

Nov 28 1969

EXECUTIVE COMMITTEE

AGENDA

COUNCIL OF ACADEMIC SOCIETIES

Cosmos Club

Washington, D. C.

1969

AGENDA

EXECUTIVE COMMITTEE OF COUNCIL OF ACADEMIC SOCIETIES

Friday, November 28, 1969

10:00 A.M.-4:00 P.M.

Washington, D. C.

1. Minutes of Executive Committee meeting - October 31, 1969
2. Minutes of Annual Meeting - Council of Academic Societies - November 2, 1969
3. Organization, Structure and Function of the Council of Academic Societies
  - A. Function
    - i. biomedical research
    - ii. education
      - a. undergraduate
      - b. graduate
      - c. continuing
      - d. allied
    - iii. health services research
    - iiii. health services delivery
  - B. Structure
    - i. external structure
      - a. membership in the Council
      - b. relation of individual members of individual societies to the Council
      - c. representation in the Assembly
    - ii. internal structure
      - a. relation of Council to the Assembly
      - b. relation of Council to other Councils
      - c. relation of Council to staff
      - d. Committee structure
4. Subject of February 7th meeting of the Council of Academic Societies

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
EXECUTIVE COMMITTEE MEETING

October 31, 1969  
4:00 p.m.

Present: Committee Members  
Dan C. Tosteson, Chairman (Presiding)  
Harry A. Feldman  
Patrick J. Fitzgerald  
Thomas Kinney  
John I. Nurnberger  
Jonathan E. Rhoads  
James V. Warren

Staff Members  
Cheves McC. Smythe

Absent: Committee Members  
Sam L. Clark  
Ralph J. Wedgwood

The minutes of the last meeting were approved as circulated.

The letter distributed by Dr. Henry Lauson of the Albert Einstein Medical College suggesting that many medical school professors make an appearance in Washington to demand more support for biomedical research was discussed. Dr. Tosteson read a later letter from Dr. Lauson in which he expressed the thought that more effective approaches were possible. Dr. Tosteson said he intended to write to Dr. Lauson concurring with this opinion. In the ensuing discussion the need to organize some ongoing focus within the AAMC which would be concerned with support for biomedical research was discussed. The Committee decided to ask the staff to determine how many faculty members are being separated from medical schools because of the cut in research funds. This will include both tenured and non-tenured positions. The suggested cut-off date is to be January 1, 1970. It was further suggested that the Association ask its member societies for their involvement and advice relating to biomedical research support. The Association will make some effort to coordinate, where appropriate, input from the societies to legislators and other Washington sources of influence. Individual approaches by societies or individuals not only are not excluded by this suggestion but are to be encouraged.

The following agenda for the Sunday, November 2nd business meeting was adopted.

1. Call to order
2. Roll call
3. Approval of minutes of 1968 meeting
4. Report of the Executive Committee
5. Report of the secretary-treasurer
6. The Council of Academic Societies and federal funding for biomedical research
7. Report of Medicare-Medicaid negotiations
8. Policy - faculty salaries

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9. Physicians assistants program
10. Report of graduate education project and standing committee on graduate education
11. Report of National Library of Medicine project
12. Staff report and plans for next year
13. Recommendations for membership
14. Report of the Nominating Committee
15. Other business and adjournment

The proposal by Dr. Eugene Stead that the Council of Academic Societies begin to work toward setting standards for schools producing physicians assistants was discussed. It was decided that Dr. Stead be encouraged to present his concerns from the floor at the business meeting. Following this discussion, the Executive Committee will recommend that either a task force or an ad hoc committee on the education of physicians' assistants be appointed. This task force will be asked to present its recommendations to the Council and the Association of American Medical Colleges at the February Congress on Medical Education.

Policy on the limitation of federal contributions to faculty salaries was discussed at length. The sentiment of the Executive Committee was one of caution in supporting the proposal that the federal component of strict full time salaries should be determined for a single base year and then upgraded by a cost of living index coupled to a percentage of effort. While the Executive Committee recognized the responsibility of the medical schools to attempt to control salaries, the attractiveness of a policy for the immediate short term has to be balanced against its longer term implications. The Executive Committee received the proposal from the Council of Deans as information. This matter is to be brought before the Council of Academic Societies and their advice solicited. The action recommended is that a conference or joint committee with membership from the three councils be appointed. The report of this committee should be brought back to the three councils before being acted upon by the Assembly. It furthermore was suggested that a letter describing the proposal be sent to the members of the Council immediately after the Annual Meeting to solicit their responses. Dr. Manson Meads is to be invited to discuss this matter at the annual business meeting. Dr. James Warren will respond.

The matter of membership in the CAS of the College of Physicians, the College of Surgeons, and their analogues was discussed. In the light of previous actions it was decided that the Executive Committee recommend full membership for those colleges which apply and are found suitable for membership as directed by members of the Council. Dr. Rhoads will present this recommendation to the CAS for its approval.

Approval of the Association for Medical School Pharmacology, the American Association for Thoracic Surgery, the Association of Anatomy Chairmen and the American Gastroenterological Association was reconfirmed. The previous action not to accept the American Academy of Physical Medicine and Rehabilitation was reconfirmed. The previous action to defer the election of the Society of Teachers of Family Medicine until this organization has had a chance to mature

was reconfirmed. This action will be communicated to that Society. The application of the Association for Hospital Medical Education was reviewed in detail. It was decided once again to defer approval of this Association. Election of the Association of Academic Physiologists, The Association of University Professors of Neurology and of the Society of Academic Anesthesiology Chairmen, Inc. was approved.

The financial accounts of the Council were received as information.

The proposed timetable for future meetings was deferred until after the election of the new council.

The report of the Nominating Committee was accepted as information and is to be voted on by the Membership.

The following nominations from the CAS for Standing Committees of the Association were accepted.

Editorial Board -- Drs. Warren and Clark  
Program Annual Meeting -- Dr. Kinney  
Flexner Award -- Dr. Charles Cook  
Borden Award -- Dr. Herman Bierman  
International Relations Committee -- Dr. David Sabiston

The report of the Standing Committee on Graduate Medical Education was discussed. It was decided that this paper should be reconsidered and reworded. Subsequently it is to be distributed to the membership and their reactions solicited before it is widely published.

The plans for visits to Oklahoma, Texas, Galveston, and Utah were discussed. These were endorsed by the Executive Committee. Plans for the Agenda Committee of the Liaison Committee and for the next meeting of the Liaison Committee were also described. At this time the Executive Committee recessed until Saturday morning.

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
EXECUTIVE COMMITTEE MEETING

Saturday  
November 1, 1969

Further discussion of the report of the Committee on Graduate Education entitled "Corporate Responsibility for Graduate Medical Education" led to suggestions for modification of its wording. More emphasis on spelling out more explicitly what the university can add to graduate medical education and what they must face in terms of costs should be provided. There should be no emphasis of the negative effects of the advocated changes in governance.

The experiences of at least two schools at which broad-scale surveys are being carried out will be required before the paper is redrafted. The Committee on Graduate Medical Education will meet in January to prepare its final report for submission to the meeting of the Council of Academic Societies at the annual Congress on Medical Education.

The staff paper entitled "Policy for the Council of Academic Societies" was briefly reviewed. The interests of the membership in matters having to do with faculty remuneration and in health care delivery as well as in the organization of a medical center were expressed. It was pointed out that this paper could serve as a basis for subsequent deliberations of the next Executive Committee of the Council.

The meeting was then adjourned.

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
EXECUTIVE COMMITTEE MEETING

November 2, 1969  
5:00 p.m. - 6:00 p.m.

Present: Committee Members

Dr. Tosteson  
Dr. Warren  
Dr. Rhoads  
Dr. Kinney  
Dr. Clark  
Dr. Fitzgerald

Staff Members  
Dr. Smythe

Absent: Committee Members

Dr. Feldman  
Dr. Stead  
Dr. Weil

The Committee met only to set dates for subsequent meetings. It was decided that the first order of business was a thorough review of the policies of the Council and where it fits in the current structure of the AAMC. To this end the Committee agreed to meet from 10:00 a.m. until 4:00 p.m. at the Cosmos Club in Washington, D.C. on Friday, November 28th. This meeting will allow input into the detailed meeting of the elected officers and the staff of the Association on December 5 and 6. The Committee also agreed to meet the day before the next meeting of the Executive Council. Thus the CAS Executive Committee will meet on Wednesday, December 17th in Washington. It was also agreed that another meeting of the Council of Academic Societies would be called for Saturday, February 7th or at a date close to it at the time of the meeting of the Congress on Medical Education.

The meeting then adjourned.

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MINUTES OF THE ANNUAL BUSINESS MEETING OF THE COUNCIL OF ACADEMIC SOCIETIES

Sunday, November 2, 1969 -- Cincinnati, Ohio -- 3:30 P.M. - 4:30 P.M.

The meeting was called to order by Dr. Jonathan Rhoads.

The roll was called by the secretary, Dr. Harry Feldman.

The list of the Council of Academic Societies representatives or designees is attached. Twenty-five of the twenty-nine constituent societies had representatives present and a quorum was declared.

The minutes of the 1968 annual meeting were distributed and were approved.

Dr. Eugene A. Stead spoke to the Council on the desirability of setting standards for schools producing physicians' assistants. The interest the Duke program has attracted indicates the future growth of this class of medical personnel. He requested that the Academic Societies extend its interest to these programs and take an active role in the education of physicians' assistants. The need for some standard curriculum and some accreditation or review procedure is apparent. Dr. Stead had circulated his ideas on this matter to the members of the Council prior to the meeting. The Executive Committee had also considered and recommended to the Council that a task force be appointed to study these programs and bring recommendations on what should be done to the next Council meeting in February, 1970. A motion embodying this recommendation was made by Dr. Tosteson, seconded by Dr. Fitzgerald and passed.

Dr. Jonathan Rhoads read a report of the Executive Committee. (copy attached) Approval of this report was moved, seconded and passed.

Dr. Harry Feldman read a report of the secretary-treasurer (copy attached). It was moved that this be received and filed for audit. Such a motion was passed.



Dr. John A. D. Cooper discussed his ideas for utilizing all of the resources of the Association for the support of all of its programs. Integration of staff effort, resources, and the capabilities of the membership will result in a stronger program.

Dr. Daniel Tosteson described the role of the Council of Academic Societies in seeking federal support for biomedical research. He gave an account of the testimony delivered before appropriate committees of the Congress. He described the correspondence from Dr. Henry Lauson suggesting the appearance of many interested biomedical research workers in Washington seeking continued support of this important national activity. This matter had been resolved with the suggestion that such efforts might be better focused through the professional organizations of men involved in biomedical research as well as through the Association of the American Medical Colleges.

A recommendation was made requesting that the AAMC staff elaborate information on the effects of decreased federal support for biomedical research and education on fulltime faculty staffing. This request received the support of the members present. In discussion of this matter, Dr. John A. D. Cooper set forth his conviction that it was even more important for the member societies to pool their abilities in an attempt to rationalize the level of research support needed.

Dr. James V. Warren described the progress of negotiations with the Social Security Administration concerning Medicare payments in the teaching hospital setting. His report stressed the willingness of the Social Security Administration to consider the differences between the problems facing the teaching hospitals and the community hospitals. The possibility that Social Security might be

prepared to deal with policies for the management of paying patients in teaching institutions on an institution-by-institution basis was stressed. The generally favorable tone of the meetings, the beneficial effect of unified effort by the various parts of the membership, the need to document care given were all brought out. (The progress of these negotiations was reported in more detail at a meeting of the Assembly on November 3, 1969 by Mr. John M. Danielson. Copy attached)

The rapid increase in salaries in the medical schools and the relation of this inflationary trend to federal funding was also discussed. The recommendation of the Council of Deans that the federally derived portion of the salary of faculty members be based on a percentage of effort and a nationally determined median salary level for strict fulltime faculty in medical schools was reviewed. The Executive Committee reported that the Council of Teaching Hospitals had suggested that this matter be reviewed by representatives of the three Councils. It was also reported that the Council of Deans had agreed to such a course. It was the recommendation of the Executive Committee that "policy concerning the federal portion of faculty salaries be reviewed by a Conference Committee made up of two or three representatives of each of the Councils . The final recommendations of this Committee are to be sent back to the Councils before they are passed upon by the Assembly." A motion embodying this recommendation was made, seconded, and passed.

Dr. Thomas Kinney reported that the Standing Committee on Graduate Medical Education had met three times and had drafted a paper describing the corporate structure of graduate medical education and some of the implications of it for the university. The Committee recommended that this paper be reviewed before being circulated in light of the experience with institution-wide surveys now

scheduled for four academic medical centers. This review will be embodied in a subsequent report of the committee to be made to the Council of Academic Societies in February 1970. This recommendation was accepted.

The status of the National Library of Medicine project was reviewed. The staff emphasized the need to involve more of the members of the constituent societies in the affairs, not only of the Council, but of the Association of American Medical Colleges.

The Executive Committee reported that it had reviewed applications from ten societies and was recommending the election of the following:

1. American Gastroenterological Association
2. American Association for Thoracic Surgery
3. American Association of University Professors of Neurology
4. Association of Academic Physiatrists
5. Association of Anatomy Chairmen
6. Association for Medical School Pharmacology
7. Society of Academic Anesthesiology Chairmen

A written ballot was distributed and all of the above societies were elected by a majority vote.

The report of the Nominating Committee was submitted on a written ballot (copy attached). The following were elected:

Chairman (1-year term)	Dr. Daniel C. Tosteson
Chairman-Elect (1-year term)	Dr. James V. Warren
Secretary (1-year term)	Dr. Harry Feldman
3-year term on the Executive Council of the AAMC	Dr. Jonathan E. Rhoads
2-year term on the Executive Committee of the CAS	Dr. Sam L. Clark, Dr. Patrick J. Fitzgerald, Dr. Eugene A. Stead and Dr. William B. Weil

Under other business, Drs. Straumfjord and Benson requested that the membership of the Council of Academic Societies go on record as showing that the Council of Academic Societies is gravely concerned with the current status of student financing and take every step to ensure an adequate supply of loan and scholarship funds. An appropriate motion was made, seconded, and passed. There being no further business, the meeting was then adjourned.

CMS:em

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE OF THE CAS TO THE COUNCIL OF  
ACADEMIC SOCIETIES - 11/2/69

In reporting for the executive committee, I have the opportunity of reviewing very briefly our stewardship of the CAS since the last annual meeting which was held in Houston in October, 1968.

The executive committee met on February 8 and March 23 in Washington, D.C. Subsequent meetings were held in Washington, D.C. 6/24/69 and in Cincinnati on 10/31 and 11/1.

Your representatives on the Council of the AAMC have met with that body on December 16, February 8, April 8, June 24, and September 17.

The principal work project of the year has been the contract with the National Library of Medicine to develop with them plans for a national medical communications network. On February 25 and 26 a conference was held at the NLM which brought together representatives of the constituent societies, and resulted in a report which has been accepted by the Library. Dr. Cheves Smythe will report on this development which has gone very well and should result in a definitive report in the next year and a progress report in June.

At the June meeting emphasis was on the development of the very fine programs which you have heard yesterday afternoon and this afternoon.

The standing committee on graduate medical education under the chairmanship of Dr. Thomas Kinney drafted a report on which he will comment, which has led to plans for visits to view residency programs of 4 university hospitals on a trial basis in order to test in a preliminary way the possibilities of institutional accreditation should universities accept as a corporate responsibility graduate education programs in clinical fields. The final report will of course be influenced by this experience.

The plans for a Commission on Medical Education are in a state of suspended animation. The proposal on this was first laid on the table by the Council of Medical Education of the AMA, but later revised and referred to the liason committee of the AMA and the AAMC which is scheduled to discuss it again in November.

The Executive Committee reviewed 10 applications for membership and recommends 7 as fulfilling all of our criteria. These will be presented to you by ballot for election. If favorable action ensues, there will be more than 35 member organizations--a larger number than we have seats in the assembly. During the coming year, the Executive Committee will study mechanisms for adjusting this discrepancy and probably will recommend an addition to the By-laws to cover it.

The policy of excluding the larger professional colleges from membership of the CAS was reviewed. This had been an interim policy in the formation of the CAS, but it had always been recognized that many of these colleges and academies not only did much to maintain high professional standards among their members, but were also heavily engaged in education especially continuing education.

Your Executive Committee recommends that the professional colleges now be considered for membership in the CAS and unless the Council objects at this meeting, the new Executive Committee will review applications and recommend the admission of some of the major professional groups on a carefully selected basis.

An important issue came to us from the COD which concerns the remuneration of faculty from federal funds and deserves your closest attention and the reactions not only of yourselves, but of those whom you represent. An inter-council committee will be proposed to study the matter in depth and bring further recommendations back to each Council.

A statement reviewing the fields of interest of the AAMC as a whole and indicating the degree of interest of each council in each field has been drafted by the staff. The Executive Committee had a preliminary discussion of this draft on Saturday morning, but thought it best that the new Executive Committee devote a full meeting to it later on in the year before bringing its recommendations and those of the staff for your consideration and possible action. It contains no radical departures, but as it may well become a blueprint for the developments of the next few years, it merits careful attention, both as to content and emphasis.

Respectfully submitted.

REPORT OF THE TREASURER

1. Income from Dues from member societies to 9/30/69	\$ 2,500.00
Expenditures	<u>176.31</u>
Balance 9/30/69	\$ 2,323.69

2. Project - Role of the University in Graduate Medical Education	
Contract Total	\$27,000.00
Expenditures to 9/30/69	<u>23,078.22</u>
Balance 9/30/69	\$ 3,922.78

This will be sufficient to cover costs of publishing the report of this conference.

3. Project - National Library of Medicine Potential Educational Services from a Biomedical Communications Network	
Contract Total	\$67,000.00
Expenditures 9/30/69	<u>19,204.64</u>
Balance 9/30/69	\$47,795.36

4. Expenditures within the Department of Academic Affairs allocated against programs of the Council of Academic Societies	
7/1/68 through 6/30/69	\$14,051.99



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AD HOC COMMITTEE ON MEDICARE OF AAMC COMMITTEE ON FINANCIAL PRINCIPLES *CMG*

Consensus after meeting of October 23, 1969 at S.S.A.

We recognize the intent of Medicare legislation and understand it to be an insurance program designed to provide a measure of freedom to the beneficiary in selecting the hospital and physician of his choice. By so doing, it accords to beneficiary the same status as any other insured and paying patient.

We do not defend abuses of Medicare and consider them violations of both the regulations and the intentions of the legislation.

Mr. Tierney brought our attention to a suggestion made by Russell Nelson that institutional medical care delivery systems be reviewed on an individual institutional basis to assure compliance with the intent of the Medicare regulations. Although there is variation in the technique for medical care delivery from institution to institution, it is our point of view that a limited number of standard patterns will emerge on study and analysis.

The review on an institutional basis should insist on the following as common to all:

- I. High-quality care.
- II. Compliance with federal regulations interpreted to fit the individual medical care delivery setting.
  - A. No double billing or charges in excess of that ordinarily billed to other paying patients.
  - B. Appropriate cost allocation to Parts A & B of Medicare.

Part A:

1. House staff costs;
2. Administrative costs;
3. Supervisory cost for patient care not to be billed under Part A unless all patient care charges are filed under Part A. (Supervisory role thought by definition to be patient care in contrast to non-patient care related administration.)

Part B:

1. Patient care charges only if not billed under Part A.
- III. Documentation of the attending physician's patient care responsibilities to be worked out so that the intermediary and S.S.A. are assured of compliance with the regulations.

- IV. The institution should have an established policy for the care of all patients. There should be a defined mechanism for implementing that policy.

RECOMMENDATIONS:

- I. That S.S.A. develop a staff to deal specifically with the teaching hospital setting and to review the medical care delivery system institution by institution.  
(The AAMC would gladly assist in this complex study.)
- II. A glossary of terms used in reference to the teaching setting should be developed by cooperative effort of S.S.A. and AAMC.
- III. We would urge further study of Letter 372, the S.S.A. resumption of payment letter, and the series of questions and answers against the template of principles outlined in discussions on October 23 and 24, 1969 and with the glossary of standardized terms at hand. This we urge prior to circulation of the questions and answers to the carriers.
- IV. The willingness of S.S.A. to listen to appeals is applauded. We urge that this policy continue. The AAMC stands willing to act as consultant to S.S.A. in appeals from teaching institutions concerning irreconcilable disputes on decisions of the carrier.
- V. On back payments and reinstatement of payments the following is suggested:
- A. Where payments have been stopped, back payment may be based on:
1. Willingness of the attending physician to sign a statement that he served as the physician responsible for the patient's care or
  2. Based on other acceptable means used to document the attending physician's responsibility.
- B. Re-initiation of payment prior to full-scale institutional study may be based on:
1. The physician's willingness to sign a statement assuring that he will be responsible for the patient's care and a statement of compliance at the time of the patient's discharge or

2. Some other acceptable method to document the attending physician's responsibility for the patient's over-all care.

Stanley A. Ferguson  
Hugh Hilliard  
Lawrence E. Martin  
William D. Mayer, M.D.  
Charles C. Sprague, Jr., M.D.  
James V. Warren, M.D.  
Charles B. Womer

*Robert A. Chase*

Robert A. Chase, M.D.  
Chairman

AAMC Staff

Fletcher H. Bingham, Ph.D.  
John A. D. Cooper, M.D., Ph.D.  
John M. Danielson  
Cheves McC. Smythe, M.D.

RAC:gtl

BALLOT

ELECTION OF NEW OFFICERS

		YES
CHAIRMAN ONE-YEAR TERM	Daniel C. Tosteson, M.D.	
CHAIRMAN-ELECT ONE-YEAR TERM	John I. Nurnberger, M.D.	
	James V. Warren, M.D.	
SECRETARY ONE-YEAR TERM	Harry A. Feldman, M.D.	
THREE-YEAR TERM ON EXECUTIVE COUNCIL OF AAMC	Charles F. Gregory, M.D.	
	Jonathan E. Rhoads, M.D.	
TWO-YEAR TERM ON EXECUTIVE COMMITTEE OF CAS	Sam L. Clark, Jr., M.D.	
	Robert E. Forster, M.D.	
VOTE FOR FOUR	Patrick J. Fitzgerald, M.D.	
	Abraham White, Ph.D.	
	John I. Nurnberger, M.D.	
	Eugene A. Stead, M.D.	
	Ralph Wedgwood, M.D.	
	William B. Weil, Jr., M.D.	

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TO: The Executive Committee of the Council of Academic Societies  
FROM: Staff  
RE: Structure and Function of the Council of Academic Societies

This Executive Committee meeting was called so that the role of the Council of Academic Societies and its future could be studied prior to and in preparation for a December 5th and 6th meeting of the elected leadership of all three Councils at which all policies, priorities and programs of the AAMC are to be reviewed.

Attached to this memorandum is a staff paper advocating some changes in the Council of Academic Societies. Discussion of this topic might best proceed along some orderly line. Rather than produce a series of alternates or recommendations at this time there follows a suggested outline of a discussion and some questions which might be raised.

#### A. Function

1. Bio-medical research. Should the Council of Academic Societies be the locus or primary AAMC activity in this area? What should this activity be? How are long range strategies and tactics arrived at? What structure of the membership is necessary? How do we relate to other interested organizations?
2. Education
  - (a) Under-graduate. Are programs in student affairs sufficient? What is role of a curriculum and instruction division? How should CAS assist in developing a position on production of health manpower?

- (b) Graduate. How are policy decisions already reached best implemented?
- (c) Continuing. Is CAS proper locus in AAMC for a program in continuing education and how should such program be mounted if this is the case?
- (d) Allied. In agreeing to look at the physician's assistants programs, CAS has already entered the field of allied health education. What are next steps and how should they be arrived at?

- 3. Health Service Research. How does CAS and its membership interact with COTH and COD? What should clinical faculty organization do?
- 4. Health Services Delivery. How does CAS mobilize interest and strengths of its clinicians to assist in elaboration and follow through of AAMC positions?

B. Structure

1. External structure.

- (a) What societies logically should be members of the Council?
- (b) How should individual members of individual societies relate to the Council and individual members of AAMC tie into the Council? How are more people to become involved in the affairs of the Council?
- (c) Is two representatives per society the optimal method of membership in the Council? Should the membership be larger? Should there be a relation to faculties as well as to societies?

2. Internal structure.

- (a) Now that we have more than 35 societies is one representative to the Assembly per Society the optimal method for involving faculty in Assembly affairs?

- (b) How does this Council best add its strengths to other Councils and relate to them?
- (c) Are current Council staff relations optimal? How can they be improved?
- (d) How is current very simple committee structure best amplified to produce better results?

A copy of the Constitution and By-laws of both AAMC and CAS are attached as is a list of current member societies and the 7 recently approved but not elected groups. Currently our committees are Executive, Graduate Education and the recently appointed task force on physician's assistants. The Council has 4 representatives on the Executive Council of the AAMC and representation on all major standing committees of the Association.

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TO: Council of Academic Societies  
FROM: Staff  
RE: February 7th Meeting of the Council

Earlier this month the Executive Committee of the Council decided to call a meeting of the membership on or about February 7, 1970 at the time of the Annual Congress of Medical Education. The central topic for this meeting has not been decided upon. Suggestions which have come to the office include:

- A. Progress report on various activities.
- B. A discussion of the status and future role of the Council.
- C. Strategy for support of bio-medical research.

No announcements have been made and no decisions have been reached.



ITEM X

TO: Executive Committee of the Council of Academic Societies  
FROM: Cheves McC. Smythe, M.D.  
RE: Policy

The attached memorandum is an attempt to review the position of the CAS and suggest mechanisms for its more effective organization and integration into the AAMC. No conclusion is expected at this time. However, the Executive Committee should work out a mechanism to deal with these recommendations or suitable alternates.

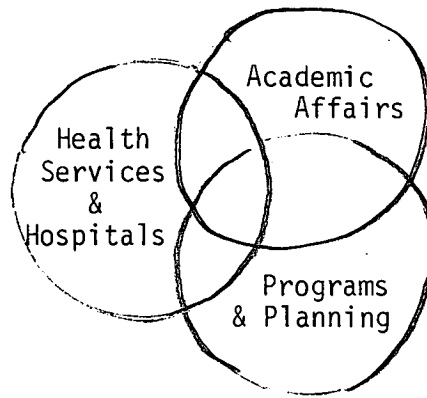
## POLICY FOR THE COUNCIL OF ACADEMIC SOCIETIES

The insistence that the Council of Academic Societies become a more effective voice and assume a greater role in the affairs of the AAMC is proper. Now that the reorganization of the Association is a fact, the move to Washington for all intents and purposes accomplished and a new staff falling rapidly into place, the setting in which the CAS is to act is so much more definite than that of three years ago that much more precise definitions of policy are possible.

The three Councils, Academic Societies, Deans, and Hospitals are now realities. The pressures for additional Councils and sections come and go, but the need to consolidate the changes we have so recently made renders the addition of other Councils unlikely for the moment. Appointment of a strong president and the activation of an Executive Committee of the Executive Council have greatly strengthened the leadership of the Association. There is every indication that a stronger service division of the staff (technical details of Association affairs) is around the corner. The new headquarters in Washington will be a very real asset.

The staff itself is evolving into three major operational units. In addition to the president and his staff, business affairs and its staff, there is now a Department of Health Services and Hospitals of which John Danielson is the head, a Department of Academic Affairs of which Cheves Smythe is the head, and a Department of Programs, Planning and Policy Development for which a head is being recruited. These Departments will relate respectively to the Councils of Teaching Hospitals, Academic Affairs, and Deans. It must be stressed, however, that as strong as possible overlap of functions is planned. Diagrammatically, the organization should be drawn as:

2.



The extent to which these circles, both in the affairs of the Councils and of the departments of the staff, can be made to overlap will be a measure of the strength to be built into the Association. Such overlaps, however, will not obscure the primary concerns of the various councils.

Seen from the vantage point of the Council of Academic Societies, AAMC involvement in the traditional concerns of the academic medical center can be broken down as follows:

#### I Biomedical Research

Biomedical research and its support are central to the aspirations, roles and responsibilities of medical faculties. To the degree that CAS within AAMC is the voice and concern of the medical faculties, whatever program the AAMC mounts in the justification, rationale, and level of support of biomedical research is related to and needs the support of CAS.

#### II Health Manpower and Its Production

Students, their selection, what and how they are taught, definition of the responsibilities they are expected to assume after graduation are also primary responsibilities of medical faculties. Thus the CAS and Department of Academic Affairs are, in turn, responsible for developing programs related to:

##### a. Students, Student Affairs, Student Selection and Student Support

Through the excellent work which the Divisions of Student Affairs and

3.

Educational Research and Measurement are already doing, these areas are already well covered.

b. Curriculum and Instruction

What students are taught, and why and how, are all intimately tied up with definitions of educational objectives which, in turn, is related to what physicians are expected to do. Neither the Department nor the Council have active programs related to curriculum at this time, save for the NLM project. However, an ongoing continuous focus of activity within the staff and the Council concerned with this whole broad area is of first priority.

c. Graduate Education

Graduate education, its patterns and control are tacit statements of what medical education believes about the organization of the health care system. Although all units of the Association are concerned with the organizational aspect of graduate medical education, once again, rationally, CAS and the Department of Academic Affairs must be primarily responsible for these programs. This really calls for an extension and growth of what has already been initiated.

d. Continuing Education

Neither AAMC nor CAS has any significant programs here. However, clearly CAS and Academic Affairs are the logical foci within the Association to which this area of health education should be assigned.

e. Allied Health Education

To the extent that faculties must define roles, set curricula and either organize or do some of the teaching in the area of allied health and technical education, it is of concern to CAS and the Department of Academic

Affairs. The need to share this responsibility with Health Services is obvious.

### III Health Services Research

In that faculties have significant responsibilities in elaborating and evaluating systems in which their students are to work, CAS and Academic Affairs should be involved in this Association program which is probably of primary concern to the Department of Health Services.

### IV Health Services Delivery

Once again a major program of the academic medical center in which CAS has a role interrelated with that of other councils. Medicare, Medicaid, third party payments, National Health Insurance are areas where the brunt of the response to developments has been and must be borne by Health Services and Hospitals with interested involvement of CAS. This has been and should continue to be an effective approach.

### V The Corporate Structure of the Medical Center - Its Management, Resources and Assignment of Priorities

Clearly this is an area of concern to all of the Councils and within it the economics of financing of medical school faculties has attracted the attention of CAS in the past.

A tabulation of these various functions, assigning them to the various Councils might give some insight into where the energies of the Council of Academic Societies should be concentrated. Primary interest is coded as 1, secondary interest as 2, and peripheral interest as 3. Since the health manpower aspect is broken down into 5 categories, on first glance CAS looms disproportionately large in this coding. This is only a result of the organization of this note which emphasizes the particular concerns of this Council. The weighting which follows is subjective and should be taken only as a means of attempting to assign priorities to possible programs of Council and Staff.

5.

COUNCILS AND DEPARTMENTS				
	CAS	COD	COTH	
	ACADEMIC AFFAIRS	PROGRAMS & PLANNING	HEALTH SERVICES & HOSPITALS	
I	Biomedical Research	1	2	3
II	Health Manpower	1	2	3
	a. Students & Student Affairs	1	2	3
	b. Curriculum & Instruction	1	2	3
	c. Graduate Education	1	2	2
	d. Continuing Education	1	3	2
	e. Allied Health Education	1	2	1
III	Health Services Research	1	2	1
IV	Health Services Delivery	3	2	1
V	Corporate Structure & Support of Academic Medical Center	3	1	2

Students and student affairs, curriculum and instruction and graduate medical education emerge as areas of particular interest to the Council of Academic Societies. Allied Health and continuing medical education and health services research might be called secondary areas.

This line of reasoning leads to the conclusion that the energy of CAS and the Department of Academic Affairs should be concentrated on developing programs related to:

- 1 The support and level of biomedical research
- 2 Curriculum content and instruction
- 3 Graduate medical education
4. Students and student affairs ( already well taken care of)

There should be inputs from CAS into, but primary leadership should be from other foci in the Association in programs involving:

6.

1. Health service delivery
2. Policy and program development

CAS should contribute, and in some instances, assume primary responsibility for development of Association programs in:

1. Continuing education
2. Allied health education
3. Health services research
4. Those special programs which arise on a project by project basis

For the moment, let us assume that some assignment of energies like that outlined above is agreed upon. Is the current organization of CAS optimal to realize the goals implicit in any such assignment of priorities?

There is nothing inherently wrong in the concept of academic or teaching societies being the organizational vehicle of choice. The alternates were all weighed and each has a set of advantages and disadvantages. Faculty representation on a school by school basis is also a viable mechanism for attracting faculty support. The possibility of interweaving such a school by school representational approach into the Council should not be dismissed out-of-hand.

The total membership of all of our member societies numbers in the thousands. Each of these societies, however, is marked by high turn-over rates in its leadership. Thus the problem of continuity of input from each society from year to year is not a simple one. Some method of calling upon the energies of more than the 60 necessarily transient official representatives or members of the Council of Academic Societies must be found. In addition to turning only to

elected officers, we should attempt to engage the interests and involvement of individual members of these societies. Whether the optimal "funnel" for articulating the interests of the members of these societies, the societies themselves, the Council of Academic Societies, and the AAMC has yet been identified is anything but obvious.

In our current practices, we have given a good deal of energy to the balance between basic science and clinical science. Somehow this becomes an increasingly archaic concern with the passage of every month. Except for this division, all other societies are lumped together in no organizational pattern. The commonality of interest, especially when assigned to specific goals, between teachers of preventive medicine and the American Physiological Society is difficult to discern.

What are some alternates?

1. Continue with our present pattern

In favor of this is the fact that 2 years experience is not enough to explore its potentialities. Investment of more energy into it could possibly produce unexpected results. Too much effort has been expended on organizational matters anyway, and we should get on with our business. More staff support and a more complex committee structure with more precise definition of goals should accomplish what is needed.

2. Continue with the current structure but change the name to "Council of Faculty Societies" thus emphasizing the role of faculties.

This is more than a minor change. With a clearer statement of the importance of the faculty qua faculty, some of the objections to the academic society concept could be assuaged.

3. Continue with the same superstructure - i.e., representation on the



8.

Executive Council, a strong Executive Committee of CAS, but change infra-structure of the Council - i.e., the voting membership and the representation in CAS so as to involve more people.

4. Continue with the same superstructure, but organize infra-structure into panels.

This scheme has much merit. It would permit us to merge the AAMC individual membership into the CAS. It would also allow readier identification by individual members of the CAS societies with programs of the Association. It would permit clearer identification of the CAS with programs its leadership was attempting to develop. It would be a method of resolving our current amorphousness which makes it so difficult to funnel our energies into the accomplishment of chosen objectives.

There are a number of alternates for organizing a panel structure. These include by classic discipline, such as:

- a. Panel of basic medical science societies
- b. Panel of pathologists societies
- c. Panel of surgical societies
- d. Panel of medical societies, etc.

Another is by primary interest of members, such as:

- a. Science basic to medicine
- b. Clinical research
- c. Graduate medical education
- d. Continuing medical education
- e. Clinical care

A third possibility is according to specialty patterns, such as:

- a. Basic medical scientists
- b. Intra hospital specialists
- c. Primary care physicians

Another possibility is along an increasingly frequent pattern of medical school faculty organization, such as:

9.

- a. Sciences basic to medicine (analytic science)
- b. Clinical sciences
- c. Behavioral sciences
- d. Extra-mural medical services

Another possibility is to combine these patterns and assign societies or individuals to two or more panels in a scheme, such as:

- a. Sciences basic to medicine
- b. Clinical sciences
- c. Behavioral sciences
- d. Extra-mural medical services
- e. Graduate medical education
- f. Continuing medical education
- g. Allied health education

Whatever decision the Council takes, it should be taken in light of the primary objectives of the Council and certain realities. These include:

1. To secure input from medical faculties at a national level into the formulation of programs for health education.
2. To provide a meaningful voice for faculties in the affairs of the AAMC.
3. To provide a mechanism through which the energies of faculties can be combined in order to achieve more expeditiously and effectively faculty goals.

To achieve these goals, at least four ingredients are necessary:

1. A sensible quid pro quo. What do faculties get in exchange for what they give?
2. A "funnel" able to concentrate energies with minimal turbulence, that is, some fit between stated goals and organizational structure.
3. A pattern which ensures continuity of effective leadership.
4. Budgetary reality.

10.

Against this background, the following are suggested from the lists of alternates available.

1. Development of programs concerned with:
  - a. The level of biomedical research support
  - b. Curriculum content and instruction
  - c. Graduate medical education
2. Continuation of current super-structure of the Society with a change of its name to Council of Faculty Societies.
3. Reorganization of infra-structure into panels based on a combination of emerging patterns of faculty organization and major subdivision of medical education.
4. Organization of a pattern of financing which is related to these expressions of policy.

COUNCIL OF ACADEMIC SOCIETIES

1. Academic Clinical Laboratory Physicians and Scientists
2. American Association of Anatomists
3. American Association of Chairmen of Departments of Psychiatry
4. American Association of Neurological Surgeons
5. American Association of Neuropathologists
6. American Association of Pathologists and Bacteriologists
7. American Association of Plastic Surgeons
8. American Association of University Professors of Pathology
9. American Neurological Association
10. American Pediatric Society
11. American Physiological Society
12. American Society of Biological Chemists, Inc.
13. American Surgical Association
14. Association of American Physicians
15. Association of Chairmen of Departments of Physiology
16. Association of Medical School Department Pediatric Chairmen, Inc.
17. Association of Professors of Dermatology
18. Association of Professors of Medicine
19. Association of Professors of Gynecology and Obstetrics
20. Association of Teachers of Preventive Medicine
21. Association of University Anesthetists
22. Association of University Professors of Ophthalmology
23. Association of University Radiologists
24. Joint Committee on Orthopaedic Research and Education Seminars
25. Society of Chairmen of Academic Radiology Departments

26. Society of Surgical Chairmen
27. Society of University Otolaryngologists
28. Society of University Surgeons
29. Society of University Urologists

ACCEPTED BUT AWAITING RATIFICATION

1. American Gastroenterological Association
2. American Association for Thoracic Surgery
3. American Association of University Professors of Neurology
4. Association of Academic Psychiatrists
5. Association of Anatomy Chairmen
6. Association for Medical School Pharmacology
7. Society of Academic Anesthesiology Chairmen

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.

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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.

CMS:es

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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

#6000-16

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.

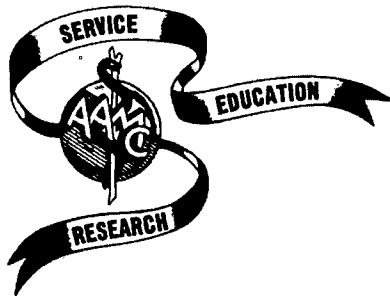
The funds of the Council shall be audited annually in accordance with the practices of the Association of American Medical Colleges; a report will be filed by the Secretary-Treasurer and incorporated in the minutes. The Council may also receive funds from the parent organization, the Association of American 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.



Articles of Incorporation  
of the  
Association of American Medical Colleges

Under the Illinois  
General Not for Profit  
Corporation Act

and

Bylaws

As Amended November 4, 1968

## Association of American Medical Colleges

2530 Ridge Avenue  
Evanston, Illinois 60201

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



# Articles of Incorporation of the Association of American Medical Colleges\*

## Under the Illinois General Not for Profit Corporation Act

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

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

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

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

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

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

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

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

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

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

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

\*As amended November 4, 1968.

# Bylaws of the Association of American Medical Colleges

## Section 1. Institutional Membership

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

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

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

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

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

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

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

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

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

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

### **Section 2. Affiliate Institutional Membership**

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

### **Section 3. Provisional Institutional Membership**

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

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

### **Section 4. Graduate Affiliate Institutional Membership**

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

### **Section 5. Academic Society Members**

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

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

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

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

#### **Section 6. Teaching Hospital Members**

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

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

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

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

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

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

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

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

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

#### **Section 8. Meetings**

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

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

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

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

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

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

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

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

adjourn the meeting from time to time without further notice.

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

### Section 9. Officers

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

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

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

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

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

### Section 10. Executive Council

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

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

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

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

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

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

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

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

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

### Section 11. Councils of the Association

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

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

#### **Section 12. Nominating Committee**

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

#### **Section 13. Waiver of Notice**

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

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

#### **Section 14. Seal**

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

#### **Section 15. Fiscal Year**

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

#### **Section 16. Dues**

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

#### **Section 17. Amending Bylaws**

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

#### **Section 18. Amending Articles of Incorporation**

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