



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

January 28, 1981

3:00 p.m.	AAMC Orientation Session	AAMC Conference Room One Dupont Circle
5:30 p.m.	CAS Board Meeting	Jackson Room
7:30 p.m.	CAS Reception	Kalorama Room
8:30 p.m.	CAS Dinner	Jackson Room

January 29, 1981

9:00 a.m.	CAS Board Meeting (Coffee and Danish)	Independence Room
12:30 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon	Hemisphere Room
1:30 p.m.	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 28-29, 1981

I. Report of the Chairman

II. ACTION ITEMS

- A. Approval of the Minutes of the September 24-25, 1980
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MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 24-25, 1980

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

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

Staff

John A. D. Cooper*
James Erdmann*
Lynn Gumm
Melinda Hatton
Paul Jolly*
Thomas Kennedy*
Mary McGrane*
Thomas Morgan
John Sherman*
August Swanson
Kat Turner

ABSENT: James B. Preston

GUEST: Richard S. Wilbur

The CAS Administrative Board convened at 2:00 p.m. for a discussion of the Report of the Association of Academic Health Centers. This was followed at 3:30 by a joint boards meeting; John Hogness, President of the AAHC, arrived at the meeting at 4:30 to answer questions and aid in further discussion. At 6:00 p.m. the CAS and COD Boards met for a presentation by Dr. Cornelius Pings, Vice Provost and Dean of Graduate Studies at the California Institute of Technology, regarding the reports of the National Commission on Research of which he was Chairman. This was followed by a CAS/COD reception and dinner. The CAS Board Business Meeting convened at 9:00 a.m. on September 25, 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

DISCUSSION OF THE REPORT OF THE ASSOCIATION OF ACADEMIC HEALTH CENTERS - September 24

Dr. Clemente opened the meeting by explaining that the purpose of the session was to allow the Board an opportunity to discuss the Report of the Association of Academic Health Centers from a faculty perspective. He explained that the meeting would be followed by a joint session of the Administrative Boards at which he would briefly summarize the CAS reaction to the report.

There was a general sense among the Board members that the AAHC Report did not merit extensive discussion. It was felt that many of the recommendations regarding the effective operation of an academic health center merely supported the status quo and did not excite any controversy or opposition. However, the Board did take exception to the recommendations that advocate a standard organizational structure for academic health centers. The Board agreed that the varying nature of academic health centers requires that each university determine its own governance structure rather than attempt to conform to a national model. Concern was also expressed that some of the recommendations of the report could result in the lessening of the importance of the medical school dean's role within a university and that this was not in the interest of medical education.

Dr. Clemente stated that he would report these sentiments to the other Boards at the joint meeting.

-BUSINESS MEETING - September 25

I. APPROVAL OF MINUTES

The minutes of the June 25-26, 1980 CAS Administrative Board Meeting were approved with one minor editorial change.

II. ACTION ITEMS - CAS Board

A. Membership Applications

1. Drs. Freedman and Bishop had reviewed the application of the Association of Directors of Medical Student Education in Psychiatry (ADMSEP). Dr. Bishop found the application and supporting documents in order. However, Dr. Freedman reported that it was rumored that ADMSEP is contemplating a merger with the Association for Academic Psychiatry, which is already a CAS member society. Therefore, he recommended that this application be deferred until the future viability of the organization has been established.
2. Drs. Bishop and Johnson had reviewed the application of the Association of Departments of Family Medicine. This organization's application for membership in CAS had been deferred in 1979 because it had not yet held a formal meeting or formally approved its bylaws. However, a program and bylaws had since been produced and reviewed by Drs. Bishop and Johnson. They agreed that approval of this application should now be recommended to the Executive Council.

ACTION: The CAS Administrative Board deferred the application of the Association of Directors of Medical Student Education in Psychiatry for the reasons stated above and staff will seek clarification from the organization regarding a rumored merger with the Association for Academic Psychiatry. The Board approved the application of the Association of Departments of Family Medicine for membership in CAS.

B. CAS Dues Structure

At the June meeting, the Board requested that staff re-examine the CAS dues structure. This request was prompted by one society's complaint that its dues doubled because a slight increase in its membership (from 280 to 305 persons) moved it up from the "less than 300" to the "300-999" category of membership. Dr. Morgan reported that a number of alternate approaches for determining CAS dues that might be more equitable than the 4-category "step" structure were examined. The most desirable was one in which each society would be charged a base fee of \$550 plus an additional \$0.81 per member. The Board agreed with the concept but was concerned by the \$1200 increase in dues which several societies would suffer under this new structure. It was agreed that since only one society had complained, and since that society's membership had dropped to 269 thus making it eligible for the "less than 300" category, it would be advisable to maintain the current structure which has been used since the inception of CAS. The Board agreed that if other complaints are received, the problem could be re-examined and that possibly the new structure could be tried.

ACTION: The CAS Administrative Board voted to maintain the current CAS dues structure.

C. Distinguished Service Membership Nominations

According to the policy adopted at the June, 1980 CAS Board Meeting regarding CAS nominations to Distinguished Service Membership, the following individuals qualify for nomination: Dr. Robert M. Berne, Dr. A. Jay Bollet, Dr. Jack W. Cole, Dr. Ronald W. Estabrook, Dr. Rolla B. Hill, and Dr. Robert G. Petersdorf. However, four of these individuals (Drs. Berne, Bollet, Cole, and Petersdorf) are still representatives to either the CAS or the COTH and as such do not satisfy the criteria for Distinguished Service Membership outlined in the AAMC Bylaws. The Board felt that Distinguished Service Membership for these individuals is still appropriate and that an AAMC Bylaws change to allow this should be explored further at the January meeting.

ACTION: The Board voted to nominate Dr. Ronald W. Estabrook and Dr. Rolla B. Hill for Distinguished Service Membership in the AAMC.

D. Coalition for Clinical Research

Pursuant to a discussion at the June CAS Board Meeting, staff had prepared an implementation plan for a "coalition for clinical research." Dr. Morgan explained that the purpose of the coalition would be to provide a forum for informal communication between clinical research societies regarding issues of common concern. It was proposed that this communication be accomplished by conference calls involving one individual from each participating society and members of the AAMC staff. Prior to the conference calls, staff would mail out written materials on the topics to be discussed. Costs incurred by the AAMC could be defrayed by a fee of approximately \$1000 for each society. Dr. Morgan stated the opinion that such an exchange of information might increase the effectiveness of each society in dealing with legislative and regulatory issues

of concern to clinical researchers. After a brief discussion, the Board endorsed the proposed implementation plan.

ACTION: The CAS Administrative Board approved the implementation plan for a "coalition for clinical research."

III. ACTION ITEMS - Executive Council

A. Council for Medical Affairs

Dr. John Cooper was present to report on the proposed restructuring of the Coordinating Council on Medical Education and the Liaison Committees. He stated that due to continued dissatisfaction with the CCME, a meeting of the parent organizations had been held in June at which time it was agreed that the CCME should be abolished in favor of a new Council for Medical Affairs (CFMA). The CFMA would serve as a national forum for the discussion of medical education issues but, unlike the CCME, would not have a direct role in the supervision of accreditation activities. The CFMA would consist of two chief elected officers and the chief executive officer of each of the five parent organizations (AAMC, AMA, AHA, ABMS, and CMSS). A draft of the bylaws for the CFMA was reviewed by the CAS Board.

Dr. Cooper stated that the LCME will remain unchanged. However, it was proposed that the LCGME be replaced by an Accreditation Council for Graduate Medical Education (ACGME) and that the LCCME be replaced by an Accreditation Council for Continuing Medical Education (ACCME). Staff services for the ACGME will be provided by the AMA, and the cost of accreditation will be covered by charges to the programs themselves. Staff services for the ACCME will be provided by the CMSS and the cost of accreditation will be covered by charges to organizations sponsoring CME programs.

ACTION: The CAS Administrative Board voted to approve the abolition of the Coordinating Council on Medical Education and the establishment of the Council for Medical Affairs. The Board also approved the replacement of the LCGME by the Accreditation Council for Graduate Medical Education and the replacement of the LCCME by the Accreditation Council for Continuing Medical Education.

B. Medicare's "Moonlighting Policy"

Dr. Morgan briefed the Board on a Health Care Financing Administration (HCFA) proposal--required by a Kansas court order--to alter Medicare rules such that residents may be paid on a fee-for-service basis for professional services provided while "moonlighting" in the same hospital where they are training. Medicare's current policy allows reimbursement to residents who are "moonlighting" at outside institutions, and the Kansas court ruled that payment to residents for in-house "moonlighting" is a logical extension of this policy. Dr. Morgan explained that HCFA may be receptive to advice from the AAMC regarding this issue.

The Board reviewed the 1974 AAMC position statement which opposes in general the practice of "moonlighting." It was agreed that on an in-house basis, "moonlighting" could have an even more pernicious effect on the

quality of graduate medical education programs. Concern was also expressed that it may be impossible for HCFA to separately identify "moonlighting" from those services required as part of a training program. However, the Board concluded that it would be fruitless to attempt to oppose the court-ordered change in the Medicare rules and that it would be advisable to work with HCFA while continuing to oppose in principle the practice of "moonlighting."

ACTION: The CAS Administrative Board voted, with one dissent (Dr. Brown), in favor of efforts by the AAMC to assist the Health Care Financing Administration in the development of administrative rules which clearly separate "moonlighting" services from duties within the scope of a training program. The Board voted to maintain and strongly advocate wherever possible the current AAMC policy of general opposition to the practice of "moonlighting."

C. General Accounting Office Report on U.S. Citizens Studying Medicine Abroad

A draft AAMC response to the General Accounting Office Report, Policies Regarding U.S. Citizens Studying Medicine Abroad are in Need of Careful Review and Reappraisal, was distributed to the Board for review. Dr. Swanson provided information on the report which, at the request of the GAO, was not disseminated by the AAMC. He explained that the report was based on a 1979-80 GAO study of six foreign medical schools: University Central Del Este, University of Nordestana, St. George's University, Autonoma University of Guadalajara, University of Bologna, University of Bordeaux. Dr. Swanson stated that the draft AAMC response focused on six main areas: the competition for admission to U.S. medical schools; the comparison of the educational achievement of USMGs and USFMGs; the provision of clinical education in U.S. hospitals to U.S. foreign medical students; the provision of federal financial assistance to U.S. citizens studying medicine abroad; and the general responsibility for assuring adequate preparation for medical practice. Specifically regarding federal funding, the draft response suggests firmer and more explicit recommendations such that loan support would be denied to a U.S. student enrolled in a foreign school where more than 20 U.S. citizens are enrolled, unless an 80% passage rate of licensing exams by U.S. citizen graduates of the school in the previous two years can be demonstrated. During the Board's discussion of the report, it was suggested that the AAMC response should recommend, as does the GMENAC Report, that a demonstration of clinical ability by USFMGs be required for licensure. It was felt that such a requirement would safeguard the U.S. population against receiving health care from possibly incompetent foreign medical school graduates.

ACTION: The CAS Administrative Board approved the draft response to the General Accounting Office Report, Policies Regarding U.S. Citizens Studying Medicine Abroad are in Need of Careful Review and Reappraisal, with the addition of a recommendation that U.S. foreign medical graduates be required to demonstrate their clinical ability before being allowed to practice in the U.S.

D. Universal Application Form for Graduate Medical Education

Dr. Swanson reported that the Universal Application Form for Graduate Medical Education had been revised according to feedback received after

a model for the form was distributed in the fall of 1979. The revision was distributed in July, 1980 to the NRMP coordinators at over 650 hospitals with the request that they report back the acceptability of the form and the willingness of program directors to use it as an application to their programs. As of September 24, 1980, 341 (or 51%) of the surveyed hospitals had responded. Eighty-four percent of these hospitals and 87% of the represented programs indicated acceptance of the form.

Dr. Freedman expressed apprehension about the implementation of the Universal Application Form as he felt that it did not ask for information which he as a program director would obtain from an applicant to his program. He also objected to the fact that the purpose of the form was not clearly stated and feared that the implementation of the form would be viewed as an AAMC "corporate power play."

ACTION: The CAS Administrative Board voted to approve the implementation of the Universal Application Form for Graduate Medical Education. One member (Dr. Freedman) opposed the implementation of the form for the reasons stated above.

E. Liaison Committee on Graduate Medical Education
Subspecialty Accreditation Report

Dr. Swanson provided background information on an LCGME plan for the accreditation of subspecialty graduate medical education programs. The Association's view, as stated in the Report of the Task Force on Graduate Medical Education, is that the LCGME accreditation mechanism should be extended to subspecialty programs leading to a certificate of special competence by a specialty board recognized by the American Board of Medical Specialties. This additional accreditation will be accomplished by the RRCs who may call in special non-voting consultants in the particular subspecialty for guidance and additional expertise. The cost to the LCGME for this activity will be defrayed through charges to the programs themselves.

ACTION: The CAS Administrative Board voted to approve the accreditation of subspecialty programs for which certification is provided by a specialty board recognized by the ABMS under the policies and approaches presented by the LCGME.

F. Proposed AAMC Bylaw Change

To prevent ambiguity concerning eligibility for membership in AAMC, it was proposed that the bylaws be amended such that institutional members must be located in the United States and its territories. After a brief discussion, the Board agreed that Section 1, Part A of the AAMC Bylaws should be changed to read: "Institutional Members shall be medical schools and colleges located within the United States and its territories." Section 1, Part D would be amended to read: "Provisional Institutional Members shall be newly developing medical schools and colleges located in the United States and its territories."

ACTION: The CAS Administrative Board voted to propose to the Assembly that the AAMC Bylaws be changed as stated above.

G. General Requirements of Accredited Residency Programs

Dr. Swanson reported that the CCME had met on June 4, 1980 to reconcile differences among the sponsor organizations regarding the proposed revision of the General Requirements of the Essentials of Accredited Residencies. At the June meeting some minor changes were made to the draft document but Dr. Swanson explained that the new version is substantially the same as that ratified by the Executive Council in September 1979.

ACTION: The CAS Administrative Board voted to approve the new version of the General Requirements.

IV. DISCUSSION ITEMS - CAS Board

A. CAS Fall Meeting

The plans for the CAS Fall Meeting were briefly discussed. The topics for the discussion groups were discussed and group leaders were appointed.

V. DISCUSSION ITEMS - Executive Council

A. Graduate Medical Education National Advisory Committee (GMENAC) Report

Dr. Swanson provided background information about the draft summary report of the Graduate Medical Education National Advisory Committee; the final version was to be submitted to Health and Human Services Secretary Harris on September 30. Preliminary AAMC comments on the draft report were distributed to the Board and the advisability of a formal AAMC response was discussed. Dr. Swanson reviewed several of the thirty-nine recommendations contained in the draft report which he felt were of particular interest to faculty. He stated that the report forecasts a surplus of 75,000 physicians by the year 1990 and then goes further to predict surpluses or shortages in each specialty. The report also makes recommendations regarding the geographic distribution of physicians and the financing of graduate medical education. Two tables contained in the report had elicited controversy: Table 2, which shows absolute numbers (rather than ranges) for the surplus or shortage of physicians in each specialty and Table 6, which recommends percentage increases or decreases of first year residency positions for each specialty between 1979 and 1986. Concern had been expressed, even by some GMENAC members, that these numbers are too specific and could be used by legislators or regulators to arbitrarily limit the residency positions in teaching hospitals. Dr. Swanson pointed out that in attempting to avoid the disruption of service and educational programs of teaching hospitals, the GMENAC chose an upper limit of 20% when recommending an increase or decrease in the number of first year positions in a given specialty over the next six years.

Recommendation 39 of the report recommends the establishment by statute of a "successor mechanism" to continue the functions of the GMENAC. The report makes clear the intention that this mechanism should be an advisory body and should not be endowed with regulatory authority. Dr. Swanson

stated that the House Health Manpower Bill, H.R. 7203, contains recognition of GMENAC in statute but that the Senate Bill, S. 2375, does not. The Board discussed the advisability of the long-range continuation of GMENAC. Concern was expressed that the precision of the data had not yet been adequately established and that a yearly calculation of manpower figures for the future by GMENAC or a similar organization would not be desirable.

B. Health Research Legislation

Dr. John Sherman was present to brief the Board regarding the status of the health research legislation. He stated that the House and Senate bills (H.R. 7036 and S. 988 respectively) were due to be conferenced and that in view of the sharp differences between the two, a bitter battle may ensue. Dr. Sherman stated that it was also possible that no conference action would be taken as the time remaining to the 96th Congress was limited. Dr. Morgan stated that the Board should not be disheartened by the overwhelming passage of H.R. 7036 in spite of vigorous efforts by members of the Board and other CAS representatives to oppose it. He stated that the CAS reaction to the legislation in the form of eloquent letters and personal contacts had been unprecedented and that hopefully many CAS representatives had made Congressional contacts which could be valuable in the future.

Dr. Sherman also reported briefly on FY 1981 NIH appropriations, the status of which was still uncertain since the Congress had not yet passed an appropriations bills.

C. Status of Health Manpower Legislation

Dr. Thomas Kennedy of the AAMC staff was present to provide background information on the recently passed health manpower legislation. A summary of the House and Senate bills (H.R. 7203 and S. 2375) was distributed as well as a side-by-side analysis of the two bills. Dr. Kennedy stated that the AAMC views the Senate bill as preferable to that of the House and briefly reviewed how each bill dealt with several major areas including capitation and the Health Professions Student Loan Program. Dr. Kennedy expressed the opinion that because the bills are so different, the outcome of a conference would be impossible to predict.

D. Medical Sciences Knowledge Profile Program 1980 Experience

Dr. James Erdmann of the AAMC staff was present to provide a status report on the Medical Sciences Knowledge Profile Program (MSKP) which was implemented in the spring of 1980. He provided demographic information about the candidates which indicated that 90% were from foreign schools and were seeking admission to U.S. schools in advanced standing. Dr. Erdmann stated that 73% of the individuals who applied to take the exam had previously been declined admission to a U.S. medical school.

VI. ADJOURNMENT

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

APPOINTMENT OF 1981 CAS NOMINATING COMMITTEE

Section V, #1 of the CAS Bylaws reads as follows:

"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 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."

On the following pages is a list of all CAS Representatives from which the Board must choose three basic scientists and three clinical scientists to serve on the CAS Nominating Committee. Several alternates should also be selected. The Committee will meet by conference call sometime in May or early June to develop a slate of nominees to fill one clinical and two basic science positions on the Board. The Committee will also nominate a clinical scientist as Chairman-Elect of CAS and an individual from the Council of Deans to serve as Chairman-Elect of the AAMC.

CAS REPRESENTATIVES AND PUBLIC AFFAIRS REPRESENTATIVES

BASIC SCIENCES

ANATOMY

American Association of Anatomists
Berta V. Scharrer, Ph.D.
Carmine D. Clemente, Ph.D.
John E. Pauly, Ph.D. (PAR)
Association of Anatomy Chairmen
Dr. Gordon Kaye
Dr. Douglas Kelly (PAR & Rep)

BEHAVIORAL SCIENCE

Assoc. for Behavioral Sci. & Med. Education
Shirley Nickols Fahey, Ph.D.
Evan G. Pattishall, Jr., M.D. (PAR & Rep)

BIOLOGICAL CHEMISTS

American Society of Biological Chemists, Inc.
Robert E. Olson, M.D.
Dr. Mary Ellen Jones
Dr. Robert M. Bock (PAR)
Assoc. of Med. School Depts. of Biochemistry
Dr. Robert L. Hill
Dr. Gerhard W. E. Plaut
Dr. Lowell P. Hager (PAR)

MICROBIOLOGY

Assoc. of Med. School Microbiology Chairmen
Harold S. Ginsberg, M.D.
Kenneth I. Berns, M.D., Ph.D. (PAR)

NEUROSCIENCE

Society for Neuroscience
David H. Cohen (PAR & Rep)

PHARMACOLOGY

American Soc. for Clin. Pharm. & Therapeutics
George N. Aagaard, M.D.
Arthur H. Hayes, Jr., M.D. (PAR & Rep)
Amer. Soc. for Pharm. & Experimental Therapeutics
Dr. Akira E. Takemori
Dr. James Fujimoto
Dr. Lowell M. Greenbaum (PAR)
Assoc. for Medical School Pharmacology
Joseph R. Bianchine, M.D., Ph.D.
Lowell M. Greenbaum, Ph.D. (PAR & Rep)

PHYSIOLOGY

American Physiological Society
Robert M. Berne, M.D.
Franklyn G. Knox, M.D., Ph.D.
Brian Curtis, Ph.D. (PAR)
Assoc. of Chairmen of Depts. of Physiology
Dr. James B. Preston
Dr. William F. Ganong
Dr. Robert K. Crane (PAR)

PREVENTIVE MEDICINE

Association of Teachers of Preventive Medicine
Robert L. Berg, M.D.
David L. Rabin, M.D. (PAR & Rep)

PATHOLOGY & CLINICAL LABORATORIES

Amer. Society of Clinical Pathologists
John Bernard Henry, M.D.
Joseph H. Keffer, M.D.
Deanna Duby (PAR)
Assoc. of Pathology Chairmen, Inc.
Werner H. Kirsten, M.D.
Robert W. Prichard, M.D.
Rolla B. Hill, M.D. (PAR)
Academy of Clin. Lab. Physicians & Scientists
Alfred Zettner, M.D.
David M. Brown, M.D. (PAR & Rep)

Society for Health and Human Values

Larry R. Churchill, Ph.D.
Andrew D. Hunt, Jr., M.D.
Jo Ivey Boufford, M.D.

CLINICAL SCIENCES

MEDICAL DISCIPLINES

ALLERGY

American Academy of Allergy
Oscar L. Frick, M.D.
Paul Vanarsdel, M.D.
Norman Isaacs, M.D. (PAR)

DERMATOLOGY

Assoc. of Professors of Dermatology
Phillip C. Anderson, M.D.
E. Dorinda Loeffel, M.D.
Peyton E. Weary, M.D. (PAR)

ENDOCRINOLOGY

Endocrine Society
Jo Anne Brasel, M.D.
Virginia V. Weldon, M.D.
Claude J. Migeon, M.D. (PAR)

FAMILY MEDICINE

Assoc. of Departments of Family Medicine
Thomas L. Leaman, M.D.
Thornton Bryan, M.D.
Thomas A. Nicholas, M.D. (PAR)

Soc. of Teachers of Family Medicine

F. Marian Bishop, Ph.D.
Frank C. Snope, M.D.
William J. Kane, M.D. (PAR)

INTERNAL MEDICINE

American College of Physicians
Daniel D. Federman, M.D.
David M. Kipnis, M.D.
Association of American Physicians
Leighton E. Cluff, M.D.
A. Jay Bollet, M.D.
Oscar D. Ratnof, M.D. (PAR)
Association of Professors of Medicine
Joseph E. Johnson, III, M.D.
David H. Solomon, M.D.
Edward H. Hook, M.D.
Association of Program Directors in Internal Med.
Pervis Milnor, Jr., M.D.
James A. Curtin, M.D. (PAR & Rep)
American Gastroenterological Association
Alastair Connell, M.D.
Thomas R. Hendrix, M.D.
John T. Sessions, Jr., M.D. (PAR)
American Society of Hematology
Alvin Mauer, M.D.
John Harris, M.D.
Ernst Jaffe, M.D. (PAR)

NEUROLOGY

American Academy of Neurology
T. R. Johns, M.D.
Jerry G. Chutkow, M.D.
John F. Aita, M.D. (PAR)
American Neurological Association
Frank Yatsu, M.D.
Erland Nelson, M.D.
Jack P. Whisnant, M.D. (PAR)
Association of University Professors of Neurology
Arthur Asbury, M.D.
Hartwell Thompson, M.D. (PAR & Rep)

PEDIATRICS

American Pediatric Society
Jo Anne Brasel, M.D.
Marvin Cornblath, M.D.
David Goldring, M.D. (PAR)
Assoc. of Med. Sch. Pediatric Dept. Chairmen, Inc.
Thomas K. Oliver, M.D. (PAR & Rep)

PHYSIATRY

Association of Academic Physiatrists
Mr. Richard Verville
Leon Reinstein, M.D.
Justus F. Lehmann, M.D. (PAR)

PSYCHIATRY

American Academy of Child Psychiatry
Larry B. Silver, M.D.
Andre Derdeyn, M.D.
Virginia Q. Bausch (PAR)
Amer. Assoc. of Chairmen of Depts. of Psychiatry
Daniel Freedman, M.D.
Keith Brodie, M.D.
Paul Jay Fink, M.D. (PAR)
Association for Academic Psychiatry
Dr. Layton McCurdy
Paul J. Fink, M.D.
Thomas G. Webster, M.D. (PAR)

OBSTETRICS AND GYNECOLOGY

Amer. College of Obstetricians & Gynecologists
Martin L. Stone, M.D.
Harry S. Jonas, M.D.
Assoc. of Professors of Gynecology and Obstetrics
Allan B. Weingold (PAR & Rep)

SURGICAL DISCIPLINES

GENERAL SURGERY

American Surgical Association
J. W. Cole, M.D.
Association for Academic Surgery
Wallace P. Ritchie
M. David Tilson, M.D. (PAR & Rep)
Society for Surgery of the Alimentary Tract, Inc.
Dr. Keith Kelly
Dr. John R. Brooks
Dr. Paul H. Jordan, Jr. (PAR)
Society of Surgical Chairmen
W. Dean Warren, M.D.
Society of University Surgeons
Norman M. Rich, M.D.
Wallace P. Ritchie, Jr., M.D.

NEUROSURGERY

American Assoc. of Neurological Surgeons
Dr. Hugo Rizzoli
Dr. John Shillito

OPHTHALMOLOGY

American Academy of Ophthalmology
Joel G. Sacks, M.D.
David J. Noonan (PAR)
Assoc. of Univ. Professors of Ophthalmology
Joel Sacks, M.D.

ORTHOPAEDICS

American Academy of Orthopaedic Surgeons
Frank C. Wilson, Jr., M.D.
Warren Stamp, M.D.
Association of Orthopaedic Chairmen
Donald B. Kettlekamp, M.D.
Warren Stamp, M.D. (PAR & Rep)

OTOLARYNGOLOGY

Assoc. of Academic Depts of Otolaryngology
Robert I. Kohut, M.D.
James B. Snow, Jr., M.D.
Eugene N. Myers, M.D. (PAR)
Society of University Otolaryngologists
George Gates, M.D.
M. Stuart Strong, M.D. (PAR & Rep)

PLASTIC SURGERY

American Assoc. of Plastic Surgeons
Milton T. Edgerton, M.D.
Robert L. Harding, M.D.
Plastic Surgery Educational Foundation
Norman E. Hugo, M.D.
John B. Lynch, M.D. (PAR & Rep)

THORACIC SURGERY

Amer. Assoc. for Thoracic Surgery
Clarence S. Weldon, M.D.
Judson Randolph, M.D.
Thoracic Surgery Directors Assoc.
Clarence S. Weldon, M.D.
Benson R. Wilcox, M.D.

UROLOGY

American Urological Association, Inc.
Harry C. Miller, Jr., M.D. (PAR & Rep)
Soc. of University Urologists
James F. Glenn, M.D.
William L. Parry, M.D.
Robert K. Rhamy, M.D. (PAR)

ANESTHESIOLOGY

Assoc. of University Anesthetists
C. Philip Larson, Jr., M.D.
Nicholas M. Greene, M.D. (PAR & Rep)
Soc. of Academic Anesthesia Chairmen, Inc.
S. Craighead Alexander
Kenneth Sugioka, M.D. (PAR & Rep)

EMERGENCY AND CRITICAL CARE

Amer. Association for the Surgery of Trauma
William R. Drucker, M.D.
Donald S. Gann, M.D.
Gerald W. Shaftan, M.D. (PAR)
Society of Critical Care Medicine
Solomon G. Hershey (PAR & Rep)
Society of Teachers of Emergency Medicine
Frank J. Baker, II, M.D.
Harvey Meislin, M.D.
Henry Sabatier, M.D. (PAR)

RADIOLOGY

Association of University Radiologists
Ann M. Lewicki, M.D.
Henry I. Goldberg, M.D.
Mark M. Mishkin, M.D. (PAR)
Soc. of Chairmen of Academic Radiology Depts.
Eugene Gedgudas, M.D.
Atis Freimanis, M.D.
A. Everette James, Jr., M.D. (PAR)

CLINICAL RESEARCH

Amer. Assoc. for the Study of Liver Diseases
Harold J. Fallon, M.D.
Dr. Marcus A. Rothschild
Amer. Federation for Clinical Research
William Kelley, M.D.
Anthony Fauci, M.D.
Suzanne Oparil, M.D. (PAR)
Amer. Soc. for Clinical Investigation, Inc.
Michael M. Frank, M.D. (PAR & Rep)
Central Society for Clinical Research
Norton Greenberger, M.D. (PAR & Rep)
Plastic Surgery Research Council
Jack C. Fisher, M.D.
R. Barrett Noone, M.D.
Society for Gynecologic Investigation
W. Ann Reynolds, Ph.D.
Ronald A. Chez, M.D.
Robert B. Jaffe, M.D. (PAR)
Society for Pediatric Research
Virginia V. Weldon, M.D.
Charles S. August, M.D. (PAR)

CAS PARTICIPATION AT THE AAMC ANNUAL MEETING

Registration Fee Policy

The Association, like most other organizations, has for many years maintained the policy that in order to attend any portion of the Annual Meeting, individuals must pay the registration fee (currently \$35.00). Several CAS societies that meet in conjunction with the AAMC schedule their meetings at the very beginning of at the very end of the Annual Meeting and, therefore, have members who attend few, if any, AAMC sessions. In recent years, members of some of these societies have been unwilling to comply with the registration policy and, in some cases, their officers have encouraged them not to comply. Because uniform payment of the registration fee by all Annual Meeting attendees is necessary to underwrite the costs incurred by AAMC in planning and managing the meeting, the CAS Administrative Board is being asked to explore various options for enforcing the registration fee policy.

Currently, use of the housing bureau for the purpose of making hotel reservations is available only to meeting registrants. Despite the convenience of using the housing bureau, this is not sufficient inducement for individuals to pay the registration fee since there is no pecuniary advantage to going through the housing bureau. Therefore, in addition to the housing bureau contingency, the AAMC could do one or more of the following to assure CAS member registration:

1. Announce the policy more vigorously and point out the services the society and its members receive in exchange:
 - preliminary programs;
 - listing of their program sessions and speakers in the final AAMC program;
 - space for the meeting at no charge;
 - access to AAMC staff office and typewriters;
 - access to all AAMC sessions;
 - AAMC interface with all hotel services including audio-visual and banquet both before and during the meeting (because of this service, outside program coordinators do not have to spend time dealing with hotel personnel);
2. Not permit societies to issue their own name badges;
3. Use security guards to deny admission to meeting rooms to any individual not wearing an AAMC badge;
4. Ask societies whose members are unwilling to pay the registration fee to pay a flat fee to cover meeting space and services or to meet in another hotel and handle their own meeting arrangements.

Increasing Faculty Participation

The problem of CAS members paying the AAMC registration fee is possibly a symptom of a more basic problem: that many members of CAS societies do not feel compelled to attend other AAMC sessions. A large number of faculty feel the need to attend their own society meeting to discuss issues pertinent to their specialty but do not opt to attend meetings focusing on broader issues affecting all faculty or all medical educators. The CAS Administrative Board might consider promoting and facilitating more active participation by members of CAS societies in AAMC Annual Meeting sessions. This might be accomplished by encouraging society members to attend the CAS Business Meeting or by asking societies to publicize and urge their members to attend other sessions of interest such as plenary sessions, RIME sessions, Women in Medicine programs, and Minority Affairs programs. The CAS might also sponsor a program before or after the Business Meeting that would attract society members who are not CAS representatives. Recently a suggestion was made by the Society of Academic Anesthesia Chairmen that they might sponsor a program focusing on the academic anesthesia manpower problem that would potentially attract not only members of the surgery and surgical subspecialty societies but also faculty from other disciplines.