council of the Association of American Medical Colleges. These 6 members are to be elected for two-year terms on a staggered basis. The Executive Committee initially elected shall determine by lot or other appropriate impartial mechanisms the terms allotted to its members. Members may succeed themselves for 2 additional terms. The officers of the Council of Academic Societies shall serve as officers of the Executive Committee. The Executive Committee shall take interim actions between meetings of the Council subject to ratification by the Council at its next meeting, unless expressed authority has been granted at a prior meeting of the Council to the Executive Committee to act for it in a specific matter.

#### **Article 9**

Such other standing or *ad hoc* committees may be established as proposed by vote of the Council or of its Executive Committee acting between meetings of the Council. Members and chairmen of such committees will be named by the Chairman of the Council unless the names are a part of the motion establishing the committee. In the case of standing committees, membership on the committee will end with the expiration of the term of the member on the Council. In selecting a replacement, the Chairman of the Council of Academic Societies may appoint any member of the Council. Members of *ad hoc* committees may be selected from the academic community-at-large.

#### **Article 10. Times of Meetings**

The Council of Academic Societies shall meet during or within two days of the annual meeting of the Association of American Medical Colleges and at such other times as may be defined in the Bylaws. Notice of meetings shall be defined in the Bylaws.

**Article 11**

A quorum shall number 15 members or 25 per cent of the Council, whichever is the larger.

**Article 12. Election of Representatives of the Council of Academic Societies to the Executive Council of the Association of American Medical Colleges**

Four members of the Council of Academic Societies shall be elected to serve as its representatives on the Executive Council of the Association. Two of these shall be the Chairman and the Chairman-Elect of the Council of Academic Societies. As a general rule, 2 of the 4 members shall be from societies which are primarily concerned with preclinical disciplines and 2 from societies primarily concerned with clinical disciplines. Elections shall be for two-year terms, so staggered that 1 clinical representative and 1 preclinical representative shall be elected each year. The same nominating committee as that employed in the nomination of officers will be asked to bring forward nominations for the unfilled positions at each annual meeting. Two available candidates shall be named for each post and election will be by written ballot of the members present at the annual meeting. Those elected will take office after the annual meeting of the Association of American Medical Colleges occurring at the time of the meeting of the Council of Academic Societies and will serve until the completion of the second annual meeting thereafter. Any duly elected representative serving on the Council of Academic Societies or an officer of the Council who might remain as a member is eligible for election.

**Article 13**

The Council may not incur debts or enter into commitments by accepting restricted funds or otherwise, which could become obligations of the Association of American Medical Colleges, except by specific authorization of the Executive Council of the Association.

**Article 14**

Mechanisms for activity in the affairs of the Council of Academic Societies by individual members of the constituent societies may be provided in the Bylaws.

**Article 15. Amendments**

During the first two years of its existence, this Constitution may be amended by a simple majority of the members present at the annual meeting. Subsequently, this Constitution may be amended by a two-thirds vote of the members present at the annual meeting, provided that the substance of the proposed amendment has been circulated in writing to the members not less than thirty days prior to the meeting.

**Appendix A**

**Scientific Societies, Now Members of the Council of Academic Societies**

- American Association of Anatomists
- Association of University Anesthetists
- Association of Professors of Dermatology
- Association of Professors of Medicine
- Association of American Physicians
- Association of Professors of Obstetrics and Gynecology
- American Gynecological Society
- Association of University Professors of Ophthalmology

Society of University Otolaryngologists  
American Association of University Professors of Pathology  
Association of Medical School Pediatric Department Chairmen  
Association of Teachers of Preventive Medicine  
Association of Chairmen of Departments of Psychiatry  
Association of University Radiologists  
Society of Surgical Chairmen  
American Surgical Association  
American Society of Biological Chemists, Inc.  
American Academy of Microbiology  
American Neurological Association  
American Physiological Society  
American Association of Pathologists and Bacteriologists  
American Pediatric Society

COUNCIL OF ACADEMIC SOCIETIES  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
BYLAWS

**Article 1**

*Section 1.* In addition to the annual meeting prescribed by the Constitution, there shall be at least 1 additional meeting each year. Such additional meetings shall be held at such times and places as may be decided by the Council of Academic Societies; whenever feasible these will be held in conjunction with other activities of the Association of American Medical Colleges. In addition, meetings may be called at the discretion of the Executive Committee of the Council of Academic Societies or at the request of 15 or more members of the Council. Notices of meetings shall be mailed to the last known address of each member of the Council, not less than thirty days prior to the date set for the meeting.

*Section 2.* In the case of the 2 regularly scheduled meetings, it shall not be necessary to give advance notice of items on the agenda except for amendments to the Constitution, election of additional constituent societies and members-at-large, and nomination of officers.

*Section 3.* In the case of especially called meetings, the agenda shall be set forth in the notice of the meeting and action on any other item introduced at the meeting shall require ratification, either by a two-thirds mail vote following the meeting or must be held over for a majority vote at the next regularly scheduled meeting.

**Article 2**

*Section 1.* A reminder shall be sent to the appropriate officers of the constituent societies in January of each year, notifying them that they are entitled to 2 representatives on the Council and stating that their present representatives will continue to serve until the Secretary-Treasurer has been notified of a successor who will take office following the next annual meeting of the Council. In the event of the death or disability of a representative, his society will name a successor to complete the unexpired term.

*Section 2.* For purposes of electing the nominating committee, the Secretary-Treasurer shall send to the members of the Council, on or about July 1, the names

of all of the representatives then serving on the Council with a request that each member indicate the 7 persons he thinks best qualified to serve as members of the nominating committee. The ex officio members, that is, the officers of the Council and its representatives to the Executive Council of the Association of American Medical Colleges, are eligible to serve on the nominating committee with the exception of the Chairman-Elect. Fifteen days will be allowed for the return of the ballots; any ballots postmarked after fifteen days from the time that they were mailed will not be counted. The 7 persons receiving the largest number of votes will constitute the nominating committee. In the event of a tie, it will be broken by the officers in the manner providing the best balance between preclinical and clinical interests. The member receiving the highest number of votes will serve as Chairman of the nominating committee.

*Section 3.* The nominating committee shall nominate 2 individuals for each office and an appropriate number of members-at-large as specified in the Constitution at least three weeks prior to the annual meeting. In the event of a tie, it will be broken by vote of the Chairman, Vice-Chairman, and Secretary-Treasurer, whose votes will be secret.

#### **Article 3. Dues**

Each constituent society shall pay dues of \$100.00 for the first year, and thereafter, recommendations for dues shall be made by the Executive Committee and acted upon by the Council at the time of the annual meeting. Failure to pay dues for two consecutive years will constitute grounds for termination of the constituent society's membership.

#### **Article 4. Accounts**

The funds of the Council shall be deposited with the Association of American Medical Colleges in a special account which may be drawn upon by any of the 3 officers of the Council of Academic Societies in accordance with action taken by the Council. Expenses in connection with meetings may be paid by the Secretary-Treasurer without specific authorization but shall be reported to the Council. The constituent societies shall be responsible for the travel and per diem expenses of their representatives, except as it may be determined by the societies that their representatives will utilize other funds for this purpose. Actual and necessary living and travel expenses will be paid from the funds of the Council in the case of officers no longer serving as representatives of constituent societies.

The funds of the Council shall be audited annually in accordance with the practices of the Association of American Medical Colleges; a report will be filed by the Secretary-Treasurer and incorporated in the minutes. The Council may also receive funds from the parent organization, the Association of American Medical Colleges, or any other source. The acceptance of such funds and the restrictions pertaining thereto will be by vote subject to Article 13 of the Constitution.

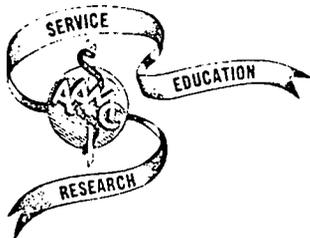
#### **Article 5. Members-at-Large**

Members-at-large may serve as officers if elected but not more than 1 such member-at-large may be nominated for each office. Nominations will be made for members-at-large by the nominating committee or by 15 or more chosen representatives to the Council if this is submitted in writing to the Secretary-Treasurer not less than six weeks prior to an annual meeting. Such nominations are to be circulated not less than thirty days prior to the meeting. Elections of members-

at-large will be conducted only at regularly scheduled meetings. If the number of nominations exceeds the maximum number of places, those receiving the largest number of votes will be elected. Ties are to be broken by secret ballots cast by the 3 officers.

**Article 6. Amendments**

Amendments to the bylaws may be made at any stated meeting or at a special meeting called for the purpose by a two-thirds vote of those present, provided there is a quorum in attendance.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
2530 RIDGE AVENUE      EVANSTON, ILLINOIS 60201  
1346 CONNECTICUT AVE., N.W.      WASHINGTON, D.C. 20036

CHEVES McC. SMYTHE, M.D.  
ASSOCIATE DIRECTOR  
EVANSTON, ILLINOIS

EVANSTON: 312: 328-9505  
WASHINGTON: 202: 223-5364

September 25, 1967

**Council of Academic Societies**

Re: Meeting, October 27, 1967; 9:00 a.m. to 4:00 p.m.  
New York Hilton Hotel, New York City

Plans for the October 27th meeting of the Council of Academic Societies are now complete. The meeting is scheduled one day prior to the first plenary session of the 78th Annual Association of American Medical Colleges meeting. The Council of Teaching Hospitals, the Group on Student Affairs, Public Relations, Continuation Medical Education, and Business and Fiscal Officers groups are also meeting the same day.

The bulk of the morning agenda will be devoted to debate and, hopefully, adoption of a proposed Constitution and Bylaws which is enclosed. Other business includes reports from the committees appointed on April 27th.

We have been fortunate to secure Doctors William N. Hubbard, Jr., Ivan J. Bennett, Jr., and Lowell T. Coggeshall as speakers for a short afternoon program. The morning agenda and their topics in the afternoon promises that this meeting will set the general tone of the evolution of the operations of this Council for some time.

It is hoped that you will be able to participate actively in this important meeting.

Sincerely yours,

Cheves McC. Smythe, M.D.  
Associate Director

CMS:es

(enclosure)

# 6000-10

COUNCIL OF ACADEMIC SOCIETIES AGENDA

9:00 a.m.	Introductory Remarks	Dr. Thomas D. Kinney
9:15 a.m.	Report of the Committee on Constitution and Bylaws	Dr. Jonathan Rhoads
10:30-10:45	Coffee Break	
10:45	Report of Agenda Committee	Dr. Ralph J. Wedgwood
12:30	Lunch	
2:00 p.m.	Reconvene	
	Consideration of the Need for Increased Faculty Parti- cipation in the Actions of The Association of American Medical Colleges	Dr. William N. Hubbard, Jr. Dean, University of Michigan Medical School, and President of the AAMC.
2:30 p.m.	Major Issues Facing Medical School Faculties	Dr. Ivan Bennett, Deputy Director of the Office of Science and Technology
3:00 p.m.	A Potential Role for the CAS	Dr. Lowell Coggeshall
3:30 p.m.	Report of the Nominating and Credentials Committee	Dr. James V. Warren
4:00 p.m.	Adjourn	

CMS:es

# 6000-1i

November 16, 1967

FROM: Cheves McC. Smythe, M.D.

TO: The Executive Council of the Association of American Medical Colleges

SUBJECT: Proceedings and Revised Constitution of the Council of  
Academic Societies

The proceedings of the October 27, 1967 meeting of the Council of Academic Societies are attached for the information of the Executive Council.

The same is true of a proposed Constitution and Bylaws which can be expected to be formally adopted in the near future without significant substantive change.

CMS:es

#6000- 15

November 16, 1967

REPORT OF THE FIRST ANNUAL MEETING OF THE COUNCIL OF ACADEMIC SOCIETIES

October 27, 1967

New York Hilton Hotel, New York City

The meeting of the Council was called to order by Dr. Thomas D. Kinney, Chairman pro-tem at 9:00 a.m. Dr. Kinney gave an account of the beginnings of the Council and the steps that had been taken to bring it to its current status. He outlined as tasks to be accomplished at this meeting, the further organization of the Council, approval of a proposed constitution, the election of officers, and the identification of proper programs for the Council.

Dr. James V. Warren brought in a report from the Nominating and Credentials Committee (Drs. Warren, Maumenee, Bass, Shaffer). This committee recommended that seven additional societies be approved as constituent societies of the Council and that the nomination of these societies be forwarded to the Executive Council of the Association of American Medical Colleges and its Institutional Membership for their ratification. The organization, purposes, and history of the societies nominated were reviewed. Each society was duly nominated, seconded, and in some cases discussed, and in all cases unanimously approved. Those societies nominated included:

- The Association of Chairmen of Departments of Physiology
- The Society of Academic Radiology Chairmen
- The Association of University Cardiologists
- The Society of University Urologists
- The American Association of Neurological Surgeons
- Joint Committee on Orthopaedic Research and Seminars
- Academic Clinical Laboratory Physicians and Scientists

The membership also discussed the status of the Society of Academic Pharmacologists, the organization of which has not yet been completed. It was concluded that this society was not sufficiently mature to be voted on at this time. However, the Council of Academic Societies approved its subsequent membership on a tentative basis.

Brought out during the discussion of the nomination of these societies were certain issues and points of view on which no formal action was taken. These included the danger of encouraging an infinite proliferation of societies, the relative merits of representation of a given discipline by more than one society, and the need for considerable elasticity in considering individual societies for membership. It was suggested that formal guidelines for the admission of additional societies should be prepared. It was pointed out that some societies can be expected to withdraw or to change form, depending upon the problems presented to them in coming years.

Dr. Jonathan Rhoads reported that the Constitution and Bylaws Committee (Drs. Rhoads, Clark, Feldman, Tosteson, and Kinney, ex-officio) had drafted a constitution which had been circulated prior to the meeting. Drs. Rhoads and Kinney led the membership through a discussion of the constitution section by section, and article by article, without the membership's taking action on any of its provisions. Subsequently, the various articles and sections of

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the constitution were reviewed individually and adopted one at a time. A copy of the constitution with appropriately identified revisions arising out of the discussion is attached.

It was moved, seconded and unanimously passed, that the Preamble and Article I be approved.

It was moved, seconded and unanimously passed, that Article II as revised, (see attachment) be approved.

It was moved, seconded, and unanimously passed, that Articles III, IV, and V, be approved.

It was moved, seconded, and unanimously passed, that Article VI be approved.

It was moved, seconded, and unanimously passed, that Articles VII, VIII, IX, & X, as revised, (see attachment) be approved.

It was moved, seconded, and unanimously passed, that Article XI, as revised, (see attachment) be approved.

It was moved, seconded, and unanimously passed that Articles XII, XIII, XIV, and XV, as revised, (see attachment) be approved.

Dr. Kinney then asked for a motion for acceptance of the entire constitution. This motion was made, seconded, and unanimously passed.

The same procedure was followed for the Bylaws.

It was moved, seconded, and unanimously passed, that Article I of the Bylaws be approved.

It was moved, seconded, and unanimously passed, that Article II, as revised, (see attachment) be approved.

It was moved, seconded, and unanimously passed that Article III (Dues), as revised, (see attachment) be approved.

It was moved, seconded, and unanimously passed that Article IV be approved.

It was moved, seconded, and unanimously passed that Articles V and VI be approved.

Dr. Kinney then asked for a motion for acceptance of the Bylaws. This motion was made, seconded, and unanimously passed.

The nominating committee (Drs. Warren, Maumenee, Bass, Shaffer) nominated the following slate of officers:

Chairman:	Thomas D. Kinney
Chairman-Elect:	Jonathan Rhoads
Secretary	Harry Feldman

<u>Executive Committee:</u>	Sam Clark, Jr.
	Daniel Tosteson
	Patrick Fitzgerald

Executive Committee (Continued)

Eben Alexander, Jr.  
Ralph Wedgwood  
John Nurnberger

Executive Council Members:

Thomas D. Kinney  
Jonathan Rhoads  
Daniel Tosteson  
Eben Alexander, Jr.

Subsequent to a call for nominations from the floor, the election of these officers was moved, seconded, and unanimously passed.

The Agenda Committee, Chairman, Dr. Ralph Wedgwood (Drs. Ravitch, Cohen, and Forster) did not suggest a specific agenda. Rather, this committee encouraged the representation of the faculties of the colleges of medicine by societies representing the various interests of the faculties. The Council should seek to develop an action role for itself. The Council should avoid any tendency to become a debating society at which nothing more was accomplished than speech making. Rather, the Council should address itself to problems that were general enough to concern many, not so global as to present the temptation to allow escape into dialectic, well enough circumscribed so that they were solvable and important enough so that the answer when arrived at would be worth having. The committee suggested that the most immediate problem on which this Council should focus its attention was the general area of health manpower. They further suggested that problems in faculty development would be a fruitful place for the Council to begin. Other areas of potential interest include the nature of the bottleneck preventing the rapid expansion of medical schools and some of the problems which the further interdigitation of residents into the programs of medical centers will occasion.

The business meeting of the Council then adjourned to hear addresses by Drs. William N. Hubbard, Jr., Ivan Bennett, Jr., and Lowell T. Coggeshall.

The meeting adjourned at 4:15 p.m.

Those present:

Eben Alexander, Jr.	Bowman Gray	Amer. Assoc. of Neurological Surgeons
Allan Bass	Vanderbilt U.	Amer. Soc. for Pharmacology and Experimental Therapeutics, Inc.
Henrik H. Bendixen	Harvard	Assoc. of U. Anesthetists
Ivan L. Bennett, Jr.	Office of Science & Technology, Wash., D.C.	Acad. Clinical Lab. Phys. & Scientists
Ellis S. Benson	U. of Minnesota	Soc. of U. Otolaryngologists
Roger Boles	U. of Michigan	Chairmen Depts. of Pathology
Joel M. Brunson	U. of Mississippi	Soc. of Surgical Chairmen
Charles Gardner Child	U. of Michigan	Amer. Assoc. of Anatomists
Sam L. Clark, Jr.	Wash. U., St. Louis	
Lowell T. Coggeshall		
Maynard M. Cohen	U. of Illinois	Assoc. of Profs. of Neurology
Charles D. Cook	Yale	Amer. Pediatric Soc., Inc.
Richard L. Day	Mt. Sinai	Amer. Pediatric Soc., Inc.
A. Gerry DeVoe	Columbia	Assoc. of U. Profs. of Ophthalmology

Gordon W. Douglas	New York U.	Amer. Gynecological Soc.
Milton Elkin	Albert Einstein	Assoc. of U. Radiologists
George Entwisle	U. of Maryland	Assoc. of U. Radiologists
Harry A. Feldman	SUNY Upstate	Assoc. of Teachers of Preventive Medicine
Patrick J. Fitzgerald	SUNY Downstate	Amer. Assoc. of Pathologists and Bacteriologists
Robert E. Forster	U. of Pennsylvania	Amer. Physiological Society
Roy Greening	Jefferson	Assoc. of U. Radiologists
Charles F. Gregory	U. of Texas,	Joint Com. on Orthopaedic Res. & Education Seminars
W. Henry Hollinshead	Southwestern	Amer. Assoc. of Anatomists
William N. Hubbard, Jr.	Mayo	AAMC
Thomas D. Kinney (Chairman)	U. of Michigan	Amer. Assoc. of U. Profs. of Pathology
Alfred W. Kopf	Duke	Assoc. of Profs. of Derm.
John K. Lattimer	N.Y.U.	Assoc. of U. Urologists
John H. Mulholland	Columbia	Amer. Surgical Association
John I. Nurnberger	N.Y.U.	Amer. Assoc. of Chairmen of Depts. of Psychiatry
J. Lowell Orbison	Indiana U.	Amer. Assoc. of Path. & Bacteriologists
Arthur B. Otis	U. of Rochester	Amer. Physiological Society
Emanuel M. Papper	U. of Florida	Assoc. of U. Anesthetists
E. W. Pelikan	Columbia	Amer. Soc. for Pharmacology and Exp. Therapeutics, Inc.
Jonathan Rhoads	Boston U.	Society of Surgical Chairmen
Harry M. Rose	Pennsylvania	Amer. Acad. of Microbiology
Henry G. Schwartz	Columbia	Amer. Assoc. of Neurological Surgeons
Roger B. Scott	Wash. U., St. Louis	Amer. Gynecological Society
Morris F. Shaffer	Case-Western	Amer. Acad. of Microbiology
James B. Snow, Jr.	Tulane	Soc. of U. Otolaryngologists
H. DeWitt Stetten, Jr.	U. of Oklahoma	Amer. Soc. of Biological Chemists, Inc.
James V. Warren	Rutgers	Assoc. of Profs. of Medicine
Ralph Wedgwood	Ohio State U.	Assoc. of Med. Schl. Pedia- tric Dept. Chairmen
Abraham White	U. of Wash., Seattle	Amer. Soc. of Biological Chemists, Inc.
Robert H. Williams	Albert Einstein	Assoc. of Profs. of Medicine
Robert J. Willson	U. of Wash., Seattle	Assoc. of Profs. of Gynecol- ogy and Obstetrics
Nathan A. Womack	U. of Michigan	Amer. Surgical Association
Melvin D. Yahr	U. of No. Carolina	Amer. Neurological Assoc.
	Columbia	

CMS:es

#6000-13

November 15, 1967

A G E N D A

1. Approval of reworded Constitution.
2. Selection of terms for members of the Executive Council.
3. Organization of a budget for January, 1967 to June 30, 1968.
4. Review of needs of Public Health Service for information on faculty development.
5. Staffing.
6. Appointment of ad hoc committees.
7. Other business.

① notes palky'  
 ② talk to Tom Kinney re  
 his idea of how degree  
 programs are related to  
 CAS and how it works.

CMS:es

November 15, 1967

TO: Executive Committee of the Council of Academic Societies  
FROM: Cheves McC. Smythe, M.D.  
Subject: FINANCING OF THE COUNCIL OF ACADEMIC SOCIETIES

Last year the National Fund for Medical Education granted \$50,000.00 to the Association of American Medical Colleges for two purposes. The first of these was to develop the Regional Program of the Association. Some of the money has been used to defer the costs of a series of regional meetings at which Deans, faculty members, business officers and others interested in medical schools meet. This has been highly successful during the past year.

The grant was also to be used for the development of The Council of Academic Societies. From the fall of 1967 through June 30, 1968, \$15,000.00 was spent on these two programs.

From July 1, 1966 through July 1, 1967 through June 30, 1968, \$25,000.00 has been budgeted for the Council of Academic Societies. No exact subdivisions of this budget need be followed carefully. The salary of Mrs. Shahroch has been assigned to this fund. In addition to this, a portion of my salary is coming from this account. This money is otherwise available for such purposes as meetings, mailings, and the organization of any studies we might wish to do. It is probable that the Executive Council would feel that a major project requiring considerable resources should be externally funded by either gift, grant, or contract.

The dues which were voted should be collected, not so much that they are essential for the programs of the Council during the coming year, but to establish early that the Council does mean business and that its programs will require financial participation by the member societies.

CMS:es

December 8, 1967

## MINUTES

## COUNCIL OF ACADEMIC SOCIETIES

December 1, 1967

Present: Doctors: Thomas D. Kinney, Chairman  
Jonathan E. Rhoads  
Harry Feldman  
Sam Clark, Jr.  
Daniel C. Tosteson  
Patrick J. Fitzgerald  
Eben Alexander, Jr.

Absent: Doctors: Ralph J. Wedgwood  
John I. Nurnberger

Staff: Dr. Cheves McC. Smythe

The meeting was called to order by Dr. Thomas D. Kinney. The minutes of the meeting of October 27th were accepted without correction. The draft of the Constitution (adopted in principle on October 30th) was reviewed by the Executive Committee and after minor corrections, the Executive Committee directed that this Constitution be distributed in final form. It had earlier been approved by the Executive Council of the Association of American Medical Colleges. One extra copy is to go to each representative with the suggestion that he might wish to send it to the Secretary-Treasurer of his society.

The terms of men now serving on the Executive Committee were next discussed. Interpretation of the Constitution lead to the conclusion that Drs. Kinney and Alexander are to rotate off of the Executive Council of the Association at the end of the year but are eligible for renomination. The Executive Committee directed a rewording of Article VIII of the Constitution calling for election of the other members of the Executive Committee in staggered fashion for two-year terms. The terms of those men now elected are to be determined by lot at a subsequent meeting of the Executive Committee when everyone is present.

The members of the CAS Executive Committee on the Executive Council of the Association reported to their fellows noteworthy actions taken during the most recent AAMC Council meeting. The eight societies nominated by the Council of Academic Societies were approved by the Executive Council of the Association.

The Executive Committee was advised of a \$21,458.51 budget balance available to the Council at this time. The Committee accepted in principle, but did not take formal action on, the expenditure of up to \$15,000 of this money in support of a conference relevant to the programs of the Council at some time during the year. The AAMC staff was authorized to make such expenditures as were necessary to support the work of the Council during the year.

The staff was instructed to send bills to the constituent societies for dues for 1967-68.

Dr. Harry Feldman was appointed to serve on the International Affairs Committee of the AAMC.

Dr. Jonathan Rhoads was appointed to serve on the Ways and Means Committee of the AAMC.

Subsequent to a discussion of the proper relation of the CAS to a proposed Council of Faculties, a motion was made, seconded and passed, that the minutes should show that the memorandum of Dr. Vernon Wilson concerning formation of a Council of Faculties was read to the Executive Committee, as well as a letter from Dr. William N. Hubbard and a letter from Dr. John Parks to Dr. Wilson, referring to this memorandum. Minutes are to show further that the Executive Committee is on record in the opinion that the Council of Academic Societies should be allowed to prove its competence to represent faculties. It is to be further recorded that it is the understanding of this committee that the charge to the Council of Academic Societies embraces their service as the faculty group within the AAMC.

The utility of nomination of members-at-large from regional meetings was discussed. The sense of the discussion led to the conclusion that the regional meetings should be made aware of such a possibility, but not led to believe that its utilization would result in automatic election to membership-at-large.

The balance of the discussion centered on a potential action program for the Council as well as the possibility of calling a meeting on February 10. It was decided that it would be advantageous to call such a meeting. Mr. Elliott Fountain, Mr. Irwin Cummings, are to be invited as speakers. Failing to obtain Mr. Fountain, Mr. Wilbur Cohen is to be invited. A general outline of a program suggested is a forenoon spent in an analysis of the objectives of the AAMC and the relation of these objectives to the membership of the AAMC.

A panel with Drs. Hubbard, Parks, Anlyan, and Crispell was suggested. Appropriate mid-day speakers are to be sought. In the afternoon, either an analysis of the "Manpower Report" as related to faculty needs, or the implications of the faculty data gathered by the Association, are to conclude the program.

A subcommittee of the Executive Council is to decide on final arrangements in the next two or three weeks.

The meeting was then adjourned.

CMS:es

[Tab G]

of faculty within the organizational framework of the Association. Dr. Coggeshall reiterated the need for faculty not only to educate more physicians but more importantly to devise an improved system of utilization. An equally important role for the Council is in evaluating federal programs, according to Dr. Coggeshall.

COUNCIL OF ACADEMIC SOCIETIES  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
CONSTITUTION

**Preamble**

The Association of American Medical Colleges, in order to provide for greater faculty participation in its affairs, has authorized and brought into being this Council of Academic Societies. This action was taken in response to a broader conception of the role of the Association of American Medical Colleges which was set forth in a 1965 commissioned report to the Association, entitled *Planning for Medical Progress Through Education*.

The specific objectives of the Council of Academic Societies are to serve as a forum and as an expanded medium for communication between the Association of American Medical Colleges and the faculties of the schools of medicine. This forum should serve to enhance faculty participation in the formulation of national policies to provide for the whole span of medical education. The mechanism of communication shall include election at appropriate intervals of representatives to serve on the Executive Council of the Association of American Medical Colleges.

**Article 1**

The name of this organization shall be the Council of Academic Societies of the Association of American Medical Colleges.

**Article 2. Part 1—Constituent Societies**

*Section 1.* The Council of Academic Societies shall be composed of societies which have an active interest in medical education.

*Section 2.* A society may either seek or be invited to become a constituent society of the Council of Academic Societies.

*Section 3.* An initial group of scientific societies (see Appendix A) was invited by vote of the Executive Council and Institutional Members of the Association of American Medical Colleges to join the Council of Academic Societies and to send 2 representatives. All accepted the invitation.

*Section 4.* In the future, additional societies will be nominated as constituent societies of the Council of Academic Societies by vote of two thirds of the members present at a duly constituted meeting of the Council of Academic Societies, provided that notice of the proposed nominations shall have been circulated to the members at least one month in advance of the meeting. The nomination of new constituent societies, after being passed upon by the Council of Academic Societies, will be sent to the Executive Council of the Association of American Medical Colleges and to the Institutional Membership of the Association of American Medical Colleges for ratification.

**Article 2. Part 2—Composition of the Council of Academic Societies**

*Section 1. Representatives of Societies.* Each constituent society will be invited

## REPORT OF THE AGENDA COMMITTEE

The Agenda Committee (Chairman, Dr. Ralph Wedgwood) did not suggest a specific agenda. Rather, this Committee encouraged the representation of the faculties of the colleges of medicine by societies representing the various interests of the faculties. The Council should seek to develop an action role for itself. The Council should address itself to problems that are general enough to concern many, yet not so global as to present the temptation to allow escape into dialectic; well enough circumscribed so that they are solvable; and important enough so that the answer when arrived at would be worth having. The Committee suggested that the most immediate problem on which the Council should focus its attention is the general area of health manpower. It further suggested that problems in faculty development would be a fruitful place for the Council to begin. Other areas of potential interest include the nature of the bottleneck preventing the rapid expansion of medical schools and some of the problems which the further interdigitation of residents into the programs of medical centers will occasion.

## PLENARY PROGRAM SESSION

First to appear on the program of the Council of Academic Societies was Dr. William N. Hubbard, Jr., Dean, University of Michigan Medical School and President of the AAMC. Dr. Hubbard's topic was "Consideration of the Need for Increased Faculty Participation in the Actions of the Association of American Medical Colleges."

Dr. Hubbard stressed the urgent need for involvement of the faculty in proposing solutions to some of the pressing problems that the medical schools now face. Foremost among these problems that he cited is manpower. Dr. Hubbard observed that many qualified applicants are denied an opportunity for admission to medical schools simply because sufficient places to accommodate them do not exist. Further, production of medical manpower for research, for teaching, and for patient care is inadequate to meet the demands of society.

Faculty advice is also needed, according to Dr. Hubbard, on such matters as (a) establishment of a flexible curriculum considered in light of the total span of the education of the physician and of the multiple goals and motivations of the student body and (b) a method of measurement of student learning vis-à-vis his later professional responsibility.

"Major Issues Facing Medical School Faculties" was next discussed by Dr. Ivan L. Bennett, Jr., Deputy Director, Office of Science and Technology, Executive Office of the President. Dr. Bennett enumerated 4 major issues that medical school faculties must face as (a) the need to educate more physicians, (b) the need to devise a better system for the delivery of health care, (c) the need as faculty members to identify with the medical profession, and (d) the need to find ways to make their opinions heard and acted upon in Washington.

Dr. Bennett recommended to the Council that their opinion be sound, collective, and transmitted in a consistent program at the local level through their congressmen and senators. He emphasized that goals must be examined in the broad context of an evolving society.

Concluding the program session was Dr. Lowell T. Coggeshall, Trustee, University of Chicago, and Chairman of the Committee which recommended to the Association of American Medical Colleges the establishment of a formal council

to designate 2 representatives who will be members of the Council of Academic Societies.

*Section 2. Members-at-Large.* A number of individuals not to exceed 10 who are not chosen representatives of constituent societies but who have special interests and competence in medical education may be elected to membership in the Council of Academic Societies by the chosen representatives of the constituent societies as defined in the Bylaws. Election to membership-at-large shall require approval of two thirds of those present and voting at such elections.

#### Article 3

Any constituent society may withdraw at its discretion. Involuntary termination of participation by a scientific society which has been elected to the Council of Academic Societies shall occur only after a two-thirds vote of all members of the Council after thirty days prior notice of the proposed action, followed by a two-thirds vote of the Executive Council of the Association of American Medical Colleges and the necessary ratification by a majority of the Institutional Members.

#### Article 4

The method of selection of representatives by each constituent society shall be the sole responsibility of that organization. The term of office of chosen representatives and of members-at-large shall be two years but no individual is to serve more than four such consecutive terms.

#### Article 5

Individuals elected as officers of the Council of Academic Societies or as members of the Executive Council of the Association of American Medical Colleges representing the Council of Academic Societies may hold their membership on the Council of Academic Societies, ex officio, even though they may be succeeded by new representatives from their constituent organizations. (See below under Articles 6 and 10.)

#### Article 6. Officers

A Chairman, a Chairman-Elect, and a Secretary-Treasurer shall be elected annually by the Council of Academic Societies. A nominating committee of 7 members shall be selected by a mail ballot from all members of the Council with each being asked to vote for 7 persons. The 7 members who receive the largest number of votes will constitute the nominating committee and shall bring in the names of 2 candidates for each office whom they recommend and who they have ascertained would be willing to serve if elected. The only exception is the Chairman who would ordinarily be the Chairman-Elect from the previous year. Election shall be by written ballot at the annual meeting. The term of office of the Chairman and Chairman-Elect shall be approximately one year, from one annual meeting to the next. Officers shall begin their terms following the annual meeting of the Association of American Medical Colleges and serve until the end of the next annual meeting of the Association. The Secretary-Treasurer may not serve for more than two years following the expiration of his term as a representative of a constituency.

#### Article 7

*Section 1. Duties of the Chairman.* The Chairman shall preside at all meetings. He shall serve as chairman of the Executive Committee and shall be an ex officio

member of all committees. He shall have primary responsibility for arranging the agenda of meetings, provided that no question which 5 or more members desire to have placed on the agenda shall be omitted, and provided that there shall be at each meeting an opportunity for items of business to be introduced from the floor for action at a subsequent meeting.

*Section 2. Duties of the Chairman-Elect.* The Chairman-Elect shall act as a Vice-Chairman and assume the duties of the Chairman whenever the latter is absent or unable to act. He shall also keep in close touch with the affairs of the Council of Academic Societies and shall be an ex officio member of all committees, except that on nominations.

*Section 3. Duties of the Secretary-Treasurer.* The Secretary-Treasurer shall be responsible for keeping the minutes of meetings, a roster of members, sending out notices of meetings, and notifying the constituent societies of the need for selecting their representatives. He shall receive and review periodic reports from the business office of the Association of American Medical Colleges. He shall be entitled to inspect the books of original entry for deposits and expenditures of the Council. He shall be invited to review the results of the annual auditor's report with the auditing agency of the Association of American Medical Colleges.

#### Article 8. The Executive Committee

The Executive Committee shall be elected by written ballot at the annual meeting and shall number 9: the 3 officers of the Council of Academic Societies and 6 other members, 2 of whom will serve as representatives to the Executive Council of the Association of American Medical Colleges. These 6 members are to be elected for two-year terms on a staggered basis. The Executive Committee initially elected shall determine by lot or other appropriate impartial mechanisms the terms allotted to its members. Members may succeed themselves for 2 additional terms. The officers of the Council of Academic Societies shall serve as officers of the Executive Committee. The Executive Committee shall take interim actions between meetings of the Council subject to ratification by the Council at its next meeting, unless expressed authority has been granted at a prior meeting of the Council to the Executive Committee to act for it in a specific matter.

#### Article 9

Such other standing or *ad hoc* committees may be established as proposed by vote of the Council or of its Executive Committee acting between meetings of the Council. Members and chairmen of such committees will be named by the Chairman of the Council unless the names are a part of the motion establishing the committee. In the case of standing committees, membership on the committee will end with the expiration of the term of the member on the Council. In selecting a replacement, the Chairman of the Council of Academic Societies may appoint any member of the Council. Members of *ad hoc* committees may be selected from the academic community-at-large.

#### Article 10. Times of Meetings

The Council of Academic Societies shall meet during or within two days of the annual meeting of the Association of American Medical Colleges and at such other times as may be defined in the Bylaws. Notice of meetings shall be defined in the Bylaws.

**Article 11**

A quorum shall number 15 members or 25 per cent of the Council, whichever is the larger.

**Article 12. Election of Representatives of the Council of Academic Societies to the Executive Council of the Association of American Medical Colleges**

Four members of the Council of Academic Societies shall be elected to serve as its representatives on the Executive Council of the Association. Two of these shall be the Chairman and the Chairman-Elect of the Council of Academic Societies. As a general rule, 2 of the 4 members shall be from societies which are primarily concerned with preclinical disciplines and 2 from societies primarily concerned with clinical disciplines. Elections shall be for two-year terms, so staggered that 1 clinical representative and 1 preclinical representative shall be elected each year. The same nominating committee as that employed in the nomination of officers will be asked to bring forward nominations for the unfilled positions at each annual meeting. Two available candidates shall be named for each post and election will be by written ballot of the members present at the annual meeting. Those elected will take office after the annual meeting of the Association of American Medical Colleges occurring at the time of the meeting of the Council of Academic Societies and will serve until the completion of the second annual meeting thereafter. Any duly elected representative serving on the Council of Academic Societies or an officer of the Council who might remain as a member is eligible for election.

**Article 13**

The Council may not incur debts or enter into commitments by accepting restricted funds or otherwise, which could become obligations of the Association of American Medical Colleges, except by specific authorization of the Executive Council of the Association.

**Article 14**

Mechanisms for activity in the affairs of the Council of Academic Societies by individual members of the constituent societies may be provided in the Bylaws.

**Article 15. Amendments**

During the first two years of its existence, this Constitution may be amended by a simple majority of the members present at the annual meeting. Subsequently, this Constitution may be amended by a two-thirds vote of the members present at the annual meeting, provided that the substance of the proposed amendment has been circulated in writing to the members not less than thirty days prior to the meeting.

**Appendix A**

**Scientific Societies, Now Members of the Council of Academic Societies**

- American Association of Anatomists
- Association of University Anesthetists
- Association of Professors of Dermatology
- Association of Professors of Medicine
- Association of American Physicians
- Association of Professors of Obstetrics and Gynecology
- American Gynecological Society
- Association of University Professors of Ophthalmology

Society of University Otolaryngologists  
American Association of University Professors of Pathology  
Association of Medical School Pediatric Department Chairmen  
Association of Teachers of Preventive Medicine  
Association of Chairmen of Departments of Psychiatry  
Association of University Radiologists  
Society of Surgical Chairmen  
American Surgical Association  
American Society of Biological Chemists, Inc.  
American Academy of Microbiology  
American Neurological Association  
American Physiological Society  
American Association of Pathologists and Bacteriologists  
American Pediatric Society

COUNCIL OF ACADEMIC SOCIETIES  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BYLAWS

**Article 1**

*Section 1.* In addition to the annual meeting prescribed by the Constitution, there shall be at least 1 additional meeting each year. Such additional meetings shall be held at such times and places as may be decided by the Council of Academic Societies; whenever feasible these will be held in conjunction with other activities of the Association of American Medical Colleges. In addition, meetings may be called at the discretion of the Executive Committee of the Council of Academic Societies or at the request of 15 or more members of the Council. Notices of meetings shall be mailed to the last known address of each member of the Council, not less than thirty days prior to the date set for the meeting.

*Section 2.* In the case of the 2 regularly scheduled meetings, it shall not be necessary to give advance notice of items on the agenda except for amendments to the Constitution, election of additional constituent societies and members-at-large, and nomination of officers.

*Section 3.* In the case of especially called meetings, the agenda shall be set forth in the notice of the meeting and action on any other item introduced at the meeting shall require ratification, either by a two-thirds mail vote following the meeting or must be held over for a majority vote at the next regularly scheduled meeting.

**Article 2**

*Section 1.* A reminder shall be sent to the appropriate officers of the constituent societies in January of each year, notifying them that they are entitled to 2 representatives on the Council and stating that their present representatives will continue to serve until the Secretary-Treasurer has been notified of a successor who will take office following the next annual meeting of the Council. In the event of the death or disability of a representative, his society will name a successor to complete the unexpired term.

*Section 2.* For purposes of electing the nominating committee, the Secretary-Treasurer shall send to the members of the Council, on or about July 1, the names

of all of the representatives then serving on the Council with a request that each member indicate the 7 persons he thinks best qualified to serve as members of the nominating committee. The ex officio members, that is, the officers of the Council and its representatives to the Executive Council of the Association of American Medical Colleges, are eligible to serve on the nominating committee with the exception of the Chairman-Elect. Fifteen days will be allowed for the return of the ballots; any ballots postmarked after fifteen days from the time that they were mailed will not be counted. The 7 persons receiving the largest number of votes will constitute the nominating committee. In the event of a tie, it will be broken by the officers in the manner providing the best balance between preclinical and clinical interests. The member receiving the highest number of votes will serve as Chairman of the nominating committee.

*Section 3.* The nominating committee shall nominate 2 individuals for each office and an appropriate number of members-at-large as specified in the Constitution at least three weeks prior to the annual meeting. In the event of a tie, it will be broken by vote of the Chairman, Vice-Chairman, and Secretary-Treasurer, whose votes will be secret.

#### **Article 3. Dues**

Each constituent society shall pay dues of \$100.00 for the first year, and thereafter, recommendations for dues shall be made by the Executive Committee and acted upon by the Council at the time of the annual meeting. Failure to pay dues for two consecutive years will constitute grounds for termination of the constituent society's membership.

#### **Article 4. Accounts**

The funds of the Council shall be deposited with the Association of American Medical Colleges in a special account which may be drawn upon by any of the 3 officers of the Council of Academic Societies in accordance with action taken by the Council. Expenses in connection with meetings may be paid by the Secretary-Treasurer without specific authorization but shall be reported to the Council. The constituent societies shall be responsible for the travel and per diem expenses of their representatives, except as it may be determined by the societies that their representatives will utilize other funds for this purpose. Actual and necessary living and travel expenses will be paid from the funds of the Council in the case of officers no longer serving as representatives of constituent societies.

The funds of the Council shall be audited annually in accordance with the practices of the Association of American Medical Colleges; a report will be filed by the Secretary-Treasurer and incorporated in the minutes. The Council may also receive funds from the parent organization, the Association of American Medical Colleges, or any other source. The acceptance of such funds and the restrictions pertaining thereto will be by vote subject to Article 13 of the Constitution.

#### **Article 5. Members-at-Large**

Members-at-large may serve as officers if elected but not more than 1 such member-at-large may be nominated for each office. Nominations will be made for members-at-large by the nominating committee or by 15 or more chosen representatives to the Council if this is submitted in writing to the Secretary-Treasurer not less than six weeks prior to an annual meeting. Such nominations are to be circulated not less than thirty days prior to the meeting. Elections of members-

at-large will be conducted only at regularly scheduled meetings. If the number of nominations exceeds the maximum number of places, those receiving the largest number of votes will be elected. Ties are to be broken by secret ballots cast by the 3 officers.

**Article 6. Amendments**

Amendments to the bylaws may be made at any stated meeting or at a special meeting called for the purpose by a two-thirds vote of those present, provided there is a quorum in attendance.

December 5, 1967

COUNCIL OF ACADEMIC SOCIETIES  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

CONSTITUTION

Preamble

The Association of American Medical Colleges, in order to provide for greater faculty participation in its affairs, has authorized and brought into being this Council of Academic Societies. This action was taken in response to a broader conception of the role of the Association of American Medical Colleges which was set forth in a 1965 commissioned report to the Association, entitled Planning for Medical Progress through Education, and (written by) Dr. Lowell T. Coggeshall.

The specific objectives of the Council of Academic Societies are to serve as a forum and as an expanded medium for communication between the Association of American Medical Colleges and the faculties of the schools of medicine. This forum should serve to enhance faculty participation in the formulation of national policies to provide for the whole span of medical education. The mechanism of communication shall include election at appropriate intervals of representatives to serve on the Executive Council of the Association of American Medical Colleges.

ARTICLE 1.

The name of this organization shall be the Council of Academic Societies of the Association of American Medical Colleges.

ARTICLE 2. Part 1 - Constituent Societies

Section 1. The Council of Academic Societies shall be composed of societies which have an active interest in medical education.

Section 2. A society may either seek or be invited to become a constituent society of the Council of Academic Societies.

Section 3. An initial group of scientific societies (see Appendix A) was invited by vote of the Executive Council and Institutional Members of the Association of American Medical Colleges to join the Council of Academic Societies and to send 2 representatives. All accepted the invitation.

Section 4. In the future, additional societies will be nominated as constituent societies of the Council of Academic Societies by vote of two-thirds of the members present at a duly constituted meeting of the Council of Academic Societies, provided that notice of the proposed nominations shall have been circulated to the members at least one month in advance of the meeting. The nomination of new constituent societies after being passed upon by the Council of Academic Societies, will be sent to the Executive Council of the Association of American Colleges, and to the Institutional Membership of the Association of American Medical Colleges for ratification.

ARTICLE 2. Part 2 - Composition of the Council of Academic Societies

Section 1. Representatives of Societies

Each constituent society will be invited to designate 2 representatives who will be members of the Council of Academic Societies.

Section 2. Members-at-Large

A number of individuals not to exceed 10 who are not chosen representatives of constituent societies but who have special interests and competence in medical education may be elected to membership in the Council of Academic Societies by the chosen representatives of the constituent societies as defined in the bylaws. Election to membership at large shall require approval of two-thirds of those present and voting at such elections.

ARTICLE 3.

Any constituent society may withdraw at its discretion. Involuntary termination of participation by a scientific society which has been elected to the Council of Academic Societies shall occur only after a two-thirds vote of all members of the Council after 30 days prior notice of the proposed action, followed by a two-thirds vote of the Executive Council of the Association of American Medical Colleges and the necessary ratification by a majority of the Institutional Members.

ARTICLE 4.

The method of selection of representatives by each constituent society shall be the sole responsibility of that organization. The term of office of chosen representatives and of members-at-large shall be two years but no individual is to serve more than four such consecutive terms.

ARTICLE 5.

Individuals elected as officers of the Council of Academic Societies or as members of the Executive Council of the Association of American Medical Colleges representing the Council of Academic Societies may hold their membership on the Council of Academic Societies, ex-officio, even though they may be succeeded by new representatives from their constituent organizations. (See below under Articles 6 and 10).

ARTICLE 6.

Officers

A Chairman, a Chairman-Elect and a Secretary-Treasurer shall be elected annually by the Council of Academic Societies. A nominating committee of 7 members shall be selected by a mail ballot from all members of the Council with each being asked to vote for 7 persons. The 7 members who receive the largest number of votes will constitute the nominating committee and shall bring in the names of 2 candidates for each office whom they recommend and who they have ascertained would be willing to serve if elected. The only exception is the Chairman who would ordinarily be the Chairman-Elect from the previous year. Election shall be by written ballot at the annual meeting. The term of office of the Chairman and Chairman-Elect shall be approximately one year, from one annual meeting to the next. Officers shall begin their terms following the annual meeting of the Association of American Medical Colleges and serve until the end of the next annual meeting of the Association. The Secretary-Treasurer may not serve for more than two years following the expiration of his term as a representative of a constituency.

ARTICLE 7.

Section 1. Duties of Officers

The Chairman shall preside at all meetings. He shall serve as chairman of the Executive Committee and shall be an ex-officio member of all committees. He shall have primary responsibility for arranging the agenda of meetings, provided that no question which 5 or more members desire to have placed on the agenda shall be omitted, and provided that there shall be at each meeting an opportunity for items of business to be introduced from the floor for action at a subsequent meeting.

Section 2. Duties of the Chairman-Elect

The Chairman-Elect shall act as a Vice-Chairman and assume the duties of the Chairman whenever the latter is absent or unable to act. He shall also keep in close touch with the affairs of the Council of Academic Societies and shall be an ex-officio member of all committees, except that on nominations.

Section 3. Duties of the Secretary-Treasurer.

The Secretary-Treasurer shall be responsible for keeping the minutes of meetings, a roster of members, sending out notices of meetings, and notifying the constituent societies of the need for selecting their representatives. He shall receive and review periodic reports from the business office of the Association of American Medical Colleges. He shall be entitled to inspect the books of original entry for deposits and expenditures of the Council. He shall be invited to review the results of the annual auditor's report with the auditing agency of the Association of American Medical Colleges.

ARTICLE 8.

The Executive Committee

The Executive Committee shall be elected by written ballot at the annual meeting and shall number 9; the 3 officers of the Council of Academic Societies, and 6 other members, 2 of whom will serve as representatives to the Executive Council of the Association of American Medical Colleges. These 6 members are to be elected for 2 year terms on a staggered basis. The Executive Committee initially elected shall determine by lot or other appropriate impartial mechanisms the terms allotted to its members. Members may succeed themselves for 2 additional terms. The officers of the Council of Academic Societies shall serve as officers of the Executive Committee. The Executive Committee shall take interim actions between meetings of the Council subject to ratification by the Council at its next meeting, unless expressed authority has been granted at a prior meeting of the Council to the Executive Committee to act for it in a specific matter.

ARTICLE 9.

Such other standing or ad hoc committees may be established as proposed by vote of the Council or of its Executive Committee acting between meetings of the Council. Members and chairmen of such committees will be named by the Chairman of the Council unless the names are a part of the motion establishing the committee. In the case of standing committees, membership on the committee will end with the expiration of the term of the member on the Council. In selecting a replacement, the Chairman of the Council of Academic Societies may appoint any member of the Council. Members of ad hoc committees may be selected from the academic community-at-large.

ARTICLE 10.

Times of Meetings

The Council of Academic Societies shall meet during or within 2 days of the annual meeting of the Association of American Medical Colleges and at such other times as may be defined in the bylaws. Notice of meetings shall be defined in the bylaws.

ARTICLE 11.

A quorum shall number 15 members or 25 percent of the Council, whichever is the larger.

ARTICLE 12.

Election of Representatives of the Council of Academic Societies to the Executive Council of the Association of American Medical Colleges

Four members of the Council of Academic Societies shall be elected to serve as its representatives on the Executive Council of the Association. Two of these shall be the Chairman and the Chairman-Elect of the Council of Academic Societies. As a general rule, 2 of the 4 members shall be from societies which are primarily concerned with preclinical disciplines, and 2 from societies primarily concerned with clinical disciplines. Elections shall be for two-year terms, so staggered that 1 clinical representative and 1 preclinical representative shall be elected each year. The same nominating committee as that employed in the nomination of officers will be asked to

bring forward nominations for the unfilled positions at each annual meeting. Two available candidates shall be named for each post and election will be by written ballot of the members present at the annual meeting. Those elected will take office after the annual meeting of the Association of American Medical Colleges occurring at the time of the meeting of the Council of Academic Societies and will serve until the completion of the second annual meeting thereafter. Any duly selected representative serving on the Council of Academic Societies or an officer of the Council who might remain as a member, is eligible for election.

ARTICLE 13.

The Council may not incur debts or enter into commitments by accepting restricted funds or otherwise, which could become obligations of the Association of American Medical Colleges except by specific authorization of the Executive Council of the Association.

ARTICLE 14.

Mechanisms for activity in the affairs of the Council of Academic Societies by individual members of the constituent societies may be provided in the bylaws.

ARTICLE 15.

Amendments

During the first 2 years of its existence this Constitution may be amended by a simple majority of the members present at the annual meeting. Subsequently, this Constitution may be amended by a two-thirds vote of the members present at the annual meeting, provided that the substance of the proposed amendment has been circulated in writing to the members not less than 30 days prior to the meeting.

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APPENDIX A

SCIENTIFIC SOCIETIES, NOW MEMBERS OF THE COUNCIL OF ACADEMIC SOCIETIES

- ✓ American Association of Anatomists
- ✗ Association of University Anesthetists
- ✓ Association of Professors of Dermatology
- ✗ Association of Professors of Medicine
- ✗ Association of American Physicians
- ✗ Association of Professors of Obstetrics and Gynecology
- ✓ American Gynecological Society
- ✓ Association of University Professors of Ophthalmology
- ✓ Society of University Otolaryngologists
- ✓ American Association of University Professors of Pathology
- ✓ Association of Medical School Pediatric Department Chairmen
- ✓ Association of Teachers of Preventive Medicine
- ✓ Association of Chairmen of Departments of Psychiatry
- ✓ Association of University Radiologists
- ✓ Society of Surgical Chairmen
- ✓ American Surgical Association
- ✓ American Society of Biological Chemists, Inc.
- ✓ American Academy of Microbiology
- ✓ American Neurological Association
- ✓ American Physiological Society
- ✓ American Association of Pathologists and Bacteriologists
- ✓ American Pediatric Society

*Association of Chairmen of Dep'ts of Physiol  
 Sec'y of Academic Society Chairmen  
 Assoc. of Univ. Cardiologists  
 Sec'y of Univ. Radiologists  
 The Am Assoc of Neurological Surgeons  
 Joint Committee on Accreditation of Schools  
 Academic Clin Soc Phys + Sociol  
 ✗ Sec'y of Academic Pharmacologists*

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COUNCIL OF ACADEMIC SOCIETIES  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BYLAWS

ARTICLE 1.

Section 1. In addition to the annual meeting prescribed by the Constitution, there shall be at least 1 additional meeting each year. Such additional meetings shall be held at such times and places as may be decided by the Council of Academic Societies; whenever feasible these will be held in conjunction with other activities of the Association of American Medical Colleges. In addition, meetings may be called at the discretion of the Executive Committee of the Council of Academic Societies or at the request of 15 or more members of the Council. Notices of meetings shall be mailed to the last known address of each member of the Council, not less than 30 days prior to the date set for the meeting.

Section 2. In the case of the 2 regularly scheduled meetings, it shall not be necessary to give advance notice of items on the agenda except for amendments to the Constitution, the election of additional constituent societies, members-at-large, and nomination of officers.

Section 3. In the case of especially called meetings, the agenda shall be set forth in the notice of the meeting and action on any other item introduced at the meeting shall require ratification, either by a two-thirds mail vote following the meeting or must be held over for a majority vote at the next regularly scheduled meeting.

ARTICLE 2.

Section 1. A reminder shall be sent to the appropriate officers of the constituent societies in January of each year, notifying them that they are entitled to 2 representatives on the Council and stating that their present representatives will continue to serve until the Secretary-Treasurer has been notified of a successor who will take office following the next annual meeting of the Council. In the event of the death or disability of a representative, his society will name a successor to complete the unexpired term.

Section 2. For purposes of electing the nominating committee, the Secretary-Treasurer shall send to the members of the Council, on or about July 1, the names of all of the representatives then serving on the Council with a request that each member indicate the 7 persons he thinks best qualified to serve as members of the nominating committee. The ex-officio members, that

is, the officers of the Council and its representatives to the Executive Council of the Association of American Medical Colleges are eligible to serve on the nominating committee with the exception of the Chairman-Elect. Fifteen days will be allowed for the return of the ballots; any ballots postmarked after 15 days from the time that they were mailed will not be counted. The 7 persons receiving the largest number of votes will constitute the nominating committee. In the event of a tie, it will be broken by the officers in the manner providing the best balance between preclinical and clinical interests. The member receiving the highest number of votes will serve as Chairman of the nominating committee.

Section 3. The nominating committee shall nominate 2 individuals for each office and an appropriate number of members-at-large as specified in the Constitution at least 3 weeks prior to the annual meeting. In the event of a tie, it will be broken by vote of the Chairman, Vice-Chairman, and Secretary-Treasurer, whose votes will be secret.

#### ARTICLE 3.

Dues. Each constituent society shall pay dues of \$100.00 for the first year, and thereafter, recommendations for dues shall be made by the Executive Committee and acted upon by the Council at the time of the annual meeting. Failure to pay dues for two consecutive years will constitute grounds for termination of the constituent society's membership.

#### ARTICLE 4.

Accounts. The funds of the Council shall be deposited with the Association of American Medical Colleges in a special account which may be drawn upon by any of the 3 officers of the Council of Academic Societies in accordance with action taken by the Council. Expenses in connection with meetings may be paid by the Secretary-Treasurer without specific authorization but shall be reported to the Council. The constituent societies shall be responsible for the travel and per diem expenses of their representatives, except as it may be determined by the societies that their representatives will utilize other funds for this purpose. Actual and necessary living and travel expenses will be paid from the funds of the Council in the case of officers no longer serving as representatives of constituent societies.

The funds of the Council shall be audited annually in accordance with the practices of the Association of American Medical Colleges; a report will be filed by the Secretary-Treasurer and incorporated in the minutes. The Council may also receive funds from the parent organization, the Association of American Medical Colleges, or any other source. The acceptance of such funds and the restrictions pertaining thereto will be by vote subject to Article 13 of the Constitution.

ARTICLE 5.

Members-at-Large. Members-at-Large may serve as officers if elected but not more than 1 such member-at-large may be nominated for each office. Nominations will be made for members-at-large by the nominating committee or by 15 or more chosen representatives to the Council if this is submitted in writing to the Secretary-Treasurer not less than 6 weeks prior to an annual meeting. Such nominations are to be circulated not less than 30 days prior to the meeting. Elections of members-at-large will be conducted only at regularly scheduled meetings. If the number of nominations exceeds the maximum number of places, those receiving the largest number of votes will be elected. Ties are to be broken by secret ballots cast by the 3 officers.

ARTICLE 6.

Amendments. Amendments to the bylaws may be made at any stated meeting or at a special meeting called for the purpose by a two-thirds vote of those present, provided there is a quorum in attendance.

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AGENDA

Meeting

COUNCIL OF ACADEMIC SOCIETIES

2:00 p.m. - 5:30 p.m.  
Victorian Room--Palmer House  
Chicago, Illinois

1. Minutes of last meeting - Dr. Thomas D. Kinney
2. Presentation of corrected version of the Constitution and Bylaws - Dr. Jonathan Rhoads
3. Progress report on the Association of American Medical Colleges - Dr. Cheves McC. Smythe
4. The Council of Academic Societies - graduate education and continuing education - Dr. Paul Sanazaro
5. A Council of Academic Societies Workshop for 1968?
  - a) Graduate education
  - b) Faculty development
6. Other Business

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MINUTES OF THE MEETING  
THE COUNCIL OF ACADEMIC SOCIETIES  
PALMER HOUSE - VICTORIAN ROOM  
SATURDAY, FEBRUARY 10, 1968 - 2:00 P.M.

The meeting was called to order by its Chairman, Dr. Thomas Kinney. Representatives from 21 societies were present and 7 societies were not represented. A list of the societies represented and their delegates is attached. The minutes of the meeting of October 27, 1967, were accepted.

Minor changes in the wording of the constitution and bylaws, which had been accepted in principle at the last meeting, were discussed by Dr. Jonathan Rhoads. The only substantive change was in Section 8. Dr. Rhoads introduced the following wording of this section and moved its adoption.

"Article 8 - The Executive Committee - The Executive Committee shall be elected by written ballot at the annual meeting and shall number 9; the 3 officers of the Council of Academic Societies, and 6 other members, 2 of whom will serve as representatives to the Executive Council of the Association of American Medical Colleges. These 6 members are to be elected for 2 year terms on a staggered basis. The Executive Committee initially selected shall determine by lot or other appropriate impartial mechanisms the terms allotted to its members. Members may succeed themselves for 2 additional terms. The officers of the Council of Academic Societies shall serve as officers of the Executive Committee. The Executive Committee shall take interim actions between meetings of the Council subject to ratification by the Council at its next meeting, unless expressed authority has been granted at a prior meeting of the Council to the Executive Committee to act for it in a specific matter."

The motion was duly seconded and this wording accepted.

It was brought up from the floor that the Constitution could not be formally ratified until the annual meeting. A motion was made, seconded, and carried that the Council of Academic Societies operate under the provisions of the current version of the Constitution until the annual meeting.

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Dr. Cheves Smythe described the thinking of those committees of the Association of American Medical Colleges charged with effecting some liaison with groups concerned with education in the allied health fields, and the internal reorganization of the Association.

The history of the AAMC Task Force on the Allied Health Professions was reviewed. The decision of all the health education groups involved not to come into the AAMC as members but rather to join it in the formation of a federation for health education was described. That such a federation is yet to be organized and is only having its potential explored was explained. The status of proposed internal reorganization of the AAMC providing for active participation by the voting members of the Council of Academic Societies in an assembly of some sort was mentioned.

In the ensuing discussion, the relationship of the AAMC and CAS to the suggested health federation was extensively explored. The political potential of such a federation, the current name of the Association, and the usefulness of the Association's remaining aloof from such a federation so that it might concentrate more effectively on its own programs were all brought out. A motion "that the Council of Academic Societies recommend that the Executive Council of the Association give serious consideration to tabling membership of the AAMC in any health education federation," was seconded, extensively discussed, and defeated.

During the discussion, the name of the Association was given some attention. An informal vote was taken with the following results:

The Association of American Medical Colleges	19
The Association of Academic Medical Centers	0
American Association for Medical Education	8
American Association for Medical Education and Research	2

Dr. Paul Sanazaro, Director of Education at the Association, then spoke to the Council about some of the more demanding problems now facing American medical education. He suggested that in a number of areas there were needs for alternate courses than those now being followed. Some of the issues prominent on this list include: (1) the need to increase quantitatively the whole output of the health education system; (2) the need to redesign clinical education from

wherever it begins to wherever it ends; (3) the need to examine the realignment of basic science and clinical teaching; (4) the need for reorganization of the faculty in keeping with newer functions of medical centers. The fact that the faculty is now functioning quite differently than when the current patterns of organization were first devised calls for some fundamental changes in the structure of faculty interrelationships; (5) the problem of continuing education in which the Association has no base and no constituency but about which it should remain informed; (6) the need to structure an academic base for community medicine; (7) the need to create additional departments focusing on the distribution of health care; (8) the need for critical analysis of the structure and function of the whole educational program with a hard look at a redefinition of the primary mission of medical centers; (9) a continuing critique of all innovation with discriminating analysis of what is true innovation, what is only minor variation and clear judgments as to what is worth preserving; (10) the evaluation and examination of the juncture points in medical education, i.e., between college and medical school, between the laboratory and clinical experience, and between medical school and the residency; (11) definition of a series of new functions of the M.D. degree with broader concepts of its place in society; (12) the need to examine the relationship of new societal purposes to the classically conceived concept of medicine and (13) the need to create groups for assessing, criticizing, and interpreting the value of some of the changes listed above as they evolve. Such an assessment or criticism must be characterized by the discriminating objectivity of the best academic thinking.

The Council discussed subjects for a workshop proposed for the fall of 1968. Topics for such a workshop include graduate education, faculty development, and the nature and cause of the bottlenecks which prevents greater production of graduates by medical schools. The ensuing discussion brought forth many reasons for favoring any or all of the above topics. It was decided that but one workshop on a single subject should be held during the coming year. A motion was made by Dr. Samuel Trufant that the focus of the workshop be graduate education. This motion was seconded, and after appropriate discussion, passed.

There being no other business, this second meeting of the Council of Academic Societies was duly adjourned.

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FEBRUARY 10, 1968

<u>NAME</u>	<u>SOCIETY</u>
Dr. Ellis S. Benson	Academic Clinical Laboratory Physicians and Scientists
Dr. Sheldon Dray	American Academy of Microbiology
Dr. Morris F. Shaffer	" " "
Dr. W. Henry Hollinshead	American Association of Anatomists
Dr. Sam L. Clark, Jr.	" " "
Dr. John I. Nurnberger	American Association of Chairmen of Departments of Psychiatry
Dr. Eben Alexander, Jr.	American Association of Neurological Surgeons
Dr. Henry G. Schwartz	" " "
Dr. J. Lowell Orbison	American Association of Pathologists and Bacteriologists
Dr. Thomas D. Kinney	American Association of University Professors of Pathology
Dr. Gordon W. Douglas	American Gynecological Society
Dr. Roger B. Scott	" " "
Dr. S. A. Trufant	American Neurological Association
Dr. Richard L. Day	American Pediatric Society, Inc.
Dr. Arthur B. Otis	American Physiological Society
Dr. John H. Mulholland	American Surgical Association
Dr. Nathan A. Womack	" " "
Dr. Daniel C. Tosteson	Association of Chairmen of Departments of Physiology
Dr. Ralph J. Wedgwood	Association of Medical School Pediatric Chairmen
Dr. Alfred W. Kopf	Association of Professors of Dermatology

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<u>NAME</u>	<u>SOCIETY</u>
Dr. Harry A. Feldman	Association of Teachers of Preventive Medicine
Dr. George Entwisle	" " " "
Dr. Frank W. Newell	Association of University Professors of
Dr. A. E. Maumenee	Ophthalmology " "
Dr. Morton M. Kligerman	Association of University Radiologists
Dr. Charles F. Gregory	Joint Committee on Orthopaedic Research
Dr. Russell Morgan	Society of Academic Radiology Chairmen
Dr. William B. Seaman	" " " "
Dr. Jonathan Rhoads	Society of Surgical Chairmen
Dr. James B. Snow, Jr.	Society of University Otolaryngologists
Dr. John K. Lattimer	Society of University Urologists
Dr. James M. Pierce	" " "
Dr. Saul Boyarsky	" " "
Dr. William H. Boyce	" " "
Dr. John T. Grayhach	" " "

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2/28/68

CMS/mt

February 10, 1968

NOMINATIONS FOR MEMBERSHIP IN THE COUNCIL OF ACADEMIC SOCIETIES

At its October 27, 1967 meeting, the Council of Academic Societies nominated the following societies for membership. In keeping with the action of the Institutional Membership in October, 1966, these nominations were presented to and approved by the Executive Council on November 30, 1967. These societies described below are, therefore, presented to the Institutional Membership for their approval.

1. Association of Chairmen of Departments of Physiology - this society was recently formed to promote discussion of problems of interest and concern to chairmen of departments of physiology. Membership of the association includes the chairmen of departments of physiology in accredited schools of medicine.
2. Society of Academic Radiology Chairmen - this society was founded May 11, 1967. Its President is Dr. William R. Seaman, and the purpose of the society is essentially for the exchange of information regarding organizational problems and educational goals of academic radiology departments. The society's criteria for membership is that one be the chairman of a university department of radiology.
3. Association of University Cardiologists - this is an established society whose President is Dr. Ernest Craige. The purpose of the society is to stimulate interest in academic cardiology through an informal exchange of ideas and to advance cardiology as a clinical science by encouraging the pursuit of original investigations and teaching in university clinics and laboratories. Membership is open to men who occupy a full-time university faculty position in adult cardiology, who has a major clinical teaching and research responsibility in a medical school, and who has shown outstanding ability and promise in academic cardiology.
4. Society of University Urologists - this society was founded March 5, 1967. Its President is William L. Valk. Its purpose is to promote the highest standards of urologic education by: a) providing a forum for the interchange of information, ideas and materials relative to urologic educational programs, and b) by fostering the balanced advancement of all phases of academic urology. Active membership is given to persons who have demonstrated interest and achievement in urologic education.

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5. The American Association of Neurological Surgeons - (formerly The Harvey Cushing Society) founded in 1931. The President of this society is Dr. Henry Schwartz. Its members are men who have devoted special study to some phase of the surgery of the nervous system and who have demonstrated excellence in their field by some of their publications. Members also must hold a responsible post, carrying with it responsibilities for graduate or undergraduate teaching, in a university or clinic.
6. Joint Committee on Orthopaedic Research and Education Seminars - this committee was founded in 1960. Its chairman is Dr. Charles F. Gregory. The purpose of this committee is the arrangement of an annual seminar on a topic of concern to orthopedic education and research. Members are representatives from five orthopedic societies with members-at-large elected annually from among the training chiefs.
7. Academic Clinical Laboratory Physicians and Scientists - this society was founded in 1966. Its President is Ellis S. Benson. The purpose of the society is to promote the highest standards of education in laboratory medicine in medical school curricula; to encourage and promote the highest standard of resident training and postgraduate work of residents and physicians at universities and medical schools, and to foster the highest standards of service, education and research in academic laboratory medicine.
8. Society of Academic Pharmacologists - this society is newly founded and is in the process of setting up its constitution, bylaws, and nominating its officers. This society was voted into tentative membership.

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#6000-19

## COUNCIL OF ACADEMIC SOCIETIES

Subsequent to the action on February 10, 1968 to table the recommendation of the Executive Council for the addition of a number of new societies to the Council of Academic Societies, a request was made that a roster of those societies now in the Council of Academic Societies and those proposed for membership be prepared. This roster follows:

## CURRENT MEMBERS OF THE COUNCIL OF ACADEMIC SOCIETIES

American Academy of Microbiology.--Formed in 1955, the Academy has 580 members who are almost 100 per cent full-time faculty. Its concern is the entire field of microbiology. Its most significant accomplishment to date has been sponsorship of the American Board of Microbiology.

American Association of Anatomists.--Formed in 1888, the Association has 1,852 members who are almost 100 per cent full-time faculty. Its purpose is the advancement of anatomical science.

American Association of Chairmen of Department of Psychiatry.--The Association has 83 members which are full-time faculty. Its purposes are (a) to promote and facilitate communication and interaction among chairmen of depart-

ments of psychiatry in the medical schools of the United States; and (b) to establish and exercise liaison with organizations such as the National Institutes of Mental Health, The American Board of Psychiatry, The Residency Review Committss, and other agencies; and (c) to develop an overview of academic psychiatry.

American Association of Pathologists and Bacteriologists.--Formed in 1925, the Association has 1,025 members who are virtually 100 per cent full-time faculty. Its purposes are (a) the advancement of the knowledge of disease by scientific and educational means, and (b) the dissemination of such knowledge.

American Association of University Professors of Pathology.--This Association has 100 members who are all full-time faculty. Its purpose is to promote the interests and general effectiveness of medical school departments of pathology.

American Gynecological Society.--The Society was formed in 1876. Virtually all of its 135 members are full-time faculty. Its purpose is the promotion of knowledge in all that relates to the diseases of women and obstetrics.

American Neurological Association.--Formed in 1875, the Association's 411 members are virtually all full-time faculty. Its purpose is the advancement of the neurological sciences.

American Pediatric Society.--Formed in 1888, this Society's 254 members are almost all full-time faculty. It is interested in (a) the study of children and their diseases, and (b) the prevention of illness and promotion of health in childhood.

American Physiological Society.--Formed in 1887, this Society has 3,066 members of which the majority are full-time faculty. Its purpose is to promote the increase of physiological knowledge and its utilization.

American Society of Biological Chemists, Inc.--Formed in 1906, the majority of the Society's 2,307 members are full-time faculty. Its purpose is to further the extension of biochemical knowledge.

American Surgical Association.--Formed in 1880, the Association's 290 members are almost entirely full-time faculty. Its purpose is the cultivation and improvement of the science and art of surgery.

Association of American Physicians.--Formed in 1886, the Association's 250 members are almost entirely all full-time faculty. It is primarily a research society, whose purpose is the advancement of scientific and practical medicine.

Association of Medical School Pediatric Chairmen.--Formed in 1961, the Association's 91 members are all full-time faculty. Its purpose is to foster education and research in the field of child health and human development.

Association of Professors of Dermatology.--Formed in 1960, the Association's 120 members are all full-time faculty. Its purpose is the improvement in the teaching and status of dermatology.

Association of Professors of Gynecology and Obstetrics.-- Its members are all full-time faculty. It is concerned with educational activities within the professions.

Association of Professors of Medicine.--Formed in 1954, all 81 of the Association's members are full-time faculty. It is concerned with medical education, research, and patient care in departments of internal medicine.

Association of Teachers of Preventive Medicine.--Formed in 1942, the Association's 400 members are all full-time faculty. It is concerned with teaching, research, and research training in departments of preventive medicine.

Association of University Anesthetists.--Formed in 1953, all of the Association's 108 members are full-time faculty. Its purpose is to promote research and teaching in anesthesia.

Association of University Professors of Ophthalmology.--Formed in 1965, all 81 of the Association's members are full-time faculty. Its purpose is promotion of medical education, research, and patient care in departments of ophthalmology.

Association of University Radiologists.--Formed in 1953, all 215 of the Association's members are full-time faculty. The purposes of this organization are (a) to encourage laboratory and clinical investigation in radiology by the informal exchange of ideas, (b) to stimulate an interest in academic radiology as a medical career, and (c) to advance radiology as a medical science.

Society of Surgical Chairmen.--Formed in 1965, all 86 of the Society's members are full-time faculty. Its purpose is to better the quality of surgical practice through (a) exchange of information, (b) critical evaluation of present methods of teaching of surgery at both the undergraduate and graduate levels, and (c) recommendations for improvements in the education of surgeons.

Society of University Otolaryngologists.--All 78 of the Society's members are full-time faculty. Its purpose is the advancement of the art and science of otolaryngology by (a) development and improvement of undergraduate and graduate teaching programs, and (b) encouragement of basic research and clinical investigation as an integral part of university training programs in otolaryngology.

#### Awaiting Ratification

American Association of Neurological Surgeons.--Formed in 1931, almost all of the Association's 50 members are full-time faculty. Its members are men who have devoted special study to some phase of the surgery of the nervous system and who have demonstrated excellence in their field by some of their

publications. Members also must hold a responsible post, carrying with it responsibilities for graduate or undergraduate teaching, in a university or clinic.

Academic Clinical Laboratory Physicians and Scientists.--Formed in 1966, all of the group's 75 members are full-time faculty. Its purpose is to promote the highest standards of education, research, and service in laboratory medicine in medical schools.

Association of Chairmen of Departments of Physiology.--All of its members are full-time faculty. Its purpose is to promote discussion of problems of interest to chairmen of departments of physiology.

Joint Committee on Orthopaedic Research and Educational Seminars.--Formed in 1960, all of the Committee's 230 members are full-time faculty. Its purpose is to arrange an annual seminar on a topic of concern to this field.

Society of Academic Radiology Chairmen.--Formed in 1967, all of the Society's 60 members are full-time faculty. Its purpose is essentially for the exchange of information regarding organizational problems and educational goals of departments of academic radiology.

Society of University Urologists.--Formed in 1967, all of the Society's 60 members are full-time faculty. Its purpose is to promote the highest standards of urologic education.

The Executive Council recommended that the Institutional Membership ratify the election of those proposed members of the Council of Academic Societies.

Upon motion, duly seconded, membership of these societies in the Council of Academic Societies was unanimously approved.

MINUTES OF THE EXECUTIVE COMMITTEE  
OF THE COUNCIL OF ACADEMIC SOCIETIES

The meeting was called to order at 9:00 a.m. on Sunday, February 11, 1968. Present were Dr. Thomas Kinney, Dr. Jonathan Rhoads, Dr. Harry Feldman, Dr. Eben Alexander, Dr. John Nurnberger, Dr. Ralph Wedgwood, Dr. Daniel C. Tosteson, Dr. Samuel Clark, Dr. Cheves McC. Smythe. Absent was Dr. Patrick Fitzgerald.

The minutes of the last meeting were accepted.

The Executive Committee reviewed the status of the ad hoc committees on Nominations and Credentials, Constitution and Bylaws, and Program. It was decided that the functions of all of these committees, except that of the Nominating Committee, could and should be absorbed by the Executive Committee.

The action of the Institutional Members of Saturday afternoon, February 10, in which a motion ratifying membership of 8 additional societies in the council was discussed and tabled. It was pointed out that the relation being tested lies between the Institutional Membership of the Association and its Executive Council rather than the Executive Committee of the Council of Academic Societies. It was suggested that the status of these societies be presented and thoroughly aired at each of the regional meetings between now and the next Institutional Membership meeting and that these societies be re-presented to the Institutional Membership for their approval on May 22, 1968.

An application from the American Thoracic Society was considered not relevant to the purposes of the Council, and the staff was instructed to so inform it.

The status of an appropriate plastic surgical society was reviewed and no action was deemed necessary. Discussion of the applications of the Society of Professors of Neurology and the Society of University Surgeons brought out the need to state more clearly the credentials for membership in the Council of Academic Societies.

The Executive Committee decided that action on these two societies be deferred until the time of the annual meeting, before which their election could not take place. Each society is to be encouraged to leave its application before the Council.

The Executive Committee voted that the credentials required of a society applying for membership should include: (1) the constitution of the society; (2) a list of its members; (3) a statement of its purposes; (4) criteria for election to membership; (5) copies of the minutes of the last annual meeting and of the program of the last annual meeting.

The staff was directed to remain in contact with the Society of Academic Pharmacologists.

The staff was directed to prepare appropriate material for members of the Executive Committee prior to its subsequent meetings.

The staff was directed to encourage the designation of at least two members from each society to attend the annual meeting.

A budget for 1968-69, a decision about the terms of the members of the Council, and the implications of assignment of the affairs of the Council of Academic Societies to the staff of a proposed section of Academic Affairs were not discussed. The balance of the meeting was absorbed in planning for a workshop in graduate education.

It was decided that the workshop should be held at a hotel or its equivalent an hour or so away from an airport and not in the center of a city. Suggestions included Oakbrook near Chicago, the Princeton Inn, the Airlie House, the Nassau Tavern, and similar places. The title of the workshop adopted was "The Role of the University in Graduate Medical Education." A proposed schedule included arrival on Wednesday evening, full days on Thursday and Friday, with conclusion before lunch on Saturday. About 100 participants was agreed to represent the proper size. The budget of the Council of Academic Societies should be expected to pay the actual expenses of mounting the workshop and for as many speakers as possible, but honoraria should be kept to a minimum. No wives are to be invited. Provisions are to be made for publication costs, recorders, and staff support. Those attending will be expected to pay their own expenses. This is to be a working conference, featuring panels, plenary sessions, the introduction of new data recording output and publication of results. On the initial evening a general speaker of prominence, whose goal should be to set the tone for the workshop, was suggested. No names were arrived at. Among the questions to be faced during the meeting are such issues as evaluation of the

university's role in post-graduate medical education. Sources of funding for this type of education, an analysis of the genesis of academic physicians as compared to practitioners, and a discussion of sources of funding for post-doctoral training.

The morning of the first day should feature an analysis of residency training in academic medical centers with emphasis on data. The facts of the economics of the system are to be discussed at this time. Relevant data from three or four specialties should be brought out. In the afternoon, panels covering different aspects of the questions raised in the morning are planned. On the second day, goals and results, technique, and eventual functions of the men trained. The third day should feature positive recommendations or recommendations for action arrived at as a result of the workshop. Post-doctoral and Ph.D. training, the relation of basic clinical sciences in this training, the place of government support in training programs were all discussed. The utility of questions or propositions to be placed before each panel was highlighted.

Another meeting of the Executive Committee is to be held on March 28 in Washington D.C. at the Association headquarters at 1346 Connecticut Avenue. In the interim, the staff is to contact Mr. John Nunemaker of the AMA residency review committee and Dr. John Hubbard of the National Board of Medical Examiners.

The meeting was then adjourned.

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EXPENSES

COUNCIL OF ACADEMIC SOCIETIES

July 1 through December 31, 1967

Available for Purposes of Council \$ 24,731.48

Salaries (Secretary)		3,412.77
Payroll Taxes		156.29
Travel		1,359.10
Lodging and Per Diem		625.16
Equipment and Equipment Rented		210.64
Postage, Telephone, Telegraph		48.37
Supplies		39.16
Reproduction and Mailing		109.92
Xerox Charges		197.61
Miscellaneous		1.45
Total .....	\$ 6,160.37	<u>6,160.37</u>
Unexpended Balance .....	\$ 18,571.11	

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[Tab K]

March 15, 1968

TO: Members of the Executive Committee

FROM: Cheves McC. Smythe, M.D.

SUBJECT: Agenda for the Executive Council Meeting  
Council of Academic Societies

Attached is an Agenda for the Executive Committee Meeting on March 28, 1968. The meeting is to be held at 9:30 A.M. at the Washington Hilton Hotel, Washington, D.C. Significant additional information may be gathered between now and then, but I doubt if it can be reproduced in time to get to you.

There may be representatives from the pertinent boards or specialty groups meeting with us as additions to the "Planning Committee" for the proposed Workshop on Graduate Medical Education.

CMS/mt  
enc.

Attachment

SUGGESTED PRELIMINARY PROGRAM FOR A WORKSHOP  
SPONSORED BY THE COUNCIL OF ACADEMIC SOCIETIES  
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

TITLE The Role of the University in Graduate Education  
TIME October 2, 3, 4, 5, 1968  
PLACE Near an airport of one of the major midwestern cities  
ATTENDANCE About 100  
FINANCING To be underwritten by the Council of Academic Societies, but participants are to be expected to defray their own expenses  
PROPOSED PROGRAM

WEDNESDAY, OCTOBER 2, 1968

4:00 to 6:00 PM	Registration
5:30 to 6:30 PM	Refreshments
6:30 to 8:00 PM	Dinner
8:00 PM	Address - The Role of the University in Graduate Biomedical Education
Proposed Chairman - Dr. Thomas Kinney	Speaker to be selected

THURSDAY, OCTOBER 3, 1968

7:00 to 8:00 AM	Breakfast
8:00 to 8:30 AM	Plenary session
Proposed Chairman - Dr. William Holden	
8:30 to 9:15 AM	Orthopedics and the Impact of Learning Theory
9:30 to 10:15 AM	Pediatrics and the Relation of Training to Eventual Social Function
10:30 to 11:00 AM	Break
11:00 to 11:45 AM	Internal Medicine and Self-Evaluation
12:00 to 1:30 PM	Lunch
1:30 to 2:15 PM	Neurological Surgery and the Assessment of Accomplishment
2:30 to 3:15 PM	Physiology's Experience
3:15 to 3:45 PM	Break
3:45 to 5:15 PM	Panel - Basic Science Input Into Training: Its Nature and Content
Proposed Chairman - Dr. Daniel Tosteson	Representatives from anatomy, microbiology, pathology, pharmacology, and biochemistry
5:45 to 6:45 PM	Refreshments
6:45 to 8:00 PM	Dinner
8:00 PM	The Economics of Graduate Education
Proposed Chairman - Dr. Jonathan Rhoads	Speaker to be selected

Attachment

FRIDAY, OCTOBER 4, 1968

7:00 to 8:00 AM            Breakfast  
8:30 to 12:00 AM         with 20-minute break in mid-morning

From the list of topics below, ten will be selected for twenty-minute presentations; six for thirty minutes; or four for forty-five minutes or a suitable mixture thereof. Decisions are to be made by the Executive Committee of the Council.

Proposed Chairman -  
Dr. John Hubbard

SUGGESTED LIST OF TOPICS

1. Brief presentations of significant data from other areas of specialization.
2. Methods of evaluation.
3. Objectives of evaluation.
4. New patterns of training or training patterns in transition.
5. Tolerance for experimentation.
6. Elimination of non-relevant material.
7. Adaptation to computation.
8. Integration of the last year of generalized with the first year of specialized training.
9. Introduction to sociological awareness.
10. The reward system or the other face of economics.
11. Goals of training - accomplishments of training.
12. Relation of training to eventual function.
13. Cores in graduate training.
14. To whom do the data belong.
15. Etc.

12:00 to 1:30 PM            Lunch  
1:30 to 5:00 PM            with 20-minute break in mid-afternoon

Ten discussion groups, each of which will be asked to debate and bring in final recommendations, either for or against, and specific proposals on how to go about accomplishing such propositions as those listed below. Each discussion group leader will be asked to bring in conclusions of his group on Saturday morning.

Proposed Discussion Group Leaders -  
Members of the Executive Committee of the Council of Academic Societies and others concerned

PROPOSED LIST OF SIGNIFICANT QUESTIONS

1. In terms of authorization and control undergraduate medical education today is essentially proprietary as related to the role of the individual in the program and is in somewhat the same stage of development as undergraduate medical education was in 1910.

Attachment

2. Each medical school faculty and each teaching hospital staff acting as a corporate body should explicitly formulate and periodically revise their own educational goals and curricula.
3. Each teaching hospital or its medical school faculty should organize its staff through an educational council, a committee on graduate education, or some similar means so as to make its programs of graduate medical education a corporate responsibility rather than the individual responsibility of particular medical-surgical services or heads of services.
4. The medical schools and their teaching hospitals, collectively and individually, have the responsibility for designing a program in graduate education training which will produce physicians prepared and committed to deliver continuous and comprehensive medical care. A number of specific programs designed to realize this goal must be introduced simultaneously in a variety of different settings across the country.
5. The internship as a separate and distinct portion of medical education should be abandoned and the internship and residency areas should be combined under a single period of graduate medical education called a residency and planned as a unified whole.
6. The end of general medical education may occur either while a man is still in school or upon his graduation from medical school, but specialized training should begin upon graduation from medical school. This statement should be seen as encouraging experimentation relating to the continuity of undergraduate and graduate medical education.
7. Although the specialty board should be discouraged from amending their regulations concerning eligibility for examination and certification in a manner to increase the required length of residency training to compensate for any removal of the internship, an attitude of permissiveness and allowance of experimentation in this area should be encouraged.
8. The residency review committees of the specialty boards should include members from outside of that particular specialty. Hospitals should be encouraged to experiment with different forms of basic residency training. Specialty boards and residency review committees should be encouraged to allow experimentation by interpreting liberally those statements of resident requirements that now inhibit new forms of educational organization.
9. Programs of graduate medical education should be approved only if they cover the entire span of training from the first year of graduate medical education through completion of specialty training. The appropriate agencies should work in concert so that state licensure acts and statements of certification be amended to eliminate a requirement of separate internship and substitute for it an appropriately described period of graduate medical education. Cooperative arrangements between many hospitals in a given area and an academic medical center should be encouraged.

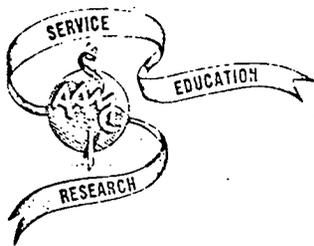
Attachment

10. In an effort to strengthen training programs from area to area a commission on graduate medical education specifically charged with the responsibility for planning, coordinating, and periodically reviewing standards for graduate medical education and procedures for its review and the approval of the institutions in which that education is offered should be created. The commission on graduate medical education should number in its membership representatives from the Council on Medical Education of the Association of American Medical Colleges, the Advisory Board for Medical Specialists of the American Hospital Association, the Association of American Medical Colleges, and members from societies-at-large.

	5:30 to 6:30 PM	Refreshments
	6:30 to 8:00 PM	Dinner
	8:00 PM	Address - Medicine and the Urban Minority or the Urban Negroes' View of his Medical Care
Proposed Chairman - Dr. Jack Myers		Speaker to be selected

SATURDAY, OCTOBER 5, 1968

7:00 to 8:00 AM	Breakfast
8:30 to 10:45 AM	Reports from discussion group leaders
10:45 to 11:15 AM	Break
11:15 to 12:00 AM	Report of conference chairman Dr. Thomas Kinney
12:00 AM	Adjourn



ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
2530 RIDGE AVENUE      EVANSTON, ILLINOIS 60201  
1346 CONNECTICUT AVE., N.W.      WASHINGTON, D.C. 20036

CHEVES McC. SMYTHE, M.D.  
ASSOCIATE DIRECTOR  
EVANSTON, ILLINOIS

EVANSTON: 312: 328-9505  
WASHINGTON: 202: 223-5364

March 15, 1968

Dr. Jack D. Myers  
Professor of Medicine  
University of Pittsburgh  
School of Medicine  
Pittsburgh, Pennsylvania 15213

Dear Jack:

This letter is written for the purpose of inviting the American Board of Internal Medicine to join with the Association of Professors of Medicine in the organization of a workshop to be sponsored by the Council of Academic Societies of the Association of American Medical Colleges. This workshop is scheduled for October 2, 3, 4 and 5, 1968.

Attached to this letter are two enclosures:

- (1) A memorandum to the Executive Council of the Association of American Medical Colleges describing the background of the workshop.
- (2) A tentative program.

You will note that four specialty areas and one area of basic science are listed as potential groups in the data input part of the program. Why do we turn to internal medicine at this time?

Conversations with Drs. John Hubbard, Craig Borden and Truman Schnabel, Jr. indicate that the Board is going through a period of self-evaluation. They have told us that Dr. Futcher is organizing an inquiry into data now available to you.

Although the bias of any such workshop as this is that the university does indeed have a significant role in graduate medical education, there are a number of practical points involved before the universities commit themselves formally to such a responsibility.

Dr. Jack D. Myers

March 15, 1968

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Let us put aside for the moment the realities of highly significant contributions of the Boards over the years and the entirely legitimate concern of the various professional organizations with the qualifications of those who would become their colleagues.

University programs have certain characteristics. These include concern with the form of the educational experience, concentration on the qualitative aspects with the quantitative aspects a secondary consideration of that experience, the need to express verbally such items as qualifications for entry to training, intellectual characteristics of those who enter the training, examination processes as the men go through the training, intellectual characteristics of those who graduate from the training process, acceptance of peer group judgements, etc. To these considerations must be added the entirely practical problems of the interests of those whose resources are being expended to support graduate education. For the time being, this includes hospitals and universities as the predominant institutions. As contributions from third parties grow, one can confidently expect to hear their voices.

What sort of data input would be expected from internal medicine? This question might best be answered by posing another and that is, "What would one like to know about graduate training in internal medicine that he does not now know?" Such questions as 1) the number of men who are entering training, 2) the relation of the intellectual characteristics of the men to their performance on the Boards, 3) comparisons between performances of men assigned to different types of hospitals such as Veterans Administration, community non-affiliated, community-affiliated, and university, 4) comparative performances of individuals taking their training at one location as compared with moving from place to place a year at a time, 5) an assessment of the relative significance of the school of origin as compared to the hospital in which training takes place, 6) comparison of the performance of foreign medical graduates as compared to American medical graduates, 7) correlations between performances on college boards, medical college admission tests, National Boards, Parts 1, 2, and 3, and specialty board examinations are the sorts of quantitative data which we would like to see introduced. Of course, it is realized that the Board does not have all of this information.

Dr. Jack D. Myers  
March 15, 1968  
Page 3 -

In addition to this, there are a number of non-quantitative questions such as 1) why men select the field of internal medicine, 2) why they do not, 3) what are the non-intellectual characteristics of men who select internal medicine, 4) the impact of graduate educational experience on eventual career selection, 5) the relation of expressed goals of training to eventual function.

The major objectives of this conference are:

1. To inventory what is happening in (the state of the art) graduate education in selected fields at a time when major changes in this area of education are to be expected.
2. To reach for a quantitative estimate of the meaning of the assumption of a major defined responsibility in graduate medical education by the universities.
3. To compare the experiences of five specialty groups which have chosen to prepare for change by examining their activities in graduate medical education.
4. To stimulate the collection of data by the other professorial organizations and their specialty boards relevant to a definition of the university component in graduate medical education.

This letter, or its equivalent, is being sent to Chairmen of the Board of Neurological Surgery, Orthopedics and Pediatrics. The President of the appropriate professorial organization in each of these areas is also being written. Dr. James Warren has been informed of the contents of this letter. I hope you will discuss it with him.

If there are any questions, please call. I trust that the American Board will be able to make whatever information it has available for discussion.

Sincerely yours,

  
Cheves McC. Smythe, M.D.  
Associate Director

CMS/mt  
enc.

Dr. Jack D. Myers

March 15, 1968

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cc: Dr. James Warren  
Dr. Palmer Fatcher  
Dr. Thomas D. Kinney  
Dr. Robert C. Berson

March 20, 1968

TO: Members of Executive Council

FROM: Council of Academic Societies

SUBJECT: Proposed Workshop on "The Role of the University in Graduate Education"

At its February meeting both the Council of Academic Societies and the Executive Committee of the Council decided that attention to issues in graduate education was the most appropriate path along which to develop a program for this Council.

In keeping with this decision the Executive Committee of the Council has been developing a program for a workshop. A possible title for this workshop is "The Role of the University in Graduate Education." Dates suggested are October 2, 3, 4, 5, 1968. The ideal location seems to be near Chicago, Detroit, or Cleveland in order to keep down travel costs. An attendance of about 100 is projected. The general format of the workshop will include input of available data from specialty training in internal medicine, neurological surgery, orthopedics, pediatrics, and graduate training in physiology. Subsequently, the implications of these data are to be discussed and appropriate conclusions drawn. Contact is being made with such groups as the professional societies and specialty boards representing the above named specialties, the graduate education section of the Council on Medical Education of the American Medical Association, the subcommittee of the council concerned with graduate education of the National Board of Medical Examiners, and the Advisory Board of Medical Specialties. No opposition to the idea and proposed content of the workshop has yet been encountered.

It is furthermore proposed that the discussion will be recorded and an appropriate publication issued. From the original grant of the National Fund for Medical Education to the Council of Academic Societies, approximately \$16,000 will remain at the end of the year. The income of the Council will amount to about \$2,000. The Executive Committee of the Council is prepared to assign all of these funds to the support of this workshop. The advisability of soliciting a contract for something less than \$10,000 from the Bureau of Health Manpower is being considered.

Attached is a program which describes the thinking about this workshop to date. This workshop should be interpreted as a move by the Association to establish an area of concern in the field of graduate education and the endorsement of the workshop should be accompanied by recognition that as a next step the Association should move to organize a permanent voice in graduate education.

**RECOMMENDATION:** It is recommended that the Executive Council of the AAMC endorse and support a workshop to be conducted by the Council of Academic Societies and designed to identify the role of the university in graduate education.

#### IV. PLANNING FOR OCTOBER WORKSHOP

Attached is a roughed-in proposal outlining a suggested preliminary program for the workshop. This should occupy the bulk of our attention. It is to be hoped that during the day we will be able to put this program in firm enough shape to:

- a) avail ourselves fully of counsel, advice and capabilities of cooperating groups.
- b) select topics for presentation Friday morning and questions to be discussed Friday afternoon.
- c) settle on speakers to be invited, chairman, discussion group leaders, etc.
- d) make necessary plans for nature and extent of printed output from the workshop.
- e) get a preliminary announcement printed.

Attached to this suggested program are also (a) a memorandum to the Executive Council of the Association requesting their support; (b) a letter to Dr. Frank McKee inquiring into the possibility of a contract with the Health Manpower Division and (c) a letter to Dr. Jack Myers of the Board of Internal Medicine as a sample of the types of answers to which we seek.

III. TERMS OF MEMBERS OF THE COUNCIL

The most logical interpretation of the constitution as far as terms of members of the Executive Committee is as follows:

Chairman - Dr. Thomas D. Kinney - To serve until Monday, November 4, 1968.

Chairman-Elect - Dr. Jonathan Rhoads - To serve until Monday, November 4, 1968, at which time he becomes Chairman.

Secretary-Treasurer - Dr. Harry Feldman - Term unstated.

Six Members - Drs. Eben Alexander, Daniel C. Tosteson, Patrick Fitzgerald, John Nurnberger, Ralph Wedgwood and Samuel Clark.

Three of these men - Terms should expire in November, 1968 and three are to serve until November, 1969.

The terms of Drs. Kinney and Rhoads on the Executive Council of the Association extend until November, 1969, whereas those of Drs. Alexander and Tosteson extend until November, 1968.

We should reach some agreement at the time of the next meeting about the duration of terms of everyone involved.

MINUTES OF THE EXECUTIVE COMMITTEE

COUNCIL OF ACADEMIC SOCIETIES

Thursday, March 28, 1968

Washington Hilton Hotel - Washington, D.C.

Present: Drs. Kinney, Feldman, Alexander, Nurnberger, Tosteson,  
Clark and Wedgwood

Absent: Drs. Rhoads and Fitzgerald

The meeting was called to order by Dr. Kinney at 9:35 A.M. The minutes of the February 10, 1968 meeting of the Council of Academic Societies and of the February 11, 1968 meeting of the Executive Committee were accepted. Because many guests were present to assist the Executive Committee in the planning of an October workshop on graduate medical education, other items of business were deferred. The rest of the day was spent discussing and planning the workshop.

Report of a meeting of a committee to plan a workshop on "The Role of the University in Graduate Medical Education" - Washington Hilton Hotel, Washington, D.C., Thursday, March 28, 1968.

Present: From the Executive Committee of the Council of Academic Societies: Dr. Thomas D. Kinney, Chairman; Dr. Harry A. Feldman, Secretary; Dr. Eben Alexander, Jr.; Dr. John I. Nurnberger; Dr. Daniel C. Tosteson; Dr. Sam L. Clark; Dr. Ralph J. Wedgwood

Absent: Dr. Jonathan E. Rhoads and Dr. Patrick J. Fitzgerald

Representatives of specialty groups were Dr. John C. Nunemaker, Director, Department of Graduate Medical Education - AMA; Dr. Palmer Futcher, Executive Secretary, American Board of Internal Medicine; Dr. Charles F. Gregory, Department of Orthopedic Surgery, University of Texas, Southwestern Medical School, Mr. LeRoy Nattress, American Board of Orthopedic Surgery, Office of Education and Evaluation; Dr. Guy L. Odom, Chairman, Department of Neurosurgery, Duke University and Board of Neurosurgery; Dr. Robert B. Lawson, Department of Pediatrics, Northwestern University School of Medicine and Board of Pediatrics. Staff from the AAMC: Cheves McC. Smythe, M.D., Associate Director; Mr. Matthew McNulty, Associate Director and Director of Council of Teaching Hospitals.

Considerations leading the Council of Academic Societies to organize a workshop entitled, "The Role of the University in Graduate Medical Education," were reviewed. The background of the trend toward the involvement of the AAMC in graduate medical education and the history of the formation of the Council of Academic Societies were briefly restated. The events leading to a planning committee meeting without prior supporting action by the Executive Council of the AAMC were explained. (The next day the actions of the planning committee were all enthusiastically endorsed by the Executive Council of the AAMC.)

Various members of the planning committee spoke on some of the implications of the material outlined in the tentative program which had been circulated. Dr. Nurnberger stressed that such a workshop should deal with such issues as:

- a. desirability of organizing a graduate medical education council (in the model of a graduate school) for each medical center
- b. the economic impact of stipends, their sources and magnitude
- c. organization of some evaluation of output of programs as related to their input
- d. formulation of a series of formal written recommendations designed to promote more specific actions

The rest of the morning was spent in a discussion of the experiences of the boards and professorial organizations in orthopedics, pediatrics, internal medicine, and neurological surgery. Methods of examination, examination techniques, goals and timing of examinations during training were discussed in detail. Implications of increasing formalization of graduate medical programs suggested that they had already assumed many characteristics of "schools" superimposed on medical schools.

Dr. Gregory and Mr. Nattress outlined the experiences of the orthopedic board with the addition of interval examinations, reports of performance to directors, variation in examination objectives, and the reassessment of the content of training programs when seen from the vantage point of learning theory.

Dr. Lawson described the effects of the effort of the Pediatric Board to fashion examinations given during training to identify potential gaps in trainees' knowledge. There was also mention of the awareness of pediatricians that the content of training often bears little resemblance to the subsequent professional life style of pediatricians. Multiple tracks in pediatric training were mentioned as a solution to this problem.

Dr. Futcher described the beginning steps in the evaluation of training by the Board of Internal Medicine with particular emphasis on attempting to define more precisely relations between input, content, and output of training programs in internal medicine.

Dr. Odom described the attempt by neurological surgery to account for failure rates up to 30% on their board examinations. A commission has been conducting a study. Weaknesses in program content have been identified. In-training examinations have been instituted. This Board is becoming more aware of why men do poorly. The study continues.

Dr. Tosteson discussed the place of basic science in clinical education in the university medical center setting. He felt more than talk about technique of evaluation would be necessary to make the proposed workshop a success. Goals and objectives of training need to be stated. Teachers must think of what they do, why they do it, and how a particular experience contributes to clinical education.

During these presentations, there was much free discussion. This continued into the afternoon during which the tentative program was thoroughly reviewed and a number of modifications introduced. These are summarized in a revised tentative program which is attached.

Definite conclusions reached were:

1. The committee recommended that the Executive Council of the AAMC endorse such a workshop. (This endorsement has been subsequently secured.)
2. The title of the workshop should be, "The Role of the University in Graduate Medical Education."
3. The workshop should be so designed to result in the formulation of definite recommendations or positions by the Council of Academic Societies and the formulation of such recommendations should be the primary objective of the workshop.
4. The dates of October 2, 3, 4, and 5, 1968, are satisfactory.
5. The workshop should be held in or near a major city.
6. An approach to the Bureau of Health Manpower for a request for financial support in an order of magnitude of \$40-50,000 was authorized.
7. Representatives from the specialty groups present agreed that participation by the Board or professorial societies in which they are active could be confidentially expected.

DRAFT 4/10/68

REVISED TENTATIVE PROGRAM FOR WORKSHOP

"ROLE OF THE UNIVERSITY IN GRADUATE MEDICAL EDUCATION"

WEDNESDAY, OCTOBER 2, 1968

4:00 to 6:00 PM  
5:30 to 6:30 PM  
6:30 to 8:00 PM  
8:00 PM

Registration  
Refreshments  
Dinner  
Address - The Role of the University  
in Graduate Biomedical Education

Chairman

Dr. Thomas Kinney

Possible Speakers:

Heffner	Hitch	Willard
Stead	Phil Lee	
Beadle	Wescoe	

THURSDAY, OCTOBER 3, 1968

7:00 to 8:00 AM  
8:30 AM

Breakfast  
Plenary Session

Chairman

Dr. William Holden

8:30 to 9:00 AM  
9:10 to 9:40 AM

Orthopedics and the Impact of Learning  
Theory - Dr. Charles F. Gregory  
Pediatrics, Multiple Tracks and the Relation  
of Training to Eventual Social Function

Speaker to be selected.

9:50 to 10:20 AM

Cores and Training for Internal Medicine -  
Dr. Jack Myers

10:20 to 10:40 AM

Break

10:40 to 11:10 AM

Neurological Surgery and the Assessment of  
Accomplishment - Dr. Donald Matson

11:20 to 11:50 AM

Physiology - Dr. Daniel Tosteson

12:00 to 1:30 PM

Lunch

1:30 to 3:00 PM

Panel - Basic Science Input into Training:  
Its Nature and Content

Chairman

Dr. Clark

Representatives from anatomy, microbiology,  
pathology, pharmacology and biochemistry

3:00 to 3:30 PM

Break

Chairman  
Dr. Kinney

3:30 to 4:00 PM

Plenary Session

Organization of Discussion Groups,  
Objectives of Conference, and Necessity  
For Final Recommendations

4:00 to 5:00 PM

Initial Meetings of Discussion Groups

5:30 to 6:30 PM

Refreshments

6:30 to 8:00 PM

Dinner

8:00 PM

Address - The Economics of Graduate Education

Chairman  
Dr. Rhoads

Possible Speakers:

Knowles	Ker White	Head of Presbyterian
Nelson	J. Hamilton	Hospital, NYC
Ferguson	Snoke	
Rambek	H. Luckey	
Goulet	Ray Brown	

FRIDAY, OCTOBER 4, 1968

7:00 to 8:00 AM

Breakfast

8:30 to 9:00 AM

Preservation of Sociologic Awareness and  
the Reward System - The Other Face of  
Economics - Robert Ebert

9:00 to 12:00 AM

Discussion Groups with Breaks

12:00 to 1:30 PM

Lunch

1:30 to 2:00 PM

The Second Graduation - or The Boards  
As Quasi-Licensing Bodies

Speakers to be Selected

2:00 to 3:30 PM

Continuation of Group Discussions

3:00 to 5:00 PM

Formulation of Recommendations from

Discussion Groups

6:00 PM

Refreshments

No Evening Program Planned

SATURDAY, OCTOBER 5, 1968

7:00 to 8:00 AM

Breakfast

8:30 to 10:30 AM

Report from Discussion Group Leaders

10:30 to 11:00 AM

Break

11:00 to 12:00 AM

Final Report of Conference Chairman

### Topics For Discussion

The workshop will be divided into discussion groups. Each group will be assigned one of the topics listed below and requested to bring in its recommendations concerning the assigned topic. Each group will also be encouraged to address itself and return its opinions about other topics.

### TOPICS

1. In terms of authorization and control, graduate medical education today is essentially proprietary as related to the role of the individual in the program and is in somewhat the same stage of development as undergraduate medical education was in 1910.
2. Each medical school faculty and each teaching hospital staff acting as a corporate body should explicitly formulate and periodically revise their own educational goals and curricula.
3. Each teaching hospital or its medical school faculty should organize its staff through an educational council, a committee on graduate education, or some similar means so as to make its programs of graduate medical education a corporate responsibility rather than the individual responsibility of particular medical-surgical services or heads of services.
4. The medical schools and their teaching hospitals, collectively and individually, have the responsibility for designing a program in graduate education training which will produce physicians prepared and committed to deliver continuous and comprehensive medical care. A number of specific programs designed to realize this goal must be introduced simultaneously in a variety of different settings across the country.
5. The internship as a separate and distinct portion of medical education should be abandoned and the internship and residency areas should be combined under a single period of graduate medical education called a residency and planned as a unified whole.
6. The end of general medical education may occur either while a man is still in school or upon his graduation from medical school, but specialized training should begin upon graduation from medical school. This statement should be seen as encouraging experimentation relating to the continuity of undergraduate and graduate medical education.
7. Although the specialty board should be discouraged from amending their regulations concerning eligibility for examination and certification in a manner to increase the required length of residency training to compensate for any removal of the internship, an attitude of permissiveness and allowance of experimentation in this area should be encouraged.

8. The residency review committees of the specialty boards should include members from outside of that particular specialty. Hospitals should be encouraged to experiment with different forms of basic residency training. Specialty boards and residency review committees should be encouraged to allow experimentation by interpreting liberally those statements of resident requirements that now inhibit new forms of educational organization.
9. Programs of graduate medical education should be approved only if they cover the entire span of training from the first year of graduate medical education through completion of specialty training. The appropriate agencies should work in concert so that state licensure acts and statements of certification be amended to eliminate a requirement of separate internship and substitute for it an appropriately described period of graduate medical education. Cooperative arrangements between many hospitals in a given area and an academic medical center should be encouraged.
10. In an effort to strengthen training programs from area to area, a commission on graduate medical education specifically charged with the responsibility for planning, coordinating and periodically reviewing standards for graduate medical education and procedures for its review and the approval of the institutions in which that education is offered should be created. The commission on graduate medical education should number in its membership representatives from the Council on Medical Education and the Association of American Medical Colleges, the Advisory Board for Medical Specialties, the American Hospital Association and members from societies-at-large.
11. The introduction of cores in training in internal medicine and surgery represents an extension of the medical school curriculum. The imposition of a school on a school will result in forces leading to even greater concentration of graduate training around academic medical centers.
12. The desire to accumulate more data on characteristics - both intellectual and non-intellectual - of men in graduate training raises the issue of privacy. On the other hand, the emergence of the Boards as virtual licensing bodies creates a climate in which the Boards may expect demands to have made public their methods and standards of evaluations as well as criteria for passing or failing their examinations.

[Tab L]

AGENDA

COUNCIL OF ACADEMIC SOCIETIES

Executive Council Meeting

10 AM - 4 PM

Friday, July 26, 1968

1346 Connecticut Avenue, N.W.  
DuPont Circle Bldg., 4th Floor  
Washington, D.C. 20036

- I. Status of Program for Council of Academic Societies Workshop
  - a. Program
  - b. Status of Invitations (7/16/68)
  - c. Arrangements for Data Input and Recording Proceedings
- II. Program for Annual Meeting
  - a. Friday afternoon, November 1, 1968
  - b. Saturday afternoon, November 2, 1968
- III. Nominations for New Member Societies
- IV. Initiation of Selection of Nominating Committee for 1968-1969 Officers

DRAFT  
7-17-68

TENTATIVE PROGRAM FOR WORKSHOP

"ROLE OF THE UNIVERSITY IN GRADUATE MEDICAL EDUCATION"

WEDNESDAY, OCTOBER 2, 1968

4:00 - 6:00 PM      Registration  
5:30 - 6:30 PM      Social Hour  
6:30 - 8:00 PM      Dinner  
8:00 PM              Address - The Role of the University in  
                         Graduate Biomedical Education

Dr. Alexander Heard, Chancellor, Vanderbilt  
University (Invited)

THURSDAY, OCTOBER 3, 1968

7:00 - 8:00 AM      Breakfast  
8:30 AM              Plenary Session  
8:30 - 9:00 AM      Orthopedics and the Impact of Learning Theory  
                         Dr. Charles F. Gregory - Professor of Ortho-  
                         pedics, University of Texas, Southwestern  
                         Medical School, Dallas  
9:10 - 9:40 AM      Pediatrics; The Relation of Training to Multiple  
                         Tracks of the Future  
                         Dr. Robert B. Lawson - Professor of Pediatrics  
                         Northwestern University Medical School  
9:50 - 10:20 AM      Patterns of Training for Internal Medicine  
                         Dr. Jack D. Myers - Professor of Medicine  
                         University of Pittsburgh School of Medicine  
10:20 - 10:40 AM      Break  
10:40 - 11:10 AM      Neurological Surgery and the Assessment of  
                         Accomplishment  
                         Dr. Guy L. Odom - Chairman, Dept. of Neurosurgery,  
                         Duke University  
11:20 - 11:50 AM      Physiology - Dr. Robert E. Forster, Dept. of  
                         Physiology, University of Pennsylvania, Division  
                         of Graduate Medicine  
12:00 - 1:30 PM      Lunch

Underlined Names - Confirmed Speakers

1:30 - 3:00 PM Panel - Basic Science Input Into Training:  
Its Nature and Content

(Representatives from anatomy, microbiology,  
pathology, pharmacology, and biochemistry)

Dr. Sam L. Clark, Professor of Anatomy,  
University of Massachusetts  
Dr. Robert W. Wissler, Chairman, Dept. of  
Pathology, University of Chicago  
Dr. Thomas Maren, Chairman, Dept. of  
Pharmacology, University of Florida College  
of Medicine (Invited)

3:00 - 3:30 PM Break  
3:30 - 4:00 PM Plenary Session

Organization of Discussion Groups, Objectives  
of Conference, and Necessity for Final  
Recommendations

4:00 - 5:00 PM Initial Meetings of Discussion Groups  
5:30 - 6:30 PM Social Hour  
6:30 - 8:00 PM Dinner

8:00 PM Address - Financing Graduate Medical Education  
Dr. Stanley W. Olson, Director, Division of  
Regional Medical Programs, DHEW, Washington, D.C.

FRIDAY, OCTOBER 4, 1968

7:00 - 8:00 AM Breakfast  
8:30 - 9:00 AM Preservation of Sociologic Awareness and the  
Reward System - The Other Face of Economics  
Speaker to be Selected

9:00 - 12:00 AM Discussion Groups with Breaks  
12:00 - 1:30 PM Lunch  
1:30 - 2:00 PM The Second Graduation - Or the Boards as Quasi-  
Licensing Bodies  
Dr. William D. Holden - Director, Dept. of Surgery,  
University Hospitals of Cleveland

2:00 - 3:30 PM Continuation of Group Discussions  
3:00 - 5:00 PM Formulation of Recommendations from Discussion  
Groups  
6:00 PM Social Hour

No Evening Program Planned

Underlined Names - Confirmed Speakers

SATURDAY, OCTOBER 5, 1968

7:00 - 8:00 AM Breakfast  
8:30 - 10:30 AM Report from Discussion Group Leaders  
10:30 - 11:00 AM Break  
11:00 - 12:00 AM Final Report of Conference Chairman

STATUS OF INVITATIONS

<u>CLASSIFICATION OF INVITATIONS ISSUED</u>	<u>TOTAL NUMBER OF INVITATIONS ISSUED</u>	<u>ACCEPTANCES</u>	<u>REFUSALS</u>	<u>UNDECIDED</u>	<u>WAITING FOR REPLY</u>
SPEAKERS	15	10	5	0	0
CAS SOCIETIES	52	4	5	2	41
CAS EXECUTIVE COMMITTEE	8	3	1	0	4
COTH AND HOSPITAL GROUP	16	5	4	0	7
ADVISORY BOARDS AND BOARD SECRETARIES	5	0	1	0	4
OTHER OFFICIAL REPRESENTATIVES	22	5	2	0	15
MISCELLANEOUS INDIVIDUALS	19	6	5	0	8
UNIVERSITY OFFICIALS	26	0	0	0	26
AAMC STAFF & EXECUTIVE COUNCIL AMA STAFF & COUNCIL ON MEDICAL EDUCATION	<u>29</u>	<u>13</u>	<u>6</u>	<u>0</u>	<u>10</u>
<b>TOTAL</b>	<b>192</b>	<b>46</b>	<b>29</b>	<b>2</b>	<b>115</b>

FRIDAY AFTERNOON - NOVEMBER 1, 1968

Council of Academic Societies - 1:30 - 5:00 PM

The Role of Faculty in Medical School Expansion

(Each talk to last 15 minutes followed by 5 minutes of discussion with a 30 minute break in mid-afternoon)

1. Anatomy - Facilities Requirements for Teaching Gross Anatomy as Brake on Expansion of First Year Medical School Enrollments - \* Dr. Grant Graves, Professor of Anatomy, Ohio State University
2. Alternate Solutions for Maximal Utilization of Facilities - \* Dr. Thomas M. Peery, Professor of Pathology, George Washington University
3. The Laboratory and Learning - What is the Effect on Learning of Intensive Laboratory Experience?
4. Television Tapes and Teaching Machines - How Much of the Classroom Load Can Be Mechanized? - (Someone from Rochester)
5. The Impact of Advanced Standing - Dr. Abraham White, Professor of Biochemistry, Albert Einstein College of Medicine
6. Multiple Track Curricula and Multiple Entry Points - Implications for Enrollment and Teaching Levels - Dr. Richard M. McGraw, Deputy Assistant Secretary, Division of Health Manpower, U.S. Public Health Service
7. Attrition - Are We Afraid of Higher Failure Rates? (Someone from Division of Student Affairs)
8. Are There Enough Hospital Beds? - Dr. Jonathan E. Rhoads, Chairman, Dept. of Surgery, University of Pennsylvania
9. Provisions for Ambulatory Teaching - Director of OPD At Los Angeles County General, Director of OPD at University of Illinois Research and Educational Hospitals, Director of OPD at Henry Ford Hospital, Dr. Benedict J. Duffy - Tufts University School of Medicine, Dr. Arthur D. Nelson - Temple University School of Medicine, or someone from Michigan State.
10. Recruitment of American Citizens in Foreign Schools

\* Available

All other speakers - suggestions

SATURDAY AFTERNOON - NOVEMBER 2, 1968

Council of Academic Societies - 1:30 - 5:00 PM

I. 1. Report on Workshop on Graduate Medical Education

1:30 - 1:40 PM - Description of Organization and Format  
of Workshop - C. M. Smythe

2. Specific Recommendations for Action as a Result of Workshop

1:40 - 2:00 PM - Dr. Thomas D. Kinney

2:00 - 2:20 PM - Dr. Jonathan E. Rhoads

2:20 - 2:40 PM - Dr. James V. Warren

2:40 - 3:00 PM - Discussion

3:00 - 3:15 PM - Break

II. 3:15 PM - Annual Meeting of Council of Academic Societies

1. Report of Executive Committee - Dr. Thomas D. Kinney

2. Report of the Secretary-Treasurer

3. Recommendation for Election of New Societies

4. Report of Nominating Committee

5. Other Business

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THE COUNCIL OF ACADEMIC SOCIETIES

Awaiting Ratification

<u>NAME</u>	<u>NUMBER OF MEMBERS</u>	<u>DATE FORMED</u>	<u>% FULL TIME FACULTY</u>	<u>BRIEF STATEMENT OF PURPOSE</u>
American Academy of Dermatology	3092	1938		Prime objective of organization is educational. Annual meeting and program most important function of the Academy.
American Association of Immunologists				
American Association of Neuropathologists				
American Association of University Professors of Neurology	67			Objectives of Society shall be promotion of medical education, research and patient care, particularly with respect to Neurology.
American College of Obstetrics and Gynecologists				
Association for Research in Ophthalmology, Inc.	1200	1928		Objects of the Association are to encourage, promote, foster, and assist investigations and research in ophthalmology.
Association of Academic Physiatriests				

Awaiting Ratification

<u>NAME</u>	<u>NUMBER OF MEMBERS</u>	<u>DATE FORMED</u>	<u>% FULL TIME FACULTY</u>	<u>BRIEF STATEMENT OF PURPOSE</u>
Council on Resident Education in Obstetrics and Gynecology	12	1967		Working to improve all aspects of residency training in obstetrics and gynecology. Developing programs in this area in accord with the aims and purposes of the organizations represented.
Society of Academic Anesthesiology Chairmen	95	1967		Established for purpose of representing all academic Anesthesia departments and divisions in U.S.
Society of Academic Pharmacologists		1968		Purpose is to cause pharmacology to make the best possible contribution in medical education.
Society of University Surgeons	505	1941		The advancement of the art and science of surgery by: (1) the encouragement of its members to pursue original investigations both in the clinic and in the laboratory; (2) the development of methods of graduate teaching of surgery with particular reference to the resident system; (3) free and informal interchange of ideas pertaining to the above subjects as a limited membership and common aims make possible.

## CONSTITUTION OF THE COUNCIL OF ACADEMIC SOCIETIES

### ARTICLE 6.

#### Officers

A Chairman, a Chairman-Elect and a Secretary-Treasurer shall be elected annually by the Council of Academic Societies. A nominating committee of 7 members shall be selected by a mail ballot from all members of the Council with each being asked to vote for 7 persons. The 7 members who receive the largest number of votes will constitute the nominating committee and shall bring in the names of 2 candidates for each office whom they recommend and who they have ascertained would be willing to serve if elected. The only exception is the Chairman who would ordinarily be the Chairman-Elect from the previous year. Election shall be by written ballot at the annual meeting. The term of office of the Chairman and Chairman-Elect shall be approximately one year, from one annual meeting to the next. Officers shall begin their terms following the annual meeting of the Association of American Medical Colleges and serve until the end of the next annual meeting of the Association. The Secretary-Treasurer may not serve for more than two years following the expiration of his term as a representative of a constituency.

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
EXECUTIVE COMMITTEE

Friday, July 26, 1968

10:00 a.m. - 4:00 p.m.

Headquarters  
Association of American Medical Colleges  
Washington, D.C.

**Present:** Drs. Thomas Kinney, Jonathan Rhoads, Daniel Tosteson, Eben Alexander,  
Sam Clark, Ralph Wedgwood, John Nurnberger, Harry Feldman

**Absent:** Dr. Patrick Fitzgerald

**Staff:** Drs. Cheves Smythe, Robert Berson, Fletcher Bingham

The meeting was called to order by Dr. Kinney at 10:00 a.m.

The status of the program was reviewed in detail. The committee authorized Dr. Harry Feldman to attempt to secure Senator Edward Kennedy as a speaker for the meeting on Wednesday, October 2, at 8:00 p.m. or for a dinner on October 4. Failing in this, Dr. Smythe will approach, sequentially, Dr. Eugene Stead, Dr. Franklin Murphy, and Dr. Harwell of the University of Pennsylvania.

Dr. Daniel Tosteson agreed to serve as Chairman of the panel which is scheduled for Thursday afternoon, October 3. Drs. Sam Clark, Robert Wissler, and Robert Forster already have agreed to sit on this panel. Dr. Thomas Maren has tentatively accepted a similar assignment which he will be asked to confirm. Suggested representatives from biochemistry in order were Dr. Chris Anfinsen of the NIH, Dr. Howard Rasmussen of the University of Pennsylvania, Dr. Abraham White of Einstein, Dr. Arthur Kornberg of Stanford, and Dr. Dan Steinberg of the NIH. From microbiology, Dr. Harry Rose of Columbia, Dr. Harry Ginsberg of the University of Pennsylvania, Dr. Charles Evans of the

University of Washington (Seattle), and Dr. Robert Wagner of the University of Virginia were suggested.

The committee was informed of Dr. Olson's agreement to give the talk on financing graduate medical education on Thursday evening.

The committee suggested that Dr. William B. Holden be requested to change the time of his talk on Friday, October 4, from 1:30-2:00 p.m. to 8:30-9:00 a.m. Dr. Kurt Deuschle, now at the Mount Sinai Medical School, is to be asked by Dr. Harry Feldman to give a talk from 1:30-2:00 p.m. on the general subject of "What Can University Graduate Medical Education Do to Meet the Demand of the Community for Medical Care?" (He accepted, subsequently)

The committee decided to schedule a dinner on Friday, October 4. A speaker is to be sought. In order, the names suggested include Dr. Moynihan of the MIT Center for Urban Studies, Mr. Whitney Young of the Urban League, Mr. Wiley of the Poverty Rights Action Center, someone from the New Jersey College of Medicine and Dentistry, or a negro active in the development of new methods of handling health affairs in the Chicago area.

The committee reviewed the 12 topics for the discussion groups. It was pointed out that these were indeed the heart of the program and that great attention should be given to their optimal wording. Accordingly, it was decided that committee members would redraft them and submit them to Dr. Smythe for final rewording. It was agreed that one or two of the groups should address themselves to the issue of financing. It was also agreed that the chairmen and recorders of these groups should be selected from Council of Academic Societies representatives to the exclusion of those serving on its Executive Committee.

If the grant is secured from the Bureau of Health Manpower, the Executive Committee suggested that arrangements be made with commercial contractors for stenotyping and duplication of the proceedings of the conference and for helping with the compilation of source material. As much of this is to be collected as possible in the interval if adequate financing is available.

A number of suggestions were made for additional invitations. The committee emphasized that representatives from the Council of Academic Societies were to be wooed most vigorously.

The program for the annual meeting was reviewed. A list of suggested titles and speakers for the Friday afternoon program was drawn up. The emphasis of this program is to be on the expansion of medical school enrollment now. It was decided that Drs. Ewald Selkurt of the University of Indiana, Grant Graves of Ohio State University, Thomas Peery of George Washington University, E. Knobil of the University of Pittsburgh, someone from the University of Rochester, Abraham White of Albert Einstein School of Medicine, Richard Magraw of the Division of Health Manpower, someone from the student affairs group, Jonathan Rhoads, and Charles Rammelkamp should be asked to speak.

The staff was directed to schedule an extended cocktail party for 6:00-7:30 p.m. on Friday evening, November 1. It was also suggested that the meetings be held in relatively small rooms.

The Saturday evening program was approved.

The list of societies which have applied for membership in the CAS was reviewed. It was agreed that the questions which they raised presented such potentially important policy issues for the future of the Council that no steps should be taken for their election until such policies have been reviewed. Accordingly, the Executive Committee agreed to meet at lunch on Wednesday, October 2, for the specific purpose of reviewing its policies concerning the election of additional societies.

Arrangements for selecting a nominating committee and subsequent officers were reviewed. It was agreed that the provisions of the constitution should be followed exactly and precisely. In addition, the staff was directed to initiate the selection of a nominating committee immediately.

Dr. Robert Berson reviewed with the committee a proposal from the National Library of Medicine that the Council of Academic Societies and the Association of American Medical Colleges sponsor in conjunction with the National Library a meeting to examine the implications and goals of a communications network designed to enrich undergraduate medical education. The Executive Committee responded to this suggestion affirmatively. It was pointed out that this was a legitimate interest and concern of the Council and that it represented the type of program that it should be developing. It was agreed that Dr. Berson will contact Dr. Cummings and that the Executive Committee will be appraised of subsequent developments.

The meeting adjourned at 4:00 p.m.

[Tab M]

MINUTES  
EXECUTIVE COMMITTEE MEETING  
COUNCIL OF ACADEMIC SOCIETIES

Wednesday, October 2, 1968

Present: Drs. Kinney, Rhoads, Tosteson, Clark, Wedgwood, Nurnberger,  
and Feldman

Absent: Drs. Alexander and Fitzgerald

Staff: Dr. Cheves Smythe

The meeting was called to order by Dr. Kinney at 2:30 p.m.

The minutes of the July 26, 1968, meeting were approved as drafted.

The major orders of business were the election of new societies and the elaboration of policies relevant to the number of societies to be admitted to the Council of Academic Societies. It was concluded that:

- 1) The CAS recognize the validity of the assignment to it of 35 votes in the Assembly of the AAMC.
- 2) It would not be wise for the Council to seek an increase in this representation at this time or in the foreseeable future.
- 3) The Council should not attempt to limit its membership to 35 societies.
- 4) The Council will continue to admit societies on the basis of the relevance of their programs to the overall programs of the Council.
- 5) This Council recognizes the need to formulate steps through which 35 representatives can be selected from a population of societies in excess of 35.
- 6) Since the number of member societies will not exceed 35 before 1969-70, measures for determining representation should be developed during this "peaceful interval."

The Committee further agreed upon the following working definition of an academic society:

An academic society is defined as an organization which in the opinion of the CAS emphasizes as a criterion for membership, appointment to a medical school faculty or that has a major commitment to medical education.

In addition to this definition, inquiries from societies seeking membership should be answered by requiring that to be eligible for membership they must have a constitution, bylaws, and officers, they should be prepared to submit a copy of the program of their last meeting, a copy of its minutes, a statement of the criteria for selecting members, and a membership list.

The Committee then acted on the applications from societies which had been received. It voted to approve and to forward to the membership for election the following: the American Society of Neuropathologists, the American Association of Plastic Surgeons, and the Society of University Surgeons.

It voted to defer but to send encouraging letters to the Society of Academic Pharmacologists, the American Association of University Professors of Neurology, and the Society of Academic Anesthesiology Chairmen.

It voted not to recommend the election of the American Society of Plastic and Reconstructive Surgeons, Inc., the Association for Research in Ophthalmology, Inc., and the American Academy of Dermatology.

It agreed not to act on the applications of the Association of Academic Physiatrists, the American College of Obstetricians and Gynecologists, and the Council on Resident Education in Obstetrics and Gynecology.

The Committee agreed to invite Dr. Robert C. Berson to present his impressions of the September 1968 Atlanta undergraduate medical curriculum workshop on Thursday afternoon, October 3, at 3:30 p.m. It decided to meet with Dr. Cummings and assorted guests immediately following his address on Friday, October 4.

The letter from Dr. Hickam declining his nomination as Chairman of the Nominating Committee was noted. Dr. Wedgwood was named Chairman, and Dr. Alexander was added to the committee. The Committee is to bring in one nomination each for the positions of Chairman and Secretary-Treasurer, two nominations for Chairman-Elect, two nominations for three-year terms on the Executive Council, two nominations for second, three-year terms on the Executive Council, and two nominations for a two-year term on the Executive Committee of the CAS. Dr. Wedgwood was given a list of members of the CAS and appropriate copies of the Constitution and Bylaws, etc.

The meeting adjourned at 5:00 p.m.

MINUTES

EXECUTIVE COMMITTEE MEETING  
COUNCIL OF ACADEMIC SOCIETIES

Thursday, October 3, 1968

**Present:** Drs. Kinney, Alexander, Tosteson, Clark, Wedgwood, Nurnberger, and Feldman

**Absent:** Drs. Rhoads and Fitzgerald

**Staff:** Dr. Cheves Smythe

The meeting was called to order by Dr. Kinney at 10:00 p.m.

The Committee met to discuss the issue of how to select representation from its membership for the 35 positions on the Executive Council. It decided to present four alternatives to the membership:

- 1) Based on a mail vote, the Nominating Committee would nominate 35 members.
- 2) Representation be based on the population of full-time faculties in the basic and clinical sciences (determined from the AAMC faculty rosters).
- 3) Eleven positions be assigned to basic science societies, 22 to clinical societies, and 2 positions to the two officers. These positions would be elected by a caucus or mail vote from the appropriate societies.
- 4) Other mechanisms to be suggested by the membership.

The Committee voted to approve the proposed program for the annual meeting (copy attached).

The Committee received as information a memorandum from the Division of Operational Studies relative to faculty salary surveys. It voted to

respond to this memorandum by affirming its support of any group wishing to collect information from anyone willing to give it. It also suggested that in the future the Division of Operational Studies collect its salary data on a non-confidential basis. It found little cause for alarm in the prospect of conflicting data.

The meeting was then adjourned.

FRIDAY AFTERNOON, NOVEMBER 1

Council of Academic Societies

CASTILIAN ROOM

- Expansion of Medical School Enrollments Now  
Presiding: THOMAS D. KINNEY, Chairman,  
Council of Academic Societies; and Chairman,  
Department of Pathology, Duke University  
School of Medicine  
(Discussion after each paper is invited)
- 1:30 p.m. Pre-Clinical Sciences Facilities Requirements  
and Medical School Enrollment  
EWALD E. SELKURT, Ph.D., Professor of  
Physiology, University of Indiana
- 1:45 p.m. Experiences in Conducting Separate Courses  
in Anatomy  
GRANT GRAVES, M.D., Professor of Anatomy,  
Ohio State University
- 2:00 p.m. Alternate Solutions for Maximal Utilization  
of Facilities  
THOMAS M. PEERY, M.D., Professor of Pathology,  
George Washington University
- 2:15 p.m. The Laboratory and Learning - What is the  
Effect on Learning of Intensive Laboratory  
Experience?  
ERNST KNOBIL, Ph.D., Professor of Physiology,  
University of Pittsburgh
- 2:30 p.m. Television Tapes and Teaching Machines - How  
Much of the Classroom Load can be Mechanized?  
JEROME P. LYSAUGHT, Ed.D., Associate Professor  
of Education, University of Rochester
- 2:45 p.m. Intermission
- 3:00 p.m. Multiple Entry Points and Advanced Standing -  
Implications for Enrollment and Teaching Levels  
RICHARD MAGRAW, M.D., Deputy Assistant Secretary,  
Division of Health Manpower, U.S. Public Health  
Service
- 3:15 p.m. Facilities and Other Clinical Sciences  
Requirements and Expansion of Medical School  
Enrollments  
JONATHAN E. RHOADS, M.D., Professor of Surgery,  
University of Pennsylvania

FRIDAY AFTERNOON, NOVEMBER 1 (Cont'd)

Council of Academic Societies

3:30 p.m.

The Potential of the Out-Patient  
EDWARD M. CHESTER, M.D., Metropolitan General  
Hospital, Cleveland, Ohio

3:45 p.m.

Attrition - Enroll More, Lose More, but Graduate  
More  
MORTON LEVITT, Ph.D., Associate Dean, Wayne  
State University

SATURDAY AFTERNOON, NOVEMBER 2

Council of Academic Societies

CASTILIAN ROOM

1:30 p.m.  
to

5:00 p.m.

Report on Workshop on Graduate Medical  
Education

Presiding: DAN C. TOSTESON, M.D., Chairman,  
Department of Physiology and Pharmacology,  
Duke University School of Medicine

1:30 p.m.  
to

1:40 p.m.

Description of Organization and Format of  
Workshop

CHEVES McC. SMYTHE, M.D., Associate Director,  
AAMC

1:40 p.m.  
to

2:30 p.m.

Specific Recommendations for Action as a  
Result of Workshop

THOMAS D. KINNEY, M.D., Chairman, Department  
of Pathology, Duke University School of  
Medicine

JONATHAN E. RHOADS, M.D., Chairman, Department  
of Surgery, University of Pennsylvania  
School of Medicine

THOMAS B. BREM, M.D., Chairman, Department  
of Medicine, University of Southern  
California School of Medicine

2:30 p.m.  
to

2:45 p.m.

Discussion

2:45 p.m.  
to

3:15 p.m.

Assistance to Medical Education Through a  
National Biomedical Communications Network

MARTIN M. CUMMINGS, M.D., Director and RUTH  
M. DAVIS, Ph.D., National Library of Medicine

3:15 p.m.  
to

3:30 p.m.

Break

3:30 p.m.

Annual Meeting of Council of Academic Societies  
Presiding: THOMAS D. KINNEY, M.D., Chairman,  
Department of Pathology, Duke University School  
of Medicine

Report of Executive Committee

THOMAS D. KINNEY, M.D., Chairman, Department of  
Pathology, Duke University School of Medicine

Report of Secretary-Treasurer

Recommendations for Election of New Societies

Report of Nominating Committee

MINUTES

EXECUTIVE COMMITTEE MEETING  
COUNCIL OF ACADEMIC SOCIETIES

Friday, October 4, 1968

Present: Drs. Kinney, Rhoads, Tosteson, Alexander, Clark, Wedgwood,  
and Nurnberger, *Feldman*

Absent: Dr. Fitzgerald

Guests: Drs. Martin Cummings, Ruth Davis, Merlin K. DuVal

Staff: Drs. Berson and Smythe

The Committee met with Drs. Cummings and Davis to explore in greater depth the proposed national communications network for medical education. Dr. Cummings stressed that while considerable capability is present, his group, in seeking a program which would exploit this capability maximally, is turning to this coordinating medical educational agency for help. He wishes to identify individuals with interest and ability to use modern communications and computer techniques for enhancing and enriching undergraduate and graduate medical educational experiences. Dr. Cummings already has approached the Federated Societies for help in the area of natural science teaching and research. The AAMC is not being approached for its potential involvement in continuing education. Dr. Cummings is well aware that the major problem in medical education is not the content of what is taught but the thought processes which it engenders in the students.

After appropriate free discussion around the table, it was agreed that:

- 1) The Association would co-sponsor with the National Library a relatively small conference (attendance about 30) designed to increase familiarity with the

potential of the National Library. It was stressed that participants should be invited for their interest in medical teaching and not in electrical gadgetry. The National Library is capable of supplying all technical support.

- 2) This conference should be scheduled early in January; January 9 and 10, and January 16 and 17, 1969, were suggested.

An approach toward the eventual goals of the task to be described includes:

- a) to inform medical educators of what can be done
- b) to ascertain what materials and techniques are already available
- c) to ascertain what is needed, what is wanted, and what will be consumed
- d) to identify important gaps
- e) to fill these gaps
- f) to assist medical educators in learning to use and manipulate the system

The Association is to draft a letter to Dr. Cummings indicating its willingness to participate in this task. It was further agreed that Dr. Cummings and his staff would make a presentation to the CAS at its annual meeting at 2:45 p.m., Saturday, November 2.

### Meeting of the Council of Academic Societies\*

#### Plenary Sessions

The Council of Academic Societies (CAS) held its second annual meeting on November 1-2, 1968.

\*Summary prepared by Cheves McC. Smythe, M.D., AAMC Associate Director.

#### Expansion of Enrollment

This session was called to order by Dr. Thomas D. Kinney, CAS Chairman, at 1:30 P.M. on November 1, 1968. Under the theme, "Expansion of Medical School Enrollments Now," 9 speakers covered various aspects of the problem, from the possibili-

ties of decentralization of study in the sciences basic to medicine to a scheme of double scheduling of classes in the same facility. These speakers and their topics were: Dr. Ewald E. Selkurt, Professor and Chairman, Department of Physiology, Indiana University School of Medicine, "Pre-Clinical Sciences Facilities Requirements and Medical School Enrollment"; Dr. Grant O. Graves, Professor and Chairman, Department of Anatomy, Ohio State University College of Medicine, "Need for a Multiple-Track System in Medical Education"; Dr. Thomas M. Peery, Professor and Chairman, Department of Pathology, George Washington University School of Medicine, "Double Scheduling of Medical School Classes"; Dr. Ernst Knobil, Professor and Chairman, Department of Physiology, University of Pittsburgh School of Medicine, "Laboratory and Learning—What is the Effect on Learning of Intensive Laboratory Experience?"; Dr. Robert G. Pierleoni, Assistant Professor of Education, College of Education, and Research Associate in Medical Education, University of Rochester School of Medicine and Dentistry, "Television Tapes and Teaching Machines—How Much of the Classroom Load can be Mechanized?"; Dr. Richard Magraw, Deputy Assistant Secretary, Division of Health Manpower, U.S. Public Health Service, "Multiple Entry Points and Advanced Standing—Implications for Enrollment and Teaching Levels"; Dr. Jonathan E. Rhoads, Professor and Chairman, Department of Surgery, University of Pennsylvania School of Medicine, "Facilities and Other Clinical Sciences Requirements and Expansion of Medical School Enrollments"; Dr. Edward M. Chester, Cleveland Metropolitan General Hospital, Cleveland, Ohio, "The Potential of the Out-Patient"; and Dr. Morton Levitt, Associate Dean, Academic Affairs, Wayne State University School of Medicine, "Attrition—Enroll More, Lose More, but Graduate More."

Each talk alluded to actual mechanisms

for the redirection of available facilities and resources which could result in expanded enrollments. A review was made of studies which reported that medical schools with large enrollments were not only considered not inferior but in some ways actually superior to smaller schools.

The meeting closed with estimates of the possibilities for securing students for enrollment in advanced standing in medical schools and with a discussion of the hospital facilities which increased medical student enrollment might demand.

#### Report of the Workshop on Graduate Medical Education

This session was convened at 1:30 P.M. on November 2, 1968 by Dr. Daniel C. Tosteson, Professor and Chairman, Department of Physiology and Pharmacology, Duke University School of Medicine.

Dr. Cheves McC. Smythe, AAMC Associate Director, was the first speaker of this session, presenting the audience with a background description of the organization and format of the workshop on The Role of the University in Graduate Medical Education. This three-day conference, held in Washington, D.C., October 2-5, 1968, was attended by approximately 175 medical educators and representatives of many groups and organizations deeply involved with graduate medical education.

Summarizations of their impressions of the workshop were given by Dr. Thomas D. Kinney, Chairman, Council of Academic Societies, and Professor and Chairman, Department of Pathology, Duke University School of Medicine; Dr. Jonathan E. Rhoads, Professor and Chairman, Department of Surgery, University of Pennsylvania School of Medicine; and Dr. Thomas B. Brem, Professor and Chairman, Department of Medicine, University of Southern California School of Medicine. The 3 speakers reflected the apparent consensus of the workshop that the conceptualization of medical education as a continuum required for its realization an increasing role by

the universities in graduate medical education. The attitude that the specialty boards should evolve toward examining and certifying agencies without heavy stress on determining the content or duration of training was emphasized. The need for approval of graduate medical education programs on an institution-by-institution basis, rather than a program-by-program basis, was stressed. The strong support for a Commission on Graduate Medical Education, whose functions have not yet been defined, was described.

#### National Biomedical Education Communications Network

A report on the potential for a national biomedical education communications network was presented by 2 staff members from the National Library of Medicine: Dr. Martin M. Cummings, Director, and Dr. Ruth M. Davis, Associate Director. They described in broad terms the current state of the technology and the possibilities it permitted and pointed out that input from the most effective and thoughtful medical teachers would be necessary for such a network to reach optimal use.

In the ensuing business meeting, the CAS voiced its support of the biomedical education communications network that had been described and urged its Executive Committee to cooperate with the National Library of Medicine to the fullest.

#### Annual Business Meeting

This meeting was called to order by Dr. Thomas D. Kinney at 3:30 P.M. on November 2, 1968. Dr. Kinney reported on the activities of the CAS Executive Committee, and Dr. Harry A. Feldman gave the report of the Secretary-Treasurer.

#### Report of the Executive Committee

**Resolutions.**—The CAS Executive Committee presented 4 resolutions to their membership, all of which were passed. The membership directed that the following 4 resolutions be forwarded to the AAMC Executive Council and then on to the Assembly for their approval:

1. The Council of Academic Societies goes on record as favoring an increasing role and responsibility of the universities for graduate medical education.

2. The Council of Academic Societies recommends that the AAMC support the formation of a Commission on Graduate Medical Education.

3. The Executive Committee recommends the formation of a Standing Committee on Graduate Medical Education of the Council of Academic Societies.

4. The Council of Academic Societies expresses its concern for continued support for fundamental medical research in addition to urgently needed increased support for the delivery of health services.

#### Report of the Nominating and Credentials Committee

**Membership.**—Three new societies were recommended for election to membership, which would bring the total CAS membership to 30: the Society of University Surgeons, the American Association of Plastic Surgeons, and the American Association of Neuropathologists.\*

**Officers.**—The Nominating Committee, chaired by Dr. Ralph J. Wedgwood, brought in the following slate: Jonathan B. Rhoads, University of Pennsylvania, *Chairman*; Daniel C. Tosteson, Duke University, *Chairman-Elect*; Thomas D. Kinney, Duke University, and James V. Warren, Ohio State University, *AAMC Executive Council Representatives (1971)*.

After written ballots were tallied, the foregoing elections were announced.

#### Other Business

Dr. Clarence Dennis reported concern of the Society of Surgical Chairmen with developments in the Deans Committees of the Veterans Administration Hospitals. After discussion of a number of points, the recommendations submitted by Dr. Dennis were referred to the Executive Committee for final action. The meeting was then adjourned at 5:30 P.M.

\*The Assembly of the Association elected these societies to membership on November 4, 1968.

PROPOSED PROGRAM  
COUNCIL OF ACADEMIC SOCIETIES

Shamrock-Hilton Hotel  
Houston, Texas

Friday, November 1, 1968  
1:30 - 5:00 PM

EXPANSION OF MEDICAL SCHOOL ENROLLMENTS NOW

(Each talk to last 10-12 minutes, followed by 5 minutes of discussion with a 30-minute break in mid-afternoon)

1. Pre-Clinical Sciences Facilities Requirements and Medical School Enrollment  
Ewald E. Selkurt, Ph.D.-Professor of Physiology, University of Indiana
2. Experiences in Conducting Separate Courses in Anatomy  
Grant Graves, M.D.-Professor of Anatomy, Ohio State University
3. Double Scheduling of Medical School Classes  
Thomas M. Peery, M.D.-Professor of Pathology, George Washington University
4. The Laboratory and Learning-What Is The Effect on Learning of Intensive Laboratory Experience?  
Ernst Knobil, Ph.D.-Professor of Physiology, University of Pittsburgh
5. Television Tapes and Teaching Machines-How Much of the Classroom Load Can Be Mechanized?  
Dr. Jerome P. Lysaught-Associate Professor of Education, Univ. of Rochester
6. Multiple Entry Points and Advanced Standing-Implications for Enrollments and Teaching Levels  
Dr. Richard Magraw-Deputy Assistant Secretary, Division of Health Manpower, U.S. Public Health Service
7. Facilities and Other Clinical Sciences Requirements and Expansion of Medical School Enrollments  
Dr. Jonathan Rhoads-Professor of Surgery, University of Pennsylvania
8. The Potential of the Outpatient  
Dr. Ed Chester-Metropolitan General Hospital, Cleveland, Ohio
9. Attrition-Enroll More, Lose More, But Graduate More  
Morton Levitt, Ph.D.-Associate Dean, Wayne State University

**FRIDAY AFTERNOON, NOVEMBER 1 (Cont'd)**  
**Council of Academic Societies**

**CASTILIAN ROOM**

- Expansion of Medical School Enrollments Now*  
Presiding: THOMAS D. KINNEY, Chairman, Council of Academic Societies; and Chairman, Department of Pathology, Duke University School of Medicine.  
(Discussion after each paper is invited.)
- 1:30 p.m.** *Pre-Clinical Sciences Facilities Requirements and Medical School Enrollment*  
EWALD E. SELKURT, Ph.D., Chairman, Department of Physiology, Indiana University School of Medicine.
- 1:45 p.m.** *Experiences in Conducting Separate Courses in Anatomy*  
GRANT GRAVES, M.D., Chairman, Department of Anatomy, Ohio State University College of Medicine.
- 2:00 p.m.** *Double Scheduling of Medical School Classes*  
THOMAS M. PEERY, M.D., Chairman, Department of Pathology, George Washington University School of Medicine.
- 2:15 p.m.** *The Laboratory and Learning — What is the Effect on Learning of Intensive Laboratory Experience?*  
ERNST KNOBIL, Ph.D., Chairman, Department of Physiology, University of Pittsburgh School of Medicine.
- 2:30 p.m.** *Television Tapes and Teaching Machines — How Much of the Classroom Load can be Mechanized?*  
JEROME P. LYSAGHT, Ed.D., Associate Professor of Education, University of Rochester.
- 2:45 p.m.** Intermission

**FRIDAY AFTERNOON, NOVEMBER 1 (Cont'd)**  
**Council of Academic Societies**

- 3:00 p.m.** *Multiple Entry Points and Advanced Standing — Implications for Enrollment and Teaching Levels*  
RICHARD MAGRAW, M.D., Deputy Assistant Secretary, Division of Health Manpower, U.S. Public Health Service.
- 3:15 p.m.** *Facilities and Other Clinical Sciences Requirements and Expansion of Medical School Enrollments*  
JONATHAN E. RHOADS, M.D., Chairman, Department of Surgery, University of Pennsylvania School of Medicine.
- 3:30 p.m.** *The Potential of the Out-Patient*  
EDWARD M. CHESTER, M.D., Metropolitan General Hospital, Cleveland, Ohio.
- 3:45 p.m.** *Attrition — Enroll More, Lose More, but Graduate More*  
MORTON LEVITT, Ph.D., Associate Dean, Wayne State University School of Medicine.

**FRIDAY EVENING, NOVEMBER 1**

**Council of Academic Societies**

**CASTILIAN ROOM**

6:00 p.m. Council of Academic Societies Social  
to Hour (Beverage Tickets Required)  
7:30 p.m.

**Group on Student Affairs**

**GRECIAN ROOM**

5:30 p.m. Group on Student Affairs Social Hour  
to (Beverage Tickets Required)  
7:00 p.m.

**SATURDAY AFTERNOON,  
NOVEMBER 2 (Cont'd)**

**Council of Academic Societies  
CASTILIAN ROOM**

- 1:30 p.m. *Report on Workshop on Graduate Medical Education*  
to  
5:00 p.m. Presiding: DAN C. TOSTESON, M.D.,  
Chairman, Department of Physiology and  
Pharmacology, Duke University School  
of Medicine.
- 1:30 p.m. *Description of Organization and Format*  
to  
1:40 p.m. CHEVES MCC. SMYTHE, M.D., Associate  
Director, AAMC.  
*Specific Recommendations for Action as  
a Result of Workshop*
- 1:40 p.m. THOMAS D. KINNEY, M.D., Chairman,  
to Council of Academic Societies; and  
2:30 p.m. Chairman, Department of Pathology,  
Duke University School of Medicine.  
JONATHAN E. RHOADS, M.D., Chairman,  
Department of Surgery, University of  
Pennsylvania School of Medicine.  
THOMAS B. BREM, M.D., Chairman, De-  
partment of Medicine, University of  
Southern California School of Medicine.
- 2:30 p.m. Discussion  
to  
2:45 p.m.
- 2:45 p.m. *Assistance to Medical Education*  
to  
3:15 p.m. *Through a National Biomedical Com-  
munications Network*  
MARTIN M. CUMMINGS, M.D., Director  
and RUTH M. DAVIS, Ph.D., National  
Library of Medicine.
- 3:15 p.m. Break  
to  
3:30 p.m.

**SATURDAY AFTERNOON  
NOVEMBER 2 (Cont'd)**

**Council of Academic Societies**

- 3:30 p.m. *Annual Meeting of Council of Academic  
Societies*  
Presiding: THOMAS D. KINNEY, M.D.,  
Chairman, Council of Academic Soci-  
eties; and Chairman, Department of  
Pathology, Duke University School of  
Medicine.  
Report of Executive Committee  
Report of Secretary-Treasurer  
Recommendations for Election of New  
Societies  
Report of Nominating Committee  
Other Business

## REPORT OF THE SECOND ANNUAL MEETING OF THE COUNCIL OF ACADEMIC SOCIETIES

The second annual meeting of the Council of Academic Societies was held in Houston, Texas on November 1 and 2, 1968. It consisted of three parts:

- (1) An afternoon program centering around a discussion of what medical school faculties could do to help to expand student enrollments now - Presiding, Dr. Thomas D. Kinney
- (2) An account of the Workshop on "The Role of the University in Graduate Medical Education" - Presiding, Dr. Daniel C. Tosteson
- (3) The annual business meeting - Presiding, Dr. Thomas D. Kinney

### Expansion of Enrollment

Nine speakers covered various aspects of the problem, from the possibilities of decentralization of study in the sciences basic to medicine to a scheme for double scheduling classes in the same facility. Experiences with (1) simultaneous offering of two differently structured anatomy courses, (2) concentration of the laboratory experience in the basic sciences into intensive study in a single discipline with the resultant conservation of curriculum time, faculty effort, and facility use, (3) power of newer mechanical and electronic devices to assist in the transmission of factual material from teacher to student, and (4) the use of outpatient facilities for intensive instruction of clinical clerks were all reviewed. These four newer approaches were described in positive terms. Each talk alluded to actual mechanisms for the redirection of facilities and resources already in hand which could result in expanded enrollments. Studies summarizing the fact that medical schools with large enrollments are not necessarily inferior but are in some ways superior to smaller schools were reviewed.

The meeting closed with estimates of the possibilities for securing students for enrollment in advanced standing in medical schools, and with a discussion of the additional hospital facilities that increased medical student enrollment might require.

### The Council of Academic Societies Workshop on "The Role of the University in Graduate Medical Education"

Drs. Thomas D. Kinney, Jonathan E. Rhoads, and Thomas B. Brem summarized for the membership their impressions of the Workshop on "The Role of the University in Graduate Medical Education." This three-day conference, held in Washington, D.C. on October 2-5, 1968, was attended by approximately 140 medical educators and representatives of many groups and organizations deeply involved with graduate

medical education. The three speakers reflected the apparent consensus of the Workshop that the conceptualization of medical education as a continuum required for its realization an increasing role by the universities in graduate medical education. The attitude that the specialty boards should evolve toward examining and certifying agencies without heavy stress on determining the content or duration of training was emphasized. The need for approval of graduate medical education programs on an institution-by-institution basis, rather than a program-by-program basis, was stressed. Strong support was offered for a Commission on Graduate Medical Education, whose functions remain to be defined.

#### National Biomedical Education Communications Network

Drs. Martin Cummings and Ruth Davis of the National Library of Medicine reported on the potential value of a national biomedical education communications network for strengthening medical student education. They described, in broad terms, the current state of the technology and the possibilities it permitted. They pointed out that input from the most effective and thoughtful medical teachers would be necessary for such a network to reach optimal use.

#### Business Meeting

The annual business meeting was convened by Dr. Thomas D. Kinney. He reported on the activities of the Executive Committee, and Dr. Harry A. Feldman gave the report of the Secretary-Treasurer. The Executive Committee presented three resolutions to the membership; all were approved unanimously. These were:

- (1) The Council of Academic Societies goes on record as favoring an increasing role and responsibility of the universities for graduate medical education.
- (2) The Council of Academic Societies recommends that the AAMC support the formation of a Commission on Graduate Medical Education.
- (3) The Executive Committee recommends the formation of a Standing Committee on Graduate Medical Education of the Council of Academic Societies.

The membership directed that these actions be forwarded to the Executive Council of the AAMC and on to the Assembly. The first two were approved, and the third was interpreted as an internal affair of the Council of Academic Societies by the Executive Council of the AAMC. The Council of Academic Societies voiced its support of the biomedical education communications network described above and urged its Executive Committee to cooperate with the National Library to the fullest.

Upon recommendation by its Executive Committee, three new societies were elected to the Council of Academic Societies, bringing its total membership to 30. These are: (1) The Society of University Surgeons, (2) The American Association of Plastic Surgeons, and (3) The American Association of Neuropathologists.

The Nominating Committee, Chaired by Dr. Ralph J. Wedgwood, following the provisions of the Constitution, brought in two nominations for new officers. After written ballots were tallied, the following elections were announced:

Chairman	Jonathan E. Rhoads, M.D.
Chairman-Elect	Daniel C. Tosteson, M.D.
Three-Year Terms on the Executive Council	Thomas D. Kinney, M.D. and James V. Warren, M.D.

Under "Other Business" Dr. Clarence Dennis reported the concern of the Society of Surgical Chairmen with developments in the Deans' Committee, Veterans Administration Hospitals. After discussion of a number of points, Dr. Dennis' recommendations were referred to committee for final action.

The Council passed the following resolution which was forwarded to the Executive Council of the AAMC and to the Assembly: "A motion, made, seconded, and carried that the Council of Academic Societies expresses its concern for continued support for fundamental medical research in addition to urgently needed increased support for the delivery of health services."

The academic society representatives present were urged to attend the Assembly meeting scheduled for Monday, November 4.

The meeting adjourned at 5:30 p.m.

Current Membership of the Council

Currently there are 27 active members. One society, the Society of University Cardiologists, declined an invitation to join, and one, the American Gynecological Society, has resigned.

Of the 27 societies 8 may be construed as allied to the basic sciences. They are:

American Academy of Microbiology  
American Association of Anatomists  
American Society of Biological Chemists, Inc.  
American Physiological Society  
Association of Chairmen of Departments of Physiology  
American Association of Pathologists and Bacteriologists  
American Association of University Professors of Pathology  
Academic Clinical Laboratory Physicians and Scientists

There is also in formation a Society of Academic Pharmacologists.

Eight others may be identified as belonging to the 5 major clinical disciplines. These are:

American Association of Chairmen of Departments of Psychiatry  
American Pediatric Society  
Association of Medical School Pediatric Chairmen  
Association of Professors of Gynecology and Obstetrics  
Association of Professors of Medicine  
Association of American Physicians  
Society of Surgical Chairmen  
American Surgical Association

The balance of 11 represent the more highly specialized clinical areas.

Association of Teachers of Preventive Medicine  
American Neurological Association  
Association of University Anesthetists  
Association of University Professors of Ophthalmology  
Society of University Otolaryngologists  
Association of Professors of Dermatology  
Association of University Radiologists  
Society of Chairmen of Academic Radiology Departments  
Society of University Urologists  
American Association of Neurological Surgeons  
Joint Committee on Orthopaedic Research and Education Seminars

### Society of University Surgeons

This society was founded in 1938 and has approximately 500 members. Its purpose has been to foster the development of the academic and particularly the research careers of young surgeons. In the 30 years of its existence it has become an eagerly sought honor, and membership in it a significant milestone in the development of the careers of academic surgeons. With rare exceptions its members are actively engaged in medical school teaching. Since it has a cutoff age of 45, this does much to characterize the membership.

### The American Association of Plastic Surgeons

This society was founded in 1921 and has approximately 125 members. Election to it is based on outstanding accomplishment in the field of plastic surgery. Its membership includes virtually all of the established academically oriented plastic surgeons in the country. It is the first society devoted to the interest of this discipline recommended for membership. The Executive Committee selected it from the three plastic surgery organizations applying.

### American Association of Neuropathologists

This society was founded in 1960 and has 351 members. The members are overwhelmingly identified with medical schools. The program of this society is definitely scientific and research oriented. This will be the fourth society composed predominantly of pathologists recommended for admission to the Council.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
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October 10, 1968

CHEVES McC. SMYTHE, M.D.  
ASSOCIATE DIRECTOR  
EVANSTON, ILLINOIS

EVANSTON: 312: 328-9505  
WASHINGTON: 202: 223-5364

TO: Presidents or Secretaries - Council of Academic Societies

FROM: Cheves McC. Smythe, M.D.

Copies of the attached material have been sent to:

*These are substituted  
for Bradstead + Williams*

Dr. David E. Rogers

Dr. Louis Welt

who we carry on our roles as representative(s) of your society. If these are not the correct names, please inform us promptly.

Would you use this note as a reminder to name your representative(s) for the coming year. The Constitution gives each society great latitude in their practices in this regard, but for the sake of continuity the Executive Committee is supporting the suggestion that your representation remain constant at least four years.

*RHE  
Names were there  
given in our  
letter of Jan  
18 '68  
Dr. King  
I don't  
know  
S. action*

Name of Society Association of American Physicians

According to our records, your representatives are:

Dr. David E. Rogers

Dr. Louis Welt

If incorrect, fill in the proper name or names and return them to us in the enclosed stamped self-addressed envelope.

Name Robert Williams, M.D. Address Dept of medicine  
Univ of Wash, Seattle 98101

Name Gene Stead, M.D. Address Dept of medicine  
Duke Univ  
Durham, NC

OCT 17 1968

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REPORT OF THE MEETINGS OF THE EXECUTIVE COMMITTEE  
COUNCIL OF ACADEMIC SOCIETIES

November 2 and November 3, 1968

Present at these two meetings of the Executive Committee were Drs. Kinney, Rhoads, Clark, Tosteson, Nurnberger, Wedgwood, Feldman; and from the staff Dr. Smythe and Mrs. McColgin.

The Executive Committee reviewed the status of the output from the Workshop on Graduate Medical Education and drew up the following three resolutions for submission to the membership of the Council of Academic Societies. These included:

- 1) The Council of Academic Societies goes on record as favoring an increasing role and responsibility of the universities for graduate medical education.
- 2) The Council of Academic Societies recommends that the AAMC support the formation of a Commission on Graduate Medical Education.
- 3) The Executive Committee recommends the formation of a Standing Committee on Graduate Medical Education of the Council of Academic Societies.

The Executive Committee met again subject to the passage of the above resolutions by the main body of the Council. In its subsequent discussions, it ran through nominees for a Standing Committee on Graduate Medical Education. These included Drs. Gregory, Knowles, Nelson, Herndon, Holden, Weil, Stead, Kinney, and Lloyd H. Smith.

The Committee decided that letters should be sent to the constituent societies inviting them to nominate representatives to participate in the upcoming conference with the National Library of Medicine on a biomedical education communications network.

The Committee approved the early distribution in preprint form of the discussions from the Saturday morning session of the Workshop on Graduate Medical Education to its participants, Executive Council of the Association, and to some of the persons of the agencies which sponsored the Workshop.

The Committee decided not to call a separate meeting of the Council of Academic Societies at the time of the Congress on Medical Education, but to have its members invited to the Assembly meeting scheduled for Saturday afternoon, February 8. The Committee will have a breakfast meeting at 8:30 a.m., Sunday, February 9, in the Palmer House, Chicago, Illinois.