

AGENDA
FOR
COUNCIL OF ACADEMIC SOCIETIES

ADMINISTRATIVE BOARD

Thursday, May 18, 1972

9:30 am - 3:30 pm

The Cosmos Club

Washington, D.C.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

One Dupont Circle

Washington, D. C.



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

CAS ADMINISTRATIVE BOARD

AGENDA

May 18, 1972
9:30 am - 3:30 pm

The Cosmos Club
Meeting Room B
2121 Massachusetts Avenue
Washington, D.C.

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(over)

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5. NLM Committee
6. Nominating Committee
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VI. New Business

* * * * *

MINUTES
ADMINISTRATIVE BOARD
COUNCIL OF ACADEMIC SOCIETIES

February 3, 1972

Palmer House Hotel
Chicago, Illinois

Present: Board Members

Sam L. Clark, Jr., Chairman (Presiding)
Ludwig Eichna
Ronald W. Estabrook
Charles F. Gregory
Ernst Knobil
*Jonathan Rhoads
*James V. Warren
William B. Weil, Jr.

Staff

L. Thompson Bowles
**Thomas J. Campbell
Connie Choate
**Charles Fentress
Mary H. Littlemeyer
Joseph S. Murtaugh
**James R. Schofield
August G. Swanson

Absent: Board Members

Robert E. Forster, II
Robert G. Petersdorf
Louis G. Welt

Guest

**John A. Gronvall

-
- * Ex Officio
** For Part of the Meeting

I. Adoption of Minutes

The minutes of the CAS Administrative Board Meeting held December 16, 1971, were adopted as circulated.

II. Chairman's Report

Dr. Sam Clark, Jr., reviewed for those Board members who were not present at the last meeting the Retreat of the AAMC Executive Committee held at Airlie House in early December, 1971. The issue of institutional faculty representation in the AAMC occupied a considerable part of the Retreat Agenda, with the resulting recommendation that an Organization of Faculty Representatives be established. As an item on the Agenda of the CAS Business Meeting, this matter was discussed in depth later.

Dr. Clark next reported on points of agreement reached by Representatives of the American Medical Association, Association of American Medical Colleges, American Board of Medical Specialties, Council of Medical Specialty Societies, and American Hospital Association, at a meeting held on January 25, 1972 in Washington, D.C.

1. As soon as possible, there will be established a Liaison Committee on Graduate Medical Education, with representation from each of the five organizations, to serve as the official accrediting body for graduate medical education.

2. Simultaneously, there will be established a Coordinating Council on Medical Education to consider policy matters for both undergraduate and graduate medical education, for referral to the parent organizations.

3. The existing Liaison Committee on Medical Education and the new Liaison Committee on Graduate Medical Education will have the authority to make decisions on accreditation in their respective areas within the limits of policies established by the parent organizations and with the understanding that Residency Review Committees will continue to function.

4. All policy decisions will continue to be subject to approval by the parent organizations.

5. Policy recommendations may originate from any of the parent organizations or from the two liaison committees but will be subject to review by the Coordinating Council before final action is taken by the parent organizations.

III. Action Items:

At the last Board Meeting Drs. Ernst Knobil and Robert Forster were delegated to investigate the membership application of the Society of General Physiologists and to return a recommendation to the Administrative Board. Dr. Knobil's recommendation was to approve this membership application.

ACTION: On motion, duly seconded, the membership of the Society of General Physiologists was unanimously approved for consideration by the Council of Academic Societies at the fall Business Meeting. This approval is contingent on the Society's change in tax status from 501 (c) 6 to 501 (c) 3.

IV. Discussion Items

1. The plans for the Council of Academic Societies' business meeting of February 4, 1972 were reviewed.

a. The membership application of the American Association for the Study of Liver Diseases which was being recommended to the CAS, was defended and approved at the December 16 Board meeting.

b. According to Dr. Swanson, the policy statement, "Eliminating the Freestanding Internship," merely affirms an existing trend.

c. Organization of Faculty Representatives was next discussed. The Administrative Board had a vigorous discussion on the need for institutional faculty representation in the AAMC. While the proposed Organization of Faculty

Representatives seemed to be the only option currently acceptable to the Council of Deans, this was not felt to be the mechanism that would appeal to the faculty. It was, once again, recognized that the Council of Academic Societies has unique contributions to make through the AAMC and that inclusion of institutional faculty representatives might compromise these contributions.

The Organization of Faculty Representatives was felt to be less than optimal, but seemed to be the only viable option at this time.

MOTION: The motion was made and duly seconded to recommend to the CAS Membership the Organization of Faculty Representatives as not wholly satisfactory but the best first step at this time.

The motion was defeated by one vote.

Subsequent to the defeat of this motion, the following motion was offered opposing the Organization of Faculty Representatives as set out in the agenda.

MOTION: The motion was made and duly seconded to recommend to the CAS Membership:

1. retention of the Council of Academic Societies;
and
2. establishment of a Council of Faculty.

Due to the lack of consensus on this issue, the motion was subsequently withdrawn.

d. The expansion of the Liaison Committee on Medical Education to provide for accrediting of both undergraduate and graduate

educational programs was discussed earlier.

e. General agreement was reached to recommend to the membership that a "workshop on individualizing medical student curricula" be mounted. It was stressed that the workshop should deal with real problems and not hypotheses. Extramural funding will be sought.

f. Clinical Faculty Salary Arrangements.

The AAMC Committee on Financing Medical Education, chaired by Charles C. Sprague, has set up two Task Forces to develop views in two major areas relating to the overall problems of financing medical education. The one task force, chaired by John A. Gronvall, is attempting to provide the definitional base around which the cost of medical education can be measured. The other group headed by Donald J. Hanahan, is inquiring into the relation of research to medical education. Both of these groups have had initial meetings and have started their inquiries into their respective problem areas.

Dr. Gronvall appeared before the Board to discuss the complex set of questions surrounding the salary arrangements and income levels for clinical faculty, and the cost to medical schools involved in permitting faculty to practice, utilizing an academic facility. The Committee on Financing Medical Education is convinced that a creditable consideration of the problems of the financing of medical education require an orderly and responsible examination of this matter. The Board was asked to consider an undertaking by the CAS of a carefully designed inquiry into these questions in order that an adequate body of data can be available and the exact nature of existing arrangements in this respect be described.

Dr. Gregory cautioned that CAS-generated data would be meaningless if they are not reflected against individual institutional costs.

ACTION: Dr. Clark will appoint a committee to deal with the need for data on:

1. The nature of clinical faculty salary contracts where clinical faculty are using generation of private income for their own support and institutional support; and
2. The true costs of time contributed by voluntary clinical faculty for medical education.

g. Resolutions

ACTION: Dr. Estabrook was authorized to present the following resolution to the CAS Membership on February 4: Be it resolved that the CAS via the AAMC and the Coalition for Health Funding express our concern for the proposed decrease in support of the competitive research grant programs for the N.I.H. as contained in the proposed budget for 1973.

ACTION: The Administrative Board voted to recommend the following resolution to the CAS Membership on February 4: The Association of Chairman of Departments of Physiology recognizes that significant contributions to the medical education process can be made by the early exposure of

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students to problems of human biology in non-medical school settings, and encourages the further exploration of these potentialities.

The Association, nevertheless, is convinced that physiology and the related basic medical sciences play an essential role in clinical medicine which cannot be sustained if formal responsibility for education in these areas is removed from the medical environment. We believe that there are aspects of physiology and other basic medical sciences whose relevance to the education of medical students cannot continue to be made evident without constant interchange with other colleagues within the environment of a medical center.

We therefore resolve that the Council of Academic Societies be requested to endorse the concept that schools of medicine continue to include appropriately designated organizational units to ensure adequate representation of these sciences in the medical curriculum.

We further resolve that this resolution be communicated to the several societies representative of basic science disciplines in the Council of Academic Societies with the hope that similar resolutions will be adopted by them.

2. The moratorium on membership for large professional colleges was discussed.

ACTION: It was agreed to lift the moratorium on
Considering applications for membership
from large professional colleges.

This was a Board decision which did not
require action by the CAS Membership.

3. Nominating Committee

The CAS Membership selected the following Nominating
Committee for 1972-73:

Lloyd H. Smith, Chairman; Chairman, Dept. of Medicine
University of California, San Francisco
Association of Professors of Medicine

William H. Boyce, Chairman, Div. of Urology
Bowman Gray School of Medicine
Society of University Urologists

Kenneth M. Brinkhous, Chairman, Dept. of Pathology
University of North Carolina
American Association of Pathologists and Bacteriologists

Thomas Chalmers, Director of Clinical Center, NIH, Bethesda
American Gastroenterological Association

Paul H. Curtiss, Jr., Chairman, Div. of Orthopedic Surgery
Ohio State University
Joint Committee on Orthopaedic Research and Educational Seminars

Ronald Estabrook, Chairman, Dept. of Biochemistry
University of Texas Southwestern
American Society of Biological Chemists, Inc.

Henry Schwartz, Chairman, Div. of Neurosurgery, Washington University
American Association of Neurological Surgeons

V. Future Meetings

The Administrative Board is scheduled to meet from 10:00 a.m. - 4:00 p.m. at the Cosmos Club, Washington, D.C. on:

May 18, 1972

September 14, 1972

VI. Adjournment

The Administrative Board stood adjourned at 11:25 p.m.

MHL:sc
2/9/72

III. Action Items:

1. CAS Dues Increase:

Discussion at the February meeting of the Council of Academic Societies supported a dues increase for member societies. The table below provides information on the size of member societies in four categories. It illustrates the income expected from a dues structure which will charge the small societies more on a per-member basis than the large. Because the small societies are made up predominantly of chairmen who have positions of leadership and responsibility both in their institutions and the national scene, the Association and the CAS provide more direct services to these individuals than to the members of the larger societies and colleges.

TABLE

<u>Membership</u>	<u># of Soc.</u>	<u>Dues</u>	<u>Yield</u>
Less than 300	28	\$ 750	\$21,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	<u>6</u>	3,500	<u>21,000</u>
TOTALS	52		\$68,000

On the next page is a breakdown of member societies according to their number of members and amount of dues payable under the above plan.

Breakdown of member societies according to number of members and amount of dues payable:

Less than 300 members - \$750 payable in dues

1.	Society of Chairmen of Academic Radiology Departments	60
2.	Association of University Professors of Neurology	67
3.	Society of University Otolaryngologists	78
4.	Plastic Surgery Research Council	79
5.	Assn. of University Professors of Ophthalmology	85
6.	Society of Academic Anesthesia Chairmen	85
7.	Society of Surgical Chairmen	86
8.	American Assn. of Chairmen of Departments of Psychiatry	94
9.	Association of Medical School Microbiology Chairmen	96
10.	Association of University Anesthetists	98
11.	American Association of Plastic Surgeons	100
12.	Association of Professors of Medicine	100
13.	Association of Chairmen of Departments of Physiology	103
14.	Association of Anatomy Chairmen	105
15.	Association of Pathology Chairmen, Inc.	110
16.	Assn. of Medical School Pediatric Department Chairmen, Inc.	118
17.	Association of Professors of Dermatology	120
18.	Association of Medical School Pharmacology	120
19.	Society of University Urologists	156
20.	Southern Society of Clinical Investigation	165
21.	Association of Academic Physiatriests	176
22.	American Association of Neuropathologists	199
23.	Academic Clinical Laboratory Physicians & Scientists	223
24.	American Neurological Association	236
25.	Society of University Surgeons	236

26. Association of Professors of Gynecology & Obstetrics	250
27. Society of Teachers of Family Medicine	252
28. American Pediatric Society	254

* * * * *

300 members but less than 1,000 - \$1,000 payable in dues

29. American Surgical Association	300
30. Association of University Radiologists	314
31. Association of American Physicians	353
32. Society for Pediatric Research	383
33. American Association for Thoracic Surgery	400
34. Association of Teachers of Preventive Medicine	400
35. American Society for Clinical Investigation	452
36. Joint Committee on Orthopaedic Research & Educational Seminars	475
37. Association for Academic Surgery	709
38. American Gastroenterological Association	800

* * * * *

1,000 members but less than 5,000 - \$2,000 payable in dues

39. American Assn. of Pathologists and Bacteriologists	1,094
40. Endocrine Society	1,250
41. American Association of Immunologists	1,400
42. American Association of Neurological Surgeons	1,443
43. American Academy of Allergy	1,869
44. American Association of Anatomists	2,157
45. American Society of Biological Chemists, Inc.	2,519
46. American Physiological Society	3,286

* * * * *

5,000 or more members - \$3,500 payable in dues

47. American Federation for Clinical Research	6,122
48. American College of Obstetricians	9,243
49. American Academy of Ophthalmology & Otolaryngology	9,253
50. American Academy of Pediatrics	11,000
51. American College of Physicians	15,000
52. American College of Surgeons	30,000

* * * * *

* * * * *

2. Resolution on the representation of basic and clinical scientists in academic health centers.

At the February Council Meeting a resolution was introduced by Dr. Dan Tosteson on behalf of the Association of Chairmen of Departments of Physiology. Their resolution is included in the Minutes of the CAS Administrative Board meeting of February 3, 1972 (see Page 6 of agenda).

The resolution was carried by Dr. Estabrook to the Resolutions Committee of the AAMC. The Resolutions Committee, composed of a medical student and a COTH representative (the Dean-Chairman was absent), took issue with the resolution and it was withdrawn.

It is recommended that the following resolution be acted upon by the Administrative Board and referred to the Executive Council for transmission to the Council of Deans and Council of Teaching Hospitals and that this resolution be placed before the Council of Academic Societies in the fall.

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biological sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biological sciences comes the new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. While no specific organizational structure is recommended, any organizational pattern adopted should facilitate close interaction and reduce the isolation of biomedical disciplines from each other.

GUIDELINES FOR SUB-COUNCIL ORGANIZATION

There shall be the following classes of sub-council entities, organized in accordance with the definitions and specifications listed below:

- A. ORGANIZATION -- an Organization of the AAMC is defined as a membership component, associated specifically with one Council of the Association, and having voting participation in the governance of the AAMC.
1. Its establishment requires a bylaws revision approved by the AAMC Assembly.
 2. The Association shall assume responsibility for staffing and for basic funding required by the Organization.
 3. The Organization shall be governed by rules and regulations approved by the parent Council.
 4. All actions taken and recommendations made by the Organization shall be reported to the parent Council.
- B. GROUPS -- a Group of the AAMC is defined as representatives of a functional component of constituent institutional members. Groups are created to facilitate direct staff interaction with representatives of institutions charged with specific responsibilities and to provide a communication system between institutions in the specific areas of a Group's interest. Group representatives are appointed by and serve at the pleasure of their deans. Groups are not involved in the governance of the Association.
1. Establishment of a Group must be by the President of the Association with the concurrence of the Executive Council.
 2. All Group activities shall be under the general direction of the AAMC President or his designee from the Association staff.
 3. Groups may develop rules and regulations, subject to the approval of the AAMC President. An Association staff member shall serve as Executive Secretary.
 4. Budgetary support for Groups must be authorized by the Executive Council through the normal budgetary process of the AAMC.
 5. The activities of Groups shall be reported periodically to the Executive Council.
- C. COMMITTEES -- a Committee of the AAMC is defined as a standing body reporting directly to one of the official components of the Association (Executive Council, Councils, Organizations, Groups), charged with a specific continuous function.
1. Committees of the Executive Council may be charged with roles related only to governance, program, liaison, and awards.

Guidelines for Sub-Council Organization
Page Two

2. Committees of the Councils and Organizations may be charged with roles related only to governance and program.
 3. Committees of the Groups may be charged with roles related only to program.
- D. COMMISSIONS -- a Commission of the AAMC is defined as a body charged with a specific subject matter function, assigned for a definite term of existence, and reporting directly to one of the official components of the Association.
- All previous "ad hoc committees" shall become known as Commissions.
1. A Commission may be charged by the AAMC component to which it is to report, or by the Executive Council.
 2. No Commission may be charged for a term longer than 2 years, at the end of which it shall be re-charged or dissolved.

4/17/72

1. Name of Society

American Academy of Neurology

2. Purpose

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

3. Membership

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

4. Number of Members

3,382

5. Minutes of the annual business meeting, covering the financial report, committee report, and report from representatives to various committees and councils is available. Date of meeting: April 30, 1970

Copy of the program of the 22nd Annual Meeting of the Academy, April 27-May 2, 1970, is also available.

6. Constitution and bylaws available (included in Membership Directory)

7. Organized

1948

8. Recommendation

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

American Academy of Neurology

Executive Office
4005 West 65th Street
Minneapolis, Minnesota 55435
Phone 920-3636 Area 612

February 25, 1972

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:

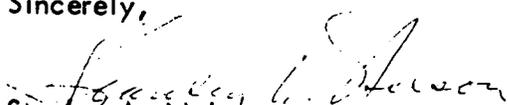
Thank you for your phone call today, advising that the Administrative Board will review our application for membership at their meeting on May 18th, and that it will then go to the Full Council in the fall, and then to the Assembly. You indicated that this might take a year.

As you requested, we are enclosing:

1. A copy of determination letter, dated February 2, 1953, granting exemption from Federal Income Tax under the provisions of section 101(6) of the Internal Revenue Code (now 501 (c)3).
2. A copy of letter, dated March 4, 1971, stating that the Academy is not a private foundation, as defined in section 509(a) of the Internal Revenue Code.
3. Membership, as of January 1, 1972, was 3856.

We trust this information is sufficient.

Sincerely,


Stanley A. Nelson
Executive Secretary

SAN/a

cc: Joe R. Brown, M.D.

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: ~~Max H. D. Croft~~ Connie Choate

NAME OF SOCIETY: Association of Orthopaedic Chairmen

MAILING ADDRESS: % James W. Harkess, M.B., Ch.B.
Kosair Professor of Orthopaedic Surgery
University of Louisville
Louisville, Kentucky 40200

PURPOSE: Educational. To foster, promote, support, augment and develop the science of orthopaedic surgery and the teaching of same by providing a forum for discussion of problems related to undergraduate and graduate orthopedics, by providing a mechanism of coordinating and planning activities requiring cooperation between orthopaedic programs and/or orthopaedic residents; and by serving as an active liasion unit between the specialty of orthopaedics and those organizations interested in medical education.

MEMBERSHIP CRITERIA: Chairman of the department, division or section of an AMA approved medical school or a director of an AMA approved and numbered independent orthopaedic residency program.

NUMBER OF MEMBERS: 90 members total, of which 70 on medical school faculty

DATE ORGANIZED: November 19, 1971

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

- | | | |
|----------------------|--|----------------|
| <u>Nov. 19, 1971</u> | 1. Constitution & Bylaws | (see attached) |
| <u>Nov. 19, 1971</u> | 2. Program & Minutes of Annual Meeting | (see attached) |

(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:

Section 501 (small fee)

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.


(Completed by - please sign)
D. Kay Clawson, M.D.

(Date)

IV. Discussion Items:

1. Fall Meeting Program:

The schedule of the Fall Meeting is shown below.

	Thursday	Friday	Saturday	Sunday	Monday
AM	-Arrivals-	Plenary Session	Plenary Session	Council Programs	Miscellaneous
PM	Miscellaneous	AAMC Councils	AAMC Assembly	Miscellaneous	Miscellaneous

The overall theme of the AAMC Annual Meeting will be "From Medical School to Academic Medical Center". The speakers will be:

Dr. Russell A. Nelson, President
The Johns Hopkins Hospital
The AAMC Chairman's Address

Dr. John R. Hogness, President
Institute of Medicine of the
National Academy of Sciences
"The Education of Health Professionals as a Team"

Dr. Ivan L. Bennett, Jr., Dean
New York University
School of Medicine
"The Continuum of Undergraduate and Graduate Medical Education"

Dr. Philip R. Lee, Chancellor
University of California, San Francisco
School of Medicine
"The Governance of the Academic Health Center"

Dr. Clark Kerr, Chairman
Carnegie Commission on Higher Education
Alan Gregg Memorial Lecture

Dr. Edmund D. Pellegrino
Vice President for Health Sciences and
Director of the Health Sciences Center
State University of New York
Stony Brook Medical School
"Academic Medicine's Responsibility for Area Health Education Centers"

Mr. Arthur E. Hess
Deputy Commissioner
Social Security Administration
"The Role of the Academic Health Center in Delivering Health Care"

Dr. Joshua Lederberg, Chairman
Department of Genetics
Stanford University School of Medicine
"Expanded Research Efforts in the Modern Academic Health Center"

The Board needs to discuss what its program should be on Sunday afternoon. The possibility of having a joint program with the Council of Deans exists.

* * * * *

2. Formula for estimating research component of education.

The Finance Committee has requested that the Administrative Board discuss and give their opinions regarding the proposal for the estimation of the research requisite to the conduct of undergraduate medical education programs. The basic assumption upon which the proposal is built is that the percentage of time a faculty member devotes to teaching can be utilized as the figure to apportion the expenditures he makes for research as the cost of the contribution of his research to undergraduate education. Corrections are made for students having intense research experiences in both basic science and clinical subjects.

No specific action is required on this proposal but your study and criticism will be appreciated.

The University of Pennsylvania Medical Center approach to measuring research requisite for undergraduate medical education.

- A. *The approach distinguishes between two types of medical students:*
1. *Those who will pursue careers as providers of health services; and*
 2. *Those who will pursue careers as*
 - (a) *researchers or basic sciences educators (M.D.-Ph.D. candidates)*
 - (b) *researchers in clinical sciences educators.*
- B. *Research requisite for medical education is the sum of:*
1. *The amount required for the education of all undergraduate medical students, determined as follows:*
 - (a) *Research in basic sciences - computed by multiplying the percentage of effort basic science faculty spend in teaching undergraduate medical students by the basic science research budget, plus*
 - (b) *Research in clinical sciences - computed by multiplying the percentage of effort clinical science faculty spend in teaching undergraduate medical students by the clinical science research budget;*

and

2. The amount required for the education of the educator-researcher group. It is assumed that there is a ratio of one full-time equivalent faculty member for each student in this group, and that 50% of the faculty member's time is devoted to research requisite for teaching this group of students:

(a) The M.D.-Ph.D. candidates are assumed to be in a basic-science research-educator track.

(b) Other students in this group are assumed to be in the clinical-science researcher track.

For the (a) group, the amount of research is determined by first deriving the amount of research per full-time equivalent faculty in the basic sciences (excluding the basic research required for all undergraduate medical students), and multiplying the number of M.D.-Ph.D. candidates by 50% of the amount of basic research per FTE faculty in the basic sciences.

For the (b) group, the amount of research is determined by first deriving the amount of research per full-time equivalent faculty in the clinical sciences (excluding the basic research required for all undergraduate medical students) and multiplying the number of students in the clinical-sciences-researcher track by 50% of the amount of clinical science research per FTE faculty in the clinical sciences.

* * * * *
* * * * *

A PROPOSAL FOR THE ESTABLISHMENT
OF A
LIAISON COMMITTEE ON GRADUATE MEDICAL EDUCATION

I. NAME

The Committee shall be known as the Liaison Committee on Graduate Medical Education. To avoid confusion of the names of the two committees, it is recommended that the name of the existing Liaison Committee on Medical Education be changed to Liaison Committee on Undergraduate Medical Education.

II. AUTHORITY

The Liaison Committee on Graduate Medical Education shall operate on the basis of authority delegated by the parent professional organizations.

III. PURPOSE

- A. To consolidate existing multiple accrediting activities in graduate medical education under a single accrediting agency qualified for recognition by the U.S. Commissioner of Education.
- B. To establish a body for supervision and accreditation of graduate medical education comparable to that existing for undergraduate medical education.

IV. FUNCTION

- A. To accredit programs of graduate medical education recommended for approval by residency review committees.
- B. To coordinate the development of improved review and evaluation procedures of residency review committees.
- C. To establish more effective central administrative procedures for the conduct of accreditation in graduate medical education
- D. To develop and propose to the Coordinating Council on Medical Education policies and methods whereby graduate education programs in the various specialties may be related more closely to each other and to the total educational enterprises in their individual institutions.
- E. To recommend studies directed toward improvement in the standards for organization and conduct of programs in graduate medical education.

Document #1, p.2

V. COMPOSITION

- A. Because of their interest and involvement in graduate medical education, five major professional organizations should have representation on the LCGME. The following composition is proposed:

American Medical Association	4	representatives
American Board of Medical Specialties	4	"
Association of American Medical Colleges	4	"
Council on Medical Specialty Societies	2	"
American Hospital Association	2	"
The Public	1	representative
The Federal Government	1	"

- B. Each organization shall select its representatives as it sees fit. The public representative shall be selected by the body of representatives of the professional organizations. The government representative shall be designated by the Secretary of Health, Education, and Welfare.

VI. OFFICERS

There shall be a Chairman and a Vice Chairman, who shall be from different professional organizations. The officers shall be named in rotation by their respective professional parent organizations. The term of office shall be one year.

VII. FINANCING

- A. The costs of accreditation in graduate medical education are currently borne primarily by the American Medical Association, with substantial additional support by the specialty boards and certain specialty societies. These same costs shall continue to be shared by these organizations for the time being, but the newly constituted Coordinating Council on Medical Education shall undertake, as one of its initial tasks, a study of costs of accreditation of graduate medical education and shall make recommendations concerning their allocation in the future.

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- B. The expenses of the representatives of the various professional organizations shall be borne by those organizations. The expenses of the public representative shall be shared equally by all of the professional organizations. The expenses of the government representative shall be borne by the government.
- C. For the time being, the AMA shall continue to provide staffing and secretarial services for the residency review committees and in addition shall supply such services for the LCGME.

3/30/72

A PROPOSAL FOR THE ESTABLISHMENT
OF A
COORDINATING COUNCIL ON MEDICAL EDUCATION

I. NAME

The Committee shall be known as The Coordinating Council on Medical Education.

II. AUTHORITY

The Coordinating Council on Medical Education will recommend policy concerning undergraduate and graduate medical education to the five parent professional organizations. For the time being, all policy matters must be approved by all parent professional organizations. Any policy matters not receiving unanimous approval, but approved by at least three of the five parent organizations shall be returned, after an intervening period of at least three months, to the Coordinating Council on Medical Education and subsequently to the parent organizations for thorough reconsideration.

III. PURPOSE

To supervise and coordinate the activities of the existing Liaison Committee on Medical Education (Undergraduate) and the new Liaison Committee on Graduate Medical Education.

IV. FUNCTION

- A. To review all matters of policy relating to undergraduate and graduate medical education and to make recommendations to the parent professional organizations concerning them. Policy recommendations may originate from any of the parent organizations or from the two liaison committees, but will be subject to review by the Coordinating Council before final action is taken by the parent organizations.
- B. To implement the overall policies agreed to by the parent professional organizations under which the individual liaison committees operate.
- C. To review and coordinate the activities of the two liaison committees.
- D. To recommend improvements in review and accreditation procedures of the two liaison committees.

V. COMPOSITION

- A. It is proposed that there be equal representation of each of

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the five major professional organizations with major interest and concern in undergraduate and graduate medical education. The following composition is suggested:

American Medical Association	3	representatives
Association of American Medical Colleges	3	"
American Board of Medical Specialties	3	"
Council on Medical Specialty Societies	3	"
American Hospital Association	3	"
The Public	1	representative
The Federal Government	1	"

- B. Each organization shall select its representatives as it sees fit. The public representative shall be selected by the body of representatives of the professional organizations. The government representative shall be designated by the Secretary of Health, Education, and Welfare.

VI. OFFICERS

There shall be a Chairman and a Vice Chairman, who shall be from different professional organizations. The officers shall be named in rotation by their respective professional organizations. The term of office shall be one year.

VII. FINANCING

- A. Expenses of the representatives of the various professional organizations shall be borne by those organizations. The expenses of the public representative shall be shared equally by all of the professional organizations. The expenses of the government representative shall be borne by the government.
- B. For the time being, the AMA shall provide staff and secretarial services for the CCME.

3/30/72