



# association of american medical colleges

## MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

Washington Hilton Hotel  
Washington, D.C.

### June 22, 1977

5:00 p.m.	Business Meeting	<i>Dupont Room</i>
7:30 p.m.	Cocktails	<i>Chevy Chase Room</i>
8:30 p.m.	Dinner	<i>Dupont Room</i>

Guest: *Thomas E. Malone, Ph.D.,  
Deputy Director, NIH*

### June 23, 1977

8:30 a.m.	Business Meeting	<i>Jackson Room</i>
1:00 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon and Executive Council Business Meeting	<i>Conservatory Room</i>
4:00 p.m.	Adjourn	

AGENDA  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

June 22-23, 1977

I. REPORT OF THE CHAIRMAN

II. ACTION ITEMS:

1. Approval of Minutes of CAS Administrative Board Meeting of March 30-31, 1977 1
2. Amendment to the Rules and Regulations of the Council of Academic Societies 11
3. Executive Council Action Items:
  - Endorsement of LCME Accreditation Decisions
  - Election of Provisional Institutional Members
  - Election of COTH Members
  - Approval of Subscribers
  - AAMC Position on Withholding Professional Services by Physicians
  - Specialty Recognition of Emergency Medicine
  - Draft Response to the GAO Report

III. DISCUSSION ITEMS:

1. Implementation Steps for CAS Services Program  
(*Proposal previously distributed to Board Members*)
2. Status Reports:
  - Legislative Activities
  - Manpower Bill Implementation
  - Liaison Committee on Graduate Medical Education
3. Executive Council Discussion Item:
  - Interim Report of the Task Force on Student Financing

IV. INFORMATION ITEM:

1. Annual Meeting Program 15
2. Response from Council of Medical Specialty Societies 17

V. NEW BUSINESS

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

March 30-31, 1977

Washington Hilton Hotel  
Washington, D.C.

PRESENT: Board Members

A. Jay Bollet,  
Chairman (Presiding)  
Robert M. Berne  
F. Marion Bishop  
Eugene Braunwald  
Carmine D. Clemente  
Daniel X. Freedman  
Rolla B. Hill  
Thomas K. Oliver, Jr.  
Roy C. Swan  
Leslie T. Webster

Guest: Terry Lierman

Staff

James Bennett\*  
John A.D. Cooper\*  
Kat Dolan\*  
James Erdmann  
Paul Jolly\*  
Thomas Kennedy\*  
Thomas Morgan  
Mignon Sample  
John Sherman  
Emanuel Suter  
August Swanson\*  
Bart Waldman\*

ABSENT: G.W.N. Eggers, Jr.  
Samuel O. Thier

The CAS Administrative Board Business Meeting convened on March 30th at 5:00 p.m. and adjourned at 7:30 p.m. A social hour was followed by dinner at 8:30 p.m. Mr. Terry Lierman, a staff member of the Senate Subcommittee on Labor-HEW Appropriations, joined the Board for an informal discussion of the status of health appropriations.

The meeting reconvened at 8:30 a.m. on March 31st. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a luncheon meeting at 1:00 p.m.

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\*(for part of the meeting)

\*\*Professional Staff Member, Senate Subcommittee on Labor-HEW  
Appropriations

## I. Adoption of Minutes

The Minutes of the CAS Administrative Board Meeting of January 12-13, 1977 were adopted as circulated, with one clarification by Dr. Oliver that his statement, "arrogant, simplistic and naive" was intended to refer to the letter from APM, and not the concept of working with AAMC staff.

## II. Action Items

### A. Membership Application: American Society for Clinical Pharmacology and Therapeutics

Drs. Webster and Oliver had been assigned to review the application of this society. A brief sketch of the membership of the society and a recommendation that it be approved for membership were presented by Dr. Webster.

ACTION: The CAS Administrative Board voted unanimously to recommend to the AAMC Executive Council that the American Society for Clinical Pharmacology be elected to membership in the CAS.

### B. Council of Medical Specialty Societies Liaison

Dr. Swanson has attended two meetings of the CMSS (as a representative of the AAMC) in response to an invitation to CCME parent organizations from Richard Wilbur, Executive Vice President of the CMSS. A reciprocal arrangement for the CMSS with AAMC might be advantageous to develop closer relationships with CMSS, and two approaches were offered for the CAS Administrative Board to consider. The purpose of the CMSS and its possible relationship to the CAS/AAMC were discussed, particularly the objective in having Dr. Wilbur participate in the Board meetings.

ACTION: The CAS Administrative Board agreed that Richard Wilbur, Executive Vice President of the CMSS, be invited to attend one of the sessions (dependent upon the agenda) of the next CAS Board meeting; and subsequent meetings on an individual basis.

Note: The first three action items in the Executive Council Agenda were grouped under one motion and approved accordingly.

C. Ratification of LCME Accreditation Decisions

Dr. Cooper briefly reviewed the process by which the LCME operates and the status of the FTC challenge, including a discussion of the rationale for changing the standard minimum accreditation to ten years instead of seven.

ACTION: The CAS Administrative Board voted unanimously to ratify the LCME accreditation decisions.

D. LCCME 1977 Budget

ACTION: The CAS Administrative Board approved the proposed interim LCCME budget.

E. Rules and Regulations of Planning Coordinators' Group

The Planning Coordinators' Group has developed a series of amendments to its Rules and Regulations, set forth on pages 26-34 in the Executive Council Agenda. These modifications, as with any modifications submitted by any of the other AAMC groups, have been carefully reviewed by Bart Waldman (Assistant to the President) to ensure consistency with AAMC policies and procedures.

ACTION: The CAS Administrative Board approved as modified the Rules and Regulations of the Planning Coordinators' Group.

F. Kountz v. State University of New York

Bart Waldman briefed the CAS Administrative Board on the request from the State University of New York system that the Association join as amicus curiae in the school's appeal of a Kings County Supreme Court decision invalidating the faculty practice plan at SUNY-Downstate. He expressed the belief that the Court's decision, which failed completely to acknowledge any relationship between teaching and patient care, could set a dangerous precedent. Dr. Bollet sketched some of the details of the faculty's basic argument that this was a private practice income and had nothing to do with teaching, and that therefore the State has no right to interfere with their fees. Dr. Bollet felt that the defense had been poorly handled, partly as a result of the complicated situation in the State and the fact that the Court was able to use weaknesses in the law to reach its decision.

ACTION: The CAS Administrative Board recommended that the Association join with the State University of New York in filing an amicus curiae brief in the case of Kountz v. SUNY.

G. Reduced-Schedule Residencies

Dr. Bollet raised the question of whether the NIRMP would have the computer capability to implement this recommendation. Dr. Swanson reported that this issue had been raised by students seeking reduced-schedule residencies (led in the main by the Harvard Reduced-Schedule Residency Project) who are confused as to where they are. In order for positions to be listed in the NIRMP Directory, the LCGME must devise a mechanism so that RRCs can agree that some positions will be reduced-schedule, and therefore the NIRMP can list them. A correction was made on page 36 of the Executive Council Agenda in the second paragraph, last sentence, noting that the last word should be "increased" rather than "decreased."

ACTION: The CAS Administrative Board approved the recommendation that the AAMC both encourage the development of reduced-schedule positions and ask the LCGME to establish policies and mechanisms to permit their identification so that they may be listed in the NIRMP Directory.

H. Coordination of the Application Cycles for GME Programs Recruiting Medical Students for GME-II Positions

The GSA is particularly concerned with this issue as reflected in the background paper on pages 38-41 in the Executive Council Agenda. Dr. Bollet stressed that the critical point is that requiring letters too early from faculty really forces premature evaluation of students. Dr. Swanson reported that a proposal is being recommended to the GSA that deans adopt a uniform policy of not providing letters before the first quarter of the senior year. The CAS Administrative Board discussed different ways of enforcing this recommendation. Dr. Freedman raised the issue of the phasing out of internships, which is not mentioned in the recommendation, and felt that inclusion of this issue would be an indication of one of the reasons for these problems. As the NIRMP develops further, the AAMC can work with Dr. Jack Graettinger, Executive Vice President of the NIRMP, in communicating to program directors, the problems involved.

ACTION: The CAS Administrative Board agreed with the objectives of this recommendation; however, the need for a stronger statement was felt, and it was agreed that further exploration of ways to enforce this would be pursued.

I. CCME Committee on Physician Distribution Report: The Specialty and Geographic Distribution of Physicians

Dr. Cooper reported on the March 5th meeting of the Committee at which it was agreed that the document would be abandoned in its present form, and a shorter version prepared which would recommend that the issues be considered in phases - the first phase to be a statement that data is not available and that the CCME should work to collect data in order to make rational analyses. At a subsequent meeting, Dr. Holden was able to obtain the decision that this agreement did not represent the view of the parent organizations and that the report should be again returned to the parent organizations for their approval.

ACTION: The CAS Administrative Board recommended that the AAMC transmit to the CCME the summary of responses set forth on pages 43-47 of the Executive Council Agenda.

Note: Dr. Suter joined the CAS Administrative Board for a discussion of several agenda items related to the issues and problems surrounding foreign medical graduates.

J. Admission of FMGs as Exchange Visitors

The roles which the AAMC and the ECFMG might have in the administration of Title VI of the health manpower law were discussed, centering on the potential administrative difficulties as well as the advantages of having AAMC serve as the sponsor of exchange visitors. The ABMS was mentioned as possibly being an appropriate agency to implement a device for visa-qualifying.

ACTION: It was the consensus of the CAS Administrative Board that the statement, as set forth on page 50 of the Executive Council Agenda, was excellent and concurred with the recommendation that the Executive Council approve it, setting forth the roles of the AAMC and the ECFMG to take effect at the termination of the blanket waiver issued by the HEW Secretary and upon the availability of the Visa Qualifying Examination abroad, with the caveat that the AAMC position be carefully carried out.

K. Eligibility Requirements for Entry Into Graduate Medical Education

The 1976 health manpower law required that graduates of foreign medical schools pass Parts I and II of the National Boards or an exam determined equivalent by the HEW Secretary in order to enter the U.S. In imposing this requirement, Congress clearly intended to upgrade the standards of eligibility for foreign educated physicians entering the medical profession in the U.S.; and the requirements for entry into graduate medical education should be modified to reflect the intent of the law to upgrade these standards.

ACTION: The CAS Administrative Board approved the recommendation that the Executive Council request that the LCGME withdraw recognition of ECFMG certification based upon passing the ECFMG examination, and require that after July 1, 1978 all physicians educated in medical schools not accredited by the LCME be required to have ECFMG certification based either on passing Parts I and II of the NBME exam or the exam determined as equivalent by the Secretary of HEW.

L. Implementation of Title VI of Health Manpower Law

In discussing the provisions of Title VI of the HPEA of 1976, which establish limitations on the issuance of J-visas, and the issue of extending the blanket waiver so that those limitations would not disrupt hospital service, it was emphasized that the AAMC does not recognize disruption of service by limitation of the influx of alien physicians because those individuals are considered students, not employees.

ACTION: The CAS Administrative Board agreed that HEW should be urged to write regulations for implementation of the provisions in Title VI of the health manpower law regarding issuance of J-visas as rapidly as possible.

M. Letter From the American College of Surgeons

Dr. Swanson reported on the increasing frustration with the LCGME staffing that, in part, prompted the letter from the ACS questioning the role of the LCGME and CCME in reviewing programs of graduate medical education. Dr. Swanson emphasized that the statements in items 2 and 5 of the letter expressing the view that RRCs should be independent of LCGME and CCME review are entirely unsupportable. In discussing the problems and challenges facing the LCGME, it was recommended that the Board members should communicate these issues to their colleagues. It was also suggested that an agenda item for the CAS Annual Meeting be centered around



a discussion of the RRCs and the LCGME, and that the outline for the program be distributed early enough to solicit contributions from RRCs, program directors, etc. to gain their participation. Dr. Swanson also mentioned that a subcommittee of the LCGME, which he is chairing, is revising the General Essentials for Graduate Medical Education and asked for any ideas the Board might have. A draft of the Essentials will be an agenda item for the CAS Board to review when it is ready.

ACTION: The CAS Administrative Board agreed with responding to the American College of Surgeons by supporting the principles concerning the accreditation of graduate medical education as set forth on page 53 of the Executive Council Agenda.

N. Talmadge Committee Report

Dr. Bentley briefed the CAS Administrative Board on the provisions of the Medicare and Medicaid Administrative and Reimbursement Reform Act (S. 305) and the recommendations of the ad hoc committee on the Association's position and testimony on the bill.

ACTION: The CAS Administrative Board endorsed the Talmadge Committee Report as a very lucid and helpful document.

III. New Business

A. Liaison Committee on Specialty Boards Recommendations on Emergency Medicine

Dr. Swanson presented a brief history of the status of the emergency medicine group and the action of the LCSB in approving the formation of a new specialty board in emergency medicine. The ABMS has appointed a committee to review this action and to present a report at the fall meeting, at which time the ABMS will vote on the question. The position taken by the Executive Council at its last meeting to address only the substantive issue of the impact of any new specialty was emphasized.

ACTION: The CAS Administrative Board reaffirmed its position that emergency medicine does not represent a body of knowledge or a discipline, but rather that it is an occupation; and requested an opportunity to review the materials supporting the application.

B. AAMC Involvement in the USFMS Transfer Program

The AAMC had been approached by the Division of Medicine of the Bureau of Health Manpower to assist in the administration of the transfer program for U.S. citizens studying in foreign medical schools, as required by the 1976 health manpower law. The AAMC was being asked to assume the role of verifying the documents required of USFMS applicants. Dr. Swanson pointed out the advantages and disadvantages of taking on this responsibility; however, it was felt that the disadvantages, particularly the risk of further offending the constituency by getting involved with an extremely controversial provision, far outweighed the advantages of an expanded relationship with the BHM and the reduction of the logistical burdens on the schools.

ACTION: On Motion, Seconded and Carried, it was the consensus of the CAS Administrative Board that the AAMC should not take on the additional responsibility of administering this program, but that AAMC staff should continue to assist the Division of Medicine in developing regulations for implementation of P.L. 94-484 without taking on any contractual obligations.

IV. Discussion Items

A. Clinical Laboratory Improvement Act

Dr. Braunwald reported on the testimony presented by Drs. Migeon, Dibona, and Braunwald on the Clinical Laboratory Improvement Act before the Committee on Human Resources on Wednesday morning, March 30th. The AAMC is urging that the requirements for clinical research laboratories whose major or sole activity is biomedical research be altered so as to provide protection for patients and permit freedom for research. The AAMC was offered the opportunity to present further testimony, which will be developed.

B. Clinical Fellows Training Study

Dr. Morgan opened the discussion of the AAMC contributions of detailed studies on research fellows to the NRC study of personnel in biomedical and behavioral research by reporting on the efforts by his staff in examining data from two sources: 1) Nationally conducted surveys, and 2) The AAMC survey conducted with academic medical centers. Kat Dolan (Division of Biomedical Research) presented some preliminary findings

from the data which show that: a) the numbers are neither consistent nor reliable; b) stipends vary tremendously from institution to institution and even within institutions; c) professional activities, such as the period when research training is taken, vary greatly; and d) that since 1972 the proportion of support from NIH has decreased, and it is difficult to determine what impact this has had on the amount of time spent in research. In its preliminary report to the Panel, the AAMC will show that there are no actual hard data, but there are a number of clinical training issues which warrant additional research attention. Dr. Morgan requested advice from the Board members on these problems, and Dr. Braunwald suggested that the first step would be to identify the problems and determine where they are.

ACTION: It was agreed that a small committee would be formed (with individuals outside of the CAS Administrative Board as well) to review the findings of this study and develop a position paper. It was the consensus of the Board that this would be a good opportunity to assess policy matters in this area.

C. Medical Faculty Study

The results of the respondent survey in which the CAS Administrative Board participated in a project to rank criteria for the evaluation of basic and clinical science faculty researchers were distributed. The opinions expressed by the Administrative Board members indicated that there needed to be a stricter explanation of the criteria to be used, but that it was generally an enjoyable exercise.

D. Major Issues of Concern to the AAMC

The CAS Administrative Board reviewed an outline on major issues confronting the medical schools and teaching hospitals developed in preparation for meetings with members of the new Administration. Some of the specific issues discussed by the Board included Biomedical Research, Health Manpower Legislation, Health Planning Act, and Communication with Administration Officials.

E. CAS Interim and Annual Meeting Plans

Plans are being formulated for interim meetings to be held in June with Public Affairs Representatives and officers to discuss issues of concern to the societies. It was suggested that these meetings might focus on one or two particular issues with a goal toward reaching some concrete conclusions or recommendations. It was further suggested that Congressional staff be invited to attend and participate in these discussions.

The preliminary plans for the Joint Council Meetings at the Annual Meeting were discussed, and suggestions for alternate topics and speakers were offered. AAMC staff for the three Councils will continue working together to formulate these plans.

MS:6/15/77

AMENDMENTS TO THE RULES AND REGULATIONS  
OF THE COUNCIL OF ACADEMIC SOCIETIES

Informal conversations with CAS Administrative Board Members and individuals who have previously served upon the Nominating Committee have suggested that the present system for nominating and electing CAS officers and administrative board members is sufficiently cumbersome that modifications should be made.

The recommended changes (shown on the following three pages) in the selection of the nominating committee and the development of the slate will greatly simplify the process.

Amendments in the CAS Rules and Regulations require action by the CAS Council and approval by the Executive Council. Amendments must be submitted thirty days before the Annual Meeting.

RULES AND REGULATIONS OF THE  
COUNCIL OF ACADEMIC SOCIETIES

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, immediate Past-Chairman and nine other members. Three of said nine members shall be elected by ~~written-ballot~~ at each annual meeting of the Council of Academic Societies, and each such member shall serve for a term of three years or until his successor is elected and installed. Members elected to serve on the Executive Council of the Association shall continue to hold membership on the Administrative Board until their terms on the Executive Council expire.

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.

RULES AND REGULATIONS OF THE  
COUNCIL OF ACADEMIC SOCIETIES

Section V. Committees

1. ~~The Nominating Committee shall be comprised of seven members of the Council.--The Chairman of the Administrative Board shall be the non-voting Chairman of the Nominating Committee.--The Nominating Committee will consist of six individuals (3 basic science and 3 clinical science) who shall be chosen from among the representatives present at the Annual Fall Meeting of the Council by a majority vote of the representatives present at that meeting. The Officers of the Council and its representatives to the Executive Council of the Association of American Medical Colleges are eligible to serve on the Nominating Committee with the exception of the Chairman-Elect. No Society may be represented on the Nominating Committee by more than one person. The Nominating Committee shall meet to select a slate of Officers prior to June 1st of the year of the election. In the event of a tie vote, the Chairman of the Nominating Committee shall break the tie with a vote.~~

~~The Nominating Committee shall nominate not more than two individuals for each office. The Committee will also recommend to the AAMC Nominating Committee candidates for Council of Academic Societies vacancies on the Executive Council as well as Council of Academic Societies recommendation for Association of American Medical Colleges Chairman-Elect.~~

1. The Nominating Committee shall be comprised of seven members of the Council. The Chairman shall be the immediate past-Chairman of the Council of Academic Societies who shall be the seventh member (ex officio) and shall vote in the case of a tie. The Nominating Committee will consist of six individuals (3 basic science and 3 clinical science) who shall be appointed by the CAS Administrative Board from among the member societies. Not more than one member may be appointed from a society and not more than two members may be current members of the Administrative Board.

The Nominating Committee shall report to the Council at its Annual Meeting one nominee for Chairman-Elect and one nominee for each vacant position on the Administrative Board. Additional nominations for these positions may be made by any representative to the Council. Election shall be by a majority of the representatives to the Council present at the meeting.

Rules and Regulations/CAS  
Section V. Committees

*The Committee 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. The Committee shall also recommend to the AAMC Nominating Committee candidates for the position of Chairman-Elect of the AAMC.*



DRAFT  
AAMC ANNUAL MEETING  
JOINT COUNCIL PROGRAM PLANS

Session I - Moderator: *Julius R. Krevans, M.D., Dean, U.C. San Francisco*

"Transition Between Undergraduate and Graduate Medical Education"

1. The Readiness of New M.D. Graduates to Enter Their GME-1 Year  
- *Dr. Barbara Korsch, USC/Children's Hospital of L.A.*
2. The Search for a Broad First Year  
- *William Hamilton, M.D., U.C. San Francisco*

Session II - Moderator: *A. Jay Bollet, M.D., SUNY Downstate*

"Quality of Graduate Medical Education"

1. The Evaluation of Residents' Performance  
- *John Benson, M.D., American Board of Internal Medicine*
2. Supervisory Relationships in Graduate Medical Education  
- *A House Officer*
3. The Program Director's Responsibility  
- *To be selected*

Session III - Moderator: *David D. Thompson, M.D., New York Hospital*

"Influencing Specialty Distribution Through Graduate Medical Education"

1. The Coordinating Council on Medical Education Should Participate with the Federal Government to Regulate Opportunities for Specialty Training  
- *John Beck, M.D.*
2. The Private Sector Should Avoid Participating with the Federal Government  
- *Theodore Cooper, M.D., Cornell University*

Session IV - Moderator: *Robert L. Van Citters, M.D., U. of Washington*

"Institutional Responsibility for Graduate Medical Education"

1. A Deanship That Has It Operating  
- *James E. Eckenhoff, M.D., Northwestern University*  
- *Jacob R. Suher, M.D., Northwestern University*
2. A Hospital Director Who is in the Operation  
- *David L. Everhart, Northwestern Memorial Hospital*

DRAFT  
AAMC ANNUAL MEETING  
JOINT COUNCIL MEETING PLANS

Tuesday, November 8

1:30 p.m.	Session I	Transition Between Undergraduate and Graduate Medical Education
2:45 p.m.	Session II	Quality of Graduate Medical Education
4:00 p.m.		Adjourn
4:30 p.m.		Minority Session

Wednesday, November 9

9:00 a.m.	Session III	Influencing Specialty Distribution Through Graduate Medical Education
10:30 a.m.		Coffee Break
11:00 a.m.	Session IV	Institutional Responsibility for Graduate Medical Education
12:30 p.m.		Adjourn



council of medical specialty societies

1400 NORTH WESTERN AVENUE  
LAKE FOREST, ILLINOIS 60045  
REPLIES TO: P.O. BOX 70 (312) 295-3456

Richard S. Wilbur, M. D.  
Executive Vice President

April 18, 1977


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

Dear John:

We at the CMSS are most pleased by your invitation to attend the Wednesday quarterly meetings of the Administrative Board of the Council of Academic Societies. Jack or I will look forward to these occasions and to the opportunity of meeting with and listening to your Board.

At the present time, we both plan to be at the AMA on Wednesday, June 22. However, if there is any way we can possibly arrange to be present, we shall do so. In the meantime, we shall attempt to clear our schedules to make certain we can attend the succeeding meetings. Looking forward to seeing you there, and at our other mutual gatherings, I am, as ever,

Yours cordially,

  
Richard S. Wilbur, M.D.

RSW/lj

cc: Mr. L. J. Carow III  
CMSS Board of Directors

AMERICAN ACADEMY OF DERMATOLOGY  
AMERICAN ACADEMY OF FAMILY PHYSICIANS  
AMERICAN ACADEMY OF NEUROLOGY  
AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY  
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS  
AMERICAN ACADEMY OF PEDIATRICS  
AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS  
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS  
AMERICAN COLLEGE OF PHYSICIANS  
AMERICAN COLLEGE OF PREVENTIVE MEDICINE  
AMERICAN COLLEGE OF RADIOLOGY  
AMERICAN COLLEGE OF SURGEONS  
AMERICAN PSYCHIATRIC ASSOCIATION

AMERICAN SOCIETY OF ANESTHESIOLOGISTS  
AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS  
AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS  
AMERICAN UROLOGICAL ASSOCIATION  
COLLEGE OF AMERICAN PATHOLOGISTS  
SOCIETY OF THORACIC SURGEONS

April 8, 1977

Richard W. Wilbur, M.D.  
Executive Vice President  
Council of Medical Specialty Societies  
P.O. Box 70  
1400 North Western Avenue  
Lake Forest, Illinois 60045

Dear Dick:

Last year when you invited a representative of the AAMC to attend the meetings of the CMSS, I responded positively and suggested that, in the future, we would seek to make arrangements so that CMSS might more closely interact with the Association.

This was discussed at the meeting of the Administrative Board of the Council of Academic Societies last week. The Board recommended that you be invited to attend the Wednesday quarterly meetings of the Board.

The format for the CAS Administrative Board meetings provides for a meeting beginning at 5:00 p.m. on Wednesday, with about two and one-half hours of business followed by cocktails and dinner. At the dinner meeting, an individual important to the concerns of the academic medical center from the Hill or the Executive Branch is usually invited to attend and provide an informal discussion of key issues.

The Board continues its meeting on Thursday, ending at Noon. It was the feeling of the members that the issues of mutual concern to the CAS/AAMC and CMSS could be covered during the two and one-half hour business meeting on Wednesday, and thus not require your expending an excessive amount of time in this liaison activity.

Please let me know if it will be possible for you to attend these meetings. I believe Jack Carow would be equally welcome in your place if you have scheduling conflicts. The established dates for the Board meetings are listed below.

Sincerely,

J. A. D. COOPER, M.D.

John A.D. Cooper, M.D.

1977 Dates: Wednesday, June 22  
Wednesday, September 14