



# association of american medical colleges

## MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

Washington Hilton Hotel  
Washington, D.C.

### June 21, 1978

5:00 p.m.	Business Meeting	Independence Room
7:30 p.m.	Cocktails	Jackson Room
8:30 p.m.	Dinner	Independence Room

### June 22, 1978

8:30 a.m.	Business Meeting (Coffee and Danish)	Jackson Room
1:00 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon and Executive Council Business Meeting	Conservatory Room
3:00 p.m.	Adjourn	

AGENDA  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

June 21-22, 1978

I. Report of the Chairman

II. ACTION ITEMS

1. Approval of Minutes of CAS Administrative Board Meeting  
of March 22-23, 1978 . . . . . 1
2. Membership Application  
Thoracic Surgery Program Directors . . . . . 7
3. Executive Council Action Items:
  - Endorsement of LCME Accreditation Decisions..... (18)
  - Election of Teaching Hospital Members..... (20)
  - Election of Academic Society Members..... (21)
  - AAMC Affiliate Institutional Membership..... (22)
  - Eligibility for Continuing COTH Membership..... (23)
  - AAMC Biomedical and Behavioral Research Policy ..... (28)
  - Discharge in Bankruptcy of Student Loans..... (61)
  - Report of the Task Force on Minority Student  
Opportunities in Medicine..... (63)
  - Recent Manpower Reports from GAO, National Academy  
of Sciences, and CCME..... (70)
  - Financial Considerations for Admission to Medical  
School..... (80)
  - Recommendations of the CCME Committee on the  
Opportunities for Women in Medicine..... (82)

III. DISCUSSION ITEMS

1. Secretary Califano's Initiative in Support of Biomedical  
Research . . . . . 12
2. Appointment of Women Liaison Officers from CAS . . . . . 13
3. AAMC Dues Structure . . . . . 15
4. Annual Meeting Plans . . . . . 26
5. Public Affairs Workshop

6. Executive Council Discussion Item:

- Statements Submitted for the Consideration of the  
Council of Deans at its 1978 Spring Meeting..... (123)

IV. INFORMATION ITEMS

1. CAS Nominating Committee Report . . . . . 27
2. 1979 Administrative Board and Executive Council  
Meeting Dates. . . . . 29

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

March 22-23, 1978

Washington Hilton Hotel  
Washington, D.C.

PRESENT: Board Members

Robert M. Berne,  
Chairman (Presiding)  
F. Marian Bishop  
David M. Brown  
Daniel X. Freedman\*  
Thomas K. Oliver  
James B. Preston  
Frank C. Wilson  
Frank E. Young

Staff

John Cooper\*  
Kat Dolan\*  
John Finklea\*  
Thomas Kennedy\*  
Mary Littlemeyer  
Thomas Morgan  
Mignon Sample  
John Sherman\*  
August Swanson  
Bart Waldman\*

ABSENT: A. Jay Bollet  
Carmine D. Clemente  
G.W.N. Eggers  
Samuel O. Thier

Robert Petersdorf\*  
Charles Womer\*

Guest: Carl D. Douglass, Ph.D.\*\*

The CAS Administrative Board Business Meeting convened on March 22, 1978 at 5:15 p.m. and adjourned at 7:30 p.m. A social hour was followed by dinner at 8:30 p.m. Dr. Carl Douglass, Director, Division of Research Grants, NIH, joined the CAS Board for an informal discussion of the study section workload increases at NIH and related problems.

The meeting reconvened at 9:00 a.m. on March 23, 1978. Drs. John Cooper, Robert Petersdorf, and Mr. Charles Womer joined the Board for an Executive Session Report of the Finance Committee at 10:00-10:45 a.m. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 1:00 p.m.

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\*For part of the meeting

\*\*Carl D. Douglass, Ph.D., Director, Division of Research Grants, NIH

## I. Adoption of Minutes

The Minutes of the CAS Administrative Board Meeting of March 22-23, 1978 were approved with one amendment. The word "paranoia" in the first sentence at the top of page five was changed to "concern."

## II. Action Items

### A. Association of Academic Departments of Otolaryngology

This society was assigned for review for CAS membership at the January meeting to Drs. Eggers and Brown. Dr. Eggers sent a letter on February 2nd expressing the satisfactory qualifications of the Association.

ACTION: The CAS Administrative Board voted to approve the application of the Association of Academic Departments of Otolaryngology for membership in the CAS.

### B. Endorsement of LCME Accreditation Decisions

ACTION: The CAS Administrative Board endorsed the LCME accreditation decisions.

### C. Election of Provisional Institutional Members

ACTION: The CAS Administrative Board concurred with the recommendation on page 22 of the Executive Council Agenda.

### D. CAS Resolution on LCGME

ACTION: The CAS Administrative Board concurred with the recommendation that the CAS Resolution on the LCGME be approved as AAMC policy and forwarded to the Liaison Committee on Graduate Medical Education.

### E. HEW Handicapped Regulations and Medical School Admissions

Dr. Swanson gave a brief background report on the implications of the regulations for medical schools. Discussions with GSA members have centered around the feasibility of developing technical standards to assist the schools in determining if handicapped students are qualified for admission to medical school. Dr. Brown expressed the feeling that the AAMC should not make any attempt to define technical standards. Dr. Freedman felt that faith in the present admissions process was justified.

ACTION: The CAS Administrative Board disapproved the recommendation that a Task Force be appointed to develop national guidelines on standards to comply with HEW regulations. It was felt that the AAMC should not make any statements for the record, and that the admissions process was best left alone.

F. AAHC Statement on Accreditation of Educational Programs in Allied Health

The AAHC is attempting to prevent any further growth of independent accrediting agencies and is asking the AAMC to support a policy statement preserving CAHEA as the umbrella organizations. Several of the Board members commented that it might be useful to obtain further information from the AAHC and CAHEA to get a better idea of what the group does and how effective it is.

ACTION: The CAS Administrative Board postponed any decision on the recommendations; suggesting that a meeting might be planned for COD and CAS with CAHEA representatives if feasible, and that further information be requested from CAHEA and AAHC.

G. AAMC Recommendations on FY 79 Appropriations for VA Department of Medicine and Surgery Programs

The CAS Administrative Board generally agreed with the recommendations as outlined in the Executive Council Agenda on pages 49-50. Dr. Freedman suggested, however, that the AAMC report or testimony might be prepared along the lines of the NAS report.

ACTION: The CAS Administrative Board concurred with the recommendation as proposed in the Executive Council Agenda as the basis for AAMC testimony.

H. Emergency Meeting on Medical Manpower Legislation

ACTION: The CAS Administrative Board concurred with the recommendation that the Executive Council endorse the position as outlined on page 51, and further suggested that CAS members should be urged to begin looking at their own disciplines for means of cost containment.

I. Withholding of Services by Physicians

The CAS Administrative Board considered the revised draft statement as presented on pages 54-56 in the Executive Council Agenda by the working group. Dr. Young raised a question regarding the wording in the last sentence of the statement; specifically the term "fair process," which he felt was emotional and needed to be more specifically stated.

ACTION: The CAS Administrative Board agreed with the statement as presented with the stipulation that the last sentence should be amended to read, "Therefore, it is a responsibility of society to respond to this voluntary restraint of physicians by providing a process that is equitable to physicians and patients for resolving economic and organizational issues which influence the welfare of the profession and the quality of medical care."

J. AAMC Statement on Involvement with Foreign Medical Schools

Dr. Swanson briefly described the increasing proliferation of developmental schools, principally in the Caribbean and Mexico, which are primarily being established to exploit unsuccessful candidates to U.S. medical schools. The academic medical community should be cautioned that interaction with these schools might be harmful to the credibility of their own educational programs.

ACTION: The CAS Administrative Board endorsed the statement as recommended in the Executive Council Agenda on pages 57-58.

K. Industry-Sponsored Research and Consultation: Responsibilities of the Institution and the Individual

Drs. John Finklea and Tom Kennedy joined the CAS Board for a discussion of the AAMC's response to Congressman Rogers' letter. Dr. Kennedy gave a brief report on the background of the letter and the discussions at the January Administrative Board and Executive Council meetings. Dr. Finklea was primarily responsible for developing the response, based on those discussions and responses received from a deans' survey. The consensus of the Board was that the report was well-written and dealt effectively with the issues.

ACTION: The CAS Administrative Board endorsed the recommendations in the report and concurred with the recommendation that the draft paper be approved as AAMC policy.

L. AAMC Biomedical and Behavioral Research Policy

Dr. Robert Petersdorf joined the CAS Board for a discussion of the draft AAMC policy statement on biomedical and behavioral research. Dr. Petersdorf had several concerns that he wanted to bring to the attention of the Board, par-

ticularly relating to the statements in Goal 2 (pages 83-88 of Executive Council Agenda). One suggestion made was to delete the last sentence on page 85, "Interdisciplinary training also permits a greater emphasis on excellence and program continuity. Dr. Petersdorf's comments prompted a vigorous discussion by the Board members on many aspects of the report. It was suggested that a strong descriptive statement of what clinical training should be was needed. Also that a comprehensive, concentrated research program is imperative as a major component of research training; and safeguards should be instituted to ensure that trainees are exposed to rigorous research training. In recommendation 2, there was a great deal of discussion regarding the statement on payback requirements. Dr. Young felt that the payback requirement should be eliminated because of management problems, but it was also suggested that the statement be changed to say that the payback requirement should be modified to insure a flow of clinical investigators. Dr. Preston commented that in the past training grants have not been in the best interest of developing clinical scientists. Other specific comments related to providing strategic guidance in accomplishing Goal #3; reviewing and improving the Peer Review System as discussed in Goal #4; and recommendation 5-F on page 99 regarding the use of clinical trials. Dr. Morgan reported on the discussions which had taken place in the COD and COTH Administrative Board meetings, and where their particular concerns were.

ACTION: The CAS Administrative Board discussed the draft statement on biomedical and behavioral research policy in detail, offering many suggestions and revisions for transmittal to the task force. The CAS Board recommended that the report be rewritten with the input from the Administrative Boards.

### III. Discussion Items

#### 1. Discharge in Bankruptcy of Student Loans

The increase in recent years of students declaring bankruptcy and the implications of the 1976 legislation were discussed. Although it was generally felt that it would be beyond the AAMC's scope of interest to make a statement on this issue, Dr. Young suggested that this might be an opportunity to re-emphasize the issue of financing medical education in general as well as the lack of federal support through capitation. However, the Board concurred that no position should be taken on this issue.



2. Public Affairs Workshop

The CAS Administrative Board endorsed plans to hold a Public Affairs Workshop with key Congressional and Executive Branch staff on the Wednesday and Thursday of the Annual Meeting in New Orleans (October 25th and 26th). CAS Administrative Board Members and Public Affairs Representatives would be invited to attend.

MS:6/7/78

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: Ms. Mignon Sample

NAME OF SOCIETY: THORACIC SURGERY DIRECTORS ASSOCIATION

MAILING ADDRESS: 108 Burnett-Wormack Building 229-H  
University of North Carolina School of Medicine  
Chapel Hill, North Carolina 27514  
ATTENTION Benson R. Wilcox, M.D., secretary-treasurer

PURPOSE: See the attached Articles of Association, Article II

MEMBERSHIP CRITERIA: See the attached Articles of Association, Article III, Section I

NUMBER OF MEMBERS: 110

NUMBER OF FACULTY MEMBERS: same

DATE ORGANIZED: April 23, 1968

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

1. Memo of Organization (4/23/68)
2. Articles of Association (1/23/78)
  1. Constitution & Bylaws

1. 1/23/78 - biennial meeting and agenda
  2. 10/18/77 - executive committee meeting
  3. 4/18/77 - biennial meeting
  4. 10/11/76 - executive committee meet
- (CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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

XX YES

       NO

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

501 (c) 3 status

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

       a. Approved by IRS

       b. Denied by IRS

XX 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.

Benson R. Wilcox  
(Completed by - please sign)  
Benson R. Wilcox, M.D.

February 21, 1978

(Date)



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

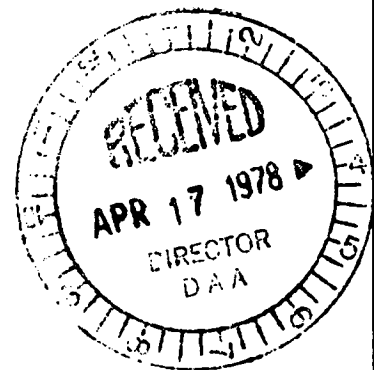
School of Medicine  
Division of Orthopaedic Surgery

The University of North Carolina at Chapel Hill  
Clinical Sciences Bldg. 229 H  
Chapel Hill, N.C. 27514

April 13, 1978

F. C. Wilson, M.D.  
H. R. Brashear, M.D.  
R. V. Talmage, Ph.D.  
W. H. Bowers, M.D.  
T. N. Taft, M.D.  
J. J. Shine, M.D.  
J. W. Wolf, Jr., M.D.  
J. D. Ferguson, C.P.O.

August G. Swanson, M.D.  
Director  
Department of Academic Affairs  
Association of American Medical Colleges  
Suite 200  
1 Dupont Circle NW  
Washington, D.C. 20036



Re: Membership Application to Council  
of Academic Societies of Thoracic  
Surgery Program Directors Association

Appointments

(919) 966-1488  
(Private)  
966-2231  
(Staff)

Administrative Offices

(919) 966-3359  
966-2030  
966-2039

Research Laboratories

(919) 966-1211  
966-1212

Prosthetics - Orthotics

(919) 966-4630

Dear Gus:

As requested, Tim Oliver and I have looked into the application of the Thoracic Surgery Program Directors Association to the Council of Academic Societies. This is a bonafide, highly specialized, organization of chairmen with special interest in advancing graduate medical education in thoracic and cardiovascular surgery. The only possible impediment to membership is that the Association has not yet heard from the Internal Revenue Service in response to their request for exemption under 501(c)3 status. An opinion has been rendered by the North Carolina State Department of Revenue (See attachment) indicating that the Association qualifies for tax exemption status in North Carolina.

Unless a definitive ruling on the tax status poses problems, I support the application of the Thoracic Surgery Directors Association for membership in the CAS. Dr. Oliver has also indicated his support of the application.

If I can be of any further help in these deliberations, please let me know.

Sincerely,

*Frank C. Wilson*

Frank C. Wilson, M.D.

FCW:mt

cc: Thomas K. Oliver, Jr., M.D.  
Encl.

MIDGETTE, PAGE & HIGGINS  
ATTORNEYS AND COUNSELLORS AT LAW  
P. O. DRAWER 429      AREA CODE 919 942-4181  
CHAPEL HILL, NORTH CAROLINA 27514

ROBERT B. MIDGETTE  
ROBERT J. PAGE  
THOMAS D. HIGGINS, III  
KEITH D. LEMBO  
WM. GRIFFIN GRAVES, III

April 6, 1978

Dr. Benson R. Wilcox  
Professor of Surgery  
108 Clinical Science Building  
UNC School of Medicine  
Chapel Hill, North Carolina 27514

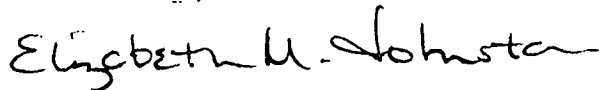
RE: Thoracic Surgery Directors Association

Dear Dr. Wilcox:

Please find enclosed the March 21, 1978, letter from  
the North Carolina Department of Revenue that you have  
requested.

With personal regards, I am

Sincerely,



Elizabeth M. Johnston

Enclosure

JAMES B. HUNT, JR.  
GOVERNOR



STATE OF NORTH CAROLINA  
DEPARTMENT OF REVENUE

P. O. BOX 25000

RALEIGH, N. C. 27640

March 21, 1978

MARK G. LYNCH  
SECRETARY

JAMES P. SENTER  
DEPUTY SECRETARY

Mr. Thomas D. Higgins, III  
Attorney at Law  
P. O. Drawer 429  
Chapel Hill, North Carolina 27514

Re: Thoracic Surgery Directors Association

Dear Mr. Higgins:

Thank you for sending us a copy of the Articles of Incorporation of the above corporation for our examination.

We observe that no part of the corporation's net earnings is to inure to the benefit of any of its officers, directors, or members, or any other private individual. We further observe that if the corporation should dissolve, its remaining net assets will be distributed to some organization or organizations having purposes similar to its own.

It is our opinion that this corporation qualifies for exemption from franchise tax and income tax under Sections 105-125 and 105-130.11 (a)(4), respectively, of the General Statutes of North Carolina.

The corporation will not be required to file the regular franchise and income tax returns with this Department. However, it will be required to file an annual return on Form CD-427, Return of Organization Exempt From Income Tax. This return will be due on the 15th day of the 5th month following the close of the corporation's fiscal year.

Very truly yours,

W. B. Matthews, Director  
Corporate Income and Franchise Tax Division

A handwritten signature in cursive script, reading "Douglas J. Williams".

By: Douglas J. Williams, Administrative Officer

DJW:nhs

Enclosure

## SECRETARY CALIFANO'S INITIATIVE IN SUPPORT OF BIOMEDICAL RESEARCH

In a speech delivered April 31, 1978, before the annual meeting of the American Federation for Clinical Research, DHEW Secretary Califano enunciated five principles which would be the basis for a new five-year plan for the support of biomedical research:

- 1) To maintain at a high level and to enhance federal support for fundamental research into biology and behavior,
- 2) To assure that there are ample opportunities for young investigators,
- 3) To assure that basic research is accompanied by vigorous, thoughtful, interdisciplinary applications.
- 4) To assure that government supported research has a strong orientation toward improving the quality of the nation's health services.
- 5) To assure that HEW-supported research is effectively oriented to develop knowledge to support all the health missions of DHEW - prevention, delivery, regulation, standard setting, and cost control.

Secretary Califano acknowledged that the first three principles were hardly new, however, he was vigorously applauded for restating the Federal commitment to these areas. He received somewhat less applause for the fourth principle, particularly when he explained that biomedical researchers should work more closely with schools of public health and should focus on basic problems of nutrition, aging, the environment, etc.

In follow-up to his speech, Secretary Califano has now asked the NIH to take leadership in a new look at the health research strategy for the Department of Health, Education and Welfare as a whole. This NIH lead effort has already begun, with a request from Don Frederickson for input from all the Institute advisory councils. Frederickson also led a day and a half discussion of the principles and the five-year plan at the NIH Director's Advisory Council meeting on June 15-16, 1978. The NIH plans to get input from other agencies of the DHEW, such as FDA, CDC, and ADAMHA, and to present the proposed DHEW health planning principles to a national conference to be held at NIH in late September, 1978. The outcome of the conference will be published in early 1979, public comment will be solicited and a final five-year plan for "health research" document will be prepared sometime in mid-1979.

THE APPOINTMENT OF WOMEN LIAISON OFFICERS  
FROM THE  
COUNCIL OF ACADEMIC SOCIETIES

In February, 1976, the Association established an Office for Women, as part of the President's Office and hired an individual who was given the charge to study the issues relevant to Women in Medicine and to develop alternative approaches to address those issues. One of the first definitive steps taken in an effort to accomplish the assigned Task was to recommend to the Council of Deans that each Dean be asked to appoint a Women Liaison Officer to the AAMC. To date 104 deans have made that appointment and a second directory is about to go to press.

The proposal for Women Liaison Officers from the medical schools was initially made in order to open up communication channels between women in the medical schools, both students and faculty, and the Association. Prior to that time there had been extensive contact with selected women at a limited number of institutions, but any feel for the national picture was quite limited. As a result of Women Liaison Officers being appointed from the medical schools, contacts with women constituents have significantly increased as well as staff understanding of the major concerns of women in academic medicine. The following proposal is designed to address what seems to be the central concern.

The principal issue of concern to women in the medical schools is the still small numbers of women faculty in the aggregate, their opportunities for promotion and tenure, and the small number of women who occupy departmental chairs and senior administrative positions in the medical schools. While the immediate response to that concern is the insufficient numbers of women available for academic positions, it is also that women in medical schools both today and in the past have not found the academic medical environment to be an appealing one and one in which they would want to practice medicine. In many ways it is a "chicken and egg problem".

Since the locus of the concern among women is focused in the academic department, one way to begin to address the problem is the establishment of a network among women already recognized in the various specialties. For the AAMC to do this it must be in connection with the CAS. Toward that end, it is proposed that each member organization of the CAS be asked to appoint where feasible a Women Liaison Officer from his society to the AAMC. Just as the public affairs representatives are called upon to assist in the legislative efforts of the CAS, so the Women Liaison Officers will be requested to assist in areas of concern to the women constituency. Some examples of possible activities in which these individuals would engage are listed below:

- 1) Identifying women for faculty positions.
- 2) Identifying appropriate women to sit on AAMC Committees.
- 3) Planning the Women in Medicine component of the Annual Meeting.
- 4) Assisting with Women in Medicine programs in academic medical centers.
- 5) Assisting with the writing of proposals for outside funding.
- 6) Responding to reports related to the status of Women in Medicine.



It should be emphasized that the intent here is not to establish a formal Group of AAMC Women Liaison Officers. Nor is it even to lay the groundwork for such an organization. Rather, it is an approach to giving increased attention to the principal concern of women and to give greater visibility to women moving up the academic ladder as a way of addressing that issue.

REPORT OF THE EXECUTIVE COUNCIL ON  
REVISING THE AAMC DUES STRUCTURE

BACKGROUND

In June of 1976 the Executive Council appointed a Finance Committee under the Chairmanship of Mr. Charles B. Womer, President of the University Hospitals of Cleveland. The Committee was asked to conduct an ongoing review of Association income and expenditures and to present recommendations to the Council when changes in the way the Association financed its programs became necessary.

The first Finance Committee recommendations, approved by the Executive Council in September 1976, were to increase MCAT and AMCAS fees. These increases reflected the increased cost of administering the New MCAT test and the actual cost at which an applicant initially entered the AMCAS system. The dues structure of the Association was discussed by the Finance Committee at that time, and a plan for examining the overall support of the organization was formulated.

In December of 1977, the Finance Committee reported its recommendations on revising the AAMC income structure to the Officers' Retreat. These recommendations included: (1) increasing dues and service fees, effective in fiscal year 1980; (2) imposing an inflator on dues and service fees after the initial increases to keep pace with increasing costs; (3) authorizing the Executive Council to waive or decrease application of this inflator; and (4) anticipating a necessary increase in AMCAS and MCAT fees in fiscal year 1981 and 1983.

The Officers' Retreat also reviewed budget projections prepared by staff, based on what was seen as a minimum Association budget. The officers and later the Executive Council carefully scrutinized the program implications of this minimum budget, agreeing that general funds support of several Association activities be phased out. Staffing levels were adjusted in several other areas where the President felt that tightening of the budget was possible.

At the January 1978 Executive Council meeting, this reduced budget was analyzed in terms of program priorities and the Association's continued ability to meet the primary demands of the membership. By this time it was also clear that the Association's \$1.4 million (per year) contract with the Bureau of Health Manpower would not be renewed. Loss of this contract meant that a portion of the data collection and analysis previously supported by BHM would have to be continued on general funds, resulting in substantial added costs.

The Executive Council then looked at the income projected for the next five years under the current schedule of dues, the Finance Committee's recommendation, and a more modest proposal presented by the staff. It was clear that by FY 1980 the current dues structure would not support even the "minimum" level of program activities endorsed by the Executive Council. The Finance Committee recommendation would have produced a moderate surplus of income over expenses in each of the coming years, when calculating expenses from the reduced budget base. The staff proposal would have just barely covered the reduced level of program embodied by the minimum budget each year.

After considerable discussion, the Executive Council asked that the staff develop, in conjunction with the Finance Committee, another alternative. This approach was to provide more income than the current staff proposal, but less than the original Finance Committee recommendation. In requesting this, the Council asked that the staff take into account several concerns.

First, the revised approach should provide income sufficient to allow the Association to respond to new initiatives and priorities as they develop. The Council was particularly concerned that vital task forces or other special projects would be stalled while funding was sought. Some budgetary flexibility should be maintained by planning for modest surpluses.

Second, the revised approach should provide enough flexibility so that an unanticipated jump in the inflation rate would not produce an immediate deficit. All projections of AAMC expenditures had been based on a 6% annual inflation.

Third, the Executive Council reaffirmed its reserve policy by which the officers were directed to maintain unrestricted reserves of at least 50%, and as a goal 100%, of a year's total budget. Since the Association owned no land, building, or other fixed assets of any size, it was considered imperative to the stability of the organization and its ability to attract top notch staff that the constant dollar value of its reserves be maintained.

Finally, the Executive Council expressed concern that the Finance Committee recommendation which would bring all schools up to the dues ceiling within five years might work a hardship on schools with smaller budgets. While it was recognized that the Association attempted to serve all schools equally, it was felt that smaller schools could not be asked to bear the major burden of the dues increase.

At its March meeting the Executive Council considered the recommendations which are presented below. This proposal was developed by staff in conjunction with the Finance Committee, and responds to the Council's concerns with the earlier proposals. These recommendations were discussed at length with the Administrative Board of each Council and the OSR; each of the Boards recommended its approval. The Executive Council also agreed that this approach met the concerns raised previously and recommended its approval to the constituent Councils.

#### RECOMMENDATION

Table II of the enclosed materials presents the complete schedule of dues which the Executive Council proposes. Table I shows the current dues structure. No change in dues is possible prior to fiscal year 1980.

For the medical schools, whose dues last increased in FY 1969, the recommendation would mean that each school would pay \$2,000 more in 1980 than it would have paid under the old schedule. This is because the service fee would now be calculated as a percentage of the school's total budget, rather than as a percentage of the school's budget exceeding the first \$2 million. In this way, dues would be paid on an equal basis by each school while only the service fee component would be pro-rated by the size of the school's budget. Since the ceiling on the total of the dues plus service fee would be increased to \$12,000, each school would pay exactly \$2,000 more than it would have paid under the current schedule.

Both the basic institutional dues and the ceiling will increase slightly each of the next two years, while only the ceiling will be subject to the inflator after FY 1983. The rate applied to determine the service fee will increase by .0001 each year until a rate of .002 is achieved, at which point the rate will plateau.

For provisional institutional members (developing schools who have not enrolled their 3rd year class), the formula would apply in a similar manner with the basic rate of dues being half that of the developed schools. Thus, each developing school would pay up to \$2,000 additional service fee in FY 1980, depending on the school's budget.

Members of the Council of Academic Societies, whose dues last increased in FY 1975, would sustain no immediate increase in dues beyond the application of the annual inflator.

Members of the Council of Teaching Hospitals, whose dues last increased in FY 1973, would pay \$1,500 in FY 1980; \$1,750 in FY 1981; \$2,000 in FY 1982; and then become subject to the annual inflator.

The Executive Council recommends building an annual inflator into the Association's dues structure for two principal reasons. The first is to prevent inflation from gradually effecting the reduction in Association programs which would be inevitable if revenues were held constant. The second reason is to avoid the necessity of seeking Assembly approval for minor variations in dues occasioned by inflation. The inflator would be defined as the ratio of the most recent November Revised Consumer Price Index for Urban Wage Earners and Clerical Workers--Washington, D. C. Metropolitan area to that of the previous November. An inseparable part of the proposal to permit use of an annual inflator is the recommendation that the Executive Council be authorized by the Assembly to defer, reduce, or waive the scheduled increases in dues and fees for FY 1981 and all future years if, in its judgment, the full increases were not required to support the Association's authorized programs. Thus, the inflator would represent the outside limit on annual increases permissible without Assembly action.

Tables III - VI show the projected effect of this proposal. Table III compares total income under this proposal and the current schedule, including anticipated increases in AMCAS and MCAT fees. Table IV compares revenues which would be collected just from the medical schools. Tables V and VI show what individual schools would pay in dues and service fees under the current schedule and under this recommendation.

Table VII traces the increases in dues revenue in the 1970's, as compared with increases in Association expenditures. Most of the increase in dues has resulted from the increase in the number of medical schools during this time, an increase which seems unlikely to continue.

The Executive Council recommends to the constituent Councils favorable action on the revised dues structure described above.

CURRENT DUES SCHEDULEInstitutional Members:

\$2,000 + service fee of 1/10 of 1% of the total annual operating expenditures of the school in excess of the first \$2 million.

Ceiling: \$10,000 per school

Provisional Institutional Members:

\$1,000 + service fee as above until enrollment of first 3rd-year class; then same as Institutional Members.

Affiliate & Graduate Affiliate Members:

\$500

Two-Year Schools:

\$1,000

Council of Academic Societies:

less than 300 active members	\$ 500
300 - 999	1,000
1,000 - 4,999	2,000
5,000 - more	3,000

Council of Teaching Hospitals:

\$1,000

Corresponding Members:

\$500

Individual Members:

\$30

CURRENT FEE SCHEDULECOTRANS:

\$20 per application

MCAT:

\$35

AMCAS:

1 school - \$20; increments of \$5 to 5th school (\$40)

6th and each additional school - \$10 per school

<u>TOTAL INCOME YIELD</u>					
<u>INCOME</u>	<u>FY 79</u>	<u>FY 80</u>	<u>FY 81</u>	<u>FY 82</u>	<u>FY 83</u>
CURRENT SCHEDULE	\$6,374,894	\$6,338,603	\$6,330,676	\$6,342,660	\$6,372,958
EXECUTIVE COUNCIL RECOMMENDATION	same	6,785,570	7,261,963	7,792,554	8,225,071

INSTITUTIONAL DUES

(Assuming 6% annual growth  
of school budgets)

		<u>BASIC DUES</u>	<u>SERV. FEE RATE</u>	<u>CEILING (DUES+FEES)</u>	<u>YIELD<sup>#</sup></u>
Current Schedule*	FY 80	\$2,000	.001	10,000	1,126,397
	81	2,000	.001	10,000	1,133,125
	82	2,000	.001	10,000	1,139,913
					<u>3,399,435</u>
Executive Council Recom- mendation**	FY 80	2,000	.001	12,000	1,370,292
	81	2,500	.0011	13,000	1,500,427
	82	3,000	.0012	14,000	1,631,339
					<u>4,502,058</u>

#Broken down by school on following pages.

\*Rate applies to school budget in excess of \$2 million  
to determine service fee.

\*\*Rate applies to entire school budget to determine  
service fee.



CURRENT SCHEDULE - YIELD\*  
(Full-paying Medical Schools Only)

<u>School</u>	<u>FY 80</u>	<u>FY 81</u>	<u>FY 82</u>
100 Schools at Ceiling	1,000,000		
101	9,837		
102	9,731	1,020,000	1,020,000
103	8,565	9,079	9,623
104	8,141	8,629	9,147
105	8,034	8,517	9,028
106	8,014	8,494	9,004
107	7,908	8,382	8,885
108	6,678	7,078	7,503
109	6,137	6,506	6,896
110	6,074	6,438	6,824
111	4,420	4,685	4,967
112	2,809	2,976	3,156
113	2,660	2,820	2,989
114	2,512	2,663	2,823
115	7,459	7,907	8,381
116	5,359	5,681	6,022
117	5,114	5,421	5,746
118	2,343	2,483	2,632
119	3,177	3,367	3,569
120	2,000	2,009	2,129
121	2,571	2,725	2,888
122	6,854	7,265	7,701
TOTAL	\$1,126,397	\$1,133,125	\$1,139,913
TOTAL FY 80, 81, 82 =	\$3,399,435		

\*Assumes 6% annual growth of school budgets

EXECUTIVE COUNCIL RECOMMENDATION-YIELD\*  
(Full-paying Medical Schools Only)

<u>School</u>	<u>FY 80</u> <u>(max = 12,000)</u>	<u>FY 81</u> <u>(13,000)</u>	<u>FY 82</u> <u>(14,000)</u>
100 Schools at Ceiling	1,200,000		
101	11,837		
102	11,731	1,326,000	
103	10,565	12,486	1,442,000
104	10,141	11,991	13,976
105	10,034	11,868	13,833
106	10,014	11,843	13,804
107	9,908	11,720	13,662
108	8,678	10,285	12,003
109	8,137	9,656	11,275
110	8,074	9,581	11,188
111	6,420	7,653	8,960
112	4,809	5,773	6,787
113	4,660	5,602	6,586
114	4,512	5,429	6,387
115	9,459	11,197	13,057
116	7,359	8,749	10,226
117	7,114	8,463	9,895
118	4,343	5,231	6,158
119	5,177	6,203	7,282
120	3,895	4,709	5,554
121	4,571	5,497	6,465
122	8,854	10,491	12,241
TOTAL	\$1,370,292	\$1,500,427	\$1,631,339
TOTAL FY 80, 81, 82 =		\$4,502,058	

\*Assumes 6% annual growth of school budgets

DUES INCOME - EXPENDITURES  
1970 - 1978

<u>FY</u>	<u>DUES INCOME</u>	<u>EXPENDITURES</u>	
		<u>GENERAL FUND</u>	<u>TOTAL</u>
1970	\$1,063,403	\$1,944,149	\$2,796,885
1971	1,114,012	2,312,640	3,598,924
1972	1,216,141	3,303,125	4,769,576
1973	1,412,268	3,820,190	5,330,026
1974	1,427,059	4,453,977	6,408,597
1975	1,508,822	4,682,368	7,108,354
1976	1,535,516	5,067,593	7,819,391
1977	1,591,725	5,476,075	8,231,313
1978 (est.)	1,648,250	5,557,500	7,851,634

AAMC ANNUAL MEETING

October 21 - 26, 1978  
New Orleans Hilton Hotel  
New Orleans, Louisiana

	Saturday 21st	Sunday 22nd	Monday 23rd	Tuesday 24th	Wednesday 25th	Thursday 26th
Morning	Limited Space Available	Open Scheduling	PLENARY SESSION	PLENARY SESSION/ ASSEMBLY	RIME Open Scheduling	RIME Open Scheduling
Afternoon	Limited Space Available	Open Scheduling	Council Business Meetings	Joint Council Program	RIME Open Scheduling	RIME Open Scheduling
Evening	Limited Space Available	Open Scheduling	Open Scheduling	Open Scheduling	Open Scheduling	Open Scheduling

MINUTES  
NOMINATING COMMITTEE  
COUNCIL OF ACADEMIC SOCIETIES

May 31, 1978

PRESENT: Committee Members

Robert M. Berne, M.D.,  
Chairman, Presiding  
Thomas M. Devlin, Ph.D.  
G.W.N. Eggers, Jr., M.D.  
Rolla B. Hill, Jr., M.D.  
Mary Ellen Jones, Ph.D.  
Samuel O. Thier, M.D.

Staff

Diane Newman  
Mignon Rankin  
August G. Swanson, M.D.\*

ABSENT: Clarence S. Weldon, M.D.\*\*

The CAS Nominating Committee met in Washington, D.C. on May 31, 1978 to select the slate to be presented at the fall CAS Business Meeting. Prior to the meeting, background materials had been circulated for review by the members.

As a result of the normal rotation of Board members, one basic science and two clinical science positions will become vacant. In addition, the Chairman-Elect position is to be filled by a basic scientist. It was the consensus of the Committee that nominees for Chairman-Elect should be individuals currently or previously on the CAS Administrative Board as experience on the Administrative Board and with CAS/AAMC activities was felt to be necessary for this position. In the event that a current member of the Board is elected, another basic science vacancy (for the unexpired term of the Board member elected) would be created.

Potential nominees were chosen from among the official representatives of the 63 member societies. They were nominated on the basis of their stature, the disciplines they represent, and the evidence of their interest in the activities of the Council of Academic Societies.

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\*Present for part of the meeting

\*\* (Dr. Berne telephoned Dr. Weldon immediately after the meeting, and Dr. Weldon concurred with the Committee's recommendations.)

Minutes - CAS Nominating Committee  
Page Two - May 31, 1978

The slate developed is attached. For each vacancy to be filled, two individuals were designated with alternates in the event that they are needed. Before the nominations can be finalized, the willingness of the potential nominees to stand for election must be determined. The Committee limited its nominations to individuals who are official representatives of their respective societies. The academic society involved must agree that, for the duration of the individual's term of office on the CAS Board, he or she will continue to serve as an official representative of the society.

The CAS Nominating Committee also concurred with the recommendation of the COTH Nominating Committee that Mr. Charles Womer, President of the University Hospital of Cleveland, be nominated for Chairman-Elect of the Assembly.

Attachment  
M. Rankin  
6/6/78

PROPOSED SLATE  
CAS ADMINISTRATIVE BOARD  
1978-79

CHAIRMAN-ELECT

(From the Basic Sciences, One to be Selected)

1. Carmine D. Clemente, Ph.D., American Association of Anatomists,  
Los Angeles, California
2. Frank E. Young, M.D., Ph.D., Association of Medical School Micro-  
biology Chairmen, Rochester, New York

Alternate

- a) James B. Preston, M.D., Association of Chairmen of Departments  
of Physiology, Syracuse, New York

BASIC SCIENCES

(Two to be Selected, One to Complete Unexpired Term if Board Member  
Selected as Chairman-Elect)

1. David M. Brown, M.D., Academy of Clinical Laboratory Physicians  
and Scientists, Minneapolis, Minnesota
2. William F. Ganong, M.D., Association of Chairmen of Departments  
of Physiology, San Francisco, California
3. H. George Mandel, M.D., Association for Medical School Pharmacology  
Washington, D.C.
4. Robert E. Olson, M.D., Ph.D., American Society of Biological  
Chemists, Saint Louis, Missouri

Alternates

- a) Douglas E. Kelly, Ph.D., Association of Anatomy Chairmen, Los  
Angeles, California
- b) Eugene A. Davidson, Ph.D., Association of Medical School Depart-  
ments of Biochemistry, Hershey, Pennsylvania

CLINICAL SCIENCES  
(Two to be Selected)

1. L.H. Smith, Jr., M.D., Association of Professors of Medicine,  
San Francisco, California

Alternate

- a) Alvin R. Tarlov, M.D., Association of Professors of Medicine,  
Chicago, Illinois
2. C. Henry Kempe, M.D., American Pediatric Society, Chicago,  
Illinois

Alternate

- a) Virginia V. Weldon, M.D., Society for Pediatric Research, Saint  
Louis, Missouri
3. William N. Kelley, M.D., American Federation for Clinical Research,  
Ann Arbor, Michigan
4. Thomas R. Johns, M.D., American Neurological Association, Char-  
lottesville, Virginia

Alternates

- a) John B. Lynch, M.D., American Society of Plastic and Reconstructive  
Surgeons, Nashville, Tennessee
- b) Robert Zeppa, M.D., American Association for the Study of Liver  
Diseases, Miami, Florida
- c) James E. Youker, M.D., Society of Chairmen of Academic Radiology  
Departments, Milwaukee, Wisconsin
- d) Patricia J. Numann, M.D., Association for Academic Surgery,  
Syracuse, New York
- e) Paul J. Fink, M.D., Association for Academic Psychiatry,  
Philadelphia, Pennsylvania





# association of american medical colleges

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

202: 466-5175

## MEMORANDUM

TO: AAMC Executive Council Members

FROM: Office of the President

SUBJECT: 1979 Executive Council Meeting Dates

Following is the schedule for the 1979 Executive Council/  
Administrative Boards' meetings. Please note these dates  
on your calendar.

Wednesday, January 17, March 28; June 13, September 12:

Evenings: COTH & CAS Board Meetings

Thursday, January 18; March 29; June 14; September 13:

A.M. - Executive Committee & COD, CAS, COTH Board  
Meetings

P.M. - Executive Council/Administrative Boards  
Luncheon & Executive Council Business  
Meeting

cc: AAMC Department & Division Directors