



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

September 24, 1980

2:00 p.m.	CAS Board Meeting	Military Room
3:30	Joint Boards Meeting to discuss AAHC Report (AAHC President, John Hogness to arrive at 4:30)	Conservatory Room
6:00 p.m.	CAS/COD Meeting for presenta- tion by Cornelius Pings, Vice Provost and Dean of Graduate Studies, California Institute of Technology	Caucus Room
7:00 p.m.	CAS/COD Reception and Dinner	Conservatory Room

September 25, 1980

9:00 a.m.	CAS Board Meeting (Coffee and Danish)	Jackson Room
12:30 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon	Map Room
2:00 p.m.	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 24-25, 1980

I. Report of the Chairman

II. ACTION ITEMS

- A. Approval of the Minutes of the June 25-26, 1980 CAS
Administrative Board Meeting 1
- B. Membership Applications 9
- C. Distinguished Service Membership Nominations 15
- D. CAS Dues Structure 16
- E. Coalition for Clinical Research 19
- F. Executive Council Action Items

III. DISCUSSION ITEMS

- A. CAS Fall Meeting Plans 20
- B. Executive Council Discussion Items

III. INFORMATION ITEM

- A. Future Meeting Dates 21

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 25-26, 1980

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Carmine D. Clemente
Chairman (Presiding)
F. Marian Bishop
David M. Brown
Daniel X. Freedman
Robert L. Hill
T.R. Johns
Joseph E. Johnson
Thomas K. Oliver
James B. Preston
Virginia V. Weldon
Frank C. Wilson

Staff

John A.D. Cooper*
James Erdmann*
Charles Fentress*
Lynn Gumm
Paul Jolly*
Thomas Kennedy*
Rebecca Meadows
Thomas Morgan
Diane Plumb
Penny Roberts*
John Sherman*
August Swanson

ABSENT: Lowell M. Greenbaum

GUESTS:

The CAS Administrative Board Business Meeting convened on June 25, 1980 at 4:30 p.m. and adjourned at 6:00 p.m. The Board joined the other Administrative Boards at 6:00 for a presentation by Dr. Seymour Perry, Director of the National Center for Health Care Technology. A social hour was followed by dinner at 8:00. The meeting reconvened at 9:00 a.m. on June 26, 1980. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 12:30 p.m.

*present for part of the meeting

I. Adoption of Minutes

The Minutes of the March 19-20, 1980 CAS Administrative Board Meeting were approved without change.

II. ACTION ITEMS - Executive Council

A. Rumored Amendments to Senate Health Manpower Legislation

Senator Harrison Williams of New Jersey had recently announced his intention to submit amendments to the Senate health manpower bill which would add schools of chiropractic to the list of institutions eligible for the benefits of certain health manpower programs. In view of the fact that the scientific basis and effectiveness of chiropractic care is not yet substantiated and that this action might divert already scarce federal funds from medical education, it was recommended that the Executive Council adopt a formal position opposing the rumored amendments.

ACTION: The CAS Administrative Board voted in favor of an AAMC position of opposition to the rumored amendments to the Senate health manpower bill.

B. A Position Paper: The Expansion and Improvement of Health Insurance in the United States

The Board reviewed an AAMC position paper entitled "The Expansion and Improvement of Health Insurance in the United States" which Dr. Swanson explained was essentially an update of the Association's November 1975 policy statement on national health insurance. He stated that an AAMC ad hoc Committee on National Health Insurance had met in August 1979 for the purpose of making any appropriate revisions to the paper and that the recommended changes had since been reviewed by the Administrative Boards and the AAMC Executive Committee. Dr. Weldon had served on the ad hoc Committee and stated that the only significant change from the 1975 paper was that mandatory catastrophic insurance in a national health insurance program was no longer recommended. Dr. Cooper was present during the discussion of the paper and stated that it would not be aggressively distributed as AAMC policy but would be readily available should the AAMC's advice be solicited on the subject of national health insurance.

Dr. Freedman expressed the concern that specific issues, such as coverage for mental health services, had not been addressed in detail and suggested that a caveat be added to the paper to the effect that specific issues could not be dealt with in great detail in the limited framework of the paper. Dr. Bishop raised the same question regarding the issue of coverage for ambulatory care.

ACTION: The CAS Administrative Board approved the position paper on "The Expansion and Improvement of Health Insurance in the United States" with the addition of an introductory statement to the effect that the paper represented a set of general principles and did not attempt to address all specific issues in detail.

C. Distribution of Assembly Memoranda

The desirability of distributing AAMC pink memoranda to Vice Presidents of academic health centers had recently been discussed at a joint meeting of the Executive Committees of the AAMC and the Association for Academic Health Centers. Consequently, the AAMC staff had prepared a list of six possible methods for distribution of the memoranda to AAHC members. The CAS Administrative Board briefly considered the six options.

ACTION: The CAS Administrative Board approved the distribution by the AAMC staff of selected AAMC pink memoranda to members of the Association for Academic Health Centers.

D. Medical Sciences Knowledge Profile Program Ad Hoc Evaluation Committee

Dr. James Erdmann of the AAMC staff was present to provide background information on the Medical Sciences Knowledge Profile Program (MSKP) and the proposal to establish an ad hoc committee to evaluate the program's first year. He stated that such a committee would be asked to recommend any necessary changes to the program based on information about the administration of the program and the characteristics and scores of the 2,144 registrants. Comparisons may also be made with the Coordinated Transfer System (COTRANS) which the MSKP supplanted.

ACTION: The CAS Administrative Board voted to approve the appointment of an ad hoc evaluation committee of the Medical Sciences Knowledge Profile Program.

III. ACTION ITEMS - CAS Board

A. Distinguished Service Membership Criteria

At the March, 1980 CAS Administrative Board Meeting, a committee, consisting of Drs. Bishop, Brown and Hill, had been appointed to develop criteria for CAS nominations to the category of Distinguished Service Membership in the AAMC. Dr. Bishop chaired the committee which had met by conference call and developed a list of five suggested criteria. Dr. Bishop pointed out that Dr. Brown had agreed that these guidelines were reasonable but that he was not convinced of the necessity of CAS nominations for Distinguished Service Membership.

The Board reviewed the Committee's report and endorsed all but one recommended criteria which stated that a person who had served as a CAS representative for 8 consecutive years and had attended at least 75% of the meetings held in that time would automatically be nominated. The Board felt that this did not necessarily merit Distinguished Service Membership.

ACTION: The Board voted that an individual would automatically be nominated as a Distinguished Service Member if he/she had served:

1. as Chairman of the AAMC Assembly representing the Council of Academic Societies.
2. as Chairman of the CAS Administrative Board.

3. on the CAS Administrative Board two consecutive terms or six years.

The Board also favored individual consideration of CAS Representatives who had served on AAMC Task Forces and Committees in an especially meritorious fashion for nomination to the Distinguished Service Membership category.

IV. DISCUSSION ITEMS - Executive Council

A. Relationships with the National Board of Medical Examiners

Concerns about the relationship of the National Board of Medical Examiners to medical school faculty and state licensing boards had prompted the suggestion that the AAMC Executive Council appoint an ad hoc committee to examine these issues. Dr. Swanson provided a brief history of the NBME and its heretofore excellent relationship with medical school faculty. During 1979-80, at least one faculty member from 73 different medical schools served on NBME test committees, upon which the Board depends for the development of exam questions. The NBME has been viewed as an extension of the medical schools because of the intense involvement of faculty in the Board's activities and because many schools require passage of Board exams for promotion and/or graduation.

Dr. Swanson explained that two proposed changes in the governance structure of the NBME had fostered concerns that medical school faculty members may become increasingly estranged from the Board:

1. that the ex-officio membership of test committee chairmen on the Board be terminated.
2. that the Executive Committee of the NBME be restructured and renamed the Executive Board, thus effecting an increased centralization of NBME policy making.

The Board discussed these proposals and agreed that both could have a negative effect on the healthy cooperation which has always existed between the Board and medical school faculty.

Also of concern is the manner in which the Comprehensive Qualifying Examination (CQE) is being developed by the Board. Dr. James Erdmann of the AAMC staff provided background information on the CQE which had been proposed in a report of the Goals and Priorities Committee in 1973. When the GAP Report was considered by the AAMC Assembly, approval of the Board's plan to proceed with development of the CQE was contingent upon the understanding that medical school faculty would be closely involved in all stages of its development and evaluation. Dr. Erdmann stated that at the March 1980 NBME Annual Meeting, a prototype of the CQE consisting of 671 test items was offered for inspection under tight security measures. Approximately one and a half hours had been allotted for hands-on review of the exam which he stated was obviously not sufficient for thorough consideration of the test questions. Dr. Clemente, who serves on the NBME, expressed a great deal of concern that an exam

which is intended to remove the need for Part I of the Board, was undergoing validity studies with such an inadequate amount of faculty involvement. He expressed this concern at the March meeting of the NBME at which time he stated openly that failure to include medical faculty in the development of the CQE could seriously jeopardize the relationship between the schools and the Board.

Another worrisome development is that officers of both the NBME and the Federation of State Medical Boards have indicated that the Federation will adopt the CQE for use as FLEX I. The State Medical Boards may then play a major role in the development and policy control of the CQE and thereby obtain an undesirable influence over medical school curriculum.

The Board discussed these issues in great detail and agreed that an AAMC ad hoc committee should be appointed to determine what actions might be taken to improve relationships between the medical schools and the NBME. Several Board members expressed the hope that the NBME could cooperate with such a committee's efforts to determine ways to maintain faculty participation in the development of the Board exams. Because this issue is of particular interest to the CAS membership, it was suggested that it be utilized as a topic for one of the fall meeting discussion groups and, subsequently, as the major focus of the 1981 CAS Interim Meeting.

B. Tax Treatment of Residents' Stipends

The recent defeat of the Housestaff Unionization Bill (H.R. 2222) and the favorable decision in a New Mexico Court of Claims case regarding the taxability of residents' stipends had prompted the question of whether or not the AAMC should attempt to seek a legislative clarification of the tax status of housestaff stipends. After a brief discussion, the Board agreed that it may not be advisable to attract any legislative attention to the issue. It was felt that the risks in such an attempt would be great and that the recent victories in the area of taxability of residents' stipends did not merit enough optimism for the Board to recommend that the AAMC embark on such an effort.

V. DISCUSSION ITEMS - CAS Board

A. Disposal of Radioactive Wastes from Biomedical Institutions

Dr. Morgan provided background information on a position paper concerning the issue of the disposal of radioactive wastes generated in biomedical institutions. The paper had been produced by a small working group made up of representatives from the National Association of State Universities and Land Grant Colleges, the Association of American Universities, and the AAMC. The need for such a committee arose from concerns that disposal sites for radioactive wastes were likely to close again in 1980, and that Federal agencies had been unable to develop a timely solution as to where institutions could alternatively dispose of their radioactive wastes. It was hoped that President Carter's recently formed Radiation Policy Council would be receptive to a private-sector effort to develop possible solutions to this problem.

Dr. Morgan reviewed the paper which recommends that the level of hazard of various radioactive wastes be defined and that a rational plan be established to safely effect their disposal. The Board agreed that this serious problem must be addressed by medical school faculty, particularly in view of the increased level of public hysteria regarding radioactivity. One Board Member suggested that the paper be directed to state officials as it was felt that the problem cannot be solved on a federal level and must be handled individually by each state.

B. Status of Health Research Legislation

Dr. John Sherman was present to provide an update on the status of H.R. 7036, the Health Research Act of 1980, which had been introduced in February by Congressman Henry Waxman (D-Ca). He stated that the companion bill in the Senate, Senator Kennedy's Health Science Promotion Act (S. 988), had recently passed unanimously with little discussion or debate on the Senate floor. Dr. Sherman reported that it looked as if H.R. 7036 would not be considered on the House floor prior to the July recess, in which case there would be additional time to develop and implement a new strategy for opposing the bill. He explained that as the end of this session of Congress draws near, floor time becomes more valuable and less controversial bills will be given precedence over those which may require extended debate. Therefore, efforts should be made to demonstrate to Congressional Representatives the controversial nature of H.R. 7036 in hopes that it will be deferred. Dr. Sherman urged CAS Board Members to communicate opposition to the bill to their Representatives by phone, by mail, or in person. Dr. Clemente stated that he was impressed by the all-out effort which the AAMC staff was making to oppose this legislation and urged all Board Members to aid the effort in any way possible.

C. Proposed Communication Network for CAS Societies

At the March Board meeting, staff had been asked to develop a mechanism for communication among CAS societies. This request was prompted by the receipt of informal "position papers" from two CAS representatives regarding manpower shortages in their specialties of psychiatry and anesthesiology. Sample stationery which might be used for inter-societal communication was provided for the Board's review. Ms. Plumb explained that this stationery would be made available for use in communicating official society positions only and not for individual use by CAS Representatives. It was suggested that it would not be advisable for the AAMC staff or the CAS Board to serve in an editorial capacity and that responses to the communications should be directed to the society, and not to the AAMC. It was also suggested that this mechanism not be made available for use by non-CAS societies for the purposes of rebuttal. After a brief discussion, the Board approved the proposed plan.

D. Future Meeting Plans

The Board reviewed the tentative schedule for the Fall CAS Meetings. Dr. Morgan explained that prior to the plenary session on Sunday, October 26 a CAS Forum on Faculty would take place. He explained that the program would consist mainly of a presentation of data obtained in studies regarding the preparation, support, and present activity of academic

physicians. The Board also discussed possible topics for the small group discussions on Sunday and agreed on the following:

Relationships with the National Board of Medical Examiners
Leaders: Drs. Preston and Bishop

Accountability of Public Funds: What Faculty Will Have to Do
Leaders: Drs. Weldon and Hill

Development of Faculty Role Models for Research
Leaders: Drs. Brown and Johnson

Regarding a speaker for the business meeting, Dr. Clemente stated that he had very much enjoyed a presentation given at the Spring Council of Deans Meeting by Dr. David Kipnis, Chairman of the Department of Medicine at Washington University. He suggested that Dr. Kipnis be asked to give a similar presentation to the CAS, and the Board agreed.

Regarding the 1981 CAS Interim Meeting, the Board decided to devote the entire program to an in depth consideration of the Comprehensive Qualifying Examination as well as the changing relationship between faculty and the NBME. It was agreed that the best time for the meeting would be just prior to the March CAS Board Meeting in Washington.

E. Coalition for Clinical Research

Dr. Morgan provided background information on the proposed coalition of clinical research societies which had been suggested by several CAS representatives. Its purpose would be to provide a forum for clinical research societies to consider topics of common interest and possibly formulate strategies to combat some of the major problems which confront the research community. Clinical laboratory regulations, compensation of human subjects injured in research, and the decline in clinical research manpower were offered as examples of issues which such a coalition might discuss. The Board discussed the proposed coalition and agreed that it could serve a very useful purpose. Dr. Clemente suggested that the coalition be implemented on a trial basis and disbanded if it proved to be a divisive factor within CAS. Staff was requested to further develop an implementation plan for the Board's review in September. If approved by the Board, the proposal will be introduced for discussion at the Fall CAS Business Meeting.

F. CAS Dues Structure

A letter had recently been received from the Association for the Behavioral Sciences and Medical Education (ABSAME) which recommended that changes be made in the CAS dues structure. Ms Plumb explained that ABSAME's chief complaint is that the 300-999 membership category is too large and that societies, such as ABSAME, whose membership fluctuates around the 300 mark are not as able to afford the dues for that category as some of the larger organizations of 800-999 members. The Board discussed various ways of dealing with the complaint fairly such as breaking the 300-999 category into two sub-categories or setting up an asymptotic dues structure. Staff was requested to provide membership figures

for all CAS societies at the next Board meeting to aid in further discussion of ABSAME's recommendation.

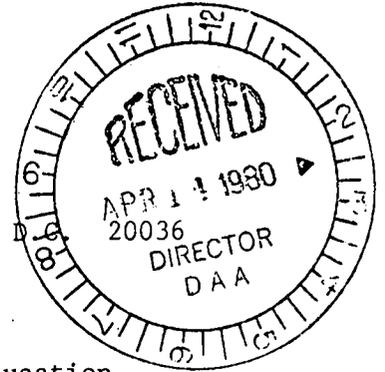
G. Legislation Regarding Reimbursement of Primary Care Residents

Dr. Swanson provided background information on Title V of H.R. 6802, the Health Professions Educational Assistance and Nurse Training Amendments of 1980, which had been discussed earlier by the AAMC Executive Committee. As written, Title V amends the Social Security Act so that residents in family practice, primary internal medicine, and primary pediatrics may be reimbursed for out-patient services under Medicare Part B. The American Academy of Family Practice drafted an alternative approach which advocates that an out-patient clinic be permitted to submit charges for payment under Part B without adhering to the requirement that patients identify the supervising physician as their personal physician. The Board briefly discussed the Academy proposal but felt it inadvisable to take a position pro or con due to the varying nature of primary care programs and because of the complex issues inherent in the proposal related to the financing of all graduate medical education programs. Therefore, the Board concluded that the AAMC should maintain a neutral position on this issue.

VI. Adjournment

The CAS Administrative Board adjourned at 12:30 p.m.

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES



MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C.
Attn: Ms. Mignon Sample

NAME OF SOCIETY: Association of Directors of Medical Student Education
in Psychiatry, Inc. (ADMSEP)

MAILING ADDRESS:
c/o Dr. Ali A. Kawi
Downstate Medical Center
450 Clarkson Avenue, Brooklyn, NY 11203

PURPOSE: To advance and improve medical student education in psychiatry,
share information and develop standards pertaining to curricula
and staffing, and pursue related matters so as to foster higher
standards of education in Psychiatry in medical schools.

MEMBERSHIP CRITERIA: Membership is limited to the Directors of Medical Student
Education in Psychiatry in the U.S. Medical Schools.

NUMBER OF MEMBERS: 79

NUMBER OF FACULTY MEMBERS: 79

DATE ORGANIZED: 1975 Officially Incorporated on April 23, 1976

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

1976 1. Constitution & Bylaws

Programs: 1976, 77, 78 and 79. Program & Minutes of Annual Meeting

Minutes: 1977 and 1978

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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

 X YES NO

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

 509 (a) 2

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

 X a. Approved by IRS
 b. Denied by IRS
 c. Pending IRS determination

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

 Celia C. Keating
(Completed by - please sign)

 April 10, 1980
(Date)

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
Attn: Ms. Lynn Gumm

NAME OF SOCIETY: Association of Departments of Family Medicine

MAILING ADDRESS: %Williams Myers and Quiggle
888 17th Street, NW
Washington, DC 20006

PURPOSE: Promote, in cooperation with educational institutions, other educational associations, government agencies, and other non-profit organizations, the common interests of department of family medicine in medical schools and teaching hospitals (or when there is no such department, a division or section in a medical school or teaching hospital having interests, functions and purposes similar to departments of family medicine) located in the United States and elsewhere, through publications, research and discussion of problems of mutual interest and concern, and to further the efficient and effective operation of departments, divisions and sections of family medicine for the benefit of faculty, students and administrators.

MEMBERSHIP CRITERIA: Regular members shall be educational institutions (which includes a medical school or teaching hospital department, division or section family medicine) which are either (a) organizations exempt from Federal income taxation under Section 115(a) of the Internal Revenue Code of 1954 or (b) organizations described in section (over)

NUMBER OF MEMBERS: approximately 70

NUMBER OF FACULTY MEMBERS: Same

DATE ORGANIZED: May 1978

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

 X May 1978 1. Constitution & Bylaws

 x 10/25/78 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

Members Criteria (cont): 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).

QUESTIONNAIRE FOR TAX STATUS

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

X YES NO

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

501(c)(3)

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

- X a. Approved by IRS
 b. Denied by IRS
 c. Pending IRS determination

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

Robert C. Young, Sr.
(Completed by - please sign)

June 4, 1979
(Date)



**association of american
medical colleges**

December 3, 1979

Dr. Paul R. Young
President
Association of Departments of
Family Medicine
c/o Williams, Myers, and Quiggle
888 17th Street, N.W.
Washington, D.C. 20006

Dear Doctor ^{Paul} Young:

The application of the Association of Departments of Family Medicine for membership in the Council of Academic Societies was reviewed at the last meeting of the CAS Administrative Board. The Board voted to defer further consideration of the application at this time for two principle reasons. First of all, the Association has not yet held a formal program or meeting of its membership which is a prerequisite for membership of CAS. In addition, the bylaws and specific membership criteria for your organization have not been formally approved.

I would like to emphasize that the application of the Association of Departments of Family Medicine has been deferred, not rejected. The Board felt that the purpose and interests of your organization are consistent with those of CAS societies and they were hopeful that when you have officially approved the bylaws and held a formal program, you will submit these so that the application can be reconsidered. Please keep us informed as to your progress in these two areas.

Sincerely yours,

August G. Swanson, M.D.
Director
Department of Academic Affairs

bcc: F. Marian Bishop, Ph.D.
Samuel O. Thier, M.D.



association of american medical colleges

MEMORANDUM

August 27, 1980

TO: Dr. Bishop
FROM: Lynn Gumm
SUBJECT: Attached

In response to the apprehension of the CAS Board to approve the application of the Association of Departments of Family Medicine for CAS membership, the ADFM President has submitted a copy of the organization's approved bylaws and minutes of two meetings for further consideration. I am enclosing these as well as the original application and a copy of Dr. Swanson's letter explaining the Board's reason for deferring the application back in September, 1979. You will recall that Dr. Thier was the other Board member who had reviewed the application and since he is no longer on the Board, Dr. Clemente has asked Dr. Johnson to work with you on this second review.

Please call me if you have any questions.

September 4, 1980

It appears that the Association of Departments of Family Medicine has now met the requirements achieved by other CAS members. There is no further reason to delay membership as far as I can tell. I recommend approval of their application.

F. Marian Bishop

cc. Dr. Joseph Johnson

DISTINGUISHED SERVICE MEMBERSHIP NOMINATIONS

At its June meeting, the CAS Administrative Board voted that an individual would automatically be nominated as a Distinguished Service Member if he/she had served as Chairman of the AAMC Assembly representing the Council of Academic Societies, as Chairman of the CAS Administrative Board, or on the CAS Board for two consecutive terms. As a result, the following individuals, if endorsed by the Executive Council, will be nominated for Distinguished Service Membership and voted on by the Assembly at its October meeting:

Robert M. Berne	CAS Chairman, 1977-78
A. Jay Bollet	CAS Chairman, 1976-77
Jack W. Cole	CAS Chairman, 1974-75
Ronald W. Estabrook	CAS Chairman, 1973-74
Rolla B. Hill	CAS Chairman, 1975-76
Robert G. Petersdorf	CAS Chairman, 1972-73 AAMC Chairman, 1977-78

All of these individuals were informed by Dr. Swanson of their nomination and asked to contact him if for any reason they wished to decline the nomination.

CAS DUES STRUCTURE

At the June 1980 Administrative Board meeting, the CAS dues structure was discussed because one society objected to the doubling of its dues caused by an increase in its membership from 280 to 305 persons. At the Board's request, staff has re-examined the dues structure and tried a number of approaches which would be fairer than the present 4-category "step" structure.

It has been difficult to find a structure which would change few society's dues, maintain income, be equitable and be rational. One approach has been found (by trial and error) which may be worthy:

\$550 per society plus \$0.81 per member

The present structure and consequences of the proposed change are set out on the next two pages for review and discussion.

Because accurate membership information would be of such importance, it is recommended that a 20% charge be added to the dues rate of societies which fail to supply a current membership figure.

LESS THAN 300 MEMBERS Present Rate: \$604 (\$3.95 per member)

	<u>Members</u>	<u>Proposed Rate *</u>
Plastic Surgery Research Council	(80)	\$615
Society of Academic Anesthesia Chairmen, Inc.	(109)	638
Thoracic Surgery Directors Association	(110)	639
Association of Med. Sch. Microbiology Chairmen	(114)	642
Association of Academic Depts. of Otolaryngology	(115)	643
American Association of Chmn. of Depts. of Psychiatry	(120)	647
Association of Professors of Medicine	(124)	650
Association of University Professors of Neurology	(125)	651
Association of Med. Sch. Pediatric Dept. Chairmen, Inc.	(125)	651
Association of Univ. Professors of Ophthalmology	(125)	651
Association of Pathology Chairmen, Inc.	(140)	663
Society of Chairmen of Academic Radiology Departments	(140)	663
Association of Med. Sch. Departments of Biochemistry	(145)	667
Association of Chmn. of Departments of Physiology	(145)	667
Association of Professors of Dermatology, Inc.	(145)	667
Society of Surgical Chairmen	(148)	670
Association for Medical School Pharmacology	(148)	670
Association of Anatomy Chairmen	(152)	673
Association of Orthopaedic Chairmen	(168)	686
Society of Teachers of Emergency Medicine	(170)	688
Association of Academic Physiologists	(225)	732
Association of University of Anesthetists	(237)	741
Association for the Behavioral Sciences and Med. Educ.	(269)	767
American Association of Plastic Surgeons	(295)	789
	<u>3,674</u>	<u>\$16,170</u>

300 - 999 MEMBERS Present Rate: \$1,208 (\$2.00 per member)

	<u>Members</u>	<u>Proposed Rate *</u>
Society of University Urologists	(310)	801
Association for Academic Psychiatry	(312)	803
Society of University Otolaryngologists	(319)	808
Society for Gynecologic Investigation	(325)	835
American Neurological Association	(398)	872
Society for Health and Human Values	(438)	905
Academy of Clinical Lab. Physicians and Scientists	(440)	906
Association of Program Directors in Internal Medicine	(500)	955
Association of Teachers of Preventive Medicine	(550)	996
Society for Pediatric Research	(600)	1,036
American Pediatric Society	(744)	1,152
American Surgical Association	(750)	1,158
American Association for the Study of Liver Diseases	(750)	1,158
Association of Professors of Gynecology and Obstetrics	(800)	1,198
American Association for Thoracic Surgery	(800)	1,198
Association of University Radiologists	(830)	1,222
Association of American Physicians	(850)	1,239
Society of University Surgeons	(850)	1,239
Society for Surgery of the Alimentary Tract, Inc.	(882)	1,264
	<u>11,448</u>	<u>\$19,745</u>

* At \$550 plus \$0.81 per member, \$3,624 maximum.

1,000 - 4,999 Present Rate: \$2,416 (\$0.99 per member)

	<u>Members</u>	<u>Proposed Rate *</u>
Society of Critical Care Medicine	(1,250)	\$1,563
American Society for Clinical Pharm. and Therapeutics	(1,259)	1,570
Central Society for Clinical Research	(1,500)	1,765
Association for Academic Surgery	(1,550)	1,765
Educational Foundation of the American Society of Plastic and Reconstructive Surgeons, Inc.	(1,712)	1,937
Society of Teachers of Family Medicine	(2,025)	2,190
American Society for Clinical Investigation, Inc.	(2,200)	2,332
American Academy of Child Psychiatry	(2,238)	2,363
American Association of Neurological Surgeons	(2,330)	2,437
American Association of Anatomists	(2,700)	2,737
American Academy of Allergy	(2,881)	2,884
American Society for Pharm. and Experimental Therapeutics	(2,980)	2,964
American Society of Hematology	(3,000)	2,986
American Gastroenterological Association	(3,018)	2,995
Endocrine Society	(3,900)	3,624
American Society of Biological Chemists, Inc.	(4,500)	3,624
	<u>39,043</u>	<u>\$39,736</u>

MORE THAN 5,000 MEMBERS Present Rate: \$3,624

	<u>Members</u>	<u>Proposed Rate *</u>
American Urological Association, Inc.	(5,000)	\$ 3,624
American Physiological Society	(6,300)	3,624
American Academy of Neurology	(6,600)	3,624
Society for Neuroscience	(6,645)	3,624
American Academy of Ophthalmology	(9,400)	3,624
American Academy of Orthopaedic Surgeons	(9,700)	3,624
American Society of Clinical Pathologists	(10,000)	3,624
American Federation for Clinical Research	(10,000)	3,624
American College of Obstetricians and Gynecologists	(27,000)	3,624
American College of Physicians	(48,610)	3,624
	<u>139,255</u>	<u>\$36,240</u>

Total Members 193,420
 Present Income \$112,344
 Proposed Income \$111,891

* At \$550 plus \$0.81 per member, \$3,624 maximum

COALITION FOR CLINICAL RESEARCH

At the June CAS Administrative Board Meeting, there was general support among the members for the formation of a Coalition for Clinical Research. During the discussion, it was agreed that such a coalition should consist of those CAS societies with a predominant interest in clinical research and that the purpose of the coalition should be the exchange of information and viewpoints about common problems and issues in clinical research. There was consensus that the coalition should enhance the ability of participating societies to become informed about current issues and respond to legislative or regulatory initiatives effecting their members. As such, the Coalition would not be a formal policy-making body but on occasion might take unified actions. With this basic understanding of the purpose of the Coalition for Clinical Research, the Administrative Board asked the staff to prepare an implementation plan for its formation.

The staff has prepared for the Board's consideration and reaction the following plan:

- The AAMC would contact the following societies and inquire as to their interest in participating in the coalition:

- American Federation for Clinical Research
- American Society for Clinical Investigation
- Society for Pediatric Research
- Central Society for Clinical Research
- Society for Gynecologic Investigation
- Endocrine Society
- Society of University Surgeons
- Association for Academic Psychiatry
- Plastic Surgery Research Council
- American Association for the Study of Liver Diseases

- Presidents of participating societies would meet in conjunction with the Annual Meeting and would hold monthly conference calls. AAMC staff would mail a package of background information prior to each conference call and would participate on the calls.
- Participating societies would each be charged \$1000 per year to defray costs associated with staff time devoted to this effort.

CAS Fall Meeting Plans

At the June meeting of the Administrative Board, the decision was made to have three discussion groups on Sunday, October 26. One of these was to be on the issues relating to the National Board of Medical Examiners and the Federation of State Medical Boards plans. Subsequently, the Executive Council authorized the appointment of a committee to study all the issues surrounding the use of external examinations to evaluate medical students and graduates*. Because this committee will just be organizing its approach to the study prior to the Annual Meeting, the CAS chairman agreed that a discussion at the CAS Annual Meeting would be premature. Since the 1981 Interim Meeting will be principally devoted to this subject, it was decided to drop the topic from the Annual Meeting agenda and to add two topics. Hence, there will be four discussion groups as listed below.

Increasing Inter-Specialty Cooperation in Graduate Medical Education

Competitive Marketing of Medical Services and Its Potential
Effect on Medical Education

New Faculty Responsibilities and Accountability for Research Activities

Development of Faculty Leaders for Research Careers

*External Examination Review Committee: Carmine D. Clemente, Chairman;
D. Kay Clawson, Henry G. Cramblett, Daniel D. Federman, Robert L. Hill,
Murray Kappelman, Mitchell T. Rabkin, G. Thomas Shires, Edward J. Stemmler,
Louis van de Beek

FUTURE MEETING DATES

1980 CAS Fall Meeting

October 26, 1980	Plenary Session and Discussion Groups
October 27, 1980	Business Meeting

1981 CAS Interim Meeting

February 26, 1981	Plenary Session and Discussion Groups
February 27, 1981	Business Meeting

1981 CAS Administrative Board Meetings

January 28-29, 1981
March 25-26, 1981
June 24-25, 1981
September 9-10, 1981

Future AAMC Annual Meetings

October 31 - November 5, 1981
(Tentative CAS Meetings, November 1-2)
November 6-11, 1982
(Tentative CAS Meetings, November 7-8)