

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

September 25, 1970

TO: CAS Executive Committee

FROM: Mary H. Littlemeyer

SUBJECT: Meeting October 10, 1970
AAMC Headquarters

This is to confirm the special meeting of the Committee called for Saturday, October 10. The meeting will be convened at 8:30 a.m. Hotel rooms have been reserved for the night of Friday, October 9, (unguaranteed basis) as follows:

DUPONT PLAZA Drs. Clark
Fitzgerald
Gregory
Warren
Weil

COSMOS CLUB Dr. Tosteson

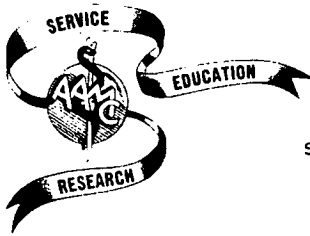
WASHINGTON
HILTON Dr. Kinney

It is our understanding at this time that all members except Dr. Feldman and Dr. Rhoads are able to be present. Unless we hear from you to the contrary, we will assume that you are planning to attend.

MHL:lew

cc: Dr. John A. D. Cooper

ENCL. Expense form and return envelope



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

October 2, 1970

TO: CAS Executive Committee
FROM: Mary H. Littlemeyer
SUBJECT: Meeting October 10, 1970
AAMC Headquarters

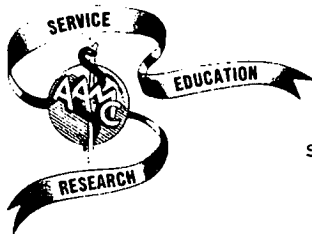
Enclosed are three options for the suggested revision of Article 6 of the CAS Bylaws.

To avoid needless duplication, we are asking that you bring your September 24 agenda, including materials distributed then, to the October 10 meeting. An agenda and other pertinent materials will be available on October 10, if not before. Upon registering at your hotel, please check to see if we have left anything for your arrival.

MHL:lew

Enclosures

cc: John A. D. Cooper, M.D.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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

October 2, 1970

TO: CAS Executive Committee
FROM: Sam L. Clark, Jr., M.D.
SUBJECT: CAS Bylaws Suggested Revisions

Enclosed are three options for suggested changes in Article 6 of the Bylaws. These are proposed after consultation with Drs. Weil and Warren, but I was not able to reach Drs. Gregory or Fitzgerald for their opinions. The three of us who conferred agree in recommending Option 3 for adoption.

Option 1 maintains the present system without panels, but adds the colleges as associate members who may not vote or hold office.

Option 2 creates two panels as we did before, but does not include the colleges at all.

Option 3 consists of the two previously described panels, plus a third panel for colleges, and formulas for unbalanced representation of the panels in the various activities of the Council of Academic Societies.

SLC:lew

Enclosure

Dictated but not read

1. Article 6

2. Option 1

3. Regular members of the Council of Academic Societies shall represent
4. Societies clearly identified with fields of research of teaching in American
5. medical schools, with membership consisting largely of full-time faculty of
6. such schools.

7. Associate members shall represent associations of practitioners of a
8. field of medicine with an active program in medical education and a membership
9. representative of the faculties of American medical schools, such as the
10. American College of Physicians or the American Academy of Pediatrics.
11. Associate members may not vote or hold office in the Council of Academic
12. Societies.

13. Option 2

14. The Council of Academic Societies shall be grouped into panels as follows:

15. (1) Panel of professorial societies: shall include societies with
16. membership drawn exclusively from full-time faculty of American medical schools
17. such as associations of department chairmen.

18. (2) Panel of professional societies: shall include societies clearly
19. identified with a field of teaching or research in American medical schools
20. with membership largely drawn from the full-time faculties of such schools, such
21. as the American Society of Anatomists or the American Neurological Association.
22. Assignment of societies to panels shall be the responsibility of the CAS Execu-
23. tive Committee, subject to the concurrence of the constituent societies. A
24. member-at-large of the CAS may join any panel that includes a society of which
25. he is a member.

26. The affairs of the panels shall be organized and conducted by the two
27. representatives of each constituent society plus any associate members-at-large.
28. Regular meetings of the panels will be held in conjunction with the Annual
29. Meeting of the CAS. Membership on the Executive Committee of the CAS (exclusive
30. of officers) shall represent the two panels equally. Seats in the Assembly of
31. the AAMC shall be filled by Panel 1 choosing 18 representatives from among its
32. representatives and Panel 2 choosing 17. No more than one seat on the Assembly
33. shall be assigned to a single society. If a panel contains fewer societies than
34. seats in the Assembly, the unfilled seats shall be filled by choice of the
35. Executive Committee of the CAS. The Nominating Committee of the CAS shall
36. represent the panels to the ratio of 4:3 for Panels 1 and 2 respectively.

37. Option 3

38. The constituent societies of the CAS shall be grouped into panels according
39. to the degree to which each represents the basic constituency of the CAS--the
40. faculties of the American medical schools.

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

43. (1) Panel of professorial societies: shall include societies with member-
44. ship drawn exclusively from full-time faculties of American medical schools, such
45. as societies of department chairmen.

46. (2) Panel of professional societies: shall include societies clearly
47. identified with a field of teaching or research in American medical schools
48. with membership largely drawn from the full-time faculties of such schools,
49. such as the American Society of Anatomists or the American Neurological
50. Association.

51. (3) Panel of colleges and academies: shall consist of associations of
52. practitioners of medicine with an active program in medical education and a
53. membership representative of the faculties of American medical schools, such
54. as the American College of Physicians.

55. Assignment of societies to panels shall be the responsibility of the CAS
56. Executive Committee, subject to the concurrence of the constituent societies.
57. A member-at-large of the CAS may join any panel that includes a society of
58. which he is a member. The affairs of the panels shall be organized and con-
59. ducted by the two representatives of each constituent society plus any asso-
60. ciate members-at-large. Regular meetings of the panels will be held in conjunc-
61. tion with the Annual Meeting of the CAS.

62. Membership on the Executive Committee of the CAS shall be in the ratio of
63. 3:2:1 for Panels 1, 2, and 3, respectively. Seats in the Assembly of the AAMC
64. shall be filled by Panel 1 choosing 17 representatives; Panel 2, 12 representa-
65. tives; Panel 3, 6 representatives. No more than one seat on the Assembly shall
66. be assigned to a single society. If a panel contains fewer societies than seats
67. in the Assembly, the unfilled seats shall be filled by choice of the Executive
68. Committee of the CAS. The Nominating Committee of the CAS shall represent the
69. panels in the ratio of 3:2:1 for Panels 1, 2, and 3, respectively, with the
70. chairman elected at large.

THE UNIVERSITY OF TEXAS
SOUTHWESTERN
MEDICAL SCHOOL AT DALLAS

DEPARTMENT OF SURGERY
DIVISION OF ORTHOPEDICS

5328 HARRY HINES BLVD.
DALLAS, TEXAS 75235

September 30, 1970

Sam L. Clark, Jr., M. D.
Chairman, Department of Anatomy
The University of Massachusetts Medical School
419 Belmont Street
Worcester, Massachusetts 01604

Dear Sam:

In a very serious consideration of the problems which were raised in Washington, I offer you the following comments to assist in the revision of the by-laws.

The only three alternatives which I can see are the following:

- I. An entirely open membership with no restrictions on the matter of office, election to the executive committee, etc. This seems to me to produce a possibility of delusion to total ineffectiveness.
- II. Closed membership to all societies other than those currently listed, with further membership by invitation only.

This is obviously a non-politic move, because many of the organizations currently in existence or to come into existence may have a more logical and valid claim to membership than some of those already in. And I can see the CAS being accused of partisanship or even worse, stupidity, which unfortunately might be true.

III. Bearing in mind the initial interest of the AAMC when the CAS was brought into existence and the original general guidelines which were used in the selection of the initial societies to become CAS constituents, I would argue that the CAS should remain the primary channel through which faculty, other than Deans, may convey their viewpoints to public issues which concern medical education. Very few of the basic science societies have any counterpart to the larger academies or colleges supported by most of the clinical specialties, and which seem to represent them on the national scene quite effectively on a variety of issues, including medical education. However the clinical specialties do have a counterpart to the basic science academic societies which are termed precisely that - clinical academic societies. It seems therefore that some protection might be afforded the basic science organizations against being outnumbered by their more numerous counterparts in the clinical specialties. Withal, the interest of the large clinical colleges and academies in medical education, and their desire to be a part of this organization is not altogether bad, providing it is controlled.

I repeat, I seriously doubt that any of the large clinical academies or colleges would give serious concern to a request from the Basic Science Federation for some kind of representation to their councils. Since I believe in two-way streets, I therefore offer the following stipulations to be embodied in the revision of the by-laws.

A. Membership

1. Regular membership - that single organization which in view of the Credentials Committee best represents the academic interest of each of the several disciplines or specialties shall be designated as regular members.
2. Associate membership . All other organization which in the view of the Credentials Committee otherwise fulfill the qualification of academic society may be nominated for and elected to associate membership in the CAS.
3. Officers - The President shall alternately be drawn from the basic science and clinical disciplines. Conversely, the President elect.
4. Executive Committee Members. Other than the officers, the Executive Committee Members shall be elected in equal numbers from the basic science and the clinical disciplines, and, the elected representatives to the Executive Committee of the AAMC shall be equally drawn from basic and clinical science disciplines - except - that all officers and representatives to either Executive Committee shall be members of regular constituent organizations.
5. Assembly members: The thirty-five members to the assembly from the CAS may be drawn in equal numbers from the basic and clinical disciplines, and, may be members of either regular or associate constituent organizations.
6. The Executive Committee of the CAS shall act as a credentials committee.

Perhaps with these suggestions and those you will receive from other members of the By-laws Revision Committee, you may be able to compile a workable acceptable realistic revision of the by-laws which will permit those with a legitimate interest to become involved, but will still protect those for whom the Council was initially created. Since this dictation has been transcribed after my departure, I shall let you interpolate wherever it may be necessary.

Sincerely yours,

C. F. Gregory, MD
C. F. Gregory, M.D.

CFG:rs

Agenda
Council of Academic Societies
Executive Committee
October 10, 1970
8:30 a.m. - 5:00 p.m.

AAMC Headquarters
Washington, D.C.

1. Call to Order
2. Consideration of Minutes
September 24, 1970, Meeting (attached)
3. Consideration of Function and Structure of the
Council of Academic Societies, and Criteria
for Membership
4. Proposed Revision of Bylaws, Article 6
(Options mailed 10/2/70)
5. Consideration of Applications for Membership
(See Minutes 9/24/70 Meeting:
Page 4, 14 applications considered 9/24/70
Page 8, 7 applications considered 6/12/70
See Also:
1 new application received since 9/24/70, attached)
6. Plans for February, 1971, meeting
7. Report of CAS Nominating Committee
8. Policy regarding two-year medical schools
(See Tab Mc of 9/24/70 agenda)
9. Annual Meeting Promotional Mailing
10. Other Business

Attachments

1. Minutes 9/24/70 Meeting
2. Application for Membership from American Association for the Study of
Liver Diseases

MINUTES
EXECUTIVE COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES
September 24, 1970

AAMC Headquarters
Washington, D.C.

Present: Committee Members

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

Staff

John A. D. Cooper
Mary H. Littlemeyer
Marjorie P. Wilson
Linda Warnick

* Present for a portion of the meeting

The meeting was called to order.

The minutes of the last meeting were adopted as circulated.

I. President's Report

AAMC President John A. D. Cooper reviewed with the Executive Committee the current organizational structure in development. The new plan is designed to enable AAMC to operate as a leadership organization rather than as one that continues merely to respond to new and ongoing trends.

Staff additions representing new expertise in key roles were described. A head for the Department of Academic Affairs is still being sought.

Dr. Cooper emphasized the interrelationships among the three AAMC Councils and among AAMC staff in the overall programs of the Association. AAMC resources are available to all Councils.

A newly established ad hoc Committee on the Financing of Medical Education draws representation from three other AAMC ad hoc committees: Biomedical Research Policy, Expansion of Medical Education, and Medicare. Such an arrangement, Dr. Cooper said, leads to a mobile organization through its flexibility. Fewer standing committees, therefore, will result, with an increase in ad hoc committees and task forces.

Since projects are authorized in the Executive Council, the three Councils need to be very critical of whom they nominate to representation.

The Association has legal counsel who is an expert in this area reviewing the Bylaws of the AAMC and those of its three Councils. The CAS Bylaws are inconsistent and on some points incompatible with AAMC Bylaws. To illustrate, CAS dues can only be revised by the Assembly of the Association.

Among concerns voiced by members of the Executive Committee were the following: the need to involve in the CAS "average" faculty members from CAS constituent societies and the need to maintain both the identity and the momentum that CAS has gained during its developmental years and not to submerge it in the AAMC organization vis-a-vis the old "Deans' Club."

II. Mechanism for Election of Societies to CAS Membership

The Executive Committee reviewed the summary under Tab B regarding its action on June 12, 1970, to recommend a revision in the mechanism for election of societies to CAS membership. In view of the finding that the Executive Committee was not, under the CAS Constitution, empowered to do this, it took the following action:

ACTION: Upon motion, duly seconded, the Executive Committee voted to sustain the present procedure for the election of societies to CAS membership.

III. Definition of Criteria for Assignment of Societies to Panels

In connection with this topic, the Committee reviewed the assignment of current CAS members to panels under Tab D. This summary of members assigned to Professorial and Professional Societies was prepared by Dr. Cheves Smythe according to information he had available at the first of the year but not according to explicit criteria available to the Committee at this time. Dr. Weil pointed out that the American Pediatric Society (254 members) was incorrectly listed under Professional Societies, whereas it should be under Professorial Societies.

Dr. Rhoads explained that the decision for inclusion of the colleges in the CAS was based on the desire to draw representation from continuing education. Dr. Rhoads proposed consideration of the following three Panels:

1. Panel of Professors
2. Panel of Professional Societies
3. Panel of Postgraduate Education

Dr. Warren presented an alternative suggestion for the three panels: Professorial; Research and Graduate Education; and Postgraduate (the colleges).

Dr. Gregory and Dr. Tosteson maintained that the CAS was founded to truly represent academic medicine; that the goal has not been accomplished but that the CAS is moving in that direction. Admission of young turks, and those with primary interest in research, or in graduate education is a step that has not yet been taken. Dr. Tosteson suggested deferring action on the colleges and emphasizing a more effective representation within the faculty.

ACTION: Dr. Clark moved that the action taken by the Executive Committee on June 12, 1970, as recorded in the minutes on page 5, to approve the applications of the seven organizations listed for membership, be reconsidered. The motion was seconded by Dr. Fitzgerald. The motion failed.

In the discussion of the previous action, Dr. Cooper pointed out that any reorganization of the Council of Academic Societies must be approved by the Executive Council. Any Bylaws change, which would include a "Panel of Colleges" or any other modification would not be effective until approved by the Executive Council. Ratification by the Executive Council would not be possible before its December meeting.

Drs. Rhoads and Weil supported the inclusion of the colleges.

ACTION: Dr. Rhoads moved that the CAS Bylaws Committee be reactivated to reconsider Article 6, adding colleges with a definition and including a mechanism for representation, for consideration by the Executive Committee in Los Angeles. This motion was seconded and carried unanimously.

IV. Consideration of Applications for Membership

ACTION: The motion was made and duly seconded that applications for membership be considered later in the agenda. The motion failed.

A total of seven applications for membership had been approved by the CAS Executive Committee on June 12, 1970. Five of these were "colleges." For this reason, a number of applications previously refused because the organizations were "colleges" were reactivated; two applications tabled at the June meeting were reconsidered; and five new applications were presented for consideration, making a total of 14 applications for action before the CAS Executive Committee on September 24.

ACTION: The action of the CAS Executive Committee taken on September 24, 1970, applications for membership is summarized on the following page.

CAS Executive Committee/4

APPROVED (Panel)

1. American Academy of Allergy (3)
2. Plastic Surgery Research Council (2)
3. Assn. for Academic Surgery (2)
- * 4. Am. Gastroenterological Assn. (2)
- * 5. Am. Assn. for Thoracic Surgery (2)
6. The Endocrine Society (2)
7. Southern Society for Clinical Investigation (2)

DEFERRED

1. Society of Teachers of Family Med.
- ** 2. Am. College of Cardiology
- ** 3. Am. Academy of Dermatology
- ** 4. Am. Soc. of Plastic & Reconstructive Surgeons, Inc.
- ** 5. Am. Academy of Physical Med. & Rehabilitation
6. Assn. for Hospital Medical Education
- ** 7. Am. Academy of Neurology

* Approved pending investigation of reason why CAS Executive Committee approval had been withdrawn. Record shows that these organizations were approved by the CAS Executive Committee and narrowly won approval by the CAS Membership on November 2, 1969. Upon recommendation of the CAS Executive Committee, on December 18, 1969, the Executive Council remanded applications of the American Association for Thoracic Surgery and the American Gastroenterological Association to the Executive Committee. No further action was taken.

** Application deferred pending report of the Chairman's ad hoc committee to investigate the colleges in existence to decide which is most prominent in the field to advise the Executive Committee.

(continued)

The Executive Committee engaged in a vigorous discussion about the approval of the Southern Society for Clinical Investigation. The vote was tied with four for and four against; the Chairman broke the tie favoring approval. Dr. Rhoads thought that the Committee ought not to consider applications from regional societies. Dr. Weil shared this sentiment. Both felt that this was a policy issue. The other camp held that the application should be considered based on the single merits of the group applying. This organization has been very actively interested in the efforts of the Committee on Biomedical Research Policy and is soliciting contributions to aid in its support. This brought up the question of the overriding purpose for which the Council of Academic Societies was founded, as delineated in its Constitution:

**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.

At this point the meeting was adjourned for lunch, which was served in the Conference Room. The first item of business following lunch was the introduction of the following motion by Dr. Gregory.

ACTION: It was moved that all applications acted upon by the Committee in the morning be reconsidered, not retroactive to past meetings, and that, at the same time, guidelines be produced for decisions regarding the future election of applicants. The motion was seconded by Dr. Weil.

Dr. Gregory added that policy has been decided regarding the selection of regional organizations and colleges in the absence of criteria for membership. Dr. Kinney supported the idea of soliciting members in areas in which the CAS is weak. Dr. Fitzgerald thought that the Committee needed better cri-

teria for admissions and more study of the applications. Dr. Kinney advocated a full day's meeting within the next two-three weeks devoted to the structure and function of the Council of Academic Societies. Another voice indicating the need for such a meeting was that of Dr. Warren. Dr. Clark supported Dr. Kinney's concern but added that decisions had been made before Dr. Weil and Dr. Gregory came to the CAS Executive Committee, although this did not mean that such decisions should not be reconsidered.

(Motion restated) ACTION: It was moved, and duly seconded, that the Executive Committee reconsider the morning's actions only with regard to constituent elections and that guidelines be produced regarding future criteria for election of applicants, not including the election of colleges elected at the previous meeting whose election must stand. The motion carried with three for, three against, one abstaining, and the Chairman voting in favor of the motion to break the tie. At this point, Dr. Rhoads had left the meeting.

Dr. Clark then offered the following motion, which was not seconded:

MOTION: That the Executive Committee adopt an open admissions policy that requires that the applicant organization further the aims of the CAS, that it have an interest in medical education, and which, in the judgment of the Executive Committee, satisfies minimal standards.

Dr. Clark said the Committee should accept the idea of open membership and develop minimal standards. Dr. Clark then presented the following motion:

MOTION: That the CAS Executive Committee agree on a policy of relatively open admission, with minimum standards developed, subject to review by the Executive Committee.

Dr. Clark withdrew the above motion, and offered the following motion:

MOTION: That the Executive Committee agree that there should be no policy regarding the number of societies admitted to the Council of Academic Societies. There was no second to the motion.

Dr. Tosteson summarized the issues as follows:

1. Representation from the Panels in the Assembly & Executive Council
2. Representation from the Panels in the CAS Executive Committee
3. Number of representatives per society
4. Independence of Panels in regard to:
 - (a) Officers
 - (b) Projects
 - (c) Money

Dr. Gregory presented the following proposal for representation:

Officers--Alt. Basic Science/Clinical Sciences
Executive Committee--Equity Basic Science/Clinical Sciences
AAMC Committee Representatives--Equity Basic Science/Clinical
Sciences
Categories of Members (with two representatives per organization)--
Professional)
Professional) One organization per discipline or specialty
Colleges)

Dr. Kinney thinks that the Executive Committee should stop to think what is best for the CAS and what will most clearly represent the faculty.

Dr. Cooper pointed out that when groups have interests that diverge from the medical center interests, it is more difficult to get a consensus.

Dr. Weil's suggestion for organization was the following:

Representation	Orientation
3	Academic (Primarily)
2	Mixed (Both Academic and Practice)
1	Practice (Primarily)

The above scheme emphasizes that the Council of Academic Societies is faculty-oriented.

Dr. Warren suggested that one organization per specialty or discipline of medical education might be indicated, with associate membership of other groups.

Dr. Clark favored Dr. Kinney's suggestion that action on the colleges be suspended.

Dr. Gregory suggested that the colleges be left in but that an Associate Membership be established in the Bylaws.

A discussion ensued regarding developing a "third force" for medicine. Dr. Tosteson said that an ecumenical voice in academic medicine is quite different from a third force in medicine. The question has to be asked: Will the addition of societies in the past year accelerate the trend toward an ecumenical voice in academic medicine within the AAMC? Dr. Clark added his doubts that the colleges would enhance the purposes of the medical school faculty through the CAS. Dr. Kinney then suggested that the Executive Committee approve the American College of Physicians, the American College of Surgeons, and the American Academy of Pediatrics as regular societies and drop the panel idea to see what happens.

The Chairman named a new CAS Committee on Bylaws. It consists of Dr. Clark, as Chairman, and Drs. Fitzgerald, Gregory, Warren, and Weil. The Committee is charged to prepare possible revisions of Article 6 for consideration by the Executive Committee.

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ACTION: Dr. Kinney moved that the actions taken regarding membership on June 12, 1970, be reconsidered. The motion was duly seconded and carried with two voting against the motion.*

V. Consideration of Dues

No change in dues for CAS members will be recommended at this time.

VI. Next Meeting

A special meeting of the Executive Committee was called to convene on October 10 at 8:30 a.m. in the Conference Room of the AAMC Headquarters.

VII. Adjournment

The meeting was adjourned at 4:30 p.m.

* Applications that had been approved by the Executive Committee June 12, 1970, were:

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

1. Name of Society

American Association for the Study of Liver Diseases

2. Purpose

To aid and encourage research in liver diseases, by any means in the Association's power; (b) endeavor to improve methods of diagnosis and treatment of liver diseases; and (c) further the knowledge of liver diseases by seminar discussions of problems pertaining to such diseases.

3. Membership

Any scientist who has contributed to the study of liver diseases, including therein investigators in the various fields of biochemistry, physiology, biology, pathology, experimental medicine as well as clinical investigations.

4. Number of Members

250

5. Constitution and bylaws available

6. Minutes of the 20th Annual Meeting (including agenda), held October 29-30, 1969, are available.

7. Organized

November 3, 1949

8. Recommendation

MINUTES
EXECUTIVE COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES
October 10, 1970

AAMC Headquarters
Washington, D.C.

Present: Committee Members

D. C. Tosteson, Chairman (Presiding)
Sam L. Clark, Jr.
Patrick J. Fitzgerald
Charles Gregory
Thomas D. Kinney
James V. Warren

Staff

John A. D. Cooper
Mary H. Littlemeyer
Linda Warnick

Absent: Harry A. Feldman
Jonathan E. Rhoads
William B. Weil, Jr.

The meeting was called to order.

The minutes of the last meeting were adopted as circulated.

I. Report of the CAS Nominating Committee

The CAS Nominating Committee elected this year consisted of Dr. Charles A. Janeway (Chairman), and Drs. Sam L. Clark, Jr., Charles F. Gregory, Thomas D. Kinney, Eugene A. Stead, Jr., D. C. Tosteson, and Louis G. Welt (Members). Four of these individuals, also members of the CAS Executive Committee, were present. There was considerable discussion about the limited effectiveness that the Nominating Committee encountered again this year. To eliminate these recurring difficulties, a proposed revision in the Bylaw (Article 2, Section 2) governing the mechanism for the establishment of the Nominating Committee had been approved by the Executive Committee on June 12.

Dr. Tosteson reviewed the tenure of office of the Executive Committee as presently constituted: five of the eight members would rotate off in the fall of 1971. This does not include the Secretary-Treasurer, who is elected annually. After a careful consideration of this dilemma, the Executive Committee took the following action:

ACTION: Upon motion made by Dr. Sam Clark and seconded by Dr. Thomas Kinney, the Executive Committee unanimously approved the assignment of terms of office to the Executive Committee to end in 1970 to Drs. Clark, Kinney, and Rhoads; and terms of office to the Executive Committee to end in 1971 to Drs. Fitzgerald,

ACTION:
(Cont.) Gregory, and Weil.

Hereinafter, Executive Council Membership as a CAS representative will not require simultaneous membership on the Executive Committee of the Council of Academic Societies. Representatives from the Council of Academic Societies to the Executive Council shall be ex officio members of the Executive Committee of the Council of Academic Societies.

Dr. Tosteson reviewed the slate that has been drawn up for election by the CAS Membership at the Annual Business Meeting, October 31. It consists of the following:

Chairman of the Assembly	One Name
CAS Chairman	One Name
CAS Chairman-Elect	Two Names
CAS Secretary-Treasurer	One Name
CAS Executive Committee	
Two-year Terms	Three Positions Open--Six Names
One-year Term	One Position Open to Fill Unexpired Term--Two Names

The Chairman-Elect will serve as the new CAS Representative to the AAMC Executive Council.

A summary of terms in office of the Executive Committee reflecting the action above described appears on the attachment to these minutes.

II. Report of the Bylaws Committee

As charged by the Executive Committee on September 24, the newly constituted CAS Bylaws Committee drafted options for a revised Article 6 to the Bylaws (to replace that reviewed on September 24) for proposed adoption by the Membership on October 31. These options were distributed by the Chairman, Dr. Sam L. Clark, Jr., to the Executive Committee prior to the meeting. Dr. Clark summarized the intent of the three options as follows:

Option 1 maintains the present system without panels, but adds the colleges as associate members who may not vote or hold office.

Option 2 creates two panels as we did before, but does not include the colleges at all.

Option 3 consists of the two previously described panels, plus a third panel for colleges, and formulas for unbalanced representation of panels in the various activities of the Council of Academic Societies.

In addition, Dr. Gregory had written to Dr. Clark offering other alternatives. His letter was reproduced for the Committee and is a part of the Archives of these minutes.

Although the Committee reached no consensus on the matter, a number of

issues were surfaced:

1. What is "academic" medicine? If this is the continuum espoused by Coggeshall and others, does this mean a broadened role for the Council of Academic Societies, to include continuing education, over that delineated in its Constitution?
2. Does the Council of Academic Societies represent academic medicine or medicine? Dr. Fitzgerald predicted that the CAS would lose faculty participation in direct proportion to the admission of the colleges and academies.
3. What purpose would be served in the creation of panels? An individual's orientation is first to his discipline or specialty. The Council of Academic Societies has been created to provide a forum to bring together faculties of the schools of medicine. To create separate panels will emphasize the stratification that already characterizes the group that the CAS has been attempting to unite.
4. Should the organizations be the members of the CAS, rather than the individuals designated by them, as is now the case?

Finally, it was agreed that expansion of the CAS is a matter for AAMC consideration. Dr. Cooper suggested that this might be a major agenda item for the AAMC December retreat.

After much discussion and debate over the panel options, the following action was taken:

ACTION: Upon motion, duly seconded, the Executive Committee agreed in principle to admit colleges to CAS membership, leaving unspecified their representation. The motion carried with four for and one against (Dr. Fitzgerald).

Dr. Tosteson spoke against the panel concept and introduced a fourth option: a simple Bylaw that attempts to assure that the two representatives from any organization be full-time members of the faculties of schools of medicine or comparable institutions of medicine or research. Then the question of defining "full-time" faculty arose. Dr. Warren favored either no panels or two panels, one for the full-time faculty and the second for all others. Dr. Clark said he was convinced that the panel idea should not be pursued and favored no change.

The following motion was offered by Dr. Warren:

MOTION: To discontinue the panelization process, prepare a statement of questions to be presented for long-range consideration, and reconsider applications for membership. There was no second to the motion.

At this point, the following summary of options was made:

- Option 1. Proceed to enlarge the CAS by recommending additional groups including the colleges, with no other changes;
- Option 2. Adopt a panel system of two panels--one professorial and the second all others; or
- Option 3. Remain with the basic unity of the CAS but adopt a policy that would assure that organizations contribute individuals who are primarily academicians.

ACTION: Upon motion made by Dr. Clark, and seconded by Dr. Warren, the Executive Committee voted unanimously to rescind its June 12 recommendation of Bylaws Article 6.

III. Consideration of Applications for Membership

ACTION: It was moved by Dr. Warren, and seconded by Dr. Kinney, that applications for membership of the seven societies approved by the Executive Committee on June 12, and as listed on page 8 of the September 24, 1970 Minutes, be reapproved.

Dr. Gregory observed that the recommendations had again been made in the absence of stated guidelines. Dr. Clark indicated that he was perhaps not as uncomfortable in the absence of explicit criteria as he would be with them. Dr. Tosteson indicated that more than this discussion what was needed was a provision to assume that the individuals that represent the groups come from academic medicine. Dr. Gregory then offered an amendment to the motion.

AMENDMENT TO THE MOTION: To reaffirm the motion with a temporary freeze on the admission of additional societies. Dr. Fitzgerald seconded the amendment to the motion. The amendment to the motion was not accepted and was withdrawn.

ACTION:
(Cont.) The motion carried with four for and one against (Dr. Fitzgerald).

Applications thereby approved for membership are:

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

MOTION: Dr. Clark made a motion to approve the application of the Association of Academic Surgery. The motion was duly seconded.

Dr. Tosteson pointed out Dr. Gregory's earlier recommendation that each discipline or specialty have only one representative society and that the CAS

already has three members that represent surgery. Dr. Gregory added that the organizations represent "general surgery," and no one can define what that encompasses.

Dr. Clark subsequently withdrew the motion.

MOTION: Dr. Gregory moved that the Executive Committee temporarily defer consideration of all pending applications. The motion was seconded but was defeated.

ACTION: Dr. Clark made a motion to approve the application of the Association of Academic Surgery. The motion was seconded by Dr. Kinney and was unanimously approved.

ACTION: Dr. Warren moved approval of the remaining six applications approved on September 24 (as listed on page 4 of the minutes). The motion was duly seconded and carried with one abstaining (Dr. Fitzgerald).

The applications thereby approved are:

1. American Academy of Allergy
2. Plastic Surgery Research Council
3. American Gastroenterological Association
4. American Association for Thoracic Surgery
5. The Endocrine Society
6. Southern Society for Clinical Investigation

MOTION: Dr. Gregory then moved that all applications deferred on September 24 (as listed on page 4 of the minutes) be approved. The motion failed for lack of a second.

The application for membership of the American Association for the Study of Liver Diseases was next considered.

ACTION: It was moved, duly seconded, and unanimously carried that the new application from the American Association for the Study of Liver Diseases be deferred.

Applications deferred, then subsequently reconsidered, on September 24, were again considered.

ACTION: It was moved, seconded, and unanimously carried that the following applications, deferred on September 24, then reconsidered on the same day, be again deferred:

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

The Bylaws Committee was designated to prepare resolution on the matter of Voting Representation in the Assembly. (NOTE: This was subsequently done and appears as Article 6 of the Bylaws being proposed for adoption on October 31, 1970).

V. Carnegie Report

The President distributed to the Executive Committee copies of Higher Education and the Nation's Health: Policies for Medical and Dental Education-- A Special Report and Recommendations by The Carnegie Commission on Higher Education. 130 pp. October 1970. The Report will be released to the public October 29 at the AAMC Annual Meeting in Los Angeles. Copies were later distributed to official representatives of the Council of Academic Societies, and the CAS Committee on Biomedical Research Policy. The Committee did not feel that it could, in good conscience, endorse the Report. In specific situations, however, the Committee noted recommendations that were consonant with those of the AAMC.

VI. Annual Meeting

The Committee reviewed the schedule of activities previously distributed. A few changes were made, and a revised calendar was mailed to the Committee on October 16.

The Committee received as information the promotional materials regarding the Council of Academic Societies that went forward to almost 300 CAS members on October 9. Included was an informative summary of the year's activities; a list of key committees, both AAMC and CAS; and a synopsis of the CAS program to be held in Los Angeles.

VII. Consideration of February, 1971 Meeting

The CAS Executive Committee wishes to consider holding an all-day meeting on Friday, February 12, at the Palmer House in Chicago.

A short business meeting might include:

- Family Practice
- Medicare
- Third-Party Payers vs. Teaching Hospitals
- Committee Reports

An ad hoc Committee will do some preliminary planning on Thursday, October 29, with lunch in Dr. Warren's suite at the Biltmore. Joining Dr. Warren on this ad hoc Committee are Drs. Clark, Fitzgerald, and Weil.

Tentative plans for the February meeting are:

Feb. 11 (Thurs.)	8 pm	CAS Executive Committee
Feb. 12 (Fri.)	all day	CAS Membership
Feb. 13 (Sat.)	am	AAMC Executive Council
	pm	AAMC Assembly
Feb. 14 (Sun.)	all day	AMA Congress
Feb. 15 (Mon.)	all day	AMA Congress

SUMMARY OF ACTIONS ON ALL APPLICATIONS:

Applications approved.--The following applications were approved and, in compliance with the Bylaws of the CAS, staff were instructed to send to the Membership in a memorandum dated October 1, the following recommendations for membership:

1. American Academy of Allergy
2. American Academy of Ophthalmology and Otolaryngology
3. American Academy of Pediatrics
4. American Association for Thoracic Surgery
5. American College of Obstetricians and Gynecologists

6. American College of Physicians
7. American College of Surgeons
8. American Gastroenterological Association
9. American Society for Clinical Investigation, Inc.
10. Association for Academic Surgery

11. The Endocrine Society
12. Plastic Surgery Research Council
13. Society for Pediatric Research
14. Southern Society for Clinical Investigation

Applications deferred.--The following applications were deferred:

1. American Academy of Dermatology
2. American Academy of Neurology
3. American Academy of Physical Medicine & Rehabilitation
4. American Association for the Study of Liver Diseases
5. American College of Cardiology
6. American Society of Plastic and Reconstructive Surgeons, Inc.
7. Association for Hospital Medical Education
8. Society of Teachers of Family Medicine

Dissemination of information.--Staff were instructed not to release any information regarding the status of any new application. Any inquiries that relate to this issue are to be referred to the Chairman of the CAS Executive Committee.

IV. Consideration of CAS Voting Representatives to the AAMC Assembly

In the event that a quorum is not declared present in an AAMC Assembly, the roll must be called. For this purpose, the Executive Committee was asked for a list of its Voting Representatives to the AAMC Assembly. The CAS, however, has not designated voting members and could not comply with this request. This will be handled informally during the business meeting on October 31.

ACTION: Dr. Kinney made a motion that when membership in the CAS exceeds 35 members, one of which each now has one vote in the Assembly, the first 35 members elected to the CAS have the option of one seat each. Then, in rotation as places occur, the next organization will be invited to name a Voting Representative. The motion was seconded and carried.

VIII. Retreat for Deans of New Schools

The Executive Committee received as information the report from the deans of newly developing schools under Tab Mc of the September 24 meeting. Among other recommendations transmitted by that group was that the "Liaison Committee should consider taking action which would strongly discourage the formation of new two-year medical schools."

IX. Next Meetings

The Executive Committee will next meet on Thursday, October 29, 3:00 - 5:30 pm, Room 2341, Hotel Biltmore, Los Angeles.

The new Executive Committee will meet immediately following the CAS Annual Business Meeting, Saturday, October 31, 5:30 - 6:00 pm, in Dr. Warren's suite at the Biltmore.

X. Adjournment

The meeting was adjourned at 2:30 pm.