

CAS ADMINISTRATIVE BOARD

AGENDA

September 16, 1971  
9:00 AM - 3:00 PM

The Cosmos Club  
2121 Massachusetts Avenue  
Washington, D.C.

TAB

- I. Approval of Minutes of Administrative Board Meeting  
of June 4, 1971.

A

II. Action Items

- \*1. Institutional Faculty Representatives in the CAS

B

(Drs. Robert Blizzard, ~~John Blinn~~ and Michael Ball  
will attend to express concerns of faculty regard-  
ing CAS-AAMC activities in biomedical research.)

- \*2. Membership Applications

- a. 1) American Association of Immunologists  
Report by: Ronald W. Estabrook, Ph.D.  
William B. Weil, Jr., M.D.

C

- 2) Association of Medical School Microbiology  
Chairmen  
Report by: Ernst Knobil, Ph.D.  
Sam L. Clark, Jr., M.D.

D

- b. Interview and Final Review

- 1) Society of Teachers of Family Medicine  
(Dr. Leland F. Blanchard and Dr. Marion  
Bishop will be our guests at lunch.)

E

- \*3. Increasing CAS Dues

F

4. Selection of member societies as delegates to  
the Assembly meeting.

III. Discussion Items

1. Agenda for Council's Business Meeting in October.  
2. Topic for Council's program at February meeting.

\*Comments attached

CAS Administrative Board  
Agenda  
September 16, 1971  
Page two

TAB

IV. Information Items

1. The Examination Development Program in the Division  
of Educational Research and Measurement. (Dr. Erdmann)
2. Primary Care Committee
3. Status Report on Program for October meeting
4. Minutes, February Council meeting G
5. Report on Legislative Activities - Dr. Cooper
- \*6. Report on current status of faculty unionization -  
Mr. Joe Keyes H

\*Comments attached

MINUTES  
ADMINISTRATIVE BOARD  
COUNCIL OF ACADEMIC SOCIETIES  
June 4, 1971

O'Hare Airport  
Chicago, Illinois

Present: Committee Members

James V. Warren, Chairman (Presiding)  
Sam L. Clark, Jr.  
Patrick J. Fitzgerald  
Charles Gregory  
\* Thomas D. Kinney  
Ernst Knobil  
William Longmire  
\* Jonathan E. Rhoads  
William B. Weil, Jr.

Staff

John A. D. Cooper  
Richard M. Knapp  
Mary H. Littlemeyer  
August G. Swanson

Absent: Committee Members

Ronald W. Estabrook  
Louis G. Welt

\* Ex Officio

I. Adoption of Minutes

The minutes of the CAS Administrative Board meeting held April 9, 1971, were adopted with the deletion of the comma in the last sentence in Section II (Page 2). The revised sentence reads:

The amendment to the motion was defeated when the Chairman voted to break the 4-4 tie.

II. Corporate Responsibility for Graduate Medical Education

ACTION: On motion, duly seconded, ~~the~~ Administrative Board voted unanimously to forward the following policy statement on the responsibility of academic medical centers for

graduate medical education to the Executive Council with the recommendation that it be presented to the Assembly for action at the Annual Meeting:

POLICY STATEMENT ON THE  
RESPONSIBILITY OF ACADEMIC MEDICAL CENTERS  
FOR GRADUATE MEDICAL EDUCATION

The Association of American Medical Colleges endorses the concept that graduate medical education should become a responsibility of academic medical centers. Through this endorsement the Association urges the faculties of academic medical centers to develop in conjunction with their parent universities and their teaching hospitals, programmatic plans for taking responsibility for graduate medical education in a manner analogous to presently established procedures for undergraduate medical education.

Assumption of this responsibility by academic medical center faculties means that the entire faculty will establish mechanisms to: determine the general objectives and goals of its graduate programs and the nature of their teaching environment; review curricula and instructional plans for each specific program; arrange for evaluating graduate student progress periodically; and confirm student readiness to sit for examinations by appropriate specialty boards.

The Association encourages hospitals with extensive, multiple graduate education programs, which are not now affiliated with academic medical centers to develop their own internal procedures for student selection, specific program review and proficiency examinations. The accrediting agency is urged initially to accredit the entire graduate program of these hospitals. Ultimately, these institutions should either develop affiliations with degree-granting academic medical centers or seek academic recognition as free-standing graduate medical schools.

The Association urges that the Liaison Committee on Medical Education, the Residency Review Committees, and the Specialty Boards establish procedures which will provide for adequate accreditation of an entire institution's graduate medical education program by one accrediting agency.

The Association further urges that the Specialty Boards continue to develop test instruments for measuring achievement of individual candidates that avoid superimposing rigid program requirements on the academic medical centers.

It is essential that all related components (including hospitals) of academic medical centers jointly develop appropriate financing for the program costs of graduate medical education.

### III. Expansion of Liaison Committee on Medical Education

Dr. Swanson reported on the May 22 meeting of the American Board of Medical Specialties which he and Dr. John Nurnberger attended as representatives of the AAMC. The principal item on the agenda was consideration of the proposal to expand the Liaison Committee on Medical Education and enlarge its responsibilities toward accrediting graduate programs, allied health programs and continuing education programs, as well as undergraduate programs in academic medical centers. The Executive Committee of the ABMS presented an alternative proposal recommending that the ABMS seek liaison with the Committee on Medical Education of the AMA and establish a separate Graduate Liaison Committee on Medical Education. In justifying this recommendation, the Executive Committee pointed out that the implementation of plans to expand the present Liaison Committee on Medical Education seemed to be moving too slowly to meet the needs of specialty boards. Failure to give the ABMS equal representation with the AAMC and the AMA was also criticized. There was vigorous discussion and opposition expressed to the exclusion of the AAMC from the proposed Graduate Liaison Committee on Medical Education. A resolution was finally passed stating that the ABMS was in favor of expanding the present Liaison Committee with the ABMS having equal representation with the AAMC and the AMA; but, in view of the slowness of implementation of the expansion, the ABMS planned to go ahead with an alternate proposal. During the discussion, Dr. Swanson clearly established that the AAMC favored expanding the Liaison Committee on Medical Education. He emphasized that impediments to rapid implementation of the Liaison Committee did not come from the AAMC.

ACTION: On motion, duly seconded, the CAS Administrative Board unanimously passed the following resolution:

In view of the action taken by the American Board of Medical Specialties with regard to graduate medical education, the Board reaffirms its position on an expanded Liaison Committee on Medical Education and urges its implementation. Further, the Board presses the Council on Medical Education to make known

its present status on this matter and if any action be unfavorable, the rationale be explained.

#### IV. National Intern and Resident Matching Program

Dr. Cooper reported on the recent NIRMP Board meeting. The Board adopted policy, to become effective with the next matching program, to require all hospitals participating in the matching program to operate through the matching plan for all first-year graduates. The Board also requires that it be the corporate responsibility of the hospital participating in this program to include all of the specialties of first-year graduates; also, all of the specialties must participate, or none can. The Executive Council of the AAMC, COD, COTH and CAS all have taken positions in support of this policy. There are currently sixteen specialties according to the American Board of Medical Specialties which no longer require internships; however, there are several states which still demand internship for licensing. The AMA House of Delegates at their last meeting recommended that the first year of specialty training be accepted in lieu of an internship.

#### V. CAS Rules & Regulations

ACTION: On motion, duly seconded, the CAS Administrative Board unanimously approved the revised CAS Rules & Regulations (under Tab L) which are to be sent to the CAS Membership for action at the CAS Annual Meeting.

#### VI. Applications for Membership

ACTION: The Board took action on 10 applications and on one earlier inquiry. The names of these organizations and the actions taken follows:

1. Southern Society for Clinical Research - Board approval for vote at fall CAS meeting.
2. American Federation for Clinical Research - Board approval for vote at fall CAS meeting.
3. American Association for the Study of Liver Diseases - Board requires additional information, including faculty component in membership.

4. Association for Hospital Medical Education - Board disapproval.

5. Society of Teachers of Family Medicine - Board invitation to appear before it.

The Administrative Board is not considering application of "colleges" at this time. The following applications, previously deferred, fall into this category of "colleges", and are, therefore, deferred indefinitely:

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.

Finally, the Central Society for Clinical Research will be invited to complete its application.

ACTION: If inquiries are received on applications in deferred status, Dr. Swanson, in consultation with Dr. Warren, is authorized to assign two Board members for investigation.

#### VII. Legislative Developments

During luncheon Dr. Cooper briefed the Board on recent legislative developments.

#### VIII. Committee on House Staff Organization

Dr. Richard Knapp, Director of AAMC's Division of Teaching Hospitals joined the Board to report on this newly formed committee.

#### IX. Biomedical Research Activities

A resume of research-support activities of the AAMC (Tab O) was presented.

ACTION: Upon motion, duly seconded, the Board took the following action:

1. That the President discharge the Committee with appreciation for its work and the report it produced;

2. That, in addition, the Committee Chairman be advised that (a) the Committee recommendation that an Office for Biomedical Research Policy be established was authorized by the Executive Council (b) the Committee recommendation that a cost:benefit analysis of biomedical research had been explored by staff, and since it would require AAMC funding, is being referred to AAMC Executive Council for consideration and (c) any future committee in this area will be an AAMC-wide committee, representing the three AAMC Councils.

#### X. Faculty Representation

Faculty representation will be taken up by the AAMC Executive Council at its next meeting. No action by the CAS Administrative Board was in order at this time.

#### XI. Annual Meeting

In conjunction with the AAMC Annual Meeting, the Department of Academic Affairs will sponsor a two-hour meeting devoted to "Evaluation of the Quality of Performance of Practicing Physicians".

The Department of Academic Affairs is also soliciting exhibits that demonstrate innovative educational ideas or innovative educational technology in current use in medical education.

#### XII. Dues Increase\*

Possible schedule for dues (Tab P) were reviewed.

ACTION: On motion, duly seconded, the Board unanimously voted to authorize the President to write the heads of the CAS organization regarding increasing programs and costs, sending Schedule #1, plans to propose the dues

\*In Dr. Warren's absence from the meeting at this point, Dr. Clark took the Chair.



increase in the fall, asking for written comments before them, and, finally, asking that delegates to the fall meeting be prepared to vote on the dues increase.

XII. Next Meeting

The Administrative Board will next meet on September 16, 1971, 9 a.m. - 4 p.m., at AAMC Headquarters, Washington, D.C.

XIV. Adjournment

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

6/23/71  
MHL/cc

## CAS FACULTY REPRESENTATIVES

The Executive Council at its June 24 meeting, received a recommendation from the Council of Deans regarding the development of the Faculty Organization in the AAMC. The COD recommendation stated:

We recommend to the Assembly that the Association at this time not consider any further mechanisms of representation of the faculties in the National Association and that such existing mechanisms be strengthened and utilized to increase the opportunity for faculty input.

Recognizing that the CAS was originally conceived as a mechanism for faculty input, the Executive Council has asked the CAS to review the problem and develop greater opportunities for faculty participation in the AAMC through the CAS.

There are two possible mechanisms consistent with the tax laws governing the AAMC.

I. The Council of Academic Societies should be expanded to include 2 representatives from the faculty of each institutional member. To meet the legal requirements of the AAMC's tax exempt status, faculty would have to be institutional representatives chosen by their institution through whatever system the institution adopts.

One of these representatives could be designated as principally responsible for improving faculty participation in research support endeavors. The other representative could be specifically charged with informing the faculty of educational innovations and changes.

The Council of Academic Society votes in the Assembly should be increased by a number equivalent to 10% of the institutional members having faculty representatives in the expanded CAS, these extra voting slots to be filled by faculty representatives.

The CAS Administrative Board would be increased by 2 faculty representatives. The CAS representation on the Executive Council to be increased by 1 faculty representative.

II. The Association, through the Council of Academic Societies, should make a major drive for getting faculty members to join the AAMC as individual members and offer to these newly recruited members membership-at-large in the CAS. The Constitution and Bylaws of the AAMC do not permit voting by members-

at-large but these members would be able to participate in the programs of the CAS and could be appointed to AAMC committees. There would be no change in the Administrative Board, the Executive Council or votes in the Assembly.

These members would receive both the Bulletin and the Journal of Medical Education and would thus be informed of AAMC activities.

If faculty representatives from medical schools were to be brought into the CAS some revisions in the Rules and Regulations of CAS would be necessary. The attached copy of the Rules and Regulations which were approved by the Administrative Board on June 4th have been modified to make them consistent with the admission of institutional faculty representatives. Modifications are shown by crossed out deletions and additions in italics. No modifications of the Rules and Regulations would be necessary to implement option 2.

Association of American Medical Colleges  
Council of Academic Societies

Introduction

The Association of American Medical Colleges is a corporation organized for the advancement of medical education. The purpose is exclusively educational, scientific and charitable.

The Association membership consists of classes known as (1) Institutional Members, (2) Provisional Institutional Members, (3) Academic Society Members, (4) Teaching Hospital Members, and (5) such other members as provided in the Bylaws of the Association. Institutional Members have the right to vote. Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members have the right to vote to the extent and in the manner provided by the Bylaws of the Association. All voting members are organizations with a tax exempt status as set forth in Section I of the Bylaws of the Association. The member Academic Societies of the Association form the Council of Academic Societies. This Council is governed by the Rules and Regulations set forth below. The Council of Academic Societies was formed in order to provide for greater faculty participation in the affairs of the Association of American Medical Colleges. The specific objectives of the Council are to serve as a forum and as an expanded medium for communication between the Association and the faculties of the schools of medicine.

In this forum, enhanced faculty participation in the formulation of national policies to provide for the whole span of medical education is provided. Mechanisms of communication include election of representatives to serve on the Executive Council of the Association of American Medical Colleges as set forth in the Bylaws of the Association.

Rules and Regulations of the  
Council of Academic Societies

Section I. Members

1. Academic Societies active in the United States in the professional fields of medicine and biomedical sciences which have special interests in advancing medical education may be nominated for election to membership in the Association of American Medical Colleges by a two-thirds vote of the Society Representatives at a duly constituted meeting of the Council of Academic Societies, provided that notice of the proposed nomination shall have been given to the Representatives of the member Societies at least thirty (30) days in advance of the meeting. The names of Societies so nominated shall be recommended to the Executive Council of the Association of American Medical Colleges for election to membership therein by the Assembly of the Association.

2. *Medical schools in the U.S. and Canada that are institutional members of the AAMC, may designate representatives to the CAS from their faculties.*

3. Individuals with a special competence or interest in advancing medical education may be nominated by the Council for membership in the Association of American Medical Colleges using the same procedure as set forth above for nomination of member Societies. Individuals so elected to membership in the Association of American Medical Colleges shall be members-at-large of the Council of Academic Societies.

4. Resignation or revocation of membership. Resignation or revocation of membership in the Council of Academic Societies shall be in accordance with the Bylaws of the Association of American Medical Colleges, and no society or individual who is not a member of the Association of American Medical Colleges shall be a member or member-at-large of the Council of Academic Societies.

## Section II. Representatives

1. The Council of Academic Societies shall consist of no more than two representatives from each member Academic Society of the Association of American Medical Colleges. These representatives shall be designated by each member Society for a term of two years; provided, however, no representatives shall serve more than four (4) consecutive terms. The Secretary shall inform each member Society one year in advance of the expiration of the term of its representatives, asking for the names of the representatives for the subsequent term.

*Medical schools which are institutional members of the AAMC may designate no more than 2 faculty representatives to the Council of Academic Societies. Faculty representatives so designated shall be chosen by the institution so as to represent junior faculty as well as senior faculty. These representatives shall also be chosen to reflect the institution's concerns with both biomedical research and biomedical education.*

2. Voting. Each representative of a member Academic Society shall have one (1) vote in the Council. *Each medical school designating faculty representatives to the Council, shall have one vote. Members-at-large shall have no vote.*

### Section III. Administrative Board

1. The Council of Academic Societies shall be governed by an Administrative Board which shall be composed of a Chairman, Chairman-Elect, a Secretary and ~~six~~ 8 other members. *Two members shall be institutional faculty representatives and 6 members shall be representatives of member Academic Societies. Three Four of said ~~six~~ eight representatives shall be elected by written ballot at each annual meeting of the Council of Academic Societies, and each such representative shall serve for a term of two years or until his successor is elected and installed. Representatives to the Administrative Board may succeed themselves for two additional terms.*

2. The Administrative Board shall meet at least twice each year at the time and place of the meetings of the Council of Academic Societies. The Administrative Board may meet at

any other time and place upon call of the Chairman, provided ten (10) days written notice thereof has been given.

3. The Administrative Board shall recommend to the Nominating Committee of the Association nominees for positions on the Executive Council of the Association. The Chairman-Elect shall be one (1) nominee, and the remainder shall be chosen from members of the Administrative Board, chosen so as to present a balanced representation between societies primarily concerned with preclinical disciplines and societies primarily concerned with clinical disciplines.

4. Individuals elected as members of the Executive Council of the Association of American Medical Colleges representing the Council of Academic Societies may hold their membership in the Council of Academic Societies, ex officio, even though they may be succeeded by new representatives from their constituent organizations.

#### Section IV. Officers

1. The officers of the Administrative Board shall be a Chairman, a Chairman-Elect, and a Secretary, and shall be elected at the annual meeting of the Council of Academic Societies. The Chairman and Chairman-Elect shall serve for a term of one (1) year, or until their respective successors are elected and qualified. The Secretary shall serve for a term of two (2) years but may not serve for more than two (2) years following the expiration of his term as a representa-



tive of a member society. Officers shall begin their terms immediately following the annual meeting of the Council at which they are elected.

2. Duties of the Chairman. The Chairman shall be the chief administrative officer of the Council and shall preside at all meetings. He shall serve as Chairman of the Administrative Board and shall be an ex officio member of all committees. He shall have primary responsibility for arranging the agenda of meetings, conducting the business of the Council, and carrying out policies of the Council of Academic Societies determined during meetings of the Council. The Chairman shall from time to time inform and advise officers of member academic societies of the programs and activities of the Council of Academic Societies.

3. 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 be an ex officio member of all committees, except that on nominations; and he shall succeed to the office of Chairman, upon the expiration of his term as Chairman-Elect.

4. Duties of the Secretary. The Secretary shall be responsible for keeping the minutes of meetings, a roster of members, sending out notices of meetings, and informing members of the business of the Council.

Section V. Committees

1. There shall be a Nominating Committee of seven (7) members. Said Committee will be chosen by mail ballot. A ballot listing 14 representatives will be prepared by the Administrative Board and sent to all representatives to the Council. Seven (7) names shall be selected from the list by each representative and submitted to the Secretary. The seven (7) representatives receiving the largest number of votes will constitute the Nominating Committee, except that no member society or institution shall have more than one (1) representative on the Nominating Committee.

The Committee shall meet in person and submit each year to the secretary forty-five (45) days prior to the annual meeting of the Council of Academic Societies the names of two (2) candidates for each office to be filled. The chairman of the committee will verify in advance that the nominees are willing to serve. Election of officers shall be by majority vote at the annual meeting of the Council of Academic Societies.

2. The Chairman of the Council of Academic Societies may from time to time appoint the chairmen and members of standing or ad hoc committees to advise, assist and carry out the management and operations of the Council of Academic Societies; provided, however, the Chairman shall remain responsible for all action taken by any such committee. Membership on committees will end with the expiration of the term

of the representative to the Council. The Chairman of the Council of Academic Societies may appoint any representative to the Council to fill vacancies on any committee, including the Nominating Committee. Members of ad hoc committees may be selected from the academic community at large.

#### Section VI. Meetings

1. The Council of Academic Societies shall meet during or within two (2) days after the annual meeting of the Association of American Medical Colleges for the purpose of electing officers and transacting other business which may come before it. The Council shall meet regularly at least one additional time each year, and it may meet for special purposes at other times determined by the Administrative Board, provided the purpose of such meetings be stated in the notice thereof. Written notice of meetings shall be given by the Secretary at least 30 days prior to the date thereof, and meetings shall be held in conjunction with other activities of the Association of American Medical Colleges whenever possible.

2. *All questions before any meeting of the Council, the Administrative Board or Committees shall be resolved by majority vote of those present, unless the Rules and Regulations of the Council or the Bylaws of the Association require otherwise.*

3. *The latest revised edition of Robert's Rules of Order shall govern the conduct of all meetings of the Council, Administrative Board and Committees wherever the Rules of Order are not inconsistent with the Council's Rules and Regulations or the Association's Bylaws.*

4. Any question which five (5) or more representatives desire to have placed on the agenda of a meeting shall be considered at that meeting.

5. A quorum shall consist of 15 representatives or 25 percent (25%) of representatives to the Council, whichever is the larger.

6. The Administrative Board shall designate the member societies *and the member institutions* to be delegates to the Assembly ~~of the Association~~ *in accordance with the proportional representation established by the Association's Bylaws.* These ~~member society~~ delegates will serve for a period ending with the conclusion of the Assembly after the time of being so nominated; provided, however, that the delegates so named shall be approved by majority vote of the Council of Academic Societies and additional nomination of delegates to the Assembly may be made at the meeting at which those named by the Administrative Board are approved.

#### Section VII. General Provisions

1. The Council may not incur debts or enter into commitments by accepting restricted funds or otherwise, which could in any manner become obligations of the Association of American Medical Colleges, without first obtaining specific authorization of the Executive Council or President of the Association. Member academic societies shall be responsible for costs and expenses incurred by their respective representatives to the Council of Academic Societies.

2. Any conflict between the Articles of Incorporation or the Bylaws of the Association of American Medical Colleges and these Rules and Regulations shall be resolved in accordance with the provisions of said Articles or Bylaws, as the case may be; and these Rules and Regulations shall whenever possible be applied, interpreted, or construed in a manner consistent with said Articles and Bylaws.

3. Amendments to these Rules and Regulations may be made at any meeting of the Council of Academic Societies, provided at least 30 days written notice thereof has been given to members entitled to vote by a two-thirds vote of those voting members present. Any such amendment shall be effective only upon subsequent approval by the Executive Council.

4. Any notice required to be given to any representative or officer may be waived in writing before or after the meeting for which such notice is required.

MEMBERSHIP APPLICATION  
COUNCIL OF ACADEMIC SOCIETIES  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036  
Attn: Mary H. Littlemeyer

NAME OF SOCIETY: The American Association of Immunologists

MAILING ADDRESS: 9650 Rockville Pike  
Bethesda, Maryland 20014

PURPOSE: To advance knowledge of immunology and related disciplines, and to  
facilitate interchange of ideas and information among the investigators  
in the various fields.

MEMBERSHIP CRITERIA: Candidates proposed for membership in The American Association  
of Immunologists are not required to have a doctorate, an equivalent amount of  
of training being entirely acceptable. The principal requirement, while it is  
not possible to state or to quantitate categorically, is a genuine and active  
interest in the aims and purposes of the Association: research in areas of basic  
immunology and virology.

NUMBER OF MEMBERS: 1400

DATE ORGANIZED: 1913

SUPPORTING DOCUMENTS REQUIRED (Indicate in blank date of each document):

- |                   |  |
|-------------------|--|
| <u>1961</u>       | 1. Constitution & Bylaws               |
| <u>April 1971</u> | 2. Program & Minutes of Annual Meeting |

(CONTINUED - OVER)

QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

☒ YES

☐ NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested:

Code (101)6

3. If request for exemption has been made, what is its current status?

☒ a. Approved by IRS

☐ b. Denied by IRS

☐ c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

Bland B. Reins  
(Completed by - please sign)

6/30/71  
(Date)

MEMBERSHIP APPLICATION  
COUNCIL OF ACADEMIC SOCIETIES  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036  
Attn: Mary H. Littlemeyer

NAME OF SOCIETY: Association of Medical School Microbiology Chairmen

MAILING ADDRESS: c/o Leroy C. McLaren, Ph.D., Secretary-treasurer  
Department of Microbiology  
School of Medicine  
The University of New Mexico  
Albuquerque, New Mexico 87106

PURPOSE: To provide a forum for discussion and a medium for communication among chairmen of Departments of Microbiology or equivalent organizational units responsible for teaching medical students, in order to foster their common concerns in medical education and research.

MEMBERSHIP CRITERIA: Membership shall consist of one chairman or acting chairman of Departments of Microbiology or equivalent organizational units responsible for teaching medical students in accredited schools of medicine that hold full or provisional membership in the Association of American Medical Colleges. Any member who ceases to be chairman of a department or its equivalent as defined above shall automatically cease to be a member.

NUMBER OF MEMBERS: 96

DATE ORGANIZED: November 25, 1969

SUPPORTING DOCUMENTS REQUIRED (Indicate in blank date of each document):

- April 26, 1970 1. Constitution & Bylaws  
April 26, 1970 2. Program & Minutes of Annual Meeting

(CONTINUED - OVER)



QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

  X   YES

       NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested:

Section 501 (c) 3

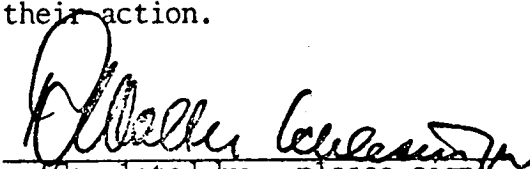
3. If request for exemption has been made, what is its current status?

       a. Approved by IRS

       b. Denied by IRS

  X   c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

  
(Completed by - please sign)  
R. W. Schlesinger, President

May 27, 1971  
(Date)

## 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 -

10/69 - Executive Committee deferred application  
9/24/70 - Executive Committee deferred application  
10/10/70 - Executive Committee deferred application

[Tab F]

COMMENT

ON

CAS DUES INCREASE

For August 26th reports have been received from 25 societies regarding their reactions to the proposed dues schedule discussed by the Administrative Board at its June 4th meeting. The reactions of the responding societies are tabulated below. In addition there are four letters suggesting alternative dues schedules.

	Approved	Agree but not Approved	Question Purpose	Disagree	Disapproved	Date when action to be taken	No response	Remarks
Assoc. of Anatomy Chairmen	x							
Society of Surgical Chairmen	x							
Society of Academic Radiology	x							
Am. Assoc. of Neurological Surgeons						Sept.		
Assoc. of Medical School Pediatric Chairmen	x							
Am. Pediatric Soc.		x						
Am. Assoc. of Plastic Surgeons						Oct.		
Assoc. of Teachers of Preventive Medicine				x				Base dues on % of annual budget
Soc. of University Surgeons	x							
Am. Fed. for Clinical Research			x					Want details of responsibility of Biomed. Res. Desk
Assoc. for Academic Surgery	x							
Assoc. of Chairmen of Depts. of Physiology		x						Want more info. on Biomed. Res. Desk
Am. College of Surgeons								Waiting Hanlon's return from vacation

	Approved	Agree but not Approved	Question purpose	Disagree	Disapproved	Date when action to be taken	No response	Remarks
Soc. of Univ. Otolaryngologists	x							
Soc. for Ped. Research							x	
Assoc. Univ. Prof. Ophthalmology						Sept.		
American Surgical Assoc.						Aug.		
Assoc. of Prof. of Medicine		x				May '71		
Am. Assoc. of Anatomists				x				Base dues on % of annual budget
Endocrine Society		x						Want assurance of vigorous biomed. policy
Am. College of OBGYN			x			Winter '71		Want to know what \$5,000 would be used for
Am. Academy of Ophthalmology & Otolaryngology			x			Sept. 18		Would votes be proportional to dues
Am. College of Surgeons						Oct.		
Am. Neurological Assoc.						Dec.		
Assoc. of Academic Physiologists				x				Believe there shouldn't be \$200 minimum
Am. Gastroenterological Assoc.			x			Nov.		Not knowledgeable enough on CAS-AAMC purpose
Am. Assoc. of Plastic Surgeons		x	x					Not sure of organizational framework of AAMC

AMERICAN  
ASSOCIATION OF  
ANATOMISTS

President, DAVID BODIAN, Ph.D., M.D., THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, 725 N. WOLFE STREET, BALTIMORE, MARYLAND 21205

July 6, 1971

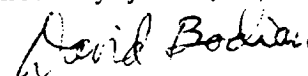
Dr. August G. Swanson  
Director of Academic Affairs  
Association of American Medical Colleges  
Suite 222  
One DuPont Circle, N.W.  
Washington, D. C. 20036

Dear Dr. Swanson:

I am writing in response to your letter of July 1, 1971, concerning dues to the AAMC. Our Executive Committee meets in October, and we shall therefore consider your proposal for an increase of dues at that time. It would seem to me that the impact of the proposed increase will be disproportionately large on societies like ours, which have a policy of keeping dues low in order to encourage membership of young anatomists.

If it has not already done so, the Administrative Board might consider a schedule based on a fraction of the annual budget of the member society or on its annual dues. Our annual budget, for example, is \$43,000 and our annual dues \$12.00 for United States and Canadian members, and \$4.00 for foreign members.

Sincerely yours,



David Bodian, Ph.D., M.D.  
President

DB:mb

cc: Dr. William U. Gardner

UNIVERSITY OF WASHINGTON

SEATTLE, WASHINGTON 98105

*School of Medicine*  
*Department of Pediatrics*

July 15, 1971

August G. Swanson, M.D.  
Director of Academic Affairs  
Association of American Medical Colleges  
Suite 200  
One Dupont Circle, N.W.  
Washington, D.C. 20036

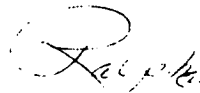
Dear Gus:

I concur fully with the proposal for increasing the dues for the member societies of the C.A.S.

In fact, the schedule that you recommend in your letter of July 1st is inadequate, in my opinion. It can be argued that a society should have, in reserve at all times, sufficient funds to cover one and one-half times the annual operating expenses. The schedule you recommend would not achieve this reserve in a reasonable length of time. Therefore, I suggest that either the maximum be raised to \$10,000 for societies with 10,000 or more members, or that the minimum be raised to \$500 and the variable be raised to \$2.50 per member. The latter seems more appropriate. Both could be melded in a compromise. It should be possible to achieve an annual income of approximately \$100,000 by this mechanism, which seems to me a more appropriate amount considering the composition of the C.A.S. and the functions which it should accomplish.

With all very best wishes.

Sincerely,



Ralph J. Wedgwood, M.D.  
Professor and Chairman

RJW:es

Dictated but not read.

THE UNIVERSITY OF TEXAS  
SOUTHWESTERN  
MEDICAL SCHOOL AT DALLAS

DEPARTMENT OF INTERNAL MEDICINE

5323 HARRY HINES BLVD.  
DALLAS, TEXAS 75235

July 8, 1971

August G. Swanson, M.D.  
Director of Academic Affairs  
Association of American Medical Colleges  
Suite 200, One Dupont Circle, N.W.  
Washington, D.C. 20036

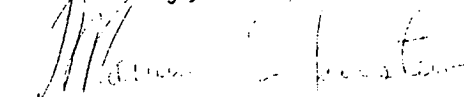
Dear Dr. Swanson:

I am replying to your letter of July 1 regarding the feasibility of increasing the dues paid by member organizations to the AAMC.

My personal feeling is that with the very recent change in orientation of the AAMC into a much more active "political" organization, you would find a far greater willingness on the part of individual members to provide adequate financial support for a Biomedical Research Desk. Your figure of \$60,000 strikes me as being much too modest; my own thought would be that if specified in the members' dues to the individual society an additional three to five dollar item would be readily accepted. Extrapolating from your figure, this would bring you a budget in the \$150,000 to \$200,000 range which seems to me to be a far more realistic figure.

So long as a five dollar item is specified as being distinct from the individual organization dues, I am confident that you would have no problem in collecting this sum. In a recent poll that I conducted amongst members of the Southern Society for Clinical Investigation, the average yearly contribution volunteered for such a purpose was over \$20.

Yours truly,

  
Marvin D. Siperstein, M.D., Ph.D.  
Professor of Internal Medicine

hm



UNIVERSITY OF WASHINGTON  
SEATTLE, WASHINGTON 98105

*Department of Medicine  
Office of the Chairman*

July 9, 1971

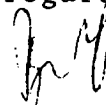
Dr. August G. Swanson  
Director of Academic Affairs  
Association of American Medical Colleges  
One DuPont Circle, N.W.  
Washington, D. C. 20036

Dear Gus:

My only objection to the CAS dues schedule is that it represents an oversimplification and may not be acceptable to the largest of the several societies. For example, the American College of Physicians, which stands to gain little from membership in the CAS, would have to pay \$5,000. On the other hand, a society like the Association of Professors of Medicine, which is much more likely to be involved with CAS in a meaningful way, would have to pay only \$200. I would like to suggest that professorial societies be dunned \$5 per member, while the membership dues based on a strictly man-for-man basis remain at \$1 per member.

I hope things are going well with you.

Best regards,



Robert G. Petersdorf, M.D.  
Professor and Chairman

RGP:jms

cc: Dr. James Warren

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
Meeting

February 12, 1971

Palmer House Hotel  
Chicago, Illinois

MORNING SESSION

The theme of the meeting was, "The changing role of basic science in medical education." Dr. Emanuel Suter, moderator, opened the session at 9:00 a.m. Over 50 individuals were in attendance.

Twenty-minute presentations, each followed by a five-minute question period, were made by: Dr. Clifford Grobstein, "Experience at the University of California, San Diego"; Dr. Thomas Morgan, Jr., "Experience at the University of Washington"; Dr. Manfred Karnovsky, Harvard Medical School, "A basic scientist looks at his role in medical education"; and Dr. Donald Seldin, University of Texas-Southwestern, "A clinical scientist looks at the role of basic science in medical education." The session was adjourned at 12:30 p.m.

AFTERNOON SESSION

The session was devoted to "Future challenges to the CAS." CAS Chairman, Dr. James V. Warren, presided. AAMC President, Dr. John A. D. Cooper, introduced the guest speaker, Mr. Joseph S. Murtaugh, Director of the AAMC Department of Planning and Policy Development. Mr. Murtaugh chose as his topic, "National health policy planning--A choice between dilemmas." The next speaker, Dr. August G. Swanson, Director of the AAMC Department of Academic Affairs, described "Problems and prospects." Concluding this portion of the afternoon session was Dr. Sam L. Clark, Jr., CAS Chairman-Elect, who traced the history of the CAS and gave the background of the discussion draft, "Alternatives for the future."

BUSINESS MEETING

Roll Call

Dr. William B. Weil, CAS Secretary, called the roll. Of the 63 official representatives, 33 were recorded as present. Three of the 34 organizations were not represented: Academic Clinical Laboratory Physicians & Scientists, American Neurological Association, and Society of Academic Anesthesia Chairmen, Inc.

Approval of Minutes

The minutes of the meetings held October 30-31, 1970, were approved as circulated.

Alternatives for the Future

As indicated above, Dr. Clark had previously reviewed several alternatives prepared to stimulate discussion from the Membership. A number of ideas emerged:

The CAS is an embryonic organization, still growing and developing well, and should be retained; the number of representatives per organization should be increased; attempts should be made to improve attendance at meetings; better representation and communication is possible on an institutional basis rather than by societies that represent disciplines; to encourage and facilitate participation of junior faculty, representatives should be elected by the faculty council; an imbalance in representation among schools exists as reflected in the current representation from societies; the current direction of CAS should be continued but also junior faculty who are interested in curriculum, etc. could be included on an institutional basis; and agenda items should be solicited from the CAS Membership before the agenda is prepared.

ACTION: The CAS Executive Committee or a subcommittee will ponder the evolution of the CAS and present a progress report next fall.

Executive Council Report

At its Annual Business Meeting held October 31, 1970, in Los Angeles, by unanimous vote, the Membership of the Council of Academic Societies adopted the following recommendations:

1. That the Association of American Medical Colleges establish an Office of Biomedical Research within the Department of Academic Affairs. The purpose of this Office would be to attract a full-time staff to implement a biomedical research policy and to facilitate communication between the CAS and its constituent societies in matters of biomedical research.
2. That the Association of American Medical Colleges appoint a committee to study the establishment of definitions and standards for various assistants to physicians, and an accrediting mechanism for programs producing such individuals, and that such action be taken, if necessary, without participation of the AMA.
3. That the Association of American Medical Colleges establish a group for the study of the problems in the education of physicians for primary health care.

The Executive Council subsequently approved these recommendations.

In addition, the Executive Council approved applications for CAS Membership of the following 13 societies that had been recommended by the CAS Membership at the October, 1970, meeting:

1. American Academy of Allergy
2. American Academy of Ophthalmology & 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

NOTE: At its February 13, 1971, meeting, the AAMC Assembly elected the above societies to Membership.

#### Biomedical Research Policy Committee Report

Dr. Louis G. Welt, Chairman, described the current status of this effort.

1. At its February 11 meeting, the CAS Executive Committee accepted the Committee's final report. This report was subsequently submitted for publication in the Journal of Medical Education.
2. A draft editorial based on the Committee's survey was submitted for publication in Science.
3. Health economists are eager to show the savings to the nation (GNP) through the results of biomedical research. Funding efforts for such a study have been unsuccessful.
4. Establishment of an Office for Biomedical Research within the AAMC has been authorized.
5. President Nixon, in his State of the Union message, announced a major attack on finding the cause and a cure for cancer. Several bills have been introduced into Congress authorizing funds for cancer research and establishing administrative procedures for the expenditure of these funds. At least one of these bills (introduced by Senator Kennedy of Massachusetts and Senator Javits of New York) proposes to establish a National Cancer Authority as a separate and distinct entity from the National Institutes of Health.

Dr. Welt offered the services of the Biomedical Research Policy Committee to gather data in response to this development.

Dr. D. C. Tosteson then offered the following resolution:

RESOLVED: The AAMC strongly endorses present legislative efforts to increase Federal support for research on the cause, diagnosis, and treatment of cancer. Cancer (along with heart disease, stroke, asthma, rheumatic fever, etc.) is a malignant killer of American citizens. Its conquest should be a goal of high national priority. However, because it represents those medical scientists who know best the complexities of this disease, the AAMC recognizes that it is only through basic research that the cause and thus the cure of cancer will be discovered. Since it is impossible to predict with certainty the fields of basic research which will yield the information necessary to control cancer, the AAMC favors a broadly based attack administered through the National Institutes of Health.

In the absence of information, Drs. Longmire and Zeman spoke against the resolution.

ACTION: A motion, duly seconded, to table the resolution, was passed.

Dr. Tosteson subsequently amended the resolution earlier offered as follows:

RESOLVED: The AAMC strongly endorses present efforts in the Congress to increase Federal support for research on the cause, diagnosis, and treatment of cancer. Cancer (along with heart disease, stroke, etc.) is a malignant killer and a source of great suffering of American citizens. Its conquest should be a goal of high national priority. The AAMC, because it represents those medical scientists who know the complexities of this disease, recognizes that it is only through basic research in many fields of biology and medicine that the cause and cure of cancer will be discovered. Therefore, the AAMC suggests that the administrative mechanisms to implement Federally sponsored cancer research be chosen with care. In particular, it urges that the hazards of development of a new agency be weighed against the proven competence of the National Institutes of Health in the administration of cancer and other health-related research.

ACTION: The resolution was adopted (16 for and 3 against) and was forwarded to the Executive Council.

NOTE: The Executive Council, after considerable discussion, drew up the following resolution, which was adopted by the AAMC Assembly on February 13 and reproduced in the Congressional Record for February 18, 1971.

ASSOCIATION OF AMERICAN  
MEDICAL COLLEGES.

Washington, D.C., February 16, 1971.

A RESOLUTION ADOPTED BY THE ASSEMBLY OF  
THE ASSOCIATION OF AMERICAN MEDICAL  
COLLEGES ON THE FIGHT AGAINST CANCER

Cancer is the second leading cause of death in the United States. The search for the causes and the cure of cancer, which spreads over all ages, is a scientific endeavor worthy of our greatest efforts.

New scientific leads, if fully and comprehensively exploited, may make it possible to achieve more adequate preventive and therapeutic capability for coping with this disease.

The present state of our understanding of cancer is a consequence of broad advances across the full scope of the biomedical sciences. In preparing for a greater effort, it is of the utmost importance to understand that despite the progress thus far made, the basic nature and origins of cancer are still not known. The kind of scientific formulation that permitted the development of nuclear energy and that underlies our space exploration does not exist for cancer. Further advance in fundamental biomedical sciences is essential to the solution of the unsolved problems that limit our ability to control cancer. Thus, the development of a special and extraordinary national program in cancer should be in the context of broad support of the related and underlying fields of

scientific effort and in an organizational framework which assures sound direction and leadership in advancing this complex set of interrelationships.

The framework of the NIH, which had its origins with the Act of 1930, enlarged by the National Cancer Act of 1937, and the successive statutes creating the several categorical institutes in the post-war period, has made it possible to bring into being the most productive scientific community centered upon health and disease that the world has ever known. It is precisely because this organization has assured a close integration between fundamental scientific endeavor and organized attack upon specific disease problems that this extraordinary blossoming of medical science, and thus our medical capability, has taken place.

Therefore be it resolved that the Association of American Medical Colleges wholeheartedly endorses Federal support of a broad-based and intensive attack on the cancer problem called for by President Nixon in his State of the Union Message and of the magnitude envisaged in the report of the National Panel of Consultants on the Conquest of Cancer, and that this major expansion be undertaken as an integral part of the existing national framework for the advancement of biomedical knowledge for the nation's health as provided by the structure of the NIH and the National Cancer Institute.

6. Twenty-one of the 34 CAS organizations have contributed a total of \$21,235 to support the activities of this Committee.

#### Graduate Medical Education Committee Report

Dr. Thomas D. Kinney reviewed the activities of this committee, including the CAS Conference held in the fall of 1968, and the development of the position paper, "Corporate responsibility for graduate medical education." The Committee draft of this paper dated January 8, 1971, had been distributed to the three AAMC Councils. Dr. Kinney reported the following actions of the CAS Executive Committee on February 11.

1. To revise the title of the paper to "The Implications of the Corporate REsponsibility for Graduate Medical Education"; and
2. To reaffirm its approval of the document as modified on January 8, 1971, and to recommend its approval by the CAS Membership on February 12, 1971.

ACTION: Upon motion, duly seconded, the CAS Membership voted to forward the document, with appropriate modifications, to the AAMC Assembly.

#### Next Meeting

The CAS will next meet on the afternoon of Friday, October 29, 1971, in conjunction with the AAMC Annual Meeting, to be held at the Washington Hilton Hotel, Washington, D. C.

Adjournment

The meeting was adjourned at 5:00 p.m.

MHL/sl  
5/25/71

FACULTY UNIONIZATION

Because of increasing activity in the area of faculty unionization and collective bargaining in academic institutions, we invited Mr. John Gillis (Association of American Colleges) and Mr. Jordan Kurland (American Association of University Professors [AAUP]) to meet with the top staff of the AAMC on July 20, 1971 to brief us on recent developments and the outlook for the future.

Briefly the current situation is as follows:

- On December 3, 1970, the National Labor Relations Board (NLRB) promulgated a rule which established \$1,000,000 in gross annual revenue as the standard for asserting its statutory jurisdiction over labor relations cases involving private, non-profit colleges and universities whose operations have a substantial effect on commerce.
- The NLRB asserted its jurisdiction to determine bargaining representatives for the employees of Cornell University on June 12, 1970.
- The NLRB decision and rule establish a right under federal policy for employees to organize and to bargain. Employees include not only clerical, maintenance and housekeeping employees but also members of the teaching faculty.
- Public institutions are exempt from federal law and will be regulated by state laws or, in their absence, will be unregulated.
- A major issue at this stage in many of the institutions is the determination of the appropriate constitution of the bargaining units. This is crucial because a union which is the majority representative of employees in an appropriate unit becomes the exclusive bargaining agent for all of the employees. The principle used by the NLRB is that the unit should be as large as possible to include all with common interests. At Wisconsin, the graduate assistants have a separate union. At Adelphi, there is movement toward including them in the faculty union. At present whether a medical school faculty can stay out of a faculty union at a university is a fluid question. The law school faculty at Fordham University is attempting to stay out of the union in a test case now being litigated. Administrators and department chairmen will apparently be classified as "supervisors" and, as such need not be recognized for bargaining purposes.



- The obligation to bargain runs to almost every conceivable item which is involved in the running of the university: salaries, fringe benefits, scheduling, grievances, seniority and tenure, and productivity. The AAUP approach however is to limit bargaining to wages, hours and fringe benefits and to leave basic decisions of the university out of consideration.
- There are three national organizations seeking recognition as the bargaining agent for faculties: the American Federation of Teachers (AFL-CIO), the National Education Association (NEA), and the AAUP. The AAUP is the bargaining agent at seven institutions.
- The AAUP has petitioned the NLRB to establish general rules for representation cases involving faculty members, arguing that there is a lack of any directly relevant guides for determining certain novel issues in such disputes and that a case-by-case evolution of guides will cause uncertainty to continue for an indeterminable period. The NLRB denied the petition reasoning there is great variety in the traditional practices and organizational structures within the academic community and that "to adopt inflexible rules for units of teaching employees at this time might well introduce too great an element of rigidity and prevent the Board from adapting its approach to a highly pluralistic and fluid set of conditions."

Seventy community colleges are now organized. State systems, especially where management is separated by distance are good candidates for collective bargaining arrangements. The State University of New York is organized in a single bargaining union which includes the Upstate and Downstate Colleges of Medicine as well as Buffalo. A contract has been negotiated and signed and is subject to ratification this fall. The contract contains separate provisions applicable to the medical faculty.

There is considerable movement toward collective bargaining at N. Y. U., but the prospects are that the medical faculty will be excluded from the bargaining unit. The medical faculty was included in the unit at Rutgers but has been subsequently excluded with the reorganization of that school in closer connection with the New Jersey College of Medicine and Dentistry. Mount Sinai is excluded from the unit at the City University of New York. The medical faculty is included in a state-wide unit at Hawaii.

The AAUP is forming a chapter at Cornell University Medical College, but there appears to be no serious move toward collective bargaining. On the other hand, there appears to be substantial interest for collective bargaining at Columbia.

A designation card campaign (the first step toward unionization) has proved unsuccessful at Boston University. One is underway at Temple with substantial likelihood of success. An election (the second step in unionization) will be held at Wayne State this fall. The AAUP will be pressing for collective bargaining at the University of Illinois. There the Board of Trustees has the option of refusing to recognize a bargaining agent or to specify the size of the unit. Only if the Board requires the agent to represent all three campuses, will the medical faculty be included.

The attorney for the AAUP in the Northeast is querying the medical faculty members of the organization about the desirability of organizing a one day conference this fall (October or November) to exchange views and review developments at their institutions. Issues of primary interest are expected to take the following priority (1) Faculty participation in institutional governance, (2) Personnel policies--tenure academic freedom, etc. and, (3) Salary inequalities, benefits, etc. We will have a staff member attend the conference if it is held.

In short, faculty organization, unionization and collective bargaining are activities of increasing importance in American colleges and universities. Medical faculties share to greater or lesser degrees in the involvement of their colleagues in these developments. The Association will attempt to keep abreast of events of significance to medical schools, develop recommendations for an appropriate role for the AAMC in this matter and keep the institutions informed of developments.