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Agenda
Council of Academic Societies
Executive Committee
September 24, 1970
8:30 a.m. - 5:00 p.m.

AAMC Headquarters
Washington, D.C.

		EXHIBIT
1.	Call to Order	
2.	Consideration of Minutes	A
	June 12, 1970 Meeting, Including Reconsideration of Mechanism for Election of Societies to CAS Membership	B
3.	President's Report	C
4.	Definition of Criteria for Assignment of Societies to Panels	D
5.	Proposed Revision of Bylaws	E
6.	Consideration of Applications for Membership	F
7.	Consideration of Voting Rights in Assembly	G
8.	CAS Dues	H
9.	Expansion of CAS Mailing List	I
10.	CAS Annual Meeting General Session, October 30-31 Business Meeting, October 31	J
11.	Planning February Meeting	
12.	Committee Reports	
	(a) Biomedical Research Policy	K
	(b) Biomedical Communications Network (National Library of Medicine)	
	(c) Physician's Assistants	L
	(d) Graduate Medical Education	M
	(e) Expansion of Medical Education	
	(f) Nominating Committee	
	(g) Ad Hoc Committees	
13.	Retreat for Deans of New and Developing Medical Schools	Mc
14.	Influence of Specialty Boards on Medical School Organization	N
15.	Other Business	
16.	Adjournment	

[Tab A]

MINUTES
EXECUTIVE COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES
June 12, 1970
9:00 a.m.

AAMC Headquarters
Washington, D.C.

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Present: Committee Members

Dan C. Tosteson, Chairman (Presiding)
Sam L. Clark, Jr.
Harry A. Feldman
Patrick J. Fitzgerald
Thomas D. Kinney
* Jonathan E. Rhoads
James V. Warren
William B. Weil, Jr.

Staff

* John A. D. Cooper
* John Danielson
* Joseph Murtaugh
Mary H. Littlemeyer
Cheves McC. Smythe

Absent: Committee Member

Charles Gregory

* Present for a portion of the meeting

The meeting was called to order.

The minutes of the last meeting were adopted as circulated with two modifications. These minutes, as modified, are on file in the permanent Archives of the Council of Academic Societies.

I. Election of Nominating Committee

In mid-May, the procedure called for by the CAS Constitution and By-laws for the election of the Nominating Committee by the CAS membership was activated. Those so elected were:

Dr. Charles A. Janeway
Dr. Charles F. Gregory
Dr. Eugene A. Stead, Jr.
Dr. Dan C. Tosteson
Dr. Sam L. Clark, Jr.
Dr. Thomas D. Kinney
Dr. Louis G. Welt

Dr. Janeway received the most votes and will be invited to serve as chairman.

ACTION: Staff will notify these individuals that:

1. The CAS Membership has elected them to constitute its Nominating Committee; and

2. Their recommendations should be forwarded to the AAMC Nominating Committee, Clifford G. Grulee, Jr., Chairman, no later than September 15.

II. Report of the Bylaws Committee

Dr. Sam Clark, Chairman of the Bylaws Committee, presented the recommendations of the Committee:

1. It was recommended that the first two sentences of ARTICLE 2, Section 2, be revised, with the remainder of ARTICLE 2 unchanged.

ACTION: Upon motion, duly seconded, the Executive Committee adopted the following revision of ARTICLE 2, Section 2 of the Bylaws:

For purposes of electing the nominating committee, the secretary-treasurer shall send to the members of the Council, on or before December 1st, the names of 14 members of the Council, chosen by the Executive Committee, with a request that each member indicate the seven persons he thinks best qualified to serve as members of the nominating committee. 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. The nominating committee shall meet in person to select a slate of officers.

The recorder was instructed to have the Minutes show that the meeting in reference should be in conjunction with the AAMC Annual Meeting (Fall) or the mid-winter (February) meeting of the AMA Congress on Medical Education.

2. It was recommended that the following be added to the Bylaws as ARTICLE 7.

ARTICLE 7.

The Constituent Societies of the Council of Academic Societies shall be grouped into panels of societies with similar interests and functions, in order to facilitate communication on matters of common interest, both within and among the various panels.

The list of panels shall include the following and may be amended as the need arises:

1. PANEL OF PROFESSORIAL SOCIETIES: shall include societies consisting exclusively of departmental chairmen or teachers in a field of medical education.

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2. PANEL OF PROFESSIONAL SOCIETIES: shall include societies with membership defined by particular fields of research or medical practice such as the American Association of Anatomists or the American Neurological Association.

3. PANEL OF INSTITUTIONAL SOCIETIES: consisting of societies with membership drawn from a single institution, such as the faculty or student body of a medical school.

Members of the Executive Committee of the Council of Academic Societies, exclusive of officers, shall be selected in such a way as to provide equitable representation from each panel.

ACTION: Upon motion, duly seconded, the Executive Committee voted to table the paragraph numbered 3, describing the PANEL OF INSTITUTIONAL SOCIETIES.

ACTION: Upon motion, duly seconded, the Executive Committee voted to adopt the balance of ARTICLE 7 as recommended, with the following modifications:

1. Delete the word, "exclusively," in the description of the PANEL OF PROFESSORIAL SOCIETIES; and

2. Add a paragraph to read, "Assignment of societies to Panels shall be the responsibility of the Executive Committee of the CAS, subject to the concurrence of the constituent society."

ARTICLE 7, as adopted by the Executive Committee, therefore, reads as follows:

ARTICLE 7.

The Constituent Societies of the Council of Academic Societies shall be grouped into panels of societies with similar interests and functions, in order to facilitate communication on matters of common interest, both within and among the various panels.

The list of panels shall include the following and may be amended as the need arises:

1. PANEL OF PROFESSORIAL SOCIETIES: shall include societies consisting of departmental chairmen or teachers in a field of medical education.

2. PANEL OF PROFESSIONAL SOCIETIES: shall include societies with membership defined by particular fields of research or medical practice such as the American Association of Anatomists or the American Neurological Association.

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Assignment of societies to Panels shall be the responsibility of the Executive Committee of the CAS, subject to the concurrence of the constituent society.

Members of the Executive Committee of the Council of Academic Societies, exclusive of officers, shall be selected in such a way as to provide equitable representation from each panel.

3. It was recommended that the following be added to the Bylaws as ARTICLE 8.

ARTICLE 8.

Officers and members of the executive committees or councils of constituent societies shall be considered members, _ex-officio_, of the Council of Academic Societies and shall receive all information concerning meetings and activities of the Council of Academic Societies that is distributed to its regular members. However, no _ex-officio_ member may vote or hold office in the Council of Academic Societies unless he also serves as officially designated representative of a constituent society to the Council of Academic Societies.

ACTION: Upon motion, duly seconded, the Executive Committee voted to adopt ARTICLE 8 with the substitution of "is an" for "also serves as" in the last sentence.

ARTICLE 8, as adopted by the Executive Committee, therefore, reads as follows:

ARTICLE 8.

Officers and members of the executive committees or councils of constituent societies shall be considered members, _ex-officio_, of the Council of Academic Societies and shall receive all information concerning meetings and activities of the Council of Academic Societies that is distributed to its regular members. However, no _ex-officio_ member may vote or hold office in the Council of Academic Societies unless he is an officially designated representative of a constituent society to the Council of Academic Societies.

A copy of the revised Bylaws as adopted by the Executive Committee will be put on the Agenda for the CAS Business Meeting, in accordance with ARTICLE 6, Amendments, which states:

"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."

NOTE: In conformance with the format of the Bylaws, ARTICLE 6 has been transferred to conclude the Bylaws (as ARTICLE 8), which advances the new ARTICLES 7 and 8 to 6 and 7.

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III. Election of Societies to CAS Membership

The Executive Committee reviewed the mechanism for election of societies to CAS membership which currently calls for:

1. Approval by the Executive Committee, Council of Academic Societies
2. Approval by the Membership, CAS
3. Approval by the Executive Council, AAMC
4. Election by the Membership of the Assembly

Last year, an effort was made to get the Executive Council to act before the Council of Academic Societies had acted. They refused to do so. This sequence makes the election procedure unnecessarily complex and time consuming.

ACTION: Upon motion, duly seconded, the Executive Committee voted to recommend to the Executive Council and to the membership of the Council of Academic Societies that the order of these procedures be changed to:

1. Approval by the Executive Committee, Council of Academic Societies
2. Approval by the Executive Council, AAMC
3. Election by the Membership, CAS
4. Ratification by the Membership of the Assembly

The Executive Committee next reviewed completed applications for CAS membership.

ACTION: Upon motion, seconded and carried, the Executive Committee approved the applications of the following organizations for membership:

1. American Academy of Ophthalmology & Otolaryngology
2. American Academy of Pediatrics
3. American College of Physicians
4. American College of Obstetricians & Gynecologists
5. American College of Surgeons
6. American Society for Clinical Investigation
7. Society for Pediatric Research

ACTION: Upon motion, seconded, and carried, the Executive Committee voted to table the applications of the following organizations for membership:

1. American Academy of Allergy
2. Plastic Surgery Research Council

All non-professorial societies will be classified as professional. At its next meeting, the Executive Committee will refine the criteria for panels.

IV. Director, Department of Academic Affairs

Dr. John Cooper identified primary criteria for the Director of the De-

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partment of Academic Affairs as one from a clinical area, one who has a faculty viewpoint, and who has had an interest in administrative matters. He could be nearing retirement or in his 40's. In addition to staffing the Council of Academic Societies, his responsibilities will include the broad areas of educational measurement and research, student affairs, curriculum, and graduate medical education.

The Executive Committee were asked to submit names of individuals who might be approached for this appointment. This list has been given to Dr. Cooper. The Committee expressed its willingness to be advisory in this search subject to Dr. Cooper's request.

V. Dues

Currently the dues of the Council of Academic Societies are $100 per society per year. This is clearly inadequate. In light of increasing responsibilities, actions taken in connection with the Committee on Biomedical Research Policy, staff work, committee meetings, travel, etc., it is apparent that an increase in dues is necessary.

The Executive Committee considered the proposal that dues for:

(a) professorial societies be set at $10 per member, not to be less than $500 per year and not to exceed $1,000 per year; and

(b) professional societies be set at $1 per member, not to be less than $500 per year, and not to exceed $2,000 per year. (Staff noted that with the current CAS membership, this would result in an annual income of $31,500.)

*After considerable discussion, the Executive Committee favored the following proposal advanced by Dr. Weil:

1. Dues of professorial societies be set at:

   $500 for societies with less than 50 members
   $750 for societies with 50-75 members
   $1000 for societies with more than 75 members

2. Dues for professional societies be set at:

   $500 for societies with less than 100 members
   $1000 for societies with 100-500 members
   $1500 for societies with 500-2000 members
   $2000 for societies with 2000-5000 members

For societies with more than 5000 members, the dues will be negotiated.

* This proposal is to be put on the September agenda of the Executive Committee. According to ARTICLE 3 of the Bylaws, recommendations for changes in dues should be made by the Executive Committee and acted upon by the Council at the time of the annual meeting.

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VI. Involvement of More Individuals in the CAS

The Executive Committee discussed ways in which the number of individuals involved in activities of the Council might be expanded. Currently, they total no more than 70.

The Executive Committee directed that the record show their support of staff efforts to increase involvement of more individuals in CAS affairs. Also, the Committee recommended:

1. That CAS mailings be expanded to include all of the officers and members of all the Executive Committees of all of the CAS societies; and

2. That steps be taken to broaden the membership of the Council of Academic Societies to include ex-officio all officers and members of the Executive or Senior Steering Committees of each member society.

ACTION: In addition to the above recommendations, the Executive Committee, upon motion, duly seconded, voted to establish an Ad Hoc Committee on Experimental Regional Meetings and an Ad Hoc Committee on a CAS Newsletter.

VII. 1970 Annual Program

The Executive Committee reviewed the Annual Program. Speakers are now confirmed and have been asked to limit their presentations to 15 minutes. Dr. James Warren will preside at the Friday session and will conduct a panel discussion following the formal presentations. The Executive Committee has requested that a brief statement giving a capsule of the focus of the topics appear on the annual meeting program. The CAS 1970 Annual Program follows (titles are tentative and must be modified):

Friday afternoon
OCTOBER 30
2 - 5 p.m.

EDUCATION OF MANPOWER FOR PRIMARY HEALTH CARE
Presiding: Dr. James V. Warren, Ohio State
CAS Chairman-Elect

1. Introduction
Dr. James V. Warren

2. What is Sufficient Health Manpower?
Mr. Walter McNerney, President, Blue Cross/Blue Shield

3. Needs of the General Practitioner in an Urban Setting
Dr. Joseph T. Ainsworth, Houston, Texas

4. Needs of the Internist in an Urban, Non-University Setting
   Dr. Donald Saunders, Columbia, South Carolina

5. Needs of a Large Pre-Paid Health Plan
   Dr. Eugene Vayda, McMaster University

6. Needs of Federally Sponsored Community Health Centers
   Dr. Joyce Lashoff, Mile Square Project, Chicago, Illinois

7. Position of the Medical Schools
   Dr. James V. Warren

8. Panel Discussion

Saturday afternoon
OCTOBER 31
2 - 5 p.m.

ANNUAL BUSINESS MEETING
Presiding: Dr. Dan C. Tosteson, Duke
CAS Chairman

1. Report and Recommendations
   Committee on Biomedical Research Policy

2. Report and Recommendations
   Committee on Potemtial Educational Services from a
   Biomedical Communications Network

3. Annual Business Meeting of the Council
   (suggested agenda will be formulated during the fall)

VIII. <u>Report of the Committee on Biomedical Research Policy</u>

Drs. Dan C. Tosteson and James V. Warren, who have been active on this Committee, reported on its status.

Since its February meeting, this Committee has met three times in Washington: April 9-10, April 18, and May 6-7. The Committee has met with key representatives of the Federal Government and on July 24 is scheduled to consult with officials of the National Institutes of Health on an in-depth, long-range study in which the NIH is currently engaged. Additionally, the Committee has conducted a short survey of graduate and postdoctoral fellows and trainees who are completing training in U.S. medical schools this June to assess the effects of possible changes in the form of student assistance under Federal training and fellowship programs upon those programs and their objectives. The questionnaire is constructed to provide simple biographical data, the key question being, "If no stipend had been available to support your training, but a long-term, low-interest loan had been available, would you have been able to continue your plans for training? (Response, yes or no)." On July 24 an analysis of the research results from this survey will be available for review and study by the Committee.

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Broad objectives the Committee has established are the following:

1. The development, in as quantitative terms as possible, of an assessment of the impact of recent changes in Federal programs and budgets;

2. The formulation of a national policy for the support of biomedical research which expresses clearly the critical interdependence of progress in the medical sciences, the education of health manpower, the solution of disease problems, and the improvement of the Nation's health; and

3. The initiation of a program of continuing activity both in Washington and broadly throughout the country, and in conjunction with related organizations (FASEB, NAS, etc.) towards the development and enactment of a more rational framework for the support of biomedical research in context of Federal objectives for medical education and health services.

The immediacy of these tasks has placed great urgency on the obtaining of funds to support the activities of the Committee on Biomedical Research Policy. Sufficient money to offset the costs of staff time, committee meetings and travel, data collection, and information activity are essential to an effective and expeditious attack upon the problems before the Committee on Biomedical Research Policy. These costs will be considerably more than can be met from the currently available resources of the Council of Academic Societies and the AAMC proper.

Thus, by letter, over the signatures of Drs. Tosteson, Cooper, and Welt, dated April 30, 1970, a special contribution to support the initial activities of this Committee was sought from each constituent member society of the CAS according to the following formula: $10 per individual member from each of the professorial associations of the CAS and $1 per individual member from each of the large professional societies of the CAS. It was hoped that through this form of capitation assessment, sufficient funds could be obtained to finance the activities of the Committee on Biomedical Research Policy for the forthcoming year.

Of the 34 constituent members to which this appeal went, funds in the amount of $1,450 have been received from two societies, commitments totaling $3,500 have been received from another four, and six have acknowledged the request. One of the latter indicated that no action could be taken before February, 1971; the remaining 22 member societies have not yet responded.

At. Dr. Tosteson's suggestion, a follow-up letter will be directed to those societies which have not yet replied. This inquiry will state explicitly that this is a one-time request, which will not be repeated.

Finally, the Executive Committee reiterated the need for this Committee to act as advisers to the Federal Government, not to engage in political action. Dr. Tosteson urged the Executive Committee members to write to the Chairman, Dr. Louis G. Welt, to express this concern and to offer individual suggestions as to the kinds of information that might be useful to the Committee.

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IX. Report of the Committee on Physician's Assistants

Since the Executive Committee last met, the Report on Physician's Assistants Training Programs was received by the Executive Council of the Association. The recommendations adopted by the Executive Council were that:

1. The attached report be accepted as information;

2. Individuals be appointed to meet with representatives of the AMA Councils;

3. The Executive Council support the position that the accreditation of university-connected programs leading to certification of Type A physician's assistants education programs be undertaken on a joint basis by AAMC and AMA through the Liaison Committee mechanism.

4. The Health Services Advisory Committee be asked to address itself to the problems related to the institutional employment of such personnel.

5. These actions be interpreted as formal endorsement by this Association that the training of Type A physician's assistants is a proper function of academic medical centers.

6. The time tables of the group meeting with the AMA and of the Health Services Advisory Committee be set up to permit formulation of recommendations for adoption by the Assembly in November, 1970.

These recommendations are being forwarded to the Liaison Committee on Medical Education. It is probable that at its next meeting, which is now scheduled for early July, it will take affirmative action, and the joint subcommittee mechanism recommended in the above will be activated.

X. Report of the Committee on Biomedical Communications Network

The last meeting of the full Steering Committee was held in early March. At that time, the following assignments of staff and Committee responsibility for the final report, due to be submitted to the National Library of Medicine in September, were agreed upon:

Introduction	Miss Littlemeyer
Chapter 1 Need for BCN Network	Drs. Smythe, Gunn & full Committee
Chapter 2 Current State of the Art	Dr. Cooper & Miss Littlemeyer
Chapter 3 A Biomedical Communications Network	Drs. Smythe, Cooper & Gunn

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Chapter 4 Content	Drs. Gunn, King, & Smythe
Chapter 5 Feasibility & Economics	Dr. Smythe, Dr. Davis, & Staff
Chapter 6 Catalogues	Dr. Gunn, Miss Littlemeyer & Staff
Chapter 7 Evaluation	Drs. Gunn, Fleisher, & Harless
Chapter 8 Computers	Drs. Stead, Schwartz, & Harless
Chapter 9 Manpower	Drs. Smythe & Cooper
Chapter 10 Organization & Administration	Dr. Cooper & Committee

Subcommittees have met since the March meeting, and the full Steering Committee is expected to meet in July. At that time the first draft of the final report is to be available for critique.

XI. Report of the Committee on Graduate Medical Education

Dr. Thomas D. Kinney, Chairman, reported for this Committee. The Committee has not been active this year. Presented for information of the Executive Committee was a copy of the staff paper, Corporate Responsibility for Graduate Medical Education. This paper will be edited and circulated to the Executive Committee, as well as a report of the results of the surveys of the four medical schools and hospitals. Both will be available at the mid-July meeting of the Liaison Committee.

XII. Report of the Committee on Expansion of Medical Education

Two CAS representatives have been appointed to serve on the newly established AAMC Committee on Expansion of Medical Education. They are Dr. James V. Warren and Dr. David B. Sabiston, Jr. The first meeting of this Committee was held on May 28. A summary of this meeting prepared by Mr. Joseph S. Murtaugh is attached to these minutes.

XIII. Mid-Winter CAS Meeting

Among agenda items to be considered at the next meeting of the Executive Committee will be planning for the Mid-Winter CAS Meeting.

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XIV. Next Meeting

The Executive Committee will next meet at AAMC Headquarters, Thursday, September 24. The meeting will convene at 8:30 a.m.

XV. The meeting was adjourned at 4:00 p.m.

Attachment 1

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

MEMORANDUM

TO: For the Record

FROM: Joseph S. Murtaugh

DATE: June 9, 1970

SUBJECT: Meeting of the Committee on the Expansion of Medical Education

The newly formed Committee on the Expansion of Medical Education of the AAMC had its initial meeting in Washington on May 28. Attending were: Dr. Robert Howard, Chairman; Dr. David B. Sabiston, Jr., Duke University; Dr. James Shannon, Rockefeller University; Dr. James Warren, Ohio State; Dr. Christopher Fordham, Medical College of Georgia. Staff were Joseph Murtaugh, Fletcher Bingham, and Mrs. Margaret West, consultant. Invited to the meeting but unable to attend were Dr. William Stewart, Louisiana State University; Dr. Charles C. Sprague, University of Texas; Mr. Ed Connors, University Hospital, Michigan; and Dr. Meredith Wilson, Center for Advanced Study in the Behavioral Sciences, Stanford.

Dr. Howard opened the meeting notfng that the Committee had been formed as a consequence of a decision of the Executive Council of the AAMC that immediate and concentrated attention should be turned to examining the need, opportunities, and problems of expanding the numbers of M.D. graduates and thereby the number of pra ticing physicians in the nation. Dr. Howard introduced a series of questions setting forth some of the key matters that the Committee should probably consider in this examination. (Attachment 1)

This set of questions was reviewed by the group and was thought to provide an adequate beginning point for its endeavors. It was suggested that a sub-item 5 be added to question 2, identifying an alternative of providing for a better distribution of educational functions and tasks between the process of general education and the process of professional education. By this means it was thought it may be possible to modify the scope and content of the professional educational process, assuming a better-prepared entrant.

There was considerable discussion concerning the magnitude and the nature of the shortage of physicians. It was felt useful for staff work to be done on assessing present determinations of physician

(Continued)

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shortage and the factors which might be considered to bear upon these needs. It was noted that Mrs. West, in her consultant work for the Association, was involved in examining this set of questions. All agreed that the prospect of universal health insurance would certainly increase the demands for all forms of medical personnel and that the training of the physician should take into account the future manner in which the physician's central function of performing the diagnostic and therapeutic acts might be carried out. This raised the question of the extent to which medical schools have the obligation to consider training other forms of personnel as well as to prepare the physician for working in a new kind of health personnel mix.

It was noted that much of the discussion surrounding the expansion of medical education took off from basically two questions:

1. Are the existing medical educational resources yielding their maximum product?

2. What is the minimum investment in additional medical educational resources required to increase the production of M.D.s by any given amount?

These questions generated discussion of the minimum elements of the medical educational process requisite to the education of an M.D.

Dr. Shannon outlined his prior attempts to develop a model of the medical school which separated the requisite minimum of instruction, research, and clinical activity necessary for the production of the M.D. from the manifold other activities of the university medical center. It was around the former components that he felt the problem of expansion and the basis of public investment therein could be better formulated. An early paper of Shannon's setting forth this concept is attached. (Attachment 2)

Dr. Sabiston suggested that it would be wise for the group to start its examination of the problem of expanding medical education with the postulate that high-quality medical education would be maintained and that expansion activity should begin with that requirement. This led to the discussion of the prospective utilization of physicians on a long-range basis, since it was believed that the lead time in the production of physicians was so long that the design of the expansion process should be built around some view of the framework in which the physician would work in the future and the qualities and characteristics the physician should possess.

Following on this discussion and based on suggestions made by Shannon, the following outline of a possible paper by the group was tentatively formulated:

(Continued)

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1. The nature and characteristics of the physician population thought to be desirable as an objective for the future.

2. The implications of such a view for the process and content of medical education.

3. An examination of the essential elements of the education of the M.D. in the context of other medical-center functions and a formulation of a model concept of this process.

4. The distribution of functions in the educational process among the pre-M.D., the undergraduate education of the M.D., and the post-M.D. educational process.

5. The development of measures of costs and the distribution of the financial burden of medical education among the individual student, Federal and state governments, and the general private sector.

6. The sources and probable characteristics of the prospected student body.

In addition to these matters, it was felt that the end product ought to also include the following:

1. A thorough examination of the problem of physicians' needs. This is expected to emerge from the work of Maggie West.

2. A form of case-study review of current efforts at expansion of medical education which depart significantly from the traditional structure and process.

3. A "think" paper on the probable characteristics of the future health services system as a background piece for deriving implications for medical education.

It was also suggested that the next meeting of the group be planned for the week of June 15, the final date to be determined through telephone negotiations. In this meeting, among other matters, the group thought it useful to invite one or more people involved in educational innovations or the general problem of expansion to discuss their views and experiences with the group. Among these were Larry Weed, University of Vermont; Ivan Bennett, (by virtue of his work on PESAC panel on this problem); John Tupper, Dean of the

(Continued)

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University of California (Davis); and Doctors Endicott and Buch from NIH.

The group also hoped that staff work would have proceeded on the problem of the measure of physician needs, to have some further discussion of this problem.

rlw

Attachments

Copies to: Dr. Howard
Mr. Connors
Dr. Cooper
Dr. Fordham
Dr. Sabiston
Dr. Shannon
Dr. Sprague
Dr. Stewart
Dr. Warren
Dr. Wilson

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[Tab B]

September 24, 1970

TO: CAS Executive Committee

FROM: Dan C. Tosteson, Chairman, Council of Academic Societies

SUBJECT: Mechanism for election of Societies to CAS membership

As recorded in the minutes (page 5) of its June 12 meeting, the Executive Committee of the Council of Academic Societies reviewed the mechanism for election of societies to CAS membership which currently calls for:

1. Approval by the Executive Committee, CAS
2. Approval of the Membership, CAS
3. Approval by the Executive Council, AAMC
4. Election by the Membership of the Assembly

The CAS Executive Committee unanimously voted to recommend to the Executive Council and to the Membership of the Council of Academic Societies that the order of these procedures be changed to:

1. Approval by the Executive Committee, CAS
2. Approval by the Executive Council, AAMC
3. Election by the Membership, CAS
4. Ratification by the Membership of the Assembly

Staff deferred forwarding this recommendation to the Executive Council for consideration at its September 16 meeting for the following reason:

> Article 1, Section 4 of the CAS Constitution defines the procedure for election of members. In its recommendation, the CAS Executive Committee would be asking that the AAMC Executive Council revise the CAS Constitution. According to Article 15, CAS members may amend the Constitution providing the substance of the amendment has been circulated in writing to the members not less than 30 days prior to the meeting.

DCT/sl

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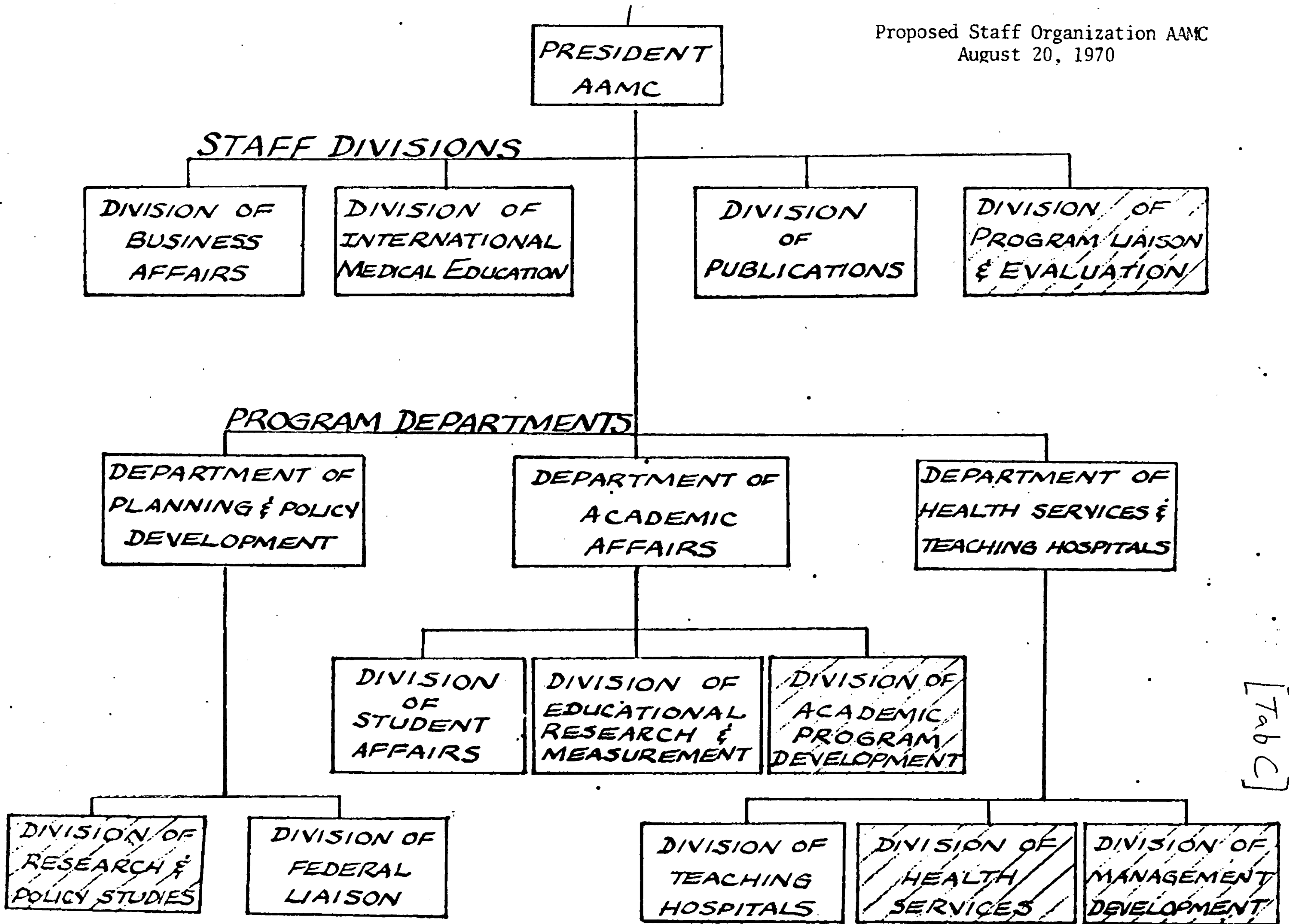
Proposed Staff Organization AAMC
August 20, 1970



Units shaded indicate areas of new Program Development

[Tab D]

September 24, 1970

TO: CAS Executive Committee

FROM: Staff

SUBJECT: Definition of Criteria for Assignment of Societies to Panels

Article 6 of the CAS Bylaws as proposed for revision specifies:

> "Assignment of Societies to Panels shall be the responsibility of the Executive Committee of the CAS, subject to the concurrence of the constituent society."

At its last meeting, the Executive Committee indicated its intent to define criteria for the assignment of societies to panels at the September meeting.

A listing of the member Societies previously designated as either Professorial or Professional is attached. This listing was included in a mailing to the members on April 30. No inquiries or corrections were received in this regard.

The number of members shown has changed somewhat since this was prepared.

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COUNCIL OF ACADEMIC SOCIETIES

Members

Professorial Societies	Number of Members
Academic Clinical Laboratory Physicians and Scientists	75
American Association of Chairmen of Departments of Psychiatry	96
American Association of University Professors of Pathology	100
Association for Medical School Pharmacology	90
Association of Academic Physiatrists	176
Association of Anatomy Chairmen	90
Association of Chairmen of Departments of Physiology	91
Association of Medical School Pediatric Department Chairmen, Inc.	115
Association of Professors of Dermatology	120
Association of Professors of Gynecology & Obstetrics	250
Association of Professors of Medicine	81
Association of Teachers of Preventive Medicine	400
Association of University Professors of Neurology	67
Association of University Professors of Ophthalmology	81
Joint Committee on Orthopaedic Research & Education Seminars	230
Society of Academic Anesthesia Chairmen, Inc.	135
Society of Chairmen of Academic Radiology Departments	60
Society of Surgical Chairmen	86
Society of University Otolaryngologists	78
Society of University Urologists	60

Professional Societies	Number of Members
American Association of Anatomists	2039
American Association of Neurological Surgeons	1134
American Association of Neuropathologists	351
American Association of Pathologists and Bacteriologists	1025
American Association of Plastic Surgeons	150
American Neurological Association	411
American Pediatric Society	254
American Physiological Society	3006
American Society of Biological Chemists, Inc.	2307
American Surgical Association	290
Association of American Physicians	250
Association of University Anesthetists	108
Association of University Radiologists	215
Society of University Surgeons	500

[Tab E]

COUNCIL OF ACADEMIC SOCIETIES

PROPOSED REVISIONS
OF THE BYLAWS
October 31, 1970

The Executive Committee of the Council of Academic Societies recommends that the Bylaws of the Council of Academic Societies be amended as set forth herein. A line has been drawn through those words to be deleted, and those words to be added are underscored.

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COUNCIL OF ACADEMIC SOCIETIES
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BYLAWS

1 Article 1
2 Section 1. In addition to the annual meeting prescribed by the Constitu-
3 tion, there shall be at least 1 additional meeting each year. Such addi-
4 tional meetings shall be held at such times and places as may be decided by
5 the Council of Academic Societies; whenever feasible these will be held in
6 conjunction with other activities of the Association of American Medical
7 Colleges. In addition, meetings may be called at the discretion of the Ex-
8 ecutive Committee of the Council of Academic Societies or at the request of
9 15 or more members of the Council. Notices of meetings shall be mailed to
10 the last known address of each member of the Council, not less than thirty
11 days prior to the date set for the meeting.

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

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

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

30 Section 2. ~~For-purposes-of-electing-the-nominating-committee,-the-Secre-~~
31 ~~tary-Treasurer-shall-send-to-the-members-of-the-Council,-on-or-about-July-1,~~
32 ~~the-names-of-all-of-the-representatives-then-serving-on-the-Council-with-a~~
33 ~~request-that-each-member-indicate-the-7-persons-he-thinks-best-qualified-to~~
34 ~~serve-as-members-of-the-nominating-committee.--The-ex-officio-members,-that~~
35 ~~is,-the-officers-of-the-Council-and-its-representatives-to-the-Executive~~
36 ~~Council-of-the-Association-of-American-Medical-Colleges,-are-eligible-to~~
37 ~~serve-on-the-nominating-committee-with-the-exception-of-the-Chairman-Elect.~~
38 For purposes of electing the nominating committee, the Secretary-Treasurer
39 shall send to the members of the Council, on or before December 1st, the
40 names of 14 members of the Council, chosen by the Executive Committee, with
41 a request that each member indicate the seven persons he thinks best quali-
42 fied to serve as members of the nominating committee. The officers of the
43 Council and its representatives to the Executive Council of the Association
44 of American Medical Colleges are eligible to serve on the nominating commit-

45 tee with the exception of the Chairman-Elect. The nominating committee shall
46 meet in person to select a slate of officers. Fifteen days will be allowed
47 for the return of the ballots; any ballots postmarked after fifteen days
48 from the time that they were mailed will not be counted. The 7 persons re-
49 ceiving the largest number of votes will constitute the nominating committee.
50 In the event of a tie, it will be broken by the officers in the manner pro-
51 viding the best balance between preclinical and clinical interests. The mem-
52 ber receiving the highest number of votes will serve as Chairman of the nom-
53 inating committee.

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

59 Article 3. Dues
60 Each constituent society shall pay dues of $100.00 for the first year, and
61 thereafter, recommendations for dues shall be made by the Executive Committee
62 and acted upon by the Council at the time of the annual meeting. Failure to
63 pay dues for two consecutive years will constitute grounds for termination
64 of the constituent society's membership.

65 Article 4. Accounts
66 The funds of the Council shall be deposited with the Association of Ameri-
67 can Medical Colleges in a special account which may be drawn upon by any of
68 the 3 officers of the Council of Academic Societies in accordance with action
69 taken by the Council. Expenses in connection with meetings may be paid by
70 the Secretary-Treasurer without specific authorization but shall be reported
71 to the Council. The constituent societies shall be responsible for the travel
72 and per diem expenses of their representatives, except as it may be determined
73 by the societies that their representatives will utilize other funds for this
74 purpose. Actual and necessary living and travel expenses will be paid from
75 the funds of the Council in the case of officers no longer serving as repre-
76 sentatives of constituent societies.

77 The funds of the Council shall be audited annually in accordance with the
78 practices of the Association of American Medical Colleges; a report will be
79 filed by the Secretary-Treasurer and incorporated in the minutes. The Council
80 may also receive funds from the parent organization, the Association of Amer-
81 ican Medical Colleges, or any other source. The acceptance of such funds
82 and the restrictions pertaining thereto will be by vote subject to Article
83 13 of the Constitution.

84 Article 5. Members-at-Large
85 Members-at-large may serve as officers if elected but not more than 1 such
86 member-at-large may be nominated for each office. Nominations will be made
87 for members-at-large by the nominating committee or by 15 or more chosen
88 representatives to the Council if this is submitted in writing to the Secre-
89 tary-Treasurer not less than six weeks prior to an annual meeting. Such nom-

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90 inations are to be circulated not less than thirty days prior to the meet-
91 ing. Elections of members-at-large will be conducted only at regularly
92 scheduled meetings. If the number of nominations exceeds the maximum num-
93 ber of places, those receiving the largest number of votes will be elected.
94 Ties are to be broken by secret ballots cast by the 3 officers.

95 Article 6

96 The constituent societies of the Council of Academic Societies shall be
97 grouped into panels of societies with similar interests and functions, in
98 order to facilitate communication on matters of common interest, both with-
99 in and among the various panels.

100 The list of panels shall include the following and may be amended as the
101 need arises:

102 1. PANEL OF PROFESSORIAL SOCIETIES: shall include societies consist-
103 ing of departmental chairmen or teachers in a field of medical ed-
104 ucation.

105 2. PANEL OF PROFESSIONAL SOCIETIES: shall include societies with mem-
106 bership defined by particular fields of research or medical prac-
107 tice such as the American Association of Anatomists or the Ameri-
108 can Neurological Association.

109 Assignment of societies to panels shall be the responsibility of the Ex-
110 ecutive Committee of the CAS, subject to the concurrence of the constit-
111 uent society.

112 Members of the Executive Committee of the Council of Academic Societies,
113 exclusive of officers, shall be selected in such a way as to provide equit-
114 able representation from each panel.

115 Article 7

116 Officers and members of the executive committees or councils of constit-
117 uent societies shall be considered members, ex-officio, of the Council of
118 Academic Societies and shall receive all information concerning meetings
119 and activities of the Council of Academic Societies that is distributed to
120 its regular members. However, no ex-officio member may vote or hold office
121 in the Council of Academic Societies unless he is an officially designated
122 representative of a constituent society to the Council of Academic Societies.

123 *Article 8. Amendments
124 Amendments to the bylaws may be made at any stated meeting or at a special
125 meeting called for the purpose by a two-thirds vote of those present, pro-
126 vided there is a quorum in attendance.

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* Was Article 6

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

COUNCIL OF ACADEMIC SOCIETIES OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

CONSTITUTION

Preamble

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

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

Article 1

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

Article 2. Part 1—Constituent Societies

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

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

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

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

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

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

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

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

Article 3

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

Article 4

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

Article 5

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

Article 6. Officers

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

Article 7

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

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

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

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

Article 8. The Executive Committee

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

Article 9

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

Article 10. Times of Meetings

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

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Article 11

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

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

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

Article 13

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

Article 14

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

Article 15. Amendments

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

Appendix A

Scientific Societies, Now Members of the Council of Academic Societies

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

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

COUNCIL OF ACADEMIC SOCIETIES OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

BYLAWS

Article 1

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

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

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

Article 2

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

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

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

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

Article 3. Dues

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

Article 4. Accounts

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

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

Article 5. Members-at-Large

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

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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.

Meeting

The meeting was
Associate Dean for
National Vice-Chairn
300 individuals were
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of the Spring 1967
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Affairs, with the ass

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[Tab F]

September 24, 1970

TO: CAS Executive Committee

FROM: Staff

SUBJECT: Applications for Membership

The following applications are presented for action:

1. American Academy of Allergy (tabled 6/70)
2. Plastic Surgery Research Council (tabled 6/70)
3. Society of Teachers of Family Medicine (action deferred 10/69)
4. Association for Academic Surgery (application completed 7/29/70)

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1. Name of Society

<u>American Academy of Allergy</u>

2. Purpose

To advance the knowledge and practice of Allergy, by discussion at meetings, by fostering the education of students and the public, by encouraging union and cooperation among those engaged in this field, and by promoting and stimulating research and study in Allergy.

3. Membership

The membership will consist of Fellows, Emeritus Fellows, Honorary Fellows, Corresponding Fellows, Members, Emeritus Members, Affiliate Members and Corresponding Members. Fellows may be unlimited in number and may be elected from the ranks of Members. Candidates for Membership shall be doctors of medicine or equivalent foreign degrees with a demonstrated interest in Allergy, recommended by the Executive Committee. Affiliate Members shall consist of persons engaged in a technical or administrtive capacity in allergy or related fields, but who do not necessarily posses a graduate degree.

4. Number of Members

1,869

5. Constitution and Bylaws available

6. Minutes and program of the Annual Meeting held on 2/17/70 available

7. Organized

December 4, 1943 the American Association for the Study of Allergy and the Society for the Study of Asthma and Allied Conditions merged

8. <u>Recommendation</u> - Application tabled, June, 1970

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1. Name of Society

Plastic Surgery Research Council

2. Purpose

To stimulate fundamental research, curriculum and methods of teaching in Plastic Surgery.

3. Membership

Membership is restricted to those who are engaged in fundamental research applicable to plastic surgery, and who have published work of merit. There are three categories of Members: Active(those qualified plastic surgeons under the age of 45), Senior(Active members over the age of 45), and Associate(individuals whose contributions make their inclusion in the Council desirable).

4. Number of Members

79

5. Constitution and Bylaws available

6. Minutes from the 14th Annual Business Meeting held on 4/25/69 available

7. Organized

1955

8. Recommendation - Application tabled, June, 1970

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Revised 9/24/70

1. Name of Society

   Society of Teachers of Family Medicine

2. Purpose

   Advance medical education; develop multidisciplined instructional and scientific skills and knowledge in the field of family medicine; to provide forum for interchange of experiences and ideas; encourage research and teaching in family medicine.

3. Membership

   Any physician who holds an "academic title" and/or is engaged in the instruction of medical students or house staff...on payment of dues. Also, on any applicant not possessing the above qualifications but actively involved in the organization, teaching or promotion of family medicine on receipt of application and payment of dues.

4. Number of Members

   252

5. Constitution and Bylaws available

6. Minutes of meeting and program available

7. Organized

   October 27, 1967

8. Recommendation - Action deferred, October, 1969

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1. Name of Society

Association for Academic Surgery

2. Purpose

Stimulate young men in junior faculty positions and in the advanced years of residency to pursue careers in academic surgery. Provide a forum for this group for presentation of research work and for the discussion of topics in medical education.

3. Membership

An individual becomes eligible for active membership in the Association at the senior or chief resident level in approved training programs in general surgery or surgical specialties; or upon accepting a full-time faculty position in surgery or one of the surgical specialties in the United States or Canada. The period of active membership lasts for 8 years or until age 40, whichever is longer, providing the member remains in a full-time academic position as defined by the rules of his own institution.

4. Number of members

709

5. Constitution and Bylaws available

6. Minutes of meeting and program available

7. Organized

November, 1967

8. Recommendation -

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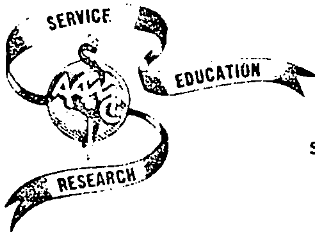

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

September 4, 1970

TO: CAS Executive Committee

FROM: Mary H. Littlemeyer

SUBJECT: Meeting September 24, 1970
Agenda Item "F" -- Applications for Membership

Additional applications for membership which are put before the Executive Committee for action on September 24 are attached:

1. American College of Cardiology
2. American Academy of Dermatology
3. American Gastroenterological Association
4. American Society of Plastic and Reconstructive Surgeons, Inc.
5. American Academy of Physical Medicine and Rehabilitation
6. American Association for Thoracic Surgery
7. Association for Hospital Medical Education

The American College of Cardiology is a new application. The balance, however, have been previously acted upon by the Executive Committee, as is shown by the "recommendation" entry on each.

Also enclosed for information of the Executive Committee is a summary of current CAS members and of all applications for CAS membership according to discipline or specialty with a brief note as to their current status.

MHL:lew

Attachment - 1
Enclosure - 1

cc: John A. D. Cooper, M.D.
Mr. Michael Amrine
Mr. John Danielson
Mr. Joseph Murtaugh

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1. Name of Society

American College of Cardiology

2. Purpose and Membership

Accredited and certified specialists in cardiology and its related disciplines who have as their common objective continuing education and training programs for physicians specializing in diseases of the heart and blood vessels. Such programs provide the College membership with current knowledge and lead to better cardiac patient care and preventive programs in cardiovascular disease. Evident also is the interest in cardiovascular research as it applies directly to the management of the cardiac patient.

3. Number of Members

536

4. Constitution and Bylaws available

5. Minutes Board of Trustees and program of scientific session available.

6. Organized

Chartered and incorporated as a teaching institution under the laws of the District of Columbia on December 2, 1949.

7. Action

9/24/70 - Executive Committee

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1. Name of Society

   American Academy of Dermatology

2. Purpose

   Annual Meeting most important function of AAD.

3. Membership

4. Number of Members

   3, 092 (in 1968)

5.

6. Program of 26th Annual Meeting (held in 1967) available

7. Organized

8. Recommendation - This application was apparently completed in 1968 and apparently rejected because it is a "college."

   New information to complete the application at this time has not been requested pending the advice of the Executive Committee.

9. Action

   9/24/70 - Executive Committee

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1. Name of Society

American Gastroenterological Association

2. Purpose

To foster the development and application of the science of gastroenterolgy by providing leadership and aid in all aspects of this field, including scientific communication, research, teaching, continuing educaiton and patient care.

3. Membership

No conditions for membership are stated, but it is implied that activity in the field of clinical gastroenterology and certification by the Specialty Board of Gastroenterology are necessary.

4. Number of Active Members

Approximately 800 .

5. Constitution and Bylaws available

6. Minutes and program of meeting available

7. Organized

1898

8. Recommendation - Application accepted by Executive Committee for membership November, 1969. On subsequent review by the Executive Committee recommendation for election withdrawn. Current status uncertain.

9. Action

9/24/70 - Executive Committee

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1. Name of Society

   American Academy of Physical Medicine and Rehabilitation

2. Purpose

   To promote art and science of medicine and betterment of public health through an understanding and utilization of the functions and procedures of physical medicine and rehabilitation.

3. Membership

   Diplomate of and continued certification by the American Board of Physical Medicine and Rehabilitation.

4. Number of Members

   519 active

5. Constitution and Bylaws available

6. Minutes Board of Governors and of program of meeting available

7. Organized

   1938

8. Recommendation - Disapproved 11/69 because it is a college. Another physical medicine society elected at that time.

9. Action

   9/24/70 - Executive Committee

1. Name of Society

American Society of Plastic and Reconstructive Surgeons, Inc.

2. Purpose

   1. To promote and further medical and surgical training and research pertaining to the study and treatment of congenital and acquired deformities.

   2. To disseminate information regarding clinical and scientific progress of plastic and reconstructive surgery.

3. Membership

Regularly licensed physicians of plastic and reconstructive surgery, fulfilling the requirements as provided in the Bylaws, may be admitted to membership in this Society.

4. Number of Members

5. Constitution and Bylaws available.

6.

7. Organized

8. Recommendation - Application disapproved 11/68 because (a) other plastic surgery societies are members and (b) this is a "college."

New information to complete this application has not been requested pending advice of the Executive Council.

9. Action

9/24/70 - Executive Committee

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1. Name of Society

   American Association for Thoracic Surgery

2. Purpose

   To encourage and stimulate investigation and study that will increase the knowledge of intrathoracic physiology, pathology and therapy; to correlate such knowledge, and disseminate it...to hold at least one scientific meeting each year...to publish a journal.

3. Membership

   Candidates for membership shall have achieved distinction in the thoracic field or shall have made a meritorious contribution to knowledge pertaining to thoracic disease or its surgical treatment.

4. Number of active members

   400

5. Constitution and Bylaws available

6. Minutes and programs of meetings available

7. Organized

   1920

8. Recommendation - In 1969 it was recommended that this, as a distinguished surgical specialty society, be approved and elected. Application was accepted by CAS Executive Committee and CAS membership on 11/69, but on subsequent review by Executive Committee recommendation for election was withdrawn. Current status uncertain.

9. Action

   9/24/70 - Executive Committee

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1. Name of Society

Association for Hospital Medical Education

2. Purpose

This Association is founded in the belief that sound medical education programs in hospitals result in an improved level of patient care and that such programs are necessary on a continuing basis.

This Association exists to accomplish its stated aims by:

a. Nurturing sound programs of graduate and post-graduate medical education in hospitals.
b. Providing a forum for the free exchange of ideas and mutual action on problems common to those individuals responsible for the direction and development of medical education programs in hospitals.
c. Convincing by persuasion and example the medical staffs of hospitals, regional medical societies, hospital administrators and hospital trustees of the value and necessity of formally organized and directed educational programs to achieve and maintain the highest standards of medical care.
d. Working in cooperation with other groups to further the development of graduate and continuing education in medicine.

3. Membership

Active members - Any individual having a doctoral degree who devotes a substantial amount of his professional effort to programs of medical education that are directed towards improved patient care and that function in one or more hospitals, is eligible for active membership. Active members are eligible to vote and hold office in the Association.

4. Number of Members

506 active; 200 applications pending

5. Constitution and Bylaws available

6. Programs and minutes of Executive Committee available

7. Organized

October 4, 1968, but it represents a continuation of the Association of Hospital Directors of Medical Education which is at least 10 years old.

8. Recommendation - Aggressive drive for membership in 69-70. Application disapproved. Liaison through COTH in discussion.

9. Action

9/24/70 - Executive Committee

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CAS MEMBERS & APPLICATIONS FOR MEMBERSHIP ACCORDING TO DISCIPLINE OR SPECIALTY

AAMC Code		Number of Members
	ALLERGY	
	American Academy of Allergy 9/24/70 Application for action	1869
	ANATOMY	
17	*Association of Anatomy Chairmen	105
2	*American Association of Anatomists	2157
	ANESTHESIA	
29	*Society of Academic Anesthesia Chairmen, Inc.	85
24	*Association of University Anesthetists	98
	BIOLOGICAL CHEMISTRY/MICROBIOLOGY	
12	*American Society of Biological Chemists, Inc.	2519
	Association of Medical School Microbiology Chairmen 4/70 Organization is in development	
	Academy of Microbiology 5/67 Elected 6/69 Resigned - CAS programs not relevant	
	BIOPHYSICS	
	Biophysical Society 5/70 Inquiry 6/70 Invited to apply 8/70 CAS follow-up	
	CANCER EDUCATION	
	American Association for Cancer Education 12/69 Inquiry and invited to apply 7/70 New inquiry and again invited to apply 8/70 CAS follow-up	

* CAS Member

AAMC Code		Number of Members
	CARDIOLOGY	
	American College of Cardiology 9/24/70 Application for action	
	Association of University Cardiologists 5/67 Elected 2/68 AUC declined election - budget too small to pay dues	
	CLINICAL RESEARCH	
1	*Academic Clinical Laboratory Physicians & Scientists	223
	American Society for Clinical Investigation 6/12/70 CAS Executive Committee approved application	452
	Central Society for Clinical Research 2/70 Inquiry discouraged No CAS follow-up	
	DERMATOLOGY	
20	*Association of Professors of Dermatology	120
	American Academy of Dermatology 9/24/70 Application for action	3092
	ENDOCRINOLOGY	
	Endocrine Society 11/69 Inquiry discouraged 8/70 CAS invites application	
	FAMILY MEDICINE	
	Society of Teachers of Family Medicine 9/24/70 Application for action	252
	GASTROENTEROLOGY	
	American Gastroenterological Association 9/24/70 Application for action	800
	GYNECOLOGY (See Obstetrics-Gynecology)	

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AAMC Code		Number of Members
	HISTORY OF MEDICINE	
	American Association of History of Medicine 5/70 Inquiry 6/70 Invited to complete application 8/70 CAS follow-up	
	HOSPITAL MEDICAL EDUCATION	
	Association for Hospital Medical Education 9/24/70 Application for action	506
	IMMUNOLOGY	
	American Association for Immunologists 1967-1968 Inquiries 7/68 CAS last follow-up, no response	
	LIVER DISEASE	
	American Association for Study of Liver Disease 6/70 Inquiry 6/70 Invited to apply 8/70 CAS follow-up	
	MEDICINE	
22	*Association of Professors of Medicine	81
16	*Association of American Physicians	250
	American College of Physicians 6/12/70 Application approved	15,000
	American Society for Internal Medicine 7/69 Inquiry discouraged pending disposal of application of American College of Surgeons No further CAS follow-up	
	NEUROLOGY	
25	*Association of University Professors of Neurology	67

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AAMC Code		Number of Members
	NEUROLOGY (cont.)	
9	*American Neurological Association	411
	American Academy of Neurology 12/69 Inquiry 9/70 CAS follow-up	
	NEUROPATHOLOGY	
5	*American Association of Neuropathologists	351
	NEUROSURGERY	
4	*American Association of Neurological Surgeons	1443
	OBSTETRICS - GYNECOLOGY	
21	*Association of Professors of Gynecology & Obstetrics	250
	American College of Obstetrics & Gynecology 6/12/70 Application approved	9243
	American Gynecological Society 5/67 Elected 6/68 Resigned - Education not primary concern of members	
	OPHTHALMOLOGY	
26	*Association of University Professors of Ophthalmology	85
	American Academy of Ophthalmology & Oto-laryngology 6/12/70 Application approved	9253
	Association for Research in Ophthalmology, Inc. 10/68 Inquiry discouraged because research-oriented	
	ORTHOPEDICS	
28	*Joint Committee on Orthopaedic Research & Education Seminars	475

AAMC Code		Number of Members
	OTOLARYNGOLOGY	
32	*Society of University Otolaryngologists	78
	PATHOLOGY	
8	*American Association of Chairmen of Medical School Departments of Pathology, Inc.	100
6	*American Association of Pathologists & Bacteriologists	1094
	PEDIATRICS	
19	*Association of Medical School Pediatric Department Chairmen, Inc.	118
10	*American Pediatric Society	254
	Society for Pediatric Research 6/12/70 Application approved	383
	American Academy of Pediatrics 6/12/70 Application approved	11,000
	PHARMACOLOGY	
14	*Association for Medical School Pharmacology	90
	PHYSICAL MEDICINE & REHABILITATION	
15	*Association of Academic Physiatrists	176
	American Academy of Physical Medicine & Rehabilitation 9/24/70 Application for action	519
	PHYSIOLOGY	
18	*Association of Chairmen of Departments of Physiology	103
11	*American Physiological Society	3286
	PLASTIC SURGERY	
7	*American Association of Plastic Surgeons	150

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AAMC Code		Number of Members
	PLASTIC SURGERY (cont.)	
	American Society of Plastic & Reconstructive Surgeons, Inc. 9/24/70 Application for action	
	Plastic Surgery Research Council 9/24/70 Application for action	79
	PREVENTIVE MEDICINE	
23	*Association of Teachers of Preventive Medicine	400
	PSYCHIATRY & PSYCHOLOGY	
3	*American Association of Chairmen of Departments of Psychiatry	94
	American Society of Psychologists in Medical Education 1967 Inquiry discouraged	
	American College of Psychiatrists 5/67 Inquiry 5/67 Application complete 6/67 Referred to credentials committee No follow-up found	
	American Academy of Psycholanalysis 11/68 Inquiry 12/68 CAS response No further correspondence	
	American Psychiatric Association 12/69 Inquiry 9/70 CAS follow-up	
	Orthopsychiatric Association 12/69 Inquiry 9/70 CAS follow-up	
	American Psychosomatic Society 12/69 Inquiry 9/70 CAS follow-up	

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AAMC Code		Number of Members
	RADIOLOGY	
30	*Society of Chairmen of Academic Radiology Departments	60
27	*Association of University Radiologists	314
	SURGERY	
31	*Society of Surgical Chairmen	86
33	*Society of University Surgeons	236
13	*American Surgical Association	290
	American College of Surgeons 6/12/70 Application approved	30,000
	Association for Academic Surgery 9/24/70 Application for action	709
	THORACIC SURGERY	
	American Association for Thoracic Surgery 9/24/70 Application for action	
	UROLOGY	
34	*Society of University Urologists	156

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COUNCIL OF ACADEMIC SOCIETIES FUNCTIONS

Thursday, October 29

2:00 p.m. - 5:30 p.m.	CAS Executive Committee Meeting
5:30 p.m. - 7:00 p.m.	Department of Academic Affairs Reception
8:00 p.m. - 11:00 p.m.	CAS Executive Committee Dinner meeting

Friday, October 30

12:30 p.m.	CAS Speakers Panel Luncheon (Dr. Warren's room)
2:00 p.m. - 5:00 p.m.	CAS General Session Meeting
7:00 p.m. - 11:00 p.m.	Committee on Biomedical Research Policy Dinner meeting

Saturday, October 31

2:00 p.m. - 5:30 p.m.	CAS General Session (2:00 - 3:30) and Business Meeting (3:30 - 5:30)
6:00 p.m. - 7:30 p.m.	Chairman's Reception
7:30 p.m. - 9:00 p.m.	AAMC Annual Banquet

Sunday, November 1

2:00 p.m. - 5:00 p.m.	AAMC Assembly

NOTE: AAMC Plenary Sessions are held Friday, Saturday, and Sunday mornings

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Addendum - Agenda Item "F"
Applications for Membership
Summary - 9/23/70

Applications for Action from:	Status of Application
1. American Academy of Allergy	Tabled 6/70
2. Plastic Surgery Research Council	Tabled 6/70
3. Society of Teachers of Family Medicine	Deferred 10/69
4. Association for Academic Surgery	New
5. American College of Cardiology	New
6. American Academy of Dermatology	Disapproved in 1968 because it was a college
7. American Gastroenterological Association	Approved in 1969; then approval withdrawn-status uncertain
8. American Society of Plastic and Reconstructive Surgeons, Inc.	Disapproved in 1968 because other plastic surgery societies are members & because it is a college
9. American Academy of Physical Medicine & Rehabilitation	Disapproved in 1969 because another PM society was elected and because this is a college
10. American Association for Thoracic Surgery	Approved in 1969; then approval withdrawn-status uncertain
11. Association for Hospital Medical Education	Disapproved in 1969
12. The Endocrine Society	New
13. American Academy of Neurology	New
14. Southern Society for Clinical Investigation	New

The following applications were approved by the CAS Executive Committee 6/12/70:

1. American Academy of Ophthalmology & Otolaryngology
2. American Academy of Pediatrics
3. American College of Obstetricians & Gynecologists
4. American College of Physicians
5. American College of Surgeons
6. American Society for Clinical Investigation, Inc.
7. Society for Pediatric Research

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1. Name of Society

American Academy of Neurology

2. Purpose

To stimulate the growth and development of clinical neurology by (1) establishing an annual scientific meeting to which clinical and experimental observations on neurological subjects can be presented; (2) establishing a neurological journal for recording clinical and clinically related experimental observations; (3) linking clinical and basic neurological sciences more closely; (4) outlining the scope of clinical areas and encouraging recognition of this discipline among the medical profession and in medical schools; (5) establishing a high plane of competence and of clinical value to literature in neurology. To stimulate the growth and development of clinical neurologists by (1) encouraging the young members to participate in the scientific and administrative activities of the Academy; (2) encouraging personal relations and interchange of ideas; (3) encouraging interest among medical graduates to enter clinical neurology; (4) furthering personal and scientific contacts between clinical neurologists and members of basic neurological fields.

3. Membership

Fellows may be elected only from among physicians (a) who have been certified in neurology by the American Board of Psychiatrists and Neurologists or by the Royal College of Physicians and Surgeons of Canada and (b) whose chief interest is directed toward practice, teaching, or research in clinical neurology

Active members shall be elected from among physicians who have been certified in neurology by the American Board of Psychiatry and Neurology or by the Royal College of Physicians and Surgeons of Canada.

4. Number of Members

3,382

5. Constitution and bylaws available

6. Minutes of the annual business meeting, covering the financial report, committee report, and report from representatives to various committees and councils is available.

A copy of the program of the 22nd Annual Meeting of the Academy is available.

7. Organized

1948

8. Recommendation

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1. Name of Society

   The Endocrine Society

2. Purpose

   For scientific purposes, for the advancement and promulgation of knowledge regarding the internal secretions and for the facilitation of personal relationships among investigators in the subject of endocrinology

3. Membership

   Any qualified physician or scientist in good standing shall be eligible for nomination to active membership...The Council shall determine eligibility based upon evidence of contributions of the nominee to endocrinology as represented by publications or as described by nominators...

4. Number of members

   1,250

5. Constitution and bylaws available

6. Minutes and program of Annual Meeting held June 10-12, 1970, available

7. Organized

   1918 (as the Association for the Study of Internal Secretions)

8. Recommendation

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1. Name of Society

   Southern Society for Clinical Investigation

2. Purpose

   To encourage research in the various medical sciences and to establish a forum from which new ideas can be promulgated to the medical profession.

3. Membership

   Any doctor of medicine, doctor of philosophy or doctor of science who has accomplished meritorious research in a branch of the medical sciences related to clinical medicine, and who resides within the territorial limits of the Society and enjoys an unimpeachable reputation in his profession, shall be eligible for membership.

4. Number of members

   165

5. Constitution and bylaws available

6. Minutes from 24th Annual Meeting held on 1/30/70 available

7. Organized

   1946 (as Southern Society for Clinical Research)

8. Recommendation-

[Tab G]

September 24, 1970

TO: CAS Executive Committee

FROM: Staff

SUBJECT: Voting Rights of CAS Members in AAMC Assembly

Bylaws (Section 5) of the AAMC state:

"The Council of Academic Societies shall designate no more than 35 of its members to the Assembly, each one of whom shall have one vote in the Assembly."

At this time the CAS consists of 34 member organizations. Representation to the Assembly, therefore, has posed no problem.

On October 31, when the members of the CAS consider the Executive Committee's recommendations for membership of seven additional societies, which, if elected, would bring the total to 41, the question of mechanism for representation may arise.

It is suggested that the Executive Committee consider this question before the Annual Business meeting, if it has not already done so.

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[Tab H]

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

September 24, 1970

TO: Members, Council of Academic Societies

FROM: Executive Committee, Council of Academic Societies

SUBJECT: CAS Dues

Since the establishment of the Council of Academic Societies, annual dues for its constituent members have been $100. The Executive Committee has discussed the possibility of recommending the following dues structure:

(a) Professorial societies:

$500 for societies with less than 50 members
$750 for societies with 50-75 members
$1000 for societies with more than 75 members

(b) Professional societies:

$500 for societies with less than 100 members
$1000 for societies with 100-500 members
$1500 for societies with 500-2000 members
$2000 for societies with 2000-5000 members
Negotiated for societies with more than 5000 members

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COUNCIL OF ACADEMIC SOCIETIES
Members

Professorial Societies	Dues Proposed	Number of Members
1. Academic Clinical Laboratory Physicians and Scientists	$1,000	223
2. American Association of Chairmen of Departments of Psychiatry	1,000	94
3. American Association of University Professors of Pathology	1,000	100
4. Association for Medical School Pharmacology	1,000	90
5. Association of Academic Physiatrists	1,000	176
6. Association of Anatomy Chairmen	1,000	105
7. Association of Chairmen of Departments of Physiology	1,000	103
8. Association of Medical School Pediatric Department Chairmen, Inc.	1,000	118
9. Association of Professors of Dermatology	1,000	120
10. Association of Professors of Gynecology & Obstetrics	1,000	250
11. Association of Professors of Medicine	1,000	81
12. Association of Teachers of Preventive Medicine	1,000	400
13. Association of University Professors of Neurology	750	67
14. Association of University Professors of Ophthalmology	1,000	85
15. Joint Committee on Orthopaedic Research & Education Seminars	1,000	475
16. Society of Academic Anesthesia Chairmen, Inc.	1,000	85
17. Society of Chairmen of Academic Radiology Departments	750	60
18. Society of Surgical Chairmen	1,000	86
19. Society of University Otolaryngologists	1,000	78
20. Society of University Urologists	1,000	156
TOTAL:	$19,500	

Professional Societies	Dues Proposed	Number of Members
1. American Association of Anatomists	$2,000	2,157
2. American Association of Neurological Surgeons	1,500	1,443
3. American Association of Neuropathologists	1,000	351
4. American Association of Pathologists & Bacteriologists	1,500	1,094
5. American Association of Plastic Surgeons	1,000	150
6. American Neurological Association	1,000	411
7. American Pediatric Society	1,000	254
8. American Physiological Society	2,000	3,286
9. American Society of Biological Chemists, Inc.	2,000	2,519
10. American Surgical Association	1,000	290
11. Association of American Physicians	1,000	250
12. Association of University Anesthetists	500	98
13. Association of University Radiologists	1,000	314
14. Society of University Surgeons	1,000	236
TOTAL:	$17,500	

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Applications Approved by CAS Executive Committee June 12, 1970	Dues Proposed	Number of Members
1. American Academy of Ophthalmology & Otolaryngology	$2,000	9,253
2. American Academy of Pediatrics	2,000	11,000
3. American College of Physicians	2,000	15,000
4. American College of Obstetricians & Gynecologists	2,000	9,243
5. American College of Surgeons	2,000	30,000
6. American Society for Clinical Investigation	1,000	452
7. Society for Pediatric Research	1,000	383
TOTAL:	$12,000	

Professorial	- $19,500
Professional	- 17,500
Applications Approved by CAS Executive Committee June 12, 1970	- 12,000
GRAND TOTAL:	$49,000

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[Tab I]

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

July 7, 1970

TO: The Secretary or President
Member Organizations
AAMC Council of Academic Societies (CAS)

FROM: Mary H. Littlemeyer, Senior Staff Associate
AAMC Department of Academic Affairs

Since the spring meetings, a number of CAS member organizations have advised us that they have new officers and/or CAS representatives. Information that we have on your Society's officers and official representatives (each society is invited to designate two representatives) to the Council of Academic Societies appears on the attached sheet. Please return it to me in the enclosed envelope after you have:

1. Indicated the number of your membership in the upper right-hand corner

2. Checked other listings for accuracy or revision

3. Indicated any meeting dates and locations

4. Added names and mailing addresses for:

   (a) Officers not listed (such as President-Elect, Past-President, Secretary-Treasurer) and

   (b) Executive Council/Executive Committee members

This information is being sought in an attempt to expand and improve communications with leadership of CAS constituents. Thank you for taking the time to do this.

Mark your calendars for the AAMC Annual Meeting October 29 - November 2, 1970, Biltmore Hotel, Los Angeles, California. SPECIAL EVENTS:

Oct. 29, 1970 (Thurs.) - 5:30 to 7:00 p.m. - CAS Reception (Pay Bar)
Oct. 30, 1970 (Fri.) - 2:00 to 5:00 p.m. - CAS Annual Meeting
Oct. 31, 1970 (Sat.) - 2:00 to 5:00 p.m. - CAS Annual Business Meeting

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Encls. 2

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[Tab I]

*AAMC ANNUAL MEETING
Special CAS Activities
Hotel Biltmore
Los Angeles
October 29 -- November 1

Thursday, October 29

2:00 p.m. - 5:30 p.m.	CAS Executive Committee Meeting
5:30 p.m. - 7:00 p.m.	Department of Academic Affairs Reception
8:00 p.m. - 11:00 p.m.	CAS Executive Committee Dinner Meeting

Friday, October 30

8:30 a.m. - 12:30 p.m.	AAMC Plenary Session
12:30 p.m. - 2:00 p.m.	CAS Speakers Panel Luncheon
2:00 p.m. - 5:00 p.m.	CAS General Session
5:00 p.m. - 6:00 p.m.	AAMC Assembly
7:00 p.m. - 11:00 p.m.	Committee on Biomedical Research Policy Dinner Meeting

Saturday, October 31

8:30 a.m. - 12:30 p.m.	AAMC Plenary Session
2:00 p.m. - 5:30 p.m.	CAS General Session (2:00 - 3:15) and Business Meeting (3:30 - 5:30)
6:00 p.m. - 7:30 p.m.	Chairman's Reception
7:30 p.m. - 9:00 p.m.	AAMC Annual Banquet

Sunday, November 1

8:30 a.m. - 12:30 p.m.	AAMC Plenary Session
2:00 p.m. - 5:00 p.m.	AAMC Assembly

*Registration begins Wednesday, October 28, 2:00 p.m. - 8:00 p.m.

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9/21/70

COUNCIL OF ACADEMIC SOCIETIES
October 30, 1970
2 - 5 p.m.

EDUCATION OF MANPOWER FOR PRIMARY HEALTH CARE

Presiding: James V. Warren, M.D., Chairman-Elect, Council of Academic Societies, AAMC: Professor and Chairman, Department of Medicine, Ohio State University College of Medicine

Introduction
James V. Warren, M.D.

2:00 The Hospital's Needs for Primary Health Care Personnel
H. Robert Cathcart, President, Pennsylvania Hospital, Philadelphia

2:15 Needs of the General Practitioner in an Urban Setting
Joseph T. Ainsworth, M.D., Houston, Texas

2:30 Needs from the Viewpoint of an Internist in an Urban, Non-Medical School Setting
Donald E. Saunders, Jr., M.D., Columbia, South Carolina

2:45 Needs of a Large Pre-Paid Health Plan
Eugene Vayda, M.D., Associate Professor of Clinical Epidemiology & Medicine, Faculty of Medicine, McMaster University

3:00 Needs of Federally Sponsored Community Health Centers
Joyce Lashof, M.D., Mile Square Project, Chicago, Illinois; Director, Section of Community Medicine, Presbyterian-St. Luke's Hospital

3:15 Position of the Medical Schools
James V. Warren, M.D.

3:30 Intermission

3:45 Panel Discussion

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COUNCIL OF ACADEMIC SOCIETIES
October 31, 1970
2 - 5 p.m.

Presiding: D. C. Tosteson, M.D., Chairman, Council of Academic Societies, AAMC; Professor and Chairman, Department of Physiology and Pharmacology, Duke University School of Medicine

GENERAL SESSION

2:00 Preliminary Report & Recommendations
Committee on Biomedical Research Policy
Louis G. Welt, M.D., Chairman of the Committee; Professor and Chairman, Department of Medicine, University of North Carolina School of Medicine

3:15 Adjournment

BUSINESS MEETING*

3:30 Call to Order

Roll Call

Consideration of Minutes of 1969 Annual Meeting

Report of the Executive Committee

Report of the Bylaws Committee

Recommendations for Membership

Other Committee Reports
- Biomedical Communications Network
- Expansion of Medical Education
- Graduate Medical Education
- Task Force on Physician's Assistants
- Nominating Committee

Other Business

5:00 Adjournment

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*Executive Session, Official Representatives, CAS Constituent Organizations

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[Tab K]

MINUTES
COMMITTEE ON BIOMEDICAL RESEARCH POLICY
July 24, 1970
Washington, D. C.

Committee Present:

Louis G. Welt, Chairman (Presiding)
W. Gerald Austen
Robert M. Berne
Robert E. Cooke
Herman N. Eisen
Donald J. Hanahan
Bernard C. Holland
Henry S. Kaplan
A. Brian Little
Robert G. Petersdorf
Frederick E. Shideman
Daniel C. Tosteson (Ex Officio)

Staff Present:

Michael Amrine
Mary H. Littlemeyer
Joseph S. Murtaugh
Linda E. Warnick

Committee Absent:

Don W. Fawcett
Peter Nowell

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The meeting was called to order at 9:15 a.m. It was announced that Dr. John Cooper, who planned to attend the meeting, could not be present due to illness.

I. Staffing

Opening the meeting, Dr. Welt pointed to the urgent needs of the Committee for a full-time, senior-level AAMC staff member, as well as for a medical economist and an individual from the mass media, to serve either as committee members or as consultants to the Committee. Mr. Murtaugh described other staffing needs in AAMC, foremost among which is that of Director for the Department of Academic Affairs to succeed Dr. Cheves Mc.C. Smythe, whose resignation was effective April 1.

Also, Mr. Murtaugh reviewed the activities of the three other AAMC Committees whose interests are closely related to those of the Biomedical Research Policy Committee. Mr. Murtaugh is staffing two of these Committees, the Committee on Financing Medical Education and the Committee on Expansion of Medical Education. Primary staff effort for the Committee on Biomedical Research Policy has been provided by Miss Mary Littlemeyer on a part-time basis.

II. CAS Membership

The Committee reviewed a summary showing special contributions from CAS membership for its support. Funds received to date (from eight organizations) total $6,533, whereas pledges (an additional nine organizations) total $7,797. The total of funds either received or pledged is $14,330. Committee expenditures, including those for this meeting, are estimated at close to $6,000. This includes an average cost of $1,300 for each of three meetings; estimated cost of the survey at $1,500; and other miscellaneous costs, such as mailing,

xeroxing, telephone, and telegraph. No costs for salary of full-time AAMC staff have been charged against this budget.

Dr. Welt is to prepare a progress report for distribution to the CAS members. Also, individual members will follow up with organizations which have not acknowledged the Committee's appeal for funds.

III. Questionnaire Analysis and Distribution

The Committee had received summary data derived from its survey of graduates and fellows in 99 U.S. medical schools who were completing training in June, 1970. No other distribution of the data has been made. Dr. Welt will draft and circulate to the Committee a position paper to accompany the data analysis, whose distribution will be defined in joint consultation with the Office of the President and the Director of Publications. It was suggested that response to the data be obtained immediately from the N.I.H.

The purpose of the survey was discussed. Although it was felt to have elicited useful data, the Committee was concerned that its primary mission might have been either confused or diffused from this limited effort. Among deficiencies, not so much in the data as in the instrument from which the data were derived, noted were:

1. The data can easily be misused to discriminate against the economically disadvantaged. Opportunities should be to the well-qualified, based on need, not to one discipline vs. another, where, although the numbers might be small, losses of able individuals might occur.

2. To have any validity, the data must be reflected against the total numbers who need to be trained, i.e., what deficiency would occur if a certain percent were unable to complete training because of the lack of support.

3. To have any validity, the percentage response must be established. These data should be available from the N.I.H.,i.e., what number of individuals on stipends, fellowships, etc., completed their training in June, 1970.

IV. Committee Position Papers

At the invitation of the Chairman, five Committee members had prepared position papers on key topics, listed in the agenda for the meeting.

Presenting the first report was Dr. Petersdorf, whose paper was based, in large part, on methods described in the AAMC study, Program Cost Allocation in Seven Medical Centers: A Pilot Study, published in 1969, which utilized program cost finding procedures first reported in 1958 by the late A. J. Carroll.

Dr. Petersdorf was critical, as were other members of the Committee and staff, of the time/effort report which clearly allocates costs according to the 3-legged stool of teaching, research, and patient care. The general consensus was that, in contrast to the 3-legged stool, one has rather intertwined

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circles of the three, education, research, and patient care. For example, education cannot be carried out in the absence of patient care and is best done in the presence of research, a theory advanced by Dr. Cooke in his position paper. Among limitations named by the Committee were that the methodology produces data that are neither accurate nor useful and that definitions are absent from the study, i.e., "What is a program?", "What is education?", "How are research activities related to the other activities of the medical center's end purpose?"

The Committee displayed a considerable amount of antipathy to the idea of allocating costs according to any fixed formula. It was, however, pointed out that external pressures at several levels are now demanding this kind of accountability. The only question to be considered is whether the ones most affected by the methodology wish to participate in the determination of its refinement.

Mr. Murtaugh explained that at this time the original 7-school study has been expanded to involve 21, and the N.I.H. is trying to contract with an additional 18 schools, which would bring the total involved to 39 schools. Interest of the Federal Government in this methodology required no further elaboration.

In view of the closely related activities of the AAMC Committee on Financing of Medical Education and the Committee on Biomedical Research Policy in this area, it was the unanimous recommendation of the Committee on Biomedical Research Policy that Dr. Robert Petersdorf be invited to membership on the Committee on Financing Medical Education.

The Committee discussed at length the formula for the Appropriate Level for Support of Research, as follows:

Medical Education (Y_1) +
Research (Y_2) +
Disease/Target-
Oriented Research (Y_3) = Appropriate Level for Support of Biomedical Research (X)

Major points emerging from this discussion included:

1. Establishing 1967 as a basepoint because it assured the U.S. a positive position as related to the rest of the world; then consider the escalation ratio of inflation and expansion in terms of medical school expansion, new medical schools, increased costs of a given quantum of research, harder problems; more difficult equipment requires more highly educated personnel;
2. Assigning a proper weighting factor;
3. Determining the most desirable growth rate;
4. Including Health Services Research as a part of Biomedical Research
5. Using a cost-effectiveness analysis in terms of value to society, for example, what did the research that led to the eradication of malaria cost? What was the cost of the discovery of L-dopa,

which was first observed in 1960? Compare costs to society of pneumonia in 1930 with 1970 in terms of hospital stay, deaths, etc. Since discovery represents new knowledge that cannot be predicted either in terms of when it will come about or how much it will cost, any cost-effectiveness analysis must include funds for research that did not result in scientific discovery;

6. Setting reasonable objectives for the next decade, i.e., how long does society want to live and in the absence of which of the 5 D's defined by the sociologists as disease, discomfort, dissatisfaction, disability, and death;
7. Establishing the amount of research that is conducted in the medical school setting vs. in other settings;
8. Establishing the costs of having research associated with medical education;
9. Establishing how much research is effective for the country;
10. Avoiding identifying proper research funding with the production of physicians;
11. Emphasizing what has been achieved in terms of mission-oriented funding; and
12. Emphasizing that, due to intellectual systems never before available within the theoretical framework of molecular biology, now would be the worst time possible for a reduction in funding.

Concluding this lengthy discussion, the Committee agreed in principle upon the following approach:

> "The defense of increased research should be on the basis of the needs of society for research. One must demonstrate the benefits of research and must take into consideration what is the appropriate level for funding now and make an intelligent estimate of what an appropriate level for funding for the next ten years will be, taking into consideration expansion and inflation, and stipulate that some of the research will result in better medical care, but the defense of research is 'research qua research.'"

V. Committee Report

The Committee will present a preliminary report in the CAS session to be held in conjunction with the AAMC Annual Meeting:

October 31, 1970
Biltmore Hotel, Los Angeles

The attached outline for the Report was adopted by the Committee. Authors accepting responsibility for writing these chapters were:

Chapter I	Dr. Petersdorf
Chapter II	Dr. Cooke
Chapter III	Dr. Hanahan
Chapter IV	Dr. Welt and Dr. Kaplan
Chapter V	Dr. Holland and Dr. Little

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Other Committee members who were unable to be present at the evening meeting will be called upon to collaborate as needed.

October 1 was the agreed-upon deadline for receipt by Committee of the first draft of the report. According to this schedule, established by the Committee, authors are requested to submit one copy (the original copy) of their chapters for receipt by AAMC no later than September 25. Xeroxing of these chapters for distribution to the other members of the Committee will be done by Miss Littlemeyer's office.

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An Outline

I. Why? -- Dr. Petersdorf

A. To control Disease and Establish Health

1. Basic research
2. Applied research

B. To Educate

1. Investigators
2. Practitioners

II. Where? -- Dr. Cooke

A. Research Institutes

1. Private
2. Public

B. Universities

1. Medical Centers
2. Arts and Sciences
3. Engineering Schools
4. Pharmacy, Public Health, other schools

III. How? -- Dr. Hanahan

A. Source

1. Public
2. Private

B. Instrument

1. Contract
2. Grant

a. Individual
b. Group
c. Institutional
d. Training

IV. How Much? -- Drs. Welt and Kaplan

A. Approaches

1. R & D as percentage of

a. total investments
b. ? GNP
c. ? Science
d. ? Health

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2. Cost Benefit Ratio, e.g., R&D saves $10 production
3. R&D as component of cost of medical and other health education
4. R&D as function of available personnel
5. Cost to achieve specific therapeutic goals

B. Decision

1. Formula:

$$x = \sum y_i x$$
$$\sum y_i = 1$$

2. Definition and weighting of y_i

V. Implementation -- Drs. Holland and Little

A. Private

1. Foundations
2. Industry

B. Public

1. Legislative
2. Executive

a. Agencies
b. White House

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VI. Sources of Data or Consultation

1. Research costs data: Mary Lasker has had a team working for years on research costs. Dr. Kaplan suggests an approach to her to see what her office might be able to provide the Committee.

2. Medical economist: Rashi Fein or Sam Martin (Harvard, investigating cost-benefit analysis)

3. A symposium of medical economists was held recently, perhaps proceedings available, per Dr. Cooke.

4. Extramural research funds total 1967 budget, research resources, facilities, etc.:

   Ronald W. Lamont-Havers, M.D.
   Associate Director for Extramural Research and Training
   DHEW - Public Health Service
   NIH Building 1, Room 118
   Bethesda, Maryland 20014

   (496-5583)

5. Data for Chapter IV:

   Herbert H. Rosenberg, Ph.D.
   Director
   Office of Resources Analysis
   Building 12-A, Room 4033
   NIH
   Bethesda, Maryland 20014

   (496-4321)

   (Dr. Rosenberg is out of the office for an indefinite period of time. Any materials for him should be sent to:

   Mr. Joseph Rosenthal
   Office of Resources Analysis
   Building 12-A, Room 4033
   NIH
   Bethesda, Maryland 20014

   (496-2581)

6. Non-target-oriented research data: NIGMS, per Dr. Petersdorf, has collected data on non-target-oriented research (discovery as a by-product)

7. Mass media: Dr. Welt has a friend whom he will contact.

8. American Society of Biological Chemists have been to the Bureau of the Budget, per Dr. Hanahan. Might talk to Bob Grant to find out how they were received.

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VII. Publications and Papers

A Bibliography of 15 studies obtained at the Committee's suggestion was available for the Committee's perusal during the meeting.

Staff were ordered to send the following publications to the Committee:

1. A Report Toward Balanced Growth--Quantity with Quality. Report of the National Goals Research Staff. Supt. of Documents. Washington, D.C. 20402. $1.50

2. Health-Related Research Facilities in the United States in the Nonprofit Nonfederal Sector, 1968. Report of a Survey conducted for DHEW-NIH-Health Research Facilities Branch, Contract PH 43-68-948, April 15, 1969, 147 pp.

3. Science & Technology: Tools for Progress--The Report of the President's Task Force on Science Policy. Ruben F. Mettler, Chairman, Science Policy Task Force, April, 1970. U.S.G.P.O. Washington, D.C. 20402, 48 pp. 35 cents

Additional resource documents distributed at the meeting were:

1. Flowers, Sir Brian. "Science in Universities." Public Lecture delivered at Nottingham University, March 6, 1970.

2. Handler, Philip. "Toward a National Science Policy." Statement before the Subcommittee on Science, Research, and Development, Committee on Science and Astronautics, House of Representatives, July 21, 1970.

3. Murtaugh, Joseph S., "Project Gilead." Summary proposal that a national commission be established under independent, private auspices to carry out a searching examination of the structure, process, and financing of present-day medical education in the United States.

4. Shannon, James, "Medical Education: Some Institutional Problems and Proposals for their Solution."

5. "Tune Without a Piper." Nature, 227:113-116, July 11, 1970.

6. "Scientist Urges Aid for Ph.D.'s." Washington Post, July 22, 1970.

VIII. Next meeting

The Committee will next meet in Los Angeles, at the time of the AAMC Annual Meeting. The date proposed for the meeting is in conflict with

the meeting of the CAS Executive Committee. As soon as another date can be established, a notice will be sent to the Committee.

IX. Adjournment

The meeting was adjourned at 9:15 p.m.

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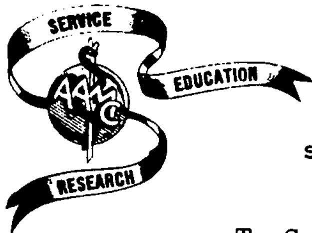

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

To Graduate and Postdoctoral Fellows and Trainees:

The Committee on Biomedical Research Policy of the Association of American Medical Colleges is asking those of you who are completing graduate or postgraduate training June 1970 to provide data that will assist in determining the effects of possible changes in the form of student assistance under Federal training and fellowship programs upon those programs and their objectives. Your response will be used in summary data that will be available to those in the Federal Government who are considering this vital matter.

Institution ______________________________

Department ______________________________

1. Are you a U. S. citizen?
   ______(1) Yes
   ______(2) No

2. Sex
   ______(1) Male
   ______(2) Female

3. Please indicate your current status.
   ______(1) Predoctoral Ph.D.
   ______(2) Postdoctoral Ph.D.
   ______(3) Postdoctoral M.D. (research)
   ______(4) Postdoctoral M.D. (clinical)

4. Please indicate type of support.
   ______(1) Fellowship
   ______(2) Traineeship
   ______(3) Training grant stipend
   ______(4) Research grant
   ______(5) Other

5. Please indicate primary source of support.
   ______(1) NIH
   ______(2) Other

6. Please check type of career to which you believe you will ultimately devote all or most of your time.
   ______(1) Specialty practice
   ______(2) Research and/or teaching
   ______(3) Combination of specialty practice, research and/or teaching

(continued-over)

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7. Please indicate the area in which you plan to specialize. If your discipline or specialty is not listed but can be considered a subcategory within one of the fields that is listed, please check that field. Check only one.

Basic Sciences

_____(06) Anatomy
_____(07) Behavioral Science
_____(08) Biochemistry
_____(09) Bioengineering
_____(10) Biophysics
_____(11) Cell Biology
_____(12) Genetics
_____(13) Microbiology
_____(14) Pathology/clinical pathology
_____(15) Pharmacology
_____(16) Physiology
_____(17) Radiobiology
_____(18) Reproductive Biology
_____(19) Other

Clinical Sciences

_____(20) Anesthesiology
_____(21) Dermatology
_____(22) Internal Medicine
_____(23) Neurology
_____(24) Obstetrics/gynecology
_____(25) Ophthalmology
_____(26) Orthopaedics
_____(27) Otolaryngology
_____(28) Pediatrics
_____(29) Physical Medicine and Rehabilitation
_____(30) Proctology
_____(31) Psychiatry/neuro-psychiatry
_____(32) Public Health and Pre-ventive Medicine
_____(33) Radiology, diagnostic
_____(34) Radiology, therapeutic
_____(35) Surgery - general
_____(36) Surgery - neurological
_____(37) Surgery - plastic
_____(38) Surgery - thoracic
_____(39) Urology
_____(40) Other

8. (a) Are you presently in debt, i.e., do your total liabilities exceed your total assets?
_____(1) Yes
_____(2) No

(b) If Yes, how large is your present debt?
_____(1) Less than $1000
_____(2) 1000 - 2999
_____(3) 3000 - 4999
_____(4) 5000 - 9999
_____(5) 10000 - 14999
_____(6) 15000 - or more

9. _____How many of dependents do you have? (Count yourself as one)

10. _____Your age at your last birthday

11. Please indicate your father's occupation
_____(1) Physician
_____(2) Other professions and business
_____(3) Clerical and sales
_____(4) Service occupation and trades
_____(5) Agriculture

12. If no stipend had been available to support your training, but a long-term, low-interest loan had been available, would you have been able to continue your plans for training?
_____(1) Yes
_____(2) No

5/15/70/50M

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C O N F I D E N T I A L

AAMC BIOMEDICAL RESEARCH POLICY COMMITTEE
Survey of Graduate & Postdoctoral Fellows & Trainees
Completing Training June 1970
(N=99 U.S. Medical Schools)

School	Total Responses	Would have been able to continue plans for training if a long-term, low-interest loan (instead of stipend) had been available			
		Yes	No	Qualified Yes	No Answer
Alabama	22	11	10		1
Albany	4	3		1	
Arkansas	29	13	13		3
Baylor	39	12	23	3	1
Boston	25	8	16		1
Bowman Gray	11	3	7	1	
SUNY Buffalo	27	15	12		
Calif SF	142	30	106	1	5
Calif LA	94	36	55		3
Chicago Med	1	1			
U of Chicago	42	10	30	2	
Cincinnati	57	21	34	1	1
Colorado	8	3	5		
Columbia	63	14	48	1	
Cornell	9	5	3		1
Creighton	2	1	1		
Florida	38	21	17		
Dartmouth	13	5	8		
Duke	114	47	59	5	3
Einstein	120	37	80	1	2
Emory	73	24	47	1	1
Georgetown	26	11	13		2
Geo Wash	23	7	13	1	2
Georgia	26	10	15		1
Hahnemann	13	5	6	1	1

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School	Total Responses	Would have been able to continue plans for training if a long-term, low-interest loan (instead of stipend) had been available			
		Yes	No	Qualified Yes	No Answer
Harvard	134	24	104	4	2
Howard	8	2	6		
Illinois	63	18	43	1	1
Indiana	43	21	18	4	
Calif Irvine	11	6	5		
Iowa	70	30	38	2	
Jefferson	52	20	30		2
Johns Hopkins	133	46	77	4	6
Kansas	35	23	9	1	2
Kentucky	33	11	21	1	
SUNY New York	36	10	21	1	4
Louisiana New O	18	9	9		
Louisville	24	14	9		1
Loyola (Stritch)	11	5	6		
Miami	42	24	16	1	1
Marquette	44	19	21	1	3
Maryland	24	5	18	1	
Loma Linda	7	3	3		1
Meharry	5	3	2		
U of Michigan	121	42	69	3	7
Minnesota	79	17	59		3
Mississippi	38	15	21		2
Missouri Columbia	43	24	17	1	1
Nebraska	6	1	5		
New Mexico	16	8	7	1	

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School	Total Responses	Would have been able to continue plans for training if a long-term, low-interest loan (instead of stipend) had been available			
		Yes	No	Qualified Yes	No Answer
New York Med	39	10	24	1	4
New York U	37	10	24	1	2
North Carolina	60	29	30		1
North Dakota	13		13		
Northwestern	40	14	23		3
Ohio	111	42	67		2
Oklahoma	77	26	43	3	5
Oregon	49	20	28		1
U of Penna	88	30	55		3
Texas San Antonio	1	1			
Puerto Rico	18	10	7		1
Pittsburgh	38	15	23		
Rochester	89	30	56	1	2
St Louis	29	9	19		1
South Carolina	16	11	5		
South Dakota	6		6		
Southern Calif	38	16	19	1	2
Texas Southwestern	46	15	31		
Stanford	72	31	40		1
New Jersey	4	1	3		
SUNY Syracuse	37	15	14	4	4
Temple	45	12	31		2
Tennessee	28	14	12		2
Tex Galveston	35	14	19	1	1
Tufts	4	1	3		

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School	Total Responses	Would have been able to continue plans for training if a long-term, low-interest loan (instead of stipend) had been available			
		Yes	No	Qualified Yes	No Answer
Tulane	42	22	15	3	2
Utah	54	22	26		6
Vanderbilt	35	5	30		
Vermont	12	7	4	1	
Rutgers	5		5		
U of Virginia	42	12	23	2	5
Med Col of Va	22	16	6		
U Wash Seattle	132	32	95	1	4
Wash U St Louis	92	30	56	1	5
Wayne State	69	38	30		1
Case W Reserve	54	11	40	2	1
West Virginia	23	7	16		
Wisconsin	56	12	41	1	2
Connecticut	4	1	3		
Yale	97	32	58	4	3
Brown	38	15	23		
Arizona	2		2		
Calif San Diego	22	8	13		1
Michigan State	39	14	25		
Hawaii	11	1	10		
Penn State	9	2	6		1
Mt Sinai	3	2			1
Calif Davis	5	1	4		
Mayo Clinic	17	2	15		
TOTAL:	4,022	1,421	2,396	72	133

AAMC SURVEY ON FINANCIAL SUPPORT JUNE 1970

TOTALS FOR ALL DEPARTMENTS	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO DEPARTMENT	2	1	1		
ANATOMY	140	47	88	2	3
BIOCHEMISTRY	287	82	189	7	9
BIOPHYSICS	26	7	17	1	1
GENETICS	22	5	15	2	
MICROBIOLOGY	176	51	118	2	5
PATHOLOGY	125	46	72	2	5
PHARMACOLOGY	141	42	95	3	1
PHYSIOLOGY	198	52	136	7	3
BIOMETRY	8	3	4		1
ANESTHESIOLOGY	99	47	48	2	2
DERMATOLOGY	55	28	25		2
MOLECULAR BIOLOGY	16	3	12	1	
MEDICINE	928	246	645	11	26
NEUROLOGY	83	31	47	2	3
OBSTETRICS & GYNECOLOGY	136	72	54	4	6
OPTHAMOLOGY	96	49	39	3	5
ORTHOPEDIC SURGERY	62	30	23	1	8
OTOLARYNGOLOGY	78	46	31	1	
PEDIATRICS	257	59	181	5	12
PHYSICAL MEDICINE	23	7	15		1
PSYCHIATRY	379	142	220	8	9
COMMUNITY HEALTH	64	19	40		5
RADIOLOGY	156	65	81	2	8
SURGERY	371	200	148	5	18
LEGAL MEDICINE	2	2			
REHABILITATION	7	1	6		
MED ED RESEARCH &DEVELOPMENT	7	2	5		
ALLIED HEALTH	39	18	20	1	
HISTORY OF MEDICINE	1		1		
BIOENGINEERING	6	3	3		
ADMINISTRATION	2	2			
BIOLOGY	7	2	5		
TWO DEPTS: 1 BASIC, 1 CLINICAL	11	7	4		
TWO DEPTS: BOTH BASIC	6	3	3		
TWO DEPTS: BOTH CLINICAL	5	1	4		
DEPARTMENT UNKNOWN	1		1		
TOTAL FOR TOTALS FOR ALL DEPARTMENTS	4,022	1,421	2,396	72	133

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AAMC SURVEY ON FINANCIAL SUPPORT [illegible]E 1970

U.S. CITIZEN	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	4	1	3		
YES	3,260	1,233	1,876	68	83
NO	758	187	517	4	50
TOTAL FOR U.S. CITIZEN	4,022	1,421	2,396	72	133

SEX	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	4		3		1
MALE	3,486	1,251	2,063	62	110
FEMALE	532	170	330	10	22
TOTAL FOR SEX	4,022	1,421	2,396	72	133

STATUS	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	31	17	11		3
PREDOCTORAL PHD	691	241	422	18	10
POSTDOCTORAL PHD	451	99	336	6	10
POSTDOCTORAL MD (RESEARCH)	654	160	461	12	21
POSTDOCTORAL MD (CLINICAL)	1,899	811	978	31	79
PREDOCTORAL PHD & POSTDOCTORAL MD (RESEARCH)	19	5	13		1
PREDOCTORAL PHD & POSTDOCTORAL MD (CLINICAL)	7	3	4		
POSTDOCTORAL PHD & POSTDOCTORAL MD (RESEARCH)	19	4	14		1
POSTDOCTORAL PHD & POSTDOCTORAL MD (CLINICAL)	12	3	8		1
POSTDOCTORAL MD (CLINICAL & RESEARCH)	189	58	121	5	5
PREDOCTORAL MD	4	1	3		
OTHER (PHD)	15	7	7		1
POSTDOCTORAL DDS,DMD	14	8	6		
POSTDOCTORAL PHD & MD (CLINICAL & RESEARCH)	7	1	5		1
PREDOCTORAL PHD & POSTDOCTORAL MD (CLINICAL & RESEARCH)	3	1	2		
PREDOCTORAL MD & PREDOCTORAL PHD	7	2	5		
TOTAL FOR STATUS	4,022	1,421	2,396	72	133

TYPE SUPPORT	TOTAL	YES	NO	QUAL YES	NO ANSWER
FELLOWSHIP	1,359	384	905	25	45
TRAINEESHIP	748	286	424	13	25
TRAINING GRANT STIPEND	1,069	356	668	24	21
RESEARCH GRANT	289	86	195	2	6
OTHER	783	391	339	14	39
TOTAL FOR TYPE SUPPORT	4,248	1,503	2,531	78	136

SOURCE OF SUPPORT	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	57	22	27	2	6
NIH	1,943	542	1,326	37	38
OTHER	1,916	821	961	23	85
DK/3GTH	44	11	28	2	3
NIMH	34	13	19	2	
USPHS	28	12	15		1
TOTAL FOR SOURCE OF SUPPORT	4,022	1,421	2,396	72	133

AAMC SURVEY ON FINANCIAL SUPPORT JUNE 1970

CAREER PLANS	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	8	2	2		4
SPECIALTY PRACTICE	755	372	349	10	24
RESEARCH AND/OR TEACHING	1,342	364	913	34	31
COMBINATION OF THE ABOVE	1,912	680	1,130	28	74
OTHER	3	2	1		
DONT KNOW	2	1	1		
TOTAL FOR CAREER PLANS	4,022	1,421	2,396	72	133
SPECIALTY TYPE	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	35	2	14		19
BASIC	1,230	357	820	23	30
CLINICAL	2,648	1,034	1,488	45	81
BOTH	109	28	74	4	3
TOTAL FOR SPECIALTY TYPE	4,022	1,421	2,396	72	133
BASIC SCIENCE SPECIALTY	TOTAL	YES	NO	QUAL YES	NO ANSWER
DOES NOT APPLY	2,678	1,037	1,496	45	100
COMBINATION	22	5	15	1	1
ANATOMY	100	35	61	2	2
BEHAVIORIAL SCIENCE	63	16	47		
BIOCHEMISTRY	293	72	202	7	12
BIOENGINEERING	17	6	11		
BIOPHYSICS	44	9	35		
CELL BIOLOGY	78	21	54	2	1
GENETICS	47	8	36	3	
MICROBIOLOGY	152	54	94	1	3
PATHOLOGY/CLINICAL PATHOLOGY	104	45	54	1	4
PHARMACOLOGY	129	41	85	3	
PHYSIOLOGY	197	44	140	7	6
RADIOBIOLOGY	11	1	9		1
REPRODUCTIVE BIOLOGY	39	12	25		2
OTHER	48	15	32		1
TOTAL FOR BASIC SCIENCE SPECIALTY	4,022	1,421	2,396	72	133

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AAMC SURVEY ON FINANCIAL SUPPORT June 1970

CLINICAL SCIENCE SPECIALTY	TOTAL	YES	NO	QUAL YES	NO ANSWER
DOES NOT APPLY	1,261	357	833	22	49
ANESTHESIOLOGY	99	47	49	2	1
DERMATOLOGY	71	33	35	1	2
INTERNAL MEDICINE	843	232	577	10	24
NEUROLOGY	110	37	65	4	4
OBSTETRICS/GYNECOLOGY	121	67	47	3	4
OPTHAMOLOGY	102	54	39	4	5
ORTHOPAEDICS	84	45	29	1	9
OTOLARYNGOLOGY	92	55	36	1	
PEDIATRICS	251	54	185	6	6
PHYSICAL MED & REHABILITATION	31	8	22		1
PROCTOLOGY	1	1			
PSYCHIATRY/NEUROPSYCHIATRY	345	136	194	8	7
PUBLIC HEALTH & PREVENTIVE MED	42	17	23	1	1
RADIOLOGY, DIAGNOSTIC	114	48	60	2	4
RADIOLOGY, THERAPEUTIC	28	13	14		1
SURGERY-GENERAL	134	62	66	2	4
SURGERY-NEUROLOGICAL	33	18	12	1	2
SURGERY-PLASTIC	34	22	11		1
SURGERY-THORACIC	59	34	21	2	2
UROLOGY	63	33	26		4
OTHER	73	38	33	1	1
COMBINATION	31	10	19	1	1
TOTAL FOR CLINICAL SCIENCE SPECIALTY	4,022	1,421	2,396	72	133

DEBT	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	48	5	18	1	24
YES	1,673	557	1,059	32	25
NO	2,300	859	1,318	39	84
DONT KNOW	1		1		
TOTAL FOR DEBT	4,022	1,421	2,396	72	133

AMOUNT OF DEBT	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	57	11	21	1	24
LESS THAN 1000	180	61	111	2	6
1000 - 2999	397	118	266	5	8
3000 - 4999	363	113	232	10	8
5000 - 9999	373	126	236	9	2
10000 - 14999	139	49	84	2	4
15000 OR MORE	227	85	135	3	4
DO NOT KNOW	1		1		
DOES NOT APPLY	2,285	853	1,310	40	82
TOTAL FOR AMOUNT OF DEBT	4,022	1,421	2,396	72	133

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AAMC SURVEY ON FINANCIAL SUPPORT JUNE 1970

Dependents	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	57	15	19	1	22
ONE	813	290	479	17	27
TWO	699	239	424	15	21
THREE	732	268	439	10	15
FOUR	974	324	603	15	32
FIVE	498	185	294	9	10
SIX	176	77	92	2	5
SEVEN OR MORE	56	14	38	3	1
NOT APPLICABLE	17	9	8		
TOTAL FOR DEPENDENTS	4,022	1,421	2,396	72	133

AGE	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	53	9	21	2	21
UNDER 21					
21 - 25	200	76	116	3	5
26 - 30	1,742	641	1,030	34	37
31 - 35	1,599	540	984	26	49
35 - 40	300	108	177	2	13
OVER FORTY	128	47	68	5	8
TOTAL FOR AGE	4,022	1,421	2,396	72	133

FATHERS OCCUPATION	TOTAL	YES	NO	QUAL YES	NO ANSWER
NO ANSWER	90	20	42	3	25
PHYSICIAN	451	188	229	14	20
OTHER PROFESSIONS	1,952	678	1,181	36	57
CLERICAL AND SALES	327	110	206	4	7
SERVICE OCCUPATION & TRADES	785	265	500	9	11
AGRICULTURE	179	69	99	4	7
OTHER COMBINATION	9	6	3		
NONE/RETIRED	56	19	35		2
DOES NOT APPLY OR DECEASED	171	64	101	2	4
DO NOT KNOW	2	2			
TOTAL FOR FATHERS OCCUPATION	4,022	1,421	2,396	72	133

FUNDS FOR COMMITTEE ON BIOMEDICAL RESEARCH POLICY
Appeal April 30, 1970; Follow-up June 24, 1970

COUNCIL OF ACADEMIC SOCIETIES
Members

	Professorial Societies	*Number of Members	Funds Rec'd	Funds Pledged	Other
X	Academic Clinical Laboratory Physicians and Scientists	75			
	American Association of Chairmen of Departments of Psychiatry	96		$960 after Sept.	
X	American Association of University Professors of Pathology	100			
	Association for Medical School Pharmacology	90.			To discuss on 8/24
	Association of Academic Physiatrists	176	$176		
	Association of Anatomy Chairmen	90		est. $1000	Soliciting Chairmen $10 each Will send Oct. 1
	Association of Chairmen of Departments of Physiology	91	$900		
	Association of Medical School Pediatric Department Chairmen, Inc.	115		est. $1000	Soliciting Chairmen $10 each Will send Aug. 1
	Association of Professors of Dermatology	120		est. $250	Will advise definitely in Dec.
X	Association of Professors of Gynecology & Obstetrics	250			
	Association of Professors of Medicine	81	$1000		
	Association of Teachers of Preventive Medicine	400			To advise after June 8 meeting

* At time of original mailing, April 30, 1970
X No answer as of August 20, 1970

REVISED 8/20/70

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Funds for Committee on Biomedical Research Policy/2

Professorial Societies (cont.)	Number of Members	Funds Rec'd	Funds Pledged	Other
Association of University Professors of Neurology	67			Soliciting members
Association of University Professors of Ophthalmology	81			Will advise Jan., 1971
Joint Committee on Orthopaedic Research & Education Seminars	230			Asks clarification
Society of Academic Anesthesia Chairmen, Inc.	135	$850		
Society of Chairmen of Academic Radiology Departments	60	$960		
Society of Surgical Chairmen	86	$860		
Society of University Otolaryngologists	78			Acknowledged 5/18
Society of University Urologists	60	$600		
Total possible funding @ $10 per member:	$24,810	$5,346	$3,210	

TOTAL Rec'd and Pledged by Professorial Societies as of August 20, 1970: $8,556

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Funds for Committee on Biomedical Research Policy/3

Professional Societies	Number of Members	Funds Rec'd	Funds Pledged	Other
American Association of Anatomists	2,039	$2,039		
American Association of Neurological Surgeons	1,134			Acknowledged 6/29
American Association of Neuropathologists	351		est. $351	
American Association of Pathologists and Bacteriologists	1,025			Will advise in Nov.
American Association of Plastic Surgeons	150			Acknowledged 6/26
American Neurological Association	411			Asks clarification
American Pediatric Society	254		$254	
American Physiological Society	3,286	$3,286		
American Society of Biological Chemists, Inc.	2,307		$2,400	7/2/70 criticism forwarded to Dr. Tosteson for reply
X American Surgical Association	290			
Association of American Physicians	250			Soliciting members
Association of University Anesthetists	108	$108		
Association of University Radiologists	215	$1,000		
Society of University Surgeons	500	236		Action, February, 1971
Total possible funding @ $1 per member:	$12,320	$6,669	$3,005	

Total possible funding from all member Societies: $37,130

TOTAL Rec'd and Pledged by Professional Societies as of August 20, 1970: $9,674

Total Rec'd from all member Societies: $12,015

Total Pledged from all member Societies: $6,215

TOTAL Rec'd and Pledged by all member Societies: $18,230

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[Tab L]

LIAISON COMMITTEE ON MEDICAL EDUCATION

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

August 5, 1970

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

TO: Mary H. Littlemeyer

FROM: Kathy Keyes KK

RE: Task Force on Physician's Assistants Programs

At the meeting of the Liaison Committee on March 18, 1970, it was decided that the Chairman of the Committee, Dr. Robert B. Howard, should appoint a Task Force on Physician's Assistants Programs and that Dr. William R. Willard would confer with the AMA Council on Medical Education, Dr. William A. Sodeman with the AMA Council on Health Manpower, and Dr. Howard with the AAMC Executive Council to obtain recommendations concerning the Task Force.

The appointed members of the Task Force are: Drs. Thomas D. Kinney, Duke University, H. Robert Cathcart, Pennsylvania Hospital, E. Harvey Estes, Duke University, Earle Chapman, Harvard University, Edmund D. Pellegrino, SUNY-Stony Brook, and John B. Dillon, University of California at Los Angeles. The chairman of the Task Force is to be selected at the first meeting, which is still to be scheduled.

I am attaching for your information the section on Physician's Assistants Programs from the July 15 minutes of the Liaison Committee's last meeting. Also attached is a memorandum from Dr. Walter G. Rice, Acting Secretary of the Liaison Committee, to the members of the Task Force.

klk
Attachments (2)

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XII. Task Force on Physician's Assistants Programs

At the meeting of the Liaison Committee on March 18, it was decided that the Chairman of the Liaison Committee should appoint a Task Force on Physician's Assistants Programs and that Dr. Willard would confer with the Council on Medical Education, Dr. Sodeman with the Council on Health Manpower, and Dr. Howard with the Executive Council of the AAMC to obtain recommendations concerning the Task Force.

The appointed members of the Task Force are: Drs.Thomas D. Kinney, Duke University, H. Robert Cathcart, Pennsylvania Hospital, and E. Harvey Estes, Duke University representing the AAMC, Drs. Earle Chapman, Harvard University, Edmund D. Pellegrino, SUNY-Stony Brook, and John B. Dillon, University of California at Los Angeles, representing the AMA.

ACTION: The establishment of the Task Force is duly authorized by the Liaison Committee on Medical Education.

The chairman of the Task Force is to be selected at the first meeting.

The staff is to notify the members of their appointment to the Task Force and to arrange a meeting prior to the next meeting of the LCME at which time a report on that first meeting should be made.

The problem of uniformity of terms was discussed. The Council on Health Manpower has a committee dealing with this problem. Dr. Cooper felt that this problem involved the expanded Liaison Committee. Dr. Howard suggested that the Liaison Committee work out with the Task Force definitions of terms used most often in relation to Physician's Assistants. The Task Force should aim towards definitions that could be used consistently and universally.

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LIAISON COMMITTEE ON MEDICAL EDUCATION

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

July 30, 1970

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

TO: Drs. Thomas D. Kinney, H. Robert Cathcart, E. Harvey Estes, Earle Chapman, Edmund D. Pelligrino, and John B. Dillon

FROM: Walter G. Rice, M.D., Acting Secretary, Liaison Committee on Medical Education

RE: Task Force on Physician's Assistants Programs

You have been asked to serve on the newly created Task Force on Physician's Assistants Programs under the auspices of the Liaison Committee on Medical Education, representing the Executive Council of the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association.

The origin of the Task Force is the AAMC Council of Academic Societies' Task Force on Physician's Assistants Programs which was established at the November 2, 1969 Annual Business Meeting of the CAS. The Task Force was asked "to consider the role of these assistants and the need for standards for programs producing them and to make appropriate recommendations to the Council by February 5, 1970." Attached is the CAS Task Force Report which was accepted by the Executive Council of the CAS at the February 5 meeting, and subsequently by the Executive Council of the AAMC at its May 7 meeting and by the Liaison Committee on Medical Education at its March 15 meeting.

The Liaison Committee was asked to appoint a Task Force to study these programs further and to report back to the appropriate groups. The Executive Council of the AAMC has backed this action.

You will be contacted in the near future about the first meeting which is to be held prior to the next Liaison Committee meeting on October 7, 1970.

WGR:klk

cc: Miss Mary Littlemeyer
Mrs. Barbara Bucci

Dr. Marjorie Wilson

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REPORT OF AAMC TASK FORCE ON PHYSICIAN'S ASSISTANT PROGRAMS

February 5, 1970

PREAMBLE:

The Task Force was formed by action of the Council of Academic Societies at its November 2, 1969 meeting. It was formed in response to the many questions, both expressed and anticipated, raised by the rapid growth of physician's assistant programs and in recognition of the opportunity for the Council to exert leadership in this new area of medical education. Because of the possible implications for the Council of Deans and the Council of Teaching Hospitals, a representative of each was appointed to the Task Force.

The Task Force was asked to consider the role of these assistants and the need for standards for programs producing them, and to make appropriate recommendations to the council by February 5, 1970.

The Task Force met on two occasions, January 9, 1970, and January 27, 1970, and the following report is a result of these deliberations. Representatives of the American Medical Association were invited to meet with the Task Force, and Mr. Ralph Kuhli and Dr. T. F. Zimmerman were present at and participated in its meetings. Dr. Cheves Smythe of the AAMC and Dr. John Fauser of the AMA also participated in the first meeting.

The group is aware of the great variety of questions raised by this new type of health manpower, many of which were not considered a part of the charge of this particular Task Force and are therefore not addressed in this report. Among the questions are:

(a) The legal aspects of registration and/or control of individual assistants.
(b) The relationship between these categories of assistants and the established, previously defined, health professions (nursing, physical therapy, laboratory technology, etc.).
(c) The relationship between these individuals and physicians and/or medical institutions, such as hospitals, including methods of financial support after the training period and the manner of billing patients for their services.
(d) The need for additional numbers within each of the previously defined, established manpower categories and for still other, yet unspecified, assistants within the broad limits of health care.

I. THE NEED:

A. New types of assistants to the physician are necessary components of the health care team. The current output of medical schools, plus the output of new and expanded schools, will be insufficient to meet the health care needs of those segments of society now being served, while extending equivalent services to those segments now receiving little or no care.

B. Even if sufficient expansion of physician output could be achieved to meet the total need for services, there is doubt that this would be a wise course, since certain tasks do not require the unique talents of the physician and may be more appropriately performed by those with less total training.

C. The existing manpower categories (such as professional nurses and physical therapists) could assume many of these functions with added training but should not be considered as the sole or the

primary entry pathway into these new health professions. There are already shortages in nearly all of the existing health manpower categories, and insistence that new functions be assumed by members of these categories would severely limit the availability of new manpower for these purposes. A new primary pathway into the new category of physician's assistant would tend to open the range of health careers and would enhance the potential for recruitment of male candidates.

II. THE RESPONSIBILITY OF AAMC:

A. While it is possible for assistants to the physician to be trained by an educational institution, such as a junior college, and a group of practicing physicians, it is less likely that an adequate combination of facilities, medical faculty and interest will be found outside the teaching hospitals and medical teaching institutions represented by the AAMC.

B. As a part of its overall concern for the training of the physician, the AAMC should have an interest in any technique or system which will make his work more efficient or more effective. The utilization of well trained assistants is one such technique.

C. As a part of its concern for the provision of high quality health care to all persons, the AAMC must become concerned with the proper training, proper function, and proper utilization of such personnel.

D. As a part of its concern for medical students, the AAMC must promote the concept of an effective health care team as a means of extending the scope of services offered to patients by providing exposure to effective use of assistants at the medical school level.

III. RECOMMENDED ACTION:

A. The AAMC should demonstrate leadership in the definition of the role and function of these new categories of health care personnel, in setting educational standards for programs producing them, and in considering the additional problems raised in the preamble.

B. The AAMC should seek the counsel and the cooperation of other interested organizations and agencies as it moves ahead in the above task.

C. The AAMC should work toward an accrediting agency as a means of effective accreditation and periodic review of programs producing such personnel. A joint liaison committee with the AMA, similar to the Joint Liaison Committee for Medical Education, is one suggested mechanism.

IV. GUIDELINES FOR DEFINITION OF FUNCTIONAL LEVELS OF ASSISTANTS.

A. In view of the great variety of functions which might be assumed by assistants, the variety of circumstances in which these functions might be carried out, and the variety of skills and knowledge necessary to perform these functions, it is necessary to define several categories of assistants. These are defined primarily by their ability for making independent judgmental decisions. This, in turn, rests on breadth of medical knowledge and experience.

1. Type A within this definition of an assistant to the physician is capable of approaching the patient, collecting historical and physical data, organizing the data, and presenting it in such a way that the physician can visualize the medical problem and determine the next appropriate diagnostic or therapeutic step. He is also capable of assisting the physician by performing diagnostic and therapeutic procedures and coordi-

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nating the role of other more technical assistants. It is recognized that he functions under the general supervision and responsibility of the physician, though he might, under special circumstances and under defined rules, operate away from the immediate surveillance of the physician. To properly perform at this level, the assistant must possess enough knowledge of medicine to permit a degree of interpretation of findings and a degree of independent action within these defined rules and circumstances.

2. Type B is characterized by a more limited area of knowledge and skill, and a more limited ability for integration and interpretation of findings. He is, as a result, less capable of independent action, but within his area of skill and knowledge he may be equal in ability to the Type A assistant or to the physician himself. Assistants at this level may be trained in a particular specialty without prior exposure to more general areas of medical practice, or may be trained in highly technical skills.
3. Type C is characterized by training which enables him to perform a single defined task or series of such tasks for the physician. These tasks generally require no judgmental decisions and are under direct supervision.

B. All such assistants should function under the general supervision and authority of a physician or a group of physicians and should not establish an independent practice. In addition, the functions performed by such assistants should be within the competence and capability of the responsible physician or physicians. For example, it would be inappropriate for a surgeon's assistant to perform a preoperative cardiac evaluation, unless the surgeon is competent to review his work critically and assume responsibility for its accuracy and completeness.

V. GUIDELINES FOR EDUCATIONAL PROGRAMS FOR TYPE A ASSISTANTS:

This document concerns itself solely with the guidelines for training of Type A assistants. This does not preclude the need for guidelines for other types as described above.

A. General Objectives:

To provide educational guidelines insuring high standards of quality for programs training Type A assistants as specified in Paragraph (IV-A-1) above, while preserving sufficient flexibility to permit innovation, both in content and method of education, all in the interest of protecting the public, the trainees, and those employing graduate assistants; to establish standards for use by various governmental agencies, professional societies, and other organizations having working relationships with such assistants.

B. General Prerequisites:

1. An approved program must be sponsored by a college or university with arrangements appropriate for the clinical training of its students. This will usually be a hospital maintaining a teaching program. There must be evidence that this program has education as its primary orientation and objective.
2. An approved program must provide to the accrediting agency, to be available in turn to other educational institutions, prospective students, physicians, hospitals, and others, information concerning the program including the following:

Name and Location of School
College/University Affiliation
Clinical/Hospital Affiliation

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Director
Student Capacity
Academic Calendar
Tuition and Fees

3. An approved program must also provide, for the use of the accrediting agency, sufficient confidential information to establish that the program is in compliance with the specific guidelines which follow.

C. Administration:
1. An approved program may be administered by a medical school, hospital, university, college or other entity, providing it can assure that the educational standards can be maintained and other requirements met.
2. The administration shall be responsible for maintaining adequate facilities and a competent faculty and staff.
3. The administration shall assure the continued operation and adequate financing of the program through regular budgets, which shall be available for review by the accrediting agency. The budget may be derived from gifts, endowments, or other sources in addition to student fees.
4. The administration shall assure that the standards and qualifications for entrance into the program are recorded and available to the accrediting agency, and that these standards are met. Records of entrance qualifications and evaluations for each student shall be recorded and maintained, including transcripts of high school and college credits.
5. The administration shall make available to the accrediting agency yearly summaries of case loads and other educational activities done by clinical affiliates, including volume of outpatient visits, number of inpatients, and the operating budget.

D. Organization of Program:
1. The Program must be under supervision of a qualified director, who has at his disposal the resources of competent personnel adequately trained in the administration and operation of educational programs.
2. It will be the responsibility of the director to maintain a qualified teaching faculty.
3. The director will maintain a satisfactory record system to document all work done by the student. Evaluation and testing techniques and standards shall be stated, and the results available for inspection.
4. The director will maintain records on each student's attendance and performance.
5. The director will maintain on file a complete and detailed curriculum outline, a synopsis of which will be submitted to the accrediting agency. This should include both classroom and clinical instruction.

E. Physical Facilities:
1. Adequate space, light, and modern equipment should be provided for all necessary teaching functions.
2. A library, containing up-to-date textbooks, scientific periodicals, and reference material pertaining to clinical medicine, its underlying scientific disciplines, and its specialties, shall be readily accessible to students and faculty.
3. A hospital or other clinical facility shall be provided and of sufficient size to insure clinical teaching opportunities adequate to meet curriculum requirements.

F. Faculty:
1. An approved program must have a faculty competent to teach the

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didactic and clinical material which comprises the curriculum.

2. The faculty should include at least one instructor who is a graduate of medicine, licensed to practice in the location of the school, and whose training and experience enable him to properly supervise progress and teaching in clinical subjects. He shall be in attendance for sufficient time to insure proper exposure of the student to clinical teaching and practice.
3. The program may utilize instructors other than physicians, but sufficient exposure to clinical medicine must be provided to insure understanding of the patient, his problem, and the diagnostic and therapeutic responses to this problem. For this reason attention is specifically directed to provision of adequate exposure of students to physician instructors.

G. Prerequisites for Admission:

1. For proper performance of those functions outlined for Type A assistants as described in Paragraph (IV-A-1) above, the student must possess an ability to use written and spoken language in effective communication with patients, physicians and others. He must also possess quantitative skills to insure proper calculation and interpretation of tests. He must also possess behavioral characteristics of honesty, dependability, and must meet high ethical and moral standards in order to safequard the interest of patients and others. An approved program will insure that candidates accepted for training are able to meet such standards by means of specified evaluative techniques, which are available for review by the accrediting agency. The above requirements may be met in several ways. The following specific examples could serve the purpose of establishing the necessary qualifications and are provided as guides.
   a. Degree-Granting Programs: The successful completion of the preprofessional courses required by the college or university as a part of its baccalaureate degree.
   b. Non-Degree (Certificate) Programs: A high school diploma or its equivalent, plus previous health related work, preferably including education and experience in direct patient care, plus letters of recommendation from physicians or others competent to evaluate the qualifications cited above.
2. All transcripts, test scores, opinions, or evaluations utilized in selection of trainees should be on file and available to the accrediting agency on request.

H. Curriculum:

1. The curriculum should provide adequate instruction in the basic sciences underlying medical practice to provide the trainee with an understanding of the nature of disease processes and symptoms, abnormal laboratory tests, drug actions, etc. This shall be combined with instruction, observation and participation in history taking, physical examination, therapeutic procedures, etc. This should be in sufficient depth to enable the graduate to integrate and organize historical and physical findings as described in Paragraph (IV-A-1).
2. The didactic instruction should follow a planned and progressive outline and include an appropriate mixture of classroom lectures, textbook assignments, discussions, demonstrations, and similar activities. There should be sufficient evaluative procedures to assure adequate evidence of student competence.
3. Instruction should include practical instruction and clinical experience under qualified supervision sufficient to provide

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understanding of and skill in performing those clinical functions required of this type of assistant. Evaluation techniques should be described and results recorded for each student.

4. Though the student may concentrate his effort and his interest in a particular specialty of medicine, he should possess a broad general understanding of medical practice and therapeutic techniques, so as to permit him to function with the degree of judgment previously defined.
5. Though some variation is possible for the individual student, dependent on aptitude, previous education, and experience, the curriculum will usually require two or more academic years for completion.
6. It is urged that the college or university sponsoring the program establish course numbers and course descriptions for all training, and that a transcript be established for each student. Students should receive college credit when this is appropriate, and should receive a suitable degree if sufficient credit is earned. If a degree is not earned, a certificate or similar credential shall be granted to the student on completion of the course of study.

I. Health:

1. Applicants will be required to meet the health standards of the sponsoring institution.
2. As evidence of its concern for imparting the importance of proper health maintenance, the program should provide for the students the same health safequards provided for employees of affiliated clinical institutions.

J. Accreditation Procedures:

1. Applications for approval of a program for the training of Type A assistants as described above shall be made to the accrediting agency.
2. Forms and instructions will be supplied on request and should be completed by the director of the program requesting approval.
3. Approval of a program may be withdrawn when, in the opinion of the accrediting agency, the program fails to maintain the educational standards described above. When a program has not been in operation for a period of two consecutive years, approval will automatically be withdrawn.
4. Approved programs should notify the accrediting agency in writing of any major changes in the curriculum or a change in the directorship of the program.

H. Robert Cathcart, Vice President
Pennsylvania Hospital
James C. Eckenhoff, Chairman, Dept. of Anesthesia,
Northwestern University Medical Center
Robert W. Ewer, Asst. Professor of Medicine,
University of Texas Medical Branch
William D. Mayer, Director, Medical Center,
University of Missouri
Lee Powers, Director, Division of Allied Health
Programs, Bowman Gray School of Medicine
E. Harvey Estes, Jr., Chairman, Department of
Community Health Sciences, Duke University
Medical Center

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[Tab M]

LIAISON COMMITTEE ON MEDICAL EDUCATION

August 5, 1970

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

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

TO: Mary H. Littlemeyer

FROM: Kathy Keyes KK

RE: Task Force on Graduate Medical Education

At the meeting of the Liaison Committee on March 18, 1970, a Task Force on Graduate Medical Education was authorized:

1. To review:

   a) the accreditation process in graduate medical education and the progress toward institutional accreditation;

   b) the work of the Council on Medical Education in graduate medical education and its Advisory Committee on Graduate Medical Education;

   c) the work of the AAMC in graduate medical education and its standing committee on graduate medical education; and

   d) the work of other significant organizations.

2. To formulate recommendations as to the policies, procedures, and organizational structure best adapted to involve appropriately the Liaison Committee on Medical Education in graduate medical education.

The membership of the Task Force is to consist of:

3 designees of the Council on Medical Education who are:

Bland W. Cannon, M.D.(Chairman)
James W. Haviland, M.D.
Joseph M. White, M.D.

3 designees of the Association of American Medical Colleges who are:

Thomas D. Kinney, M.D.(Vice Chairman)
Russell A. Nelson, M.D.
Cheves McC. Smythe, M.D.

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2 designees of the American Board of Medical Specialties who are:

John P. Hubbard, M.D.
Jack D. Myers, M.D.
Jack C. Nunemaker, M.D.(staff)

1 designee of the Council on Medical Specialty Societies who is still to be selected and

1 designee of the American Hospital Association who is still to be selected.

The staff of the Task Force will be C. H. William Ruhe, M.D., of the American Medical Association.

The Task Force is to be activated by the Fall, 1970, to make its final report within one year, and to "present progress reports at each meeting of the Liaison Committee during the life of the Task Force."

I will be sure to pass on to you any additional information I receive concerning the activities of the Task Force.

klk

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[Tab Mc]

July 13, 1970

Dr. Andrew D. Hunt, Jr.
Dean
Michigan State University
College of Medicine
East Lansing, Michigan 48823

Dear Andy:

Thanks very much for letting me know about the informal retreat attended by deans of new medical schools.

I appreciate having the memorandum, which provides some matters for consideration by the various Councils of the AAMC. They will be included in the agenda of these Councils.

Warm personal regards.

Sincerely,

John A. D. Cooper, M.D.
President

pam

Copies to: Mr. John Danielson
Miss Mary Littlemeyer
Mr. Joseph Murtaugh √

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MICHIGAN STATE UNIVERSITY EAST LANSING · MICHIGAN 48823

COLLEGE OF HUMAN MEDICINE · OFFICE OF THE DEAN · GILTNER HALL

July 6, 1970

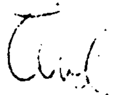
John A. D. Cooper, M.D.
President
Association of American Medical Colleges
Suite 200, One DuPont Circle, N.W.
Washington, D.C. 20036

Dear John:

June 18-20, an informal retreat of the deans and their wives, of some of the new medical schools was held in northern Michigan.

I attach a copy of the summary memorandum of this meeting. Once again, there are some resolutions and recommendations which need discussion within the Council of the AAMC, and which have some policy implications.

Yours most sincerely,



Andrew D. Hunt, Jr., M.D.
Dean

ADH/rhc

enclosure

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MICHIGAN STATE UNIVERSITY EAST LANSING • MICHIGAN 48823

COLLEGE OF HUMAN MEDICINE • OFFICE OF THE DEAN • GILTNER HALL

July 7, 1970

MEMORANDUM

TO: Deans of New and Developing Medical Schools

FROM: Dean Andrew D. Hunt

SUBJECT: Retreat held at Schuss Mountain, Michigan, June 18-20, 1970

In attendance were Monty and Mrs. DuVal, Sherman and Mrs. Kupfer, Dick and Mrs. Moy, Bob and Mrs. Page, Lamar and Mrs. Soutter, Bob and Mrs. Stone, Donn Smith and Pierre Galletti.

The meeting was conducted in an informal way, with the distributed agenda being roughly followed. While, in general, the meeting took the form of general "group process" with elements of psychotherapeutic benefit, general consensus was reached on five points which, we feel should be transmitted to the AAMC Executive Council.

These were as follows:

1. Two-year medical schools seem no longer to be viable entities. The old concept of two years of basic science taught qua science, followed by two years of clinical medicine has long gone. The majority of the new two-year schools have either transformed themselves into complete degree-granting medical schools, or are struggling to accomplish this transformation. Hence, we strongly recommend that institutions contemplating the development of medical schools be urged not to embark upon establishment of two-year schools. Furthermore, we feel that the Liaison Committee should consider taking action which would strongly discourage the formation of new two-year medical schools.

2. Special Improvement Grant mechanisms are unsuited to and usually inappropriate for medical schools, largely because of the decisions which have been made concerning priorities. Indeed, the failure rate of new and developing schools to obtain Special Project Grant funding leads us to feel that further efforts in this direction may well be fruitless.

The Basic Improvement Grant, on the other hand, is exceedingly useful. It is our feeling, furthermore, that the Basic Improvement Grant program could be developed so that its application is universal and applicable to all medical schools, especially if certain flexibility can be built into it. Hence, it was the strong consensus of the group that the Special Improvement Grant Program might well be abolished, and superseded by an expanded, more uniformly developed Basic Improvement Program.

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3. The group was most concerned about the current changes developing in mechanisms for financing university hospitals, in which most such funding might come under the aegis of the Hill-Burton legislation.

The group was especially concerned about the Hill-Burton formulas for funding, which, generally, are based exclusively on bed requirements of communities. The group feels that, in the case of community hospitals being used for teaching through affiliations with medical schools, such funds could be exceedingly well used on construction of facilities other than beds, such as classroom space, libraries, laboratories, development of comprehensive out-patient facilities and the like.

The consensus of the group, then, was that medical schools and their affiliated hospitals obtain permission to bypass in some way the current Hill-Burton formulas and encourage expansion of community hospitals in a way which contributes to their educational programs, exclusive of the mathematics of beds.

4. Great interest was shown in the phenomenon of medical school maturation. Problems confronted by the dean of a new medical school are almost totally different from those for which he must be prepared once the school has stabilized in size, and entered the ranks of established institutions. History seems to indicate that the individual who is a successful dean of a school in its earliest years, may need to yield to others as the institution becomes more mature. It was the consensus of the group that much information has not accrued about such matters as the process of maturation and ways in which anticipated changes can be planned.

Hence, it was the sense of the group that a two-day seminar on the maturation of medical schools might be a most worthwhile project for the future. This will be discussed at the meeting of the deans of new and developing schools at the AAMC meeting in Los Angeles next fall.

5. The group felt that new medical schools should perforce develop individualized arrangements and agreements with community hospitals in which educational programs occur. There is, indeed, much room for innovation and experimentation in the field of community-based medical education. Furthermore, the process through which accommodations are reached between community hospital staffs and medical school faculties vary greatly both in style and in time required for success. It was the feeling of the group that at times the Liaison Committee site visiting teams seem somewhat rigid, establishing requirements and standards for affiliating agreements which are compatible with the accreditation process rather than with existing community variables.

The group, therefore, enters a plea to the Liaison Committee that it be somewhat more flexible and understanding of the issues involved in new medical schools working with their communities, so that they may be judged by their goals and eventual probabilities rather than by the actual state of affairs at the time of the accreditation visit.

While these points need further discussion and elaboration at the Los Angeles meeting, the group felt that they should be transmitted to John Cooper now so that he might be aware of our thinking.

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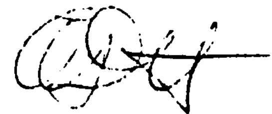
Hence, a copy of this memorandum is being sent to him. Also, for information, I am taking the liberty of sending a copy to Bill Ruhe, in the Office of the Council of Medical Education of the AMA.

It was, we felt a useful and pleasant meeting, and the idea of an annual event of this kind seemed popular. Donn Smith indicated his willingness to host a similar event in Florida early next spring. This, also, will be discussed in Los Angeles.

6. Bob Stone distributed some materials connected with the issue of medical service plans. I attach copies of the materials for those who did not attend the meeting.

ADH:ck

Attachments



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[Tab N]

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April 9, 1970

Dr. Kinloch Nelson
Dean
Medical College of Virginia
Richmond, Virginia 23219

Dear Kinloch:

The Council of Deans agenda for May is rather tightly packed. I am including your letter regarding the influence which the Boards are exerting on the organization of the medical schools as an informational item, however, with the intention of discussing it if time permits. Otherwise, we'll have to hold over the discussion until the next meeting.

I am also sending along a copy of your letter to Dr. Daniel Tosteson, Chairman of the Council of Academic Societies, for consideration by that group.

Again, thanks for passing this item along to me.

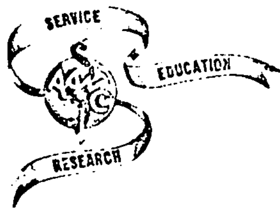
Sincerely,

John A.D. Cooper, M.D.

bb

cc: Dr. Charles Sprague
Dr. Daniel Tosteson

bcc: Mary Littlemeyer ✓



Received Office of President
Date: APR 6 1970

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

March 20, 1970

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

WASHINGTON: 202: 466-5175

Dr. Kinloch Nelson, Dean
Medical College of Virginia
Richmond, Virginia 23219

Dear Kinloch:

I have your letter of March 11, 1970, describing the influence which the Boards are exerting on the organization of the medical schools. This is a problem which certainly deserves the attention of the Council of Deans and the Council of Academic Societies. Would you have any objection if I used your letter as the basis for introducing the subject into discussions by these Councils?

I appreciate very much your bringing to my attention matters which you think are of interest and concern to academic medical centers. It is through this kind of feedback that we can most effectively serve the membership of the Association.

Warm regards.

Cordially,

John

John A. D. Cooper, M.D.
President

pam

Very good - Kinloch

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Received ... Date MAR 16 1970

Virginia Commonwealth University

March 11, 1970

Dr. John A. D. Cooper, President,
Association of American Medical Colleges,
1 DuPont Circle, N. W.,
Washington, D. C. 20036.

Dear John:

I have for some time been concerned by what seems to me possibly to be undue influence of the Boards and their respective departments on programs of the various medical schools which somehow represents a sort of vicious circle. Thus individuals in a medical center or elsewhere will decide that they should have certain opportunities, such as departmental or divisional status on the one hand or assigned beds or other space on the other; will transmit this idea among their membership in other centers so that presently it comes to the general attention of the Boards of these specialties. Obviously each of them is in the field, knows the problems in his own locale, and perhaps wants to bring about these changes locally also; the concerned Board in its wisdom then decides that recognized programs must grant divisional or departmental status to such groups, must have hospital privileges, must have adequate beds assigned to such groups, etc., etc. This dictum from the central board group or some accreditation committee has the force of Word from the Almighty and makes the medical centers carry out various programs and relationships which they find unpalatable.

I am not sure all of the above makes very much sense, but it constitutes the substance of a real problem. To illustrate, eight or ten years ago it was decided by somebody somewhere that gynecological surgery should be a part of obstetrics and gynecology and should not be under the jurisdiction of the department of surgery; furthermore, were it to be continued under the jurisdiction of the department of surgery, approval of the residency program would be denied or withdrawn. After much head knocking and many bitter meetings here, this requirement came about so that obstetrics and gynecology now largely has control of all hospitalized pelvic surgery, and general surgery does not have access to the hospital treatment of such cases in our institution. I am not concerned with whether or not this is right or wrong, but rather with the methods used and thus am wondering who is telling whom to do what.

School of Medicine, Office of the Dean
Medical College of Virginia • Health Sciences Center • Richmond, Virginia 23219

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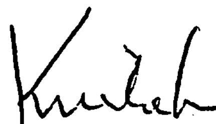
Again we have recently been somewhat worried with the idea of whether or not radiologists should have hospital privileges in the sense that they should admit and treat patients without any particular contact with any other physician. Considerable argument has arisen as to whether or not this makes any sense. Apparently the direct admission, responsibility for, and treatment of patients by X-ray therapy is readily understandable, but similar admissions for various diagnostic procedures, such as for arteriography, etc., could possibly be regarded as necessary only as adjunct to patient care by someone else who is more intimately related to problems of patient care. In the arguments about this situation--and I am not taking sides--thecommittees have been confronted with the idea that for recognition of our residency training program, the Division of Radiation Therapy of the Department of Radiology must have access to beds for patient care and control of the patients therein.

In a similar fashion, we have been hearing rumors that such rules will be necessary in neurology, dermatology, and other fields.

Somehow it seems to me that there is something wrong with all of this in that the concerned parties are indirectly making up the rules and then bringing about their enforcement.

I hope you do not mind my troubling you with these somewhat vague concerns, but I believe such matters should come to the attention of our organization.

Sincerely yours,



Kinloch Nelson, M. D.
Dean

KN/mrb

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