



# association of american medical colleges

## MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

Washington Hilton Hotel  
Washington, D.C.

### January 17, 1979

5:00 p.m.	Business Meeting	Thoroughbred Room
7:30 p.m.	Cocktails	Hemisphere Room
8:30 p.m.	Dinner Guest: Dr. Henry Foley Administrator, Health Resources Administration DHEW	Hemisphere Room

### January 18, 1979

8:30 a.m.	Business Meeting (Coffee and Danish)	Conservatory Room
1:00 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon	Military Room
2:30 p.m.	Adjourn	

AGENDA  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

January 17-18, 1979

I. Report of the Chairman

II. ACTION ITEMS

- A. Approval of Minutes of September 13-14, 1978 CAS  
Administrative Board Meeting.....(1)
- B. Membership Application.....(9)
- C. Proposed CAS Bylaws Revision.....(31)
- D. Appointment of CAS Nominating Committee.....(37)
- E. Executive Council Action Items with Particular Emphasis on:
  - (I) Report of the Panel on Technical Standards  
for Medical School Admission.....(40)
  - (J) Final Report of the Working Group on the Transition  
Between Undergraduate and Graduate Medical Education.....(52)

III. DISCUSSION ITEMS

- A. DHEW Health Research Support Principles.....(38)
- B. Federal Regulation of Clinical Laboratories.....(39)
- C. CAS Spring Meeting.....(43)
- D. OSR Resolution on Student Research Opportunities.....(44)
- E. Executive Council Agenda Items with Particular Emphasis on:
  - (3) Revision of the General Requirements in the  
Essentials of Accredited Residencies.....(76)

IV. INFORMATION ITEMS

- A. Response to the Request of Dr. Omenn on Non-Budgetary  
Constraints to Biomedical Research.....(45)
- B. Executive Council Information Items

MINUTES  
COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

September 13-14, 1978

Washington Hilton Hotel  
Washington, D.C.

PRESENT:    Board Members

Robert M. Berne,  
  Chairman (Presiding)  
F. Marian Bishop  
A. Jay Bollet  
David M. Brown  
Carmine D. Clemente  
G.W.N. Eggers  
Daniel X. Freedman  
Thomas K. Oliver  
Frank C. Wilson  
Frank E. Young

ABSENT:    James B. Preston  
              Samuel O. Thier

Staff

James Bentley\*  
Robert Boerner\*  
John A.D. Cooper\*  
Kat Dolan\*  
Pamela Dugan\*  
Suzanne Dulcan\*  
James Erdmann  
Lynn Gumm  
Paul Jolly  
Thomas Kennedy  
Mary Littlemeyer  
Thomas Morgan  
Diane Newman  
John Sherman\*  
August Swanson

Guests: Robert Petersdorf  
          Richard J. Crout  
          Stuart Bondurant  
          Bernard Nelson

The CAS Administrative Board Business Meeting convened on September 13, 1978 at 5:00 p.m. and adjourned at 7:30 p.m. A social hour was followed by dinner at 8:30 p.m. After dinner, Richard J. Crout of the Food and Drug Administration gave an informal speech. The meeting reconvened at 8:30 a.m. on September 14. 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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\* Present for part of the meeting.

I. Adoption of Minutes

The minutes of the June 21-22, 1978 CAS Administrative Board meeting were approved without change.

II. Action Items

A. Membership Applications

1) Dr. Oliver was asked at the June meeting to review the application of the American Society for Pharmacology and Experimental Therapeutics for CAS membership. In his letter of August 14, Dr. Oliver indicated that he supported the society's membership application.

2) Drs. Bishop and Wilson were asked at the June meeting to review the application of the Association of Academic Health Sciences Library Directors for CAS membership. In his letter of August 14, Dr. Wilson indicated that neither he nor Dr. Bishop supported the society's membership application since they felt that the primary mission of the group is to provide service and support to other academic societies rather than to provide direct input into the medical education process.

**ACTION:** The CAS Administrative Board voted to approve the application of the American Society for Pharmacology and Experimental Therapeutics, the Association for the Behavioral Sciences and Medical Education, and the Society for Neuroscience.

The Board voted to reject the application of the Association of Academic Health Sciences Library Directors.

B. LCME Accreditation Decisions

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

C. Applications for AAMC Membership

The CAS Administrative Board endorsed all of the applications for Provisional Institutional membership, Teaching Hospital membership, Academic Society Membership, Distinguished Service membership, and Emeritus membership. The CAS Administrative Board requested that the CAS Chairman raise a question about one application for Individual membership at the Executive Council meeting, and endorsed the remaining Individual membership applications.

D. Subscriber Status

**ACTION:** The CAS Administrative Board endorsed the recommended changes in wording of the first criterion for AAMC Subscriber Status.

E. Flexner and Borden Awards

ACTION: The CAS Administrative Board endorsed the recommendation of Dr. Ivan Bennett as the recipient of the 1978 Flexner Award and Dr. Bert O'Malley as the recipient of the 1978 Borden Award.

F. Task Force on Minority Student Opportunities in Medicine

ACTION: The CAS Administrative Board endorsed the Task Force Report which incorporated the changes recommended at the last Executive Council meeting.

G. Task Force on Student Financing

Bernard Nelson and Robert Boerner were present to review the final report of the Task Force. Some of the statistics and findings of particular interest to the Board were discussed. The main concerns discussed revolved around the increasingly burdensome cost of medical education and the resultant indebtedness level of graduating medical students. As an extension of this general concern, the Board discussed the effect that the cost of medical school and the projected financial burden might have on the indigent and minority student contemplating a career in medicine. It was also noted that the increasing debt level of graduating medical students is another factor that would tend to dissuade students from pursuing a career in academic medicine.

ACTION: The CAS Administrative Board supported the recommendations of the Report of the Task Force on Student Financing.

H. Task Force on the Support of Medical Education

Stuart Bondurant was present to review the Task Force's preliminary report. All of the recommendations within the report were discussed with particular attention to recommendation #6 which states that special project support should be continued but should not be the preferred or primary source of support for medical education. Dr. Bondurant stated that all members of the Task Force agreed that medical schools need base support in the form of capitation and that Congress should be encouraged to provide baseline Federal support if the future of medical schools is to be realistically considered. He went on to say that the Task Force's position as to the increase or decrease of the number of future physicians was simply to maintain current enrollment and not recommend a change in either direction.

ACTION: The CAS Administrative Board supported the Preliminary Report of the Task Force on the Support of Medical Education.

I. Withholding Services by Physicians

The Statement on the Withholding of Medical Care by Physicians was discussed. It was suggested that this paper might be incorporated into a larger document of ethics. It was also stated that it is conceptually appropriate for AAMC to adopt positions on issues of ethics since the teaching of ethical physician behavior is so germane to medical education.

ACTION: The CAS Administrative Board approved the Statement on the Withholding of Physician Services.

J. Draft Report of the ad hoc Committee on Medicare Section 227

The problems related to the implementation of Section 227 were discussed. Staff indicated that some medical schools have not fully examined the problems that Section 227 would create if implemented with the current draft regulations and therefore have not taken action to urge its repeal. It was suggested that more broad-based support for the repeal of Section 227 should be encouraged. It was further suggested that communications with members of Congress on this issue clearly delineate the implications of Section 227 for patient care as well as for the solvency of medical schools and teaching hospitals and correct the misconception that this is a bill to eliminate fraud and abuse. The CAS Board felt that Congress and the Administration must be made aware that Section 227 will force teaching physicians out of teaching hospitals and into community and private hospitals.

ACTION: The CAS Administrative Board approved the Draft Report of the ad hoc Committee on Medicare Section 227 on the provision that the following additional recommendations be included:

11. The AAMC supports existing mechanisms to eliminate fraud and abuse in the Medicaid/Medicare system.
12. The AAMC opposes the selective change of any type of medical practice in regard to patient charge relationships.

K. Response to Manpower Reports

The AAMC Working Paper on Specialty Distribution as well as the reports issued by the CCME, the GAO, and the IOM were discussed.

ACTION: The CAS Administrative Board approved the recommendations regarding the CCME Report, the AAMC Working Paper on Specialty Distribution, and the GAO Report. With regard to the IOM Report response, the Board recommended the following changes:

p. 104 The final paragraph of the introduction should include the following: "The IOM Report deals with many aspects of health care practice which have implications about who is responsible for health care. These assumptions will not be addressed here. Rather AAMC confines the following remarks only to the IOM recommendations that deal with specific elements of medical education; namely, recommendation 2 and recommendations 12-18."

p. 107 Recommendation 17 should be changed to read: "Medical Schools should provide all students with some clinical experience in primary care in a teaching setting provided that educational costs in the primary care setting are adequately recovered."

p. 107 Add a last sentence to the first paragraph of AAMC Comment to read: "However, a diffusion of primary accountability for medical services must be avoided in the interest of patient welfare."

### III. Discussion Items

#### A. Administration of the Biomedical Research Enterprise

The CAS Board discussed questions which had been posed by Gil Omenn about administrative problems which threaten the efficiency and effectiveness of the biomedical research enterprise (Addendum 1). The Board suggested that, if the other Councils agree, staff be asked to prepare a preliminary response using #1-3 on page 2 of Dr. Omenn's letter as a format. The Board agreed that a paper answering problems 1-5 on the first page of the letter would be a monumental project which should not be undertaken without the support of the Council of Deans. If the preliminary staff response is not satisfactory to Dr. Omenn or if he desires more detailed information, the feasibility of producing a more comprehensive paper can be explored with COD. The Board suggested that the preliminary staff response should outline the administrative complexities and deterrents to conducting research for the individual investigator. It was felt that a response based on the problems in one specific area such as DNA or medical device research using anecdotal support would provide substantiation to the problems which are widely known to exist with the administration of biomedical research.

#### B. Membership Benefits for CAS Societies

The Board agreed that the level of services currently provided to member societies is adequate and that an effort should be made--mainly on the part of the societies themselves--to heighten the awareness of the individual members as to the services which are available.

#### C. AAMC Survey of Medical School Faculty Salaries

The CAS Board discussed with Paul Jolly the annual AAMC Faculty Salary Study and suggested that the introduction to the survey report more clearly specify the data collection techniques to lessen the potential for misinterpretation of the figures.

#### D. Agenda for the Annual Meeting

A preliminary agenda for the Fall Meeting was distributed and discussed.

#### E. Califano's Biomedical Research Initiative

Drs. Cooper and Sherman reported on recent conversations with Don Frederickson. They expressed the view that AAMC should fully participate in the development of the HEW 5-year Plan for Biomedical Research. The Board concurred with the view and agreed that societies which are preparing their own presentations for the national meeting at NIH should work closely with AAMC to

present an effective representation of the academic and institutional point of view. The Board reviewed a statement prepared by the Association of Teachers of Preventive Medicine regarding the locus of health services research. The Board agreed with the thrust of the statement but thought it should be strengthened to clearly state that health services research should be carried on in universities with academic health centers rather than primarily in schools of public health.

F. FDA Discussions

Prior to the dinner meeting, Dr. Morgan Discussed the meeting held on September 12, 1978 at AAMC to identify problems the medical schools are encountering in dealing with the FDA and to strategize about what role AAMC should play in relation to the FDA to ease these problems. He stated that the number and scope of FDA regulations are increasing by leaps and bounds and that it was estimated that FDA regulations now effect one-third of all research and development conducted by medical school faculty. Dr. Freedman who was chairman of the FDA meeting also made some comments. He stated that the consensus reached during the meeting was that AAMC should attempt to serve as a liaison between FDA and the institutions and should attempt to more directly involve the academic societies in liaison activities.

The dinner speaker was Dick Crout, Director of the FDA Bureau of Drugs, and the Board discussed with him the interface between FDA and academic medicine. He indicated that the FDA was very interested in developing a closer relationship with AAMC. The CAS Board expressed concern about the complexities of FDA regulations in such areas as IRB's and medical device research which are increasingly impacting on academic medicine and individual investigators.

IV. The CAS Administrative Board adjourned at 1:00 p.m.



EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF SCIENCE AND TECHNOLOGY POLICY

WASHINGTON, D.C. 20500

August 8, 1978

Thomas E. Morgan, M.D.  
Director, Division of Biomedical Research  
Association of American Medical Colleges  
Suite 200  
One Dupont Circle, N.W.  
Washington, D.C. 20036

Dear Tom:

I am writing to elicit your help in identifying and solving some of the administrative problems which affect the efficiency of the biomedical research establishment. I raised these issues during testimony at the Special Hearing on Basic Biomedical Research before the Senate Appropriations Subcommittee on January 19, 1978, at the FASEB Annual Meeting in Atlantic City on April 10, 1978, and at other smaller meetings. Unfortunately, we have received little or no response thus far.

President Carter is determined to sustain his strong commitment to basic research in general and health-oriented research, in particular. At the same time, the President is attempting to reduce the federal deficit and the Congress continues to mandate new responsibilities and demand administrative and fiscal accountability.

In light of these realities, it seems appropriate to take a special look at the non-budgetary factors which may constrain the performance of biomedical research and reduce the efficiency of the overall biomedical research enterprise. Examples of such constraints include:

1. the administrative demands of Federal rules and regulations covering affirmative action, equal opportunity in employment, informed consent by human subjects, animal care, laboratory safety standards, privacy, freedom of information, and others;
2. the paperwork to demonstrate accountability;
3. a decrease in grant periods and inflexibility in granting procedures;
4. rapid shifts in priorities of certain funding agencies;  
and
5. the loss of independence of investigators as researchers aggregate themselves into program projects and centers.

I would appreciate your assistance in defining these administrative constraints and identifying possible changes which could ease the burden they engender. The following questions may provide a useful format:

1. Which specific non-budgetary requirements, regulations, guidelines, and practices individually, or collectively, impose an excessive administrative burden on the individual investigator? Or are most of these responsibilities actually handled by administrative staff in the University?
2. For each case, how does the specific requirement affect the investigator? That is, what is the direct or indirect impact of the requirement on the investigator in terms of time, money, independence, etc.? For each case, what is the source of the requirement and its ostensible rationale?
3. For each case, what specific proposal would you make for relieving the burden on the investigator, recognizing institutional and national objectives of the various regulations and guidelines?

I realize this review will take some time and effort. However, if we are to make any progress in this area, we will need to have more specific information than I have been able to obtain thus far. Armed with such specifics, I will work with the appropriate agency officials to determine what administrative changes can be implemented.

Many thanks in advance for your help in this matter.

Sincerely yours,



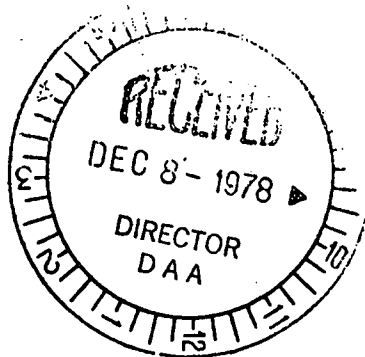
Gilbert S. Omenn, M.D., Ph.D.  
Assistant Director for  
Human Resources and Social  
and Economic Services

cc: Denis Prager

### CAS MEMBERSHIP APPLICATION

In September, the CAS Administrative Board reviewed the application of the Association of Academic Health Science Library Directors for membership in CAS. The CAS Administrative Board concluded that this Association did not fully comply with CAS membership criteria since it appeared that its primary purpose was to provide support and service to other CAS societies rather than to provide direct input into the improvement of medical education. The Association was informed of this decision, and its President asked to meet with CAS officers and staff to discuss the membership application. On October 22, the AAHSLD President and two other officers met with Drs. Berne and Bishop and CAS staff for this purpose. Because the AAHSLD felt that additional information would clarify that the Association is directly involved with improving medical education through membership service and research, the AAHSLD representatives asked to submit additional background information for the CAS Administrative Board's consideration. The Association's revised bylaws, minutes of a recent business meeting, and a description of a future meeting program appear on the following pages. It is recommended that the CAS Board review this information and reconsider the membership application of the Association of Academic Health Sciences Library Directors.

# ASSOCIATION OF ACADEMIC HEALTH SCIENCES LIBRARY DIRECTORS



4 December 1978

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

Dear Gus:

As requested at the meeting we had with the CAS Board Committee in New Orleans on 22 October 1978 I am enclosing material for consideration by the Administrative Board at its January 1979 meeting. The material consists of a copy of the revised Bylaws of the Association, a copy of the minutes of the Membership Meeting of 22 October 1978, a copy of my letter to the Chairman of the Committee whose initial charge is, in essence, to determine the means by which the JME report of 1965 may be updated, thus responding to the membership wishes making this the first priority of the Association program. Lastly, there is enclosed a description of the program the Association is cosponsoring with the Medical Library Association for presentation in June 1979.

I hope that these enclosures are helpful and will contribute to having your Board reach a favorable decision on our application for membership.

With best personal regards,

A handwritten signature in cursive script, appearing to read "Gerry".

Gerald J. Oppenheimer  
President.

GJO:mc  
Encl.

#### BOARD OF DIRECTORS

GERALD J. OPPENHEIMER  
PRESIDENT  
HEALTH SCIENCES LIBRARY  
UNIVERSITY OF WASHINGTON

SAMUEL MITT  
PRESIDENT ELECT  
HEALTH SCIENCES LIBRARY  
UNIVERSITY OF NORTH CAROLINA

PETER STANGL  
SECRETARY AND TREASURER  
LANE MEDICAL LIBRARY  
STANFORD UNIVERSITY

GLENN L. BRUDVIG  
BIO-MEDICAL LIBRARY  
UNIVERSITY OF MINNESOTA

NINA W. MATHESON  
PAUL HIMMELFARB HEALTH  
SCIENCES LIBRARY  
GEORGE WASHINGTON UNIVERSITY

ASSOCIATION OF ACADEMIC HEALTH SCIENCES LIBRARY DIRECTORS

BYLAWS

ARTICLE I - Name

The name of this Corporation shall be the Association of Academic Health Sciences Library Directors, hereinafter "Association".

ARTICLE II - Object

The objects of this Association are:

- a) to promote, in cooperation with educational institutions, other educational associations, government agencies, and other non-profit organizations, the common interests of academic health sciences libraries located in the United States and elsewhere, through publications, research and discussion of problems of mutual interest and concern; and
- b) to advance the efficient and effective operation of academic health sciences libraries for the benefit of faculty, students, staff, administrators and practitioners.

ARTICLE III - Membership

Section 1. Classes of Members. There shall be two classes of membership in the Association as set forth in the Articles of Incorporation: Regular Members and Associate Members.

Section 2. Regular Members. Regular Members shall be educational institutions (or division, department, or section thereof which is an academic health sciences library) which are either (a) organizations exempt from Federal income taxation under Section 115(a) of the Internal Revenue Code of 1954 or (b) organizations exempt from Federal income tax under Section 501 (a) as organizations described in Section 501(c)(3) which also are not private foundations under Section 509(a)(1), (2) or (3) of said Code (or the corresponding provisions of any future United States Internal revenue law).

Section 3. Associate Members. Associate Members shall be organizations having an interest in the purposes and activities of the Association. Associate Members shall not be eligible to vote and shall not be able to hold office in the Association.

Section 4. Criteria for Membership. The Board may from time to time establish criteria for all classes of membership in addition to those set forth in the Articles of Incorporation and the Bylaws, and the Board shall establish procedures by which it will review and accept applications for membership.

Section 5. Member Representatives. Each Regular Member of the Association shall be represented at its meetings by the director or chief administrative officer by whatever title he is known of each such member's academic health sciences library (hereinafter in this article "director"). Representation of a member library shall cease and any office shall be relinquished upon a person's retirement or termination as a director. When such a directorship is vacant, the acting or interim director, or other person in charge, shall have all the rights and privileges of a representative, except that he or she may not hold office in the Association. Each Associate

Member which is an organization shall be represented by its chairman or other administrative head.

Section 6. Vote. Each regular member shall have one vote, to be cast by its representative. In the event that a director (or acting or interim director) is unable to be present at a meeting of the Association, he may empower an associate or other officer of the library that he or she represents with his or her voting rights, such proxy to be in writing and delivered to the Secretary before the start of the meeting.

#### ARTICLE IV - Officers

Section 1. Election, Designation, Duties. The officers of the Association shall be elected by the regular members at the Annual Meeting of members. The officers of the Association shall be a President, Vice-President (who is President-Elect), a Secretary, and a Treasurer. All must be representatives of regular members of the Association. Each officer shall perform those duties decreed by convention or parliamentary practice, subject to specific provisions or limitations made in the Articles of Incorporation or Bylaws.

Section 2. The President. The President shall preside at meetings of the Association, at meetings of the Board, and at Meetings of the Executive Committee and at other official functions of the Association. He shall prepare a report of the activities of the Board and of the Association, to be presented at the Annual Meeting. The President shall also represent the Association on all matters of official business.

Section 3. The Vice-President. In the event of the absence or disability of the President, the Vice-President shall perform the duties and assume the responsibilities of the President. The Vice-President shall have such other duties as may be assigned by the Board and these Bylaws. The Vice-President shall succeed to the office of President upon the expiration of the President's term or whenever the office of President shall become vacant, for whatever reason. If the time that the Vice-President serves as President is less than six (6) months, he shall serve as President until the second annual meeting following his becoming Vice-President; if the Vice-President serves as President for more than six (6) months, his term as President shall conclude at the next annual meeting.

Section 4. The Secretary. The Secretary shall be the Association's recording officer, who shall record and distribute minutes of meetings, process membership applications, maintain membership records, and perform such other secretarial duties as requested by the Board.

Section 5. The Treasurer. The Treasurer shall be the Association's fiscal officer and, subject to the directives of the Board, shall be responsible for the receipt, custody and disbursement of the funds of the Association. He shall prepare the Association's annual budget for adoption by the Board and present it to the membership at the annual meeting. The accounts of the Treasurer shall be audited annually by a standing audit committee.

Section 6. Term. The President and Vice-President of the Association shall serve for a term of one (1) year or until their successors are qualified. The Treasurer and Secretary shall serve for a term of three (3) years or until their



successors are qualified. All officers shall serve without compensation, fee or other payment, provided, however, that any officer shall be entitled to reimbursement for expenses actually incurred on behalf of the Association.

Section 7. Vacancies. All vacancies in office, other than that of President, which occur during the year shall be filled by the Board at its discretion, such appointments being tenable until the next annual meeting of the Association.

#### ARTICLE V - Board of Directors

Section 1. Number; Selection; Term. The Board of Directors shall be composed of the officers of the Association, the immediate past-president, and three (3) other representatives of Regular Members. Such representatives shall be elected at the annual meeting of members for staggered terms of three (3) years each so that one such representative shall be elected each year. Officers of the Association shall serve as directors only as long as they hold office.

Section 2. Quorum. A quorum of the Board shall be a majority of its members.

Section 3. Powers. The Board shall be the policy-making and administrative body of the Association during the interval between annual meetings and shall be empowered to enter into contracts and to authorize such expenditures as may be necessary to carry on the affairs of the Association. Its actions shall always be governed by these Bylaws, and all actions by the Board shall be subject to review by the membership. Members of the Board shall not be held personally liable for the obligations of the Association.

Section 4. Vacancies. In the event of a vacancy among the elected representatives on the Board, the remaining directors may designate by appointment a successor to serve until the next annual meeting of members at which time a successor shall be elected to complete the unexpired term. The Board is authorized at its own discretion to leave a vacancy unfilled until the next annual meeting of the members. A director who ceases to be a member representative of his or her respective member shall be disqualified from continued service on the Board.

#### ARTICLE VI - Nominations and Elections

At the annual general meeting, the President shall appoint three representatives of regular members to a Nominating Committee, which shall prepare a slate of candidates for offices to be filled and for vacancies on the Board of Directors. Each candidate for office shall signify in writing his willingness to serve if elected. The slate will be announced in the call for the next annual meeting. Nomination of additional candidates (who must have previously certified their willingness to serve) will be invited at the annual meeting. In the event of there being additional nominations, a paper ballot at the annual meeting will determine the successful candidate. For two candidates, a majority will decide the election; for three or more candidates, a plurality. Ties will be resolved by lot.

#### ARTICLE VII - Committees

Section 1. Executive Committee. There shall be an Executive Committee comprised of the officers of the Association which shall have full power and authority to act for the Board between Board meetings, but the Executive Committee shall report any actions taken to the Board at its meeting immediately following such action.

Section 2. Other Standing Committees. Standing Committees shall be established by the Board and shall include, at minimum, an Audit Committee, a Bylaws Committee, and a Nominating Committee; all members of standing committees shall be chosen from representatives of regular members of the Association.

Section 3. Ad Hoc Committees. Ad Hoc committees may also be established by the Board; membership in these committees is not restricted to members of the Association.

Section 4. Appointments. Appointments to committees including the designation of chairman shall be made by the President, upon the advice of and approval by the Board. Charges to committees, excepting those expressed or implied in these Bylaws, shall be made by the Board.

#### ARTICLE VIII - Meetings

Section 1. Meetings; Members; Notice; Quorum. The Association shall hold a regular annual meeting. The time and place of the annual meeting and all called meetings shall be determined by the Board. Specially called meetings shall require the initiative or the assent of ten (10) percent of the regular membership and a sixty-day (60) notice period. Notice of the time, place and agenda of all meetings shall be mailed to all members at least thirty (30) days prior to such meeting. A quorum for any meeting of the Association shall consist of the regular members present. Each Regular Member shall have one vote, and may vote only if its designated representative attends said meeting in person, except with respect to proposals to amend the Articles of Incorporation, whereupon the designated representative of a regular member may be present and may vote by executing a proxy in writing.

Section 2. Meetings of Board of Directors. The Board shall meet at least once each year immediately following the annual meeting of members.

Section 3. Other Meetings. Other meetings of the Board and meetings of the committees may be held at any time on call of the President or the chairman of a committee; or at the request of one-third (1/3) of the Board or committee members. A quorum in any of these meetings shall be a majority of its members.

Section 4. Notice for Board of Directors Meetings. Notice of meetings of the Board shall be made to its members in writing at least two (2) weeks in advance, stating the time, place and purpose. Such notices may be waived by members of the Board in writing either before or after any meeting.

Section 5. Vote Requirements. At all meetings of the members and of the Board the act of the majority of the Regular Members or directors present and voting shall be the act of the Association or of the Board unless the concurrence of a greater proportion is required by the Articles of Incorporation or Bylaws. All amendments of the Articles of Incorporation shall require a two-thirds (2/3) vote of all of the Regular Members.

Section 6. Notice of Proposal. No proposal can be brought to a vote at an annual or special meeting of the members unless the substance of said proposal has been submitted in writing to all the Regular Members at least thirty (30) days in advance. No such proposal shall be so submitted unless it shall have been approved by the Board, or unless it has been endorsed by five (5) Regular Members in good standing and received by the Secretary at least forty-five (45) days

prior to to the time set for said meeting. The Secretary may include the substance of any such proposal in the written notice of said meeting, or the Secretary may submit separately such proposals in writing to the Regular Members.

Section 7. Mail Voting. Any proposal which may otherwise be considered by the members or the Board may be submitted to members or the Board, as the case may be, by mail, and in such event, the validated vote of that percentage of the Regular Members or of the Board otherwise required by the Articles of Incorporation or these bylaws responding thereto shall be the act of the members or of the Board. The Board shall set the closing date for receiving validated ballots, but in no case shall the date be less than thirty (30) days from the date of mailing the ballots.

#### ARTICLE IX - Dues and Assessments

Section 1. Dues. Recommendations for changes in annual dues shall be presented to the membership for approval at the annual meeting of the Association where a majority vote of regular members present shall decide the issue.

Section 2. Delinquency. Annual dues shall be payable on January 1 each year and those who have not paid their dues by March 31 shall be dropped from membership. Payment of delinquent dues during the year that membership is dropped shall constitute reinstatement of membership; thereafter, reapplication for membership will be required.

Section 3. Assessment. The Association, upon the recommendation of the Board, and with the approval by mail ballot of the majority of members, shall make assessments on the members for specific projects not covered by the dues.

ARTICLE X - Fiscal Year

The fiscal year of the Association shall be the calendar year.

ARTICLE XI - Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Association in all cases to which they are applicable and in which they are not inconsistent with the Articles of Incorporation and these Bylaws and any special rules of order that the Association may adopt.

ARTICLE XII - Corporate Action Not Binding on Member

No action of the Association is to be construed as committing any member to the Association's position on any issue.

ARTICLE XIII - Seal

The seal of the Association shall be circular in form and there shall be inscribed thereon the name of the Association and the year of its organization. The Board may alter and change said seal at its pleasure. Said seal may be used by causing it or a facsimile thereof to be impressed or affixed or reproduced or otherwise.

ARTICLE XIV - Office

The principal office of the Association shall initially be located in the

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District of Columbia. The Association may establish and maintain other offices in the District of Columbia or in any of the States, territories or possessions of the United States, in such places as may from time to time be approved by the Board.

ARTICLE XV - Amendment of Bylaws

Amendments may be proposed by the Board or by petition signed by not less than ten (10) percent of the Association's members, and shall be voted on at the annual meeting. A two-thirds (2/3) vote of the membership present at the annual meeting shall be required to amend or rescind the Bylaws. Notice in writing of proposed amendments shall be made to the membership at least sixty (60) days prior to the annual meeting, such notice to be accompanied by details of the time, date and place of the meeting. Amendments proposed by petition shall first be presented to the Board in sufficient time for verification of signatures and for the sixty-day (60) notice period to be met.

ASSOCIATION OF ACADEMIC HEALTH SCIENCES LIBRARY DIRECTORS

Membership Meeting

Sunday, 22 October 1978

New Orleans Hilton, New Orleans, LA

MINUTES

The meeting was opened at 6:10 p.m. with President Gerald Oppenheimer welcoming attendees.

Secretary Peter Stangl reported that regular membership stands at 99, plus one associate membership. One additional associate membership is in process. As Treasurer, Stangl reported on finances as follows:

Balance, June 8, 1978	\$2,728.64
Income (dues)	407.00
Expenses (travel, legal fees)	_(339.62)_
Balance, October 22, 1978	\$2,797.02

Miriam Libbey, Chairman of the Nominating Committee, reported that the Committee was not yet ready to report on a slate of candidates.

Next Mark Hodges, Chairman of the Bylaws Committee, gave his report. He explained that the Committee's work was based on the Lyders-Sargent draft, the Williams, Myers, and Quiggle present set of bylaws and comments from the Board and the membership. The Committee duly produced a new draft and sent it to the Board on 8 September 1978. Finally, the Board and the Committee met on 22 October 1978 to discuss necessary changes to this latest draft.

Erich Meyerhoff asked the President to comment on the difficulties necessitating further changes in the Bylaws. Oppenheimer explained that most of the needed changes had to do with keeping the Bylaws in accordance with Maryland corporation laws and within the legal requirements of the Association's tax-free, 501(C)(3) status.

Program Committee Chairman Glenn Brudvig followed with his report. He said that the Committee arrived at three major areas of concern for program foci and that the Committee recommends Association programs other than the traditional reading of papers at meetings. The three areas are:

- 1) Management, or Continuing Education for directors, which includes work on organizational structure, planning, evaluation, conflict resolution, etc.
- 2) Clearinghouse on research in progress and a means to identify research needs.
- 3) The Library and its place in the educational environment.

He then invited comments.



Joan Adams expressed interest in details of possible programs other than paper presentations and in workshops on management for directors.

Meyerhoff commended the Committee on its work and emphasized that some programs should be directed to show the academic world that the traditional image of libraries and their directors is changing.

Irene Graham recommended that programs stress, to AAMC memberhips, the place of the library within the present organization and its accomplishments in medical education. Further, she expressed hope that programs on management will focus on ways of putting program content to work in the home library environment.

Henry Lemkau expressed support for the informal, rather than traditional, approach to programs, but asked how specifically this will be accomplished.

Oppenheimer followed with a report on Board activities:

1. The Board met with Hodges and Richard Lyders of the Bylaws Committee on the morning of 22 October 1978. All changes suggested by the Board were discussed and agreed to by the Committee. The resulting new draft will be sent to Williams, Myers, and Quiggle for comments from the legal point of view. The resulting document will be mailed to membership at least 60 days prior to the Hawaii business meeting where it will be voted on for adoption.
2. The Board met during the afternoon of 22 October 1978:
  - a. The Board had agreed to sponsor the annual Medical School Library Statistics project which had been taken over from the University of Texas at Dallas by Lyders at the Houston Academy of Medicine. Lyders has an Advisory Committee to oversee the project. Stangl and one other AAHSLD member will be added as members. Lyders explained that new programming is in progress to produce the data analysis but that major changes from the previous format will not take place until next year, since the FY1978 edition needs to be produced soon.
  - b. The AAHSLD business meeting will take place in Hawaii with elections of officers and vote on Bylaws amendments on the agenda. Arrangements are under way to schedule a suitable room and time slot for the meeting.
  - c. Stangl reported on a panel discussion on the Library and the Media Program as Members of the Curriculum Development Team, which will be the program of the Medical Library Association Medical School Libraries Group. AAHSLD would like to co-sponsor the program and the MLA Board has been approached on this issue. In all likelihood MLA Board approval will be secured in time, so AAHSLD will appear as co-sponsor of the panel on the official program of the Hawaii meeting.

- d. Oppenheimer reported that the Council of Academic Societies Administrative Board did not act to recommend admission of AAHSLD at this time. As he had informed the membership in his letter of 18 October 1977, the Administrative Board relative to membership applications may act on the basis of submitted documents or may wish to conduct an interview with representatives of the applicant society. The Board, in this case, chose the latter alternative, primarily because of the very recent creation of the Association and the general unfamiliarity with its goals and purposes. Consequently, Oppenheimer, as President, Sam Hitt, as President-Elect, and Brudvig, as Program Committee Chairman, met, on 22 October 1978, with a Board Committee, consisting of Drs. Marion Bishop, Robert M. Berne and August G. Swanson, to answer questions and provide the necessary background. The discussion centered on the Association's Bylaws, objectives, and expected benefits to the Association and to AAMC, if the membership application were approved. It was decided that by 15 December 1978, the revised Bylaws of the Association, a copy of the minutes of the 22 October 1978 membership meeting, and a statement regarding the Hawaii program would be submitted to CAS staff as additional documentation for consideration by the Administrative Board at its January 1979 meeting. If, at that time, approval for membership is recommended, final action can not take place before the AAMC annual meeting in October 1979, since approval by the AAMC assembly is required.

Mike Sprinkle raised several questions concerning MLA-AAHSLD relations. He asked why the AAMC was not approached by medical school library directors *via* the MLA and whether forming the Association will result in the weakening of MLA. Oppenheimer reiterated his earlier comments, *viz.*, that MLA is concerned with a wide range of library interests, that the MLA Medical School Libraries Group is too informal and loosely organized to respond to directors' concerns, and that affiliation with the AAMC would result in a very high membership fee since the fee is based on the size of the parent organization. Lemkau voiced his support of this point of view and pointed out the usefulness of grasping the opportunity to create a forum specially designed to be responsive to the numerous shared concerns of medical school library directors.

Rose Hogan asked about the outcome of the earlier effort of the dental school library group: Oppenheimer responded that this organization was not a directors' group and did not have an independent existence, nor a fully developed statement of goals and objectives, with very little activity aside from its annual meeting in conjunction with the American Association of Dental Schools.

- e. Oppenheimer then summarized the AAHSLD "Schema" introduced at the Chicago meeting. The Board agreed on a priority ordered list of objectives in the Schema, as follows:
1. Develop guidelines for medical school libraries (updating the Journal of Medical Education reports).
  2. Study trends in medical education and their effects on academic health sciences libraries.
  3. Study effects of developing library technology.
  4. Development of statement about instructional resource production, distribution and research.
  5. Assist in self-study programs of academic health sciences libraries.
  6. Evaluate and take stand on health related legislation and their impact on academic health sciences libraries.
  7. Establishment of medical literature and information science courses in health sciences schools.
  8. Participate in the development of a policy with respect to national repository of collections.

He then invited comments.

Lemkau considered the priority order to be appropriate and agreed that the first objective is indeed the most essential and that, in a sense, the others stem from it. He then expressed interest in how the program will be carried on in a non-traditional and informal way and suggested that it may be useful to appoint a Publication Committee.

Oppenheimer responded that this will be explored and that outside funding may have to be sought to finance a full-scale effort to accomplish the first objective.

Ron Watterson commented that the National Library of Medicine had been approached on updating the JME reports and that there was interest but that no concrete activity had resulted.

Yvonne Wulff asked whether the data for the update would not be available through the Reese-Crawford study? Oppenheimer responded that he had never found the latter particularly useful in its present form and that it was solely limited to statistical data in any case.

Jerry Rauch expressed concern that in the context of medical education the emphasis is increasingly shifting from literature to media and that insufficient attention is devoted to the fundamental role of literature.

Rachael Goldstein further emphasized this point and added that in the AAMC programs media are heavily represented, but that the library is not being considered.

John Ische agreed that this is an important concern. Similarly to the AAMC's approach, librarians were put in a slot with the media section in AADS as well. Overemphasis of "toys" gets tiresome.

Oppenheimer agreed that this is a point well taken. AAHSLD will make an effort to balance the view of libraries vs. media.

Adams suggested that the Schema is very ambitious and that it is important to limit what we will try to do all at once.

Oppenheimer indicated that the Board was quite aware of this concern and had agreed that no more than three or four points at most on the Schema will be pursued at the outset.

Lemkau asked whether, given that Committees will be appointed in the near future, the Board will entertain letters of interest in serving on particular committees? Will there be a report on appointments in Hawaii?

Oppenheimer responded with an emphatic yes to both questions.

Hodges inquired if there were plans for a newsletter? If yes, its distribution should not be limited to the membership.

Ische suggested that perhaps the JME might be used as a vehicle.

Oppenheimer agreed. The Board will investigate the matter.

Adams moved to adjourn, seconded by Gil Clausman.

Meeting adjourned at 7:22 p.m.

GJO/kai  
11/7/78

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# ASSOCIATION OF ACADEMIC HEALTH SCIENCES LIBRARY DIRECTORS

4 December 1978

Virginia Holtz  
Middleton Health Sciences Library  
University of Wisconsin  
Madison, Wisconsin 53706

Dear Virginia:

This is a follow-up to our recent telephone conversation regarding the committee which the Board would like you to chair. At the 22 October 1978 business meeting of the Association in New Orleans the membership voted to give highest priority to the project designed to assess the status of academic health sciences library programs in relation to the educational, research and service functions of the parent institution.

It is not intended that the Committee produce an evaluation of individual libraries and their performance. Rather, the expected outcomes of the Committee's efforts are thought of as a general evaluation of the ability of these libraries to pursue their objectives successfully, and a set of recommendations relative to additional goals or modification of established goals in line with changes which may have evolved in the libraries' environment during the last decade. A third element of the final report of the Committee would be guidelines regarding the operational requirements for these libraries extending, but not limited, to such areas as administration, staffing, resources, communication, information transfer, computerization, media, cooperation, and institutional setting and support.

A model for such an undertaking exists in the report of the joint Committee of the Association of American Medical Colleges and the Medical Library Association entitled "Guidelines for Medical School Libraries" and published in the Journal of Medical Education, vol. 40, no. 1, part 1, January 1965. The Committee may therefore regard its charge as being largely an updating of the earlier work.

The Board recognizes that this project, as outlined here, constitutes a considerable effort and believes that a phased approach is necessary. The initial charge to your Committee (corresponding to the first phase of the total enterprise) therefore is as follows:

The Committee will determine the feasibility of proceeding with the project by studying all aspects of the methods of procedure, paying particular attention to such factors as plan of attack, committee and staff structure, financial requirements, sources of funding, AAMC involvement, an estimate of the time needed from initiation to production of the

## BOARD OF DIRECTORS

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final report.

It is not anticipated that the Committee will meet prior to Hawaii, since the Board believes that at this stage the Committee will be able to conduct its deliberations by mail and conference calls. The Committee is expected to advise the Board in Hawaii about its findings. While it might be desirable to see Phase I completed by the time of the June meeting, the Board realizes that the magnitude of the request may exceed the ability of the Committee to conform to such a deadline and will, therefore, accept, if necessary, an interim report. The Committee should also understand that the Board will be available to assist the Committee at any time it so desires.

I shall be in touch with you again during the week of 11 December 1978 to get your reaction and to discuss Committee membership.

With best personal regards,



Gerald J. Oppenheimer  
President

GJO:mc

The offer by Dr. Kronick to chair a panel with participation by members of the Association of Biomedical Communications Directors was accepted and the session will be cosponsored by the Association of Academic Health Sciences Library Directors and the Medical Library Association for presentation in Hawaii, June 1979.

1978 JUL 3 01 17

PNRHSL/UWHSI  
June 28, 1978

Mr. Glenn L. Brudvig  
Director  
Bio-medical Library  
University of Minnesota  
Diehl Hall  
Minneapolis, MN 55455

Dear Glenn:

As I promised I am writing to you with a recommendation for a forthcoming program for the Association of Academic Health Sciences Library Directors. I have long been a proponent and an advocate for close collaboration and cooperation between the library and the media production and educational development staffs in the health science center setting. Where this kind of collaboration does not exist, both programs tend to suffer. The kinds of relationships which are developing on our campuses vary considerably from one institution to another depending on historical precedent and other factors. I think it would benefit both groups at this time to explore the administrative and organizational relationships which currently exist and to consider how they may be improved.

One of the objectives of our new Association is to survey and to report on the status of the library program in our institution. The Association of Biomedical Communications Directors (ABCD) who to some extent are our counterparts in the media and instructional development area published a survey of their program in 1976 (An Analysis of Current and Projected Staffing Roles and Functions of Biomedical Communications Units, by Joseph L. Adams III. Dallas, The University of Texas Health Science Center, 1976) and is currently in process of completing another one under the direction of Dr. Fred Christian at the same institution.

What I am suggesting is that we set up a panel at a forthcoming meeting made up from our Association and ABCD to discuss both the survey (perhaps as a prototype and stimulus for a similar survey on our part) and the organizational and administrative relationships between the various units involved

and the central administration. AAMC in New Orleans in October is much too soon to organize such a panel, so I would like to suggest that we aim for MLA in Hawaii in June, 1979. I would be very happy to chair such a panel if your committee thinks it is appropriate. I have talked to Dr. James Waldron who is Director of our Office of Educational Resources, and I think he would be glad to participate and even perhaps to pay his own expenses to the meeting. Jim is an extremely knowledgeable and articulate member of ABCD, has served as a consultant to NMAC, and is currently in process of revising his monograph on the Instructional Development Unit for NLM.

I think a program such as I suggest could make a real contribution to our Hawaii meeting and would be glad to help in any way to bring it about.

Sincerely,

David A. Kronick, Ph.D.  
Library Director

cc: Gerry Oppenheimer



## PROPOSED CAS BYLAWS REVISION

At the CAS Business Meeting on October 23, AAMC Chairman Dr. Robert Petersdorf suggested that CAS consider a change in its method of selecting individuals to sit on the CAS Administrative Board. Dr. Petersdorf's suggestion was based on the premise that the present election system engenders a loss of interest in CAS on the part of the many outstanding and well qualified individuals who are asked to stand for election and are subsequently not elected. Dr. Petersdorf cited examples of this phenomenon and suggested that the CAS could partially alleviate its perennial turnover problem by adopting a system whereby the nominating committee presents a slate of nominees, one for each Administrative Board vacancy, to the CAS for ratification at the Fall Business Meeting. Both the COD and the COTH select board members by this method. The Bylaws which appear on the following pages include a proposed revision which would allow CAS to change its officer-selection system. It is recommended that the CAS Administrative Board consider this proposed revision. A Bylaws change can be presented to the Council for action at the March 22-23 CAS Spring Meeting.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
COUNCIL OF ACADEMIC SOCIETIES  
(Adopted October 29, 1971;  
Amended December 13, 1973;  
Amended March 7, 1974)

Introduction

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

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

Rules and Regulations of the  
Council of Academic Societies

Section I. Members

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

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

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

### Section II. Representatives

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

2. Voting. Each representative of a member Academic Society shall have one (1) vote in the Council. Members-at-large shall have no vote.

### Section III. Administrative Board

1. The Council of Academic Societies shall be governed by an Administrative Board which shall be composed of a Chairman, Chairman-Elect, 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.

#### Section IV. Officers

1. The officers of the Administrative Board shall be a Chairman and a Chairman-Elect, and shall be elected at the annual meeting of the Council of Academic Societies. The Chairman and Chairman-Elect shall serve for a term of one (1) year, or until their respective successors are elected and qualified. Officers shall begin their terms immediately following the annual meeting of the Council at which they are elected.

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

3. Duties of the Chairman-Elect. The Chairman-Elect shall act as Vice-Chairman and assume the duties of the Chairman whenever the latter is absent or unable to act. He shall be an ex officio member of all committees, except that on nominations; and he shall succeed to the office of Chairman, upon the expiration of his term as Chairman-Elect.

#### Section V. Committees

1. The Nominating Committee shall be comprised of seven members. The Chairman of the Administrative Board shall be the Chairman of the Nominating Committee and shall vote in the case of a tie. Six individuals (three basic science and three clinical science) shall be appointed by the CAS Administrative Board from among representatives of

the member societies. Not more than one representative may be appointed from a society and not more than two members may be current members of the Administrative Board. ~~The Nominating Committee shall meet to select a slate of officers prior to June 1st of the year of the election. The Nominating Committee shall nominate not more than two individuals for each office.~~ *The Nominating Committee shall report to the Council at its Annual Meeting a slate of nominees for Administrative Board vacancies. Additional nominations for these positions may be made by any representative to the Council present at the meeting.* The Committee will also recommend to the AAMC Nominating Committee candidates for Chairman-Elect of the Association of American Medical Colleges.

2. The Chairman of the Council of Academic Societies may from time to time appoint the chairman and members of standing or ad hoc committees to advise, assist and carry out the management and operations of the Council of Academic Societies; provided, however, the Chairman shall remain responsible for all action taken by any such committee. Membership on committees will end with the expiration of the term of the representative to the Council. The Chairman of the Council of Academic Societies may appoint any representative to the Council to fill vacancies on any committee, including the Nominating Committee. Members of ad hoc committees may be selected from the academic community at large.

#### Section VI. Meetings

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

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

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

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

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

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

#### Section VII. General Provisions

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

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

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

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

## CAS NOMINATING COMMITTEE

The CAS Bylaws specify that the CAS Administrative Board select a Nominating Committee to develop a slate of nominees for Administrative Board positions which will become vacant at the end of the academic year. The selection of the Nominating Committee takes place at the January Administrative Board Meeting in order to allow sufficient time for the Committee's deliberations.

The Nominating Committee consists of six members (three clinical and three basic scientists) selected from amongst the representatives to the CAS. No more than two of the members may be current members of the CAS Administrative Board and only one member can be appointed from any single society. The CAS Chairman is the seventh member and the Chairman of the Nominating Committee. Six members and four alternates should be chosen. The names of members of the Nominating Committees for the past three years are listed below. Since CAS membership information is currently being updated, an accurate and complete list of all CAS representatives will be available at the meeting for reference.

### 1977-78

Robert M. Berne, M.D., Chairman  
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.  
Clarence S. Weldon, M.D.

### 1976-77

A. Jay Bollet, M.D., Chairman  
Carmine D. Clemente, Ph.D.  
Ronald W. Estabrook, Ph.D.  
Nicholas Greene, M.D.  
Warren Stamp, M.D.  
Allan B. Weingold, M.D.  
Frank E. Young, M.D., Ph.D.

### 1975-76

Rolla B. Hill, Jr., M.D., Chairman  
Floyd W. Denny, M.D.  
Ronald W. Estabrook, Ph.D.  
William L. Parry, M.D.  
James B. Preston, M.D.  
John E. Steinhaus, M.D., Ph.D.  
Frank E. Young, M.D., Ph.D.

## DHEW HEALTH RESEARCH SUPPORT PRINCIPLES

On May 1, 1978 DHEW Secretary Califano initiated a Department-wide review of the principles underlying the Federal support of biomedical research. By January 1, 1979 the process of this review had evolved into the following timetable:

- October 3-4, 1978 - NIH Conference at which public testimony was received and five Panel Reports were drafted.
- November 30, 1978 - Final Panel reports forwarded to NIH Director's Advisory Council and panel members.
- December 13-14, 1978 - Meeting of NIH Director's Advisory Council to discuss panel reports.
- January 1, 1979 - Publication of "Revised Health Research Principles" based on October 3-4 meeting.
- January 1-30, 1979 - Public Commentary on "Revised Principles"
- January 31, 1979 - "Principles Secretary Califano.

Beginning December 9, 1979, the Institute of Medicine is also reviewing the "Revised Principles." AAMC staff has obtained an advanced copy of these "Principles" one of which is enclosed for review.

These "Principles" appear to be significantly more supportive of traditional patterns of research support than those proposed by Mr. Califano on May 1, 1978 in San Francisco. Since the "Revised Principles" are derived from a very large body of written and verbal public testimony, AAMC is in the enviable position of being asked to support a public position very close to that which was recommended by the AAMC Biomedical Research Committee and endorsed last year by the Executive Council.

The Executive Committee has asked the ad hoc Committee on Biomedical Research to review the "Revised Principles" and recommend a course of action. The Committee will meet January 5, 1979, under the chairmanship of Robert Berne, M.D. and forward its recommendations through the Administrative Boards to the Executive Council.

(Note: Your attention is especially directed to the first 22 pages of the "Revised Principles.")



## A PROPOSAL FOR FEDERAL REGULATION OF CLINICAL LABORATORIES

**PROBLEM:** Attempts to pass a Clinical Laboratory Improvement Act have failed in the Congress in 1976 and again in 1978; however, the Department of Health, Education and Welfare intends to revise its clinical laboratory regulations under existing legislative authority. The Council of Academic Societies (CAS) has been concerned about the impact of excessive regulation on clinical research laboratories. Its discussions have generated a novel suggestion for achieving DHEW goals while avoiding federal over-regulation. The following is a formulation of the CAS proposal against the background of competing public interests and goals. The CAS proposal is presented at this time for discussion by the CAS and COD Administrative Boards.

**BACKGROUND:** For approximately three years AAMC has followed Congressional and Executive Branch activities relating to clinical laboratory improvement. The Association's interest originally centered on the clinical research laboratories which would have been unreasonably constrained by the legislation originally proposed. AAMC adopted the position that clinical research laboratories should be as unfettered as possible while still assuring the quality of any tests performed in a research laboratory which are used for diagnosis and clinical care of patients. The Association's constituents and staff worked with the Congress to address the problem of keeping the clinical research laboratories free of unreasonable restraint but encountered a serious operational problem in regulating those clinical research laboratories which not only conduct research but also carry out some tests which affect the course of diagnosis or therapy of individual patients. (These laboratories have been referred to as "mixed-function" clinical laboratories.)

In the past 12 months a Public Health Service Task Force has been formed and charged to recommend to the Secretary of HEW revisions which should be made in existing clinical laboratory regulations. Existing federal regulations were promulgated ten years ago under the authorities of the Medicare Act and the Clinical Laboratory Improvement Act of 1967. The regulations currently apply to clinical laboratories which are in interstate commerce, or which are "independent" or which render services for which payment is received from Medicare. The Task Force, in considering changes to be recommended, has discussed a variety of means for quality assurance: certification of personnel, licensing of laboratories, testing of the output of laboratories, etc. Each approach has been considered in terms of its efficacy (1) in promoting improvement of the quality of laboratory tests, and (2) in curbing the fraud and abuse ascribed particularly to some independent laboratories (so-called "Medicare mills").

In addition to considering revisions of existing federal regulations the Task Force was also charged to consider what steps would be necessary to implement the proposed Clinical Laboratory Improvement Act of 1978, which contains significantly broadened regulatory authority. The 1978 Act would have included, for example, blood gases performed in intensive care settings, electrocardiograms and pulmonary function tests as well as more traditional diagnostic tests. Proposed federal regulations further would have limited those qualified to supervise such tests to a small number of specialists competent in pathology, microbiology or clinical chemistry. As part of their deliberative process the Task Force asked AAMC to

develop a list of tests performed by "specialty" laboratories\*, a listing of these laboratories themselves and a list of the types of personnel working in them.

A meeting of the Council of Academic Societies was held October 13, 1978, to develop the requested information. Representatives of 19 CAS affiliated societies identified, as might have been expected, more than 66 types of laboratories performing more than 526 laboratory tests and involving personnel whose training ranged from high school diplomas without further experience to M.D.s with diplomates at both the specialty and subspecialty level. (CAS representatives rejected the proposed terminology which would differentiate "routine" from "specialty" laboratories as being counterproductive and of limited usefulness.) The very large number of clinical laboratories and the number and scope of tests identified makes untenable any really meaningful approach to comprehensive federal regulations which set standards for all clinical tests, for all clinical laboratories or for all the personnel working in them. That such comprehensive federal regulations would be unworkable becomes especially clear when it is realized that new clinical tests are continuously being added, new laboratories are being created and previously unanticipated classes of laboratory personnel are being recognized as biomedical research makes continuous advances. (For example, the widespread use in 1978 of ultrasound laboratories manned by bioengineers would have been unanticipated ten years ago.)

PROPOSAL: Out of the above considerations arose the suggestion that DHEW could achieve its goals by taking two simple steps:

First, limit the scope of federal regulations to cover only those laboratories performing the 30 most frequent laboratory tests (see Attachment A). Require that these tests meet standards of e.g., the National Committee for Clinical Laboratory Standards or the College of American Pathologists.

Second; obtain assurances from all medical institutions including hospitals and medical centers as well as independent laboratories that the required standards will be met.

CAS representatives suggested that the federal regulation of the 30 most frequently performed tests could be best implemented by requiring periodic inspection and assessment of the degree to which clinical laboratories adhere to national standards and by monitoring the laboratory product or output.\*\* This approach would simplify federal regulations and laboratory monitoring, reduce the number of standards needed, and have minimal effect on the function of clinical research laboratories. Such an approach to federal regulation would also avoid the creation of guilds of technical personnel (including physicians) and thus would avoid escalation of laboratory costs. Finally, we estimate that federal regulation of less than 5% of all laboratory tests would curb more than 95% of the fraud and abuse in disreputable laboratories. Federal regulation could be extended to additional laboratory tests should this become necessary.

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\*A "specialty" laboratory was defined as any non-"routine" clinical laboratory which performs diagnostic tests of limited scope.

\*\*The Association supports voluntary programs of standard setting and self-regulation such as are now being carried out by the National Committee for Clinical Laboratory Standards and the College of American Pathologists working with the Center for Disease Control and the Food and Drug Administration.

If the DHEW rejects the Assurance approach (Step (2) above) in favor of continued credentialing of laboratory directors and/or supervisors then, at a minimum, the certifying agencies shown in Attachment B, should be recognized.

## ATTACHMENT A

### MOST FREQUENTLY PERFORMED LABORATORY TESTS

#### CLINICAL CHEMISTRY:

Serum electrolyte battery (Sodium, Potassium, Bicarbonate, Chloride, Creatinine, Urea Nitrogen)

Blood glucose

Blood gases (pO<sub>2</sub>, pCO<sub>2</sub>, pH)

Admission battery (Protein, Calcium, SGOT, Uric Acid, Bilirubin, Phosphatase)

Urinalysis

#### HEMATOLOGY:

RBC, WBC, Differential

Hemoglobin, Hematocrit

Platelet count

Coagulation battery (Prothrombin time, Thrombin time, PTT)

#### MICROBIOLOGY:

Blood culture

Urine culture

Gram stain

#### BLOOD BANK:

Type and cross match

ATTACHMENT B

AMERICAN BOARDS OF-

- A) Anesthesiology
- B) Allergy and Immunology
- C) Dermatology
- D) Family Practice
- E) Internal Medicine
  - Subspecialty Certification in:
    - 1) Cardiovascular Disease
    - 2) Endocrinology and Metabolism
    - 3) Gastroenterology
    - 4) Hematology
    - 5) Infectious Disease
    - 6) Medical Oncology
    - 7) Nephrology
    - 8) Pulmonary Disease
    - 9) Rheumatology
- F) Obstetrics and Gynecology
- G) Pathology
  - Subspecialty Certification in:
    - 1) Clinical Pathology
    - 2) Blood Banking
    - 3) Chemical Pathology
    - 4) Medical Microbiology
    - 5) Hematology
- H) Oral Pathology
- I) Osteopathic Pathology
- J) Medical Microbiology
- K) Medical Laboratory Immunology
- L) Neurology
- M) Pediatrics
  - Subspecialty Certification in:
    - 1) Cardiology
    - 2) Hematology/Oncology
    - 3) Endocrinology
    - 4) Nephrology
- N) Surgery
- O) Thoracic Surgery
- P) Neurological Surgery
- Q) Orthopedic Surgery
- R) Urology
- and S) National Registry of Microbiology

CAS SPRING MEETING

At the CAS October Business Meeting, graduate medical education was suggested as the primary focus of the CAS Spring Meeting. Meeting space and accommodations have been reserved at the Washington Hilton Hotel for March 22-23, 1979. The tentative schedule for the Spring Meeting is listed below. The CAS Administrative Board is asked to discuss additional topics or specific aspects of the major topic, graduate medical education, which should be addressed at this meeting.

Thursday, March 22

10:00 am - 12:30 pm	Plenary Session I
12:30 pm - 2:00 pm	Luncheon (with or without speaker)
2:15 pm - 4:45 pm	Small Group Discussions
5:00 pm - 6:00 pm	Plenary Session II with Speaker
6:00 pm - 7:00 pm	Cocktails

Friday, March 23

8:30 am - 10:00 am	Plenary Session III with reports from Small Groups
10:00 am - 12:30 pm	Business Meeting and Discussion of Timely Issues

## OSR RESOLUTION ON STUDENT RESEARCH OPPORTUNITIES

According to a number of reports the number of physicians receiving research training in preparation for academic careers is declining at an alarming rate. This decline is due to a number of factors, not all of them well understood. However, at its 1978 Annual Meeting the Assembly passed a resolution of the Organization of Student Representatives:

- "WHEREAS, firsthand research experience contributes greatly to the development of scientific thought processes which are of value in all areas of medicine and continuing education;
- "WHEREAS, medical undergraduates have the opportunity to devote smaller blocks of time to research endeavors than is required for post-graduate commitments;
- "WHEREAS, many medical students have been unaware of opportunities or have been unable to fully utilize such opportunities because of problems with scheduling, funding, etc.
- "BE IT THEREFORE RESOLVED, that COD-OSR-CAS form a joint committee to investigate possibilities for improving and encouraging research opportunities, basic as well as clinical, for medical students, with an interest towards funding, scheduling, and student research presentations.

Suggestions have been offered from a number of sources (most notably the students) as to how the AAMC might implement the Assembly's resolution. Some of these suggestions are:

- 1) To prepare a (position paper, brief, fact booklet) setting forth the facts of the matter and describing the problem in as factual terms as possible,
- 2) To conduct a program within the Association to communicate these facts to deans, to student affairs and admissions officers, to health professions advisors, and to students. The objective of this program would be to enhance the admission to medical school and nurturing of those who would pursue research and academic careers, and
- 3) To increase the knowledge among medical students (especially women) of opportunities for research and academic careers.

The advice and comment of the CAS Administrative Board as to how the Assembly Resolution might be carried out is requested. As a first step staff proposes that this issue be discussed at regional meetings of the Group on Student Affairs and at the spring meetings of the Council of Deans and the Council of Academic Societies.

RESPONSE TO THE REQUEST OF DR. GILBERT S. OMENN ON NON-BUDGETARY  
CONSTRAINTS TO BIOMEDICAL RESEARCH

On September 6, 1978, Dr. Gil Omenn of the Office of Science and Technology Policy, Executive Office of the President, wrote to the Federated American Societies for Experimental Biology (FASEB), the Association of Independent Research Institutes (AIRI), and to the AAMC. Dr. Omenn requested that each organization examine the non-budgetary constraints to research which exist in academic medical centers and other research organizations in this country. The subject was discussed at the September, 1978, Administrative Board and Executive Council sessions of the AAMC. It was decided that no survey should be undertaken, but that AAMC staff should draft a response to Dr. Omenn based upon published and anecdotal information now available.

Working with members of FASEB and AIRI, the Association staff have drafted a reply to Dr. Omenn. The response consists of five sections and associated appendices:

- I. The Importance of Investigator-Initiated Regular Research Grants in Program Balance and Consistency Within Federal Granting Agencies.
- II. The Importance of the Basic Research Support Grant (BRSR) Mechanisms to Program Balance Within Research Institutions
- III. The Length of Award of Approved Investigator-Initiated Research Grants to Stability for the Established Investigator and the Research Institution.
- IV. The Necessity of Training a Sufficient Number and Diversity of High Quality Investigators to Conduct Biomedical and Behavioral Research.
- V. The Administrative Demands of Federal Rules and Regulations.
- VI. Strengthening the Management of the Federal Research Endeavor (including Strengthening the Peer Review Process).

The Appendices include copies of letters received from constituents of FASEB and AAMC and extensive quotations from selected sources relating to the administrative burdens of federal regulations and paperwork excesses.

The reply will be mailed to Dr. Omenn on January 5, 1979. Copies of the entire response are available upon request to T. E. Morgan, M.D., Division of Biomedical Research, AAMC.