



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

June 24, 1981

5:00 p.m.	CAS Board Meeting	Jackson Room
7:30 p.m.	Cocktails	Kalorama Room
8:15 p.m.	Dinner	Jackson Room

June 25, 1981

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
1:30 p.m.	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 24-25, 1981

I. Report of the Chairman

II. ACTION ITEMS

- A. Approval of the Minutes of the March 25-26, 1981
CAS Administrative Board Meeting 1
- B. Membership Applications
 - 1. American Academy of Physical Medicine and Rehabilitation 7
 - 2. Child Neurology Society 10
- C. Executive Council Action Items with Particular Emphasis on:
 - G. External Examinations Review Committee Report 23
 - H. Committee on Foreign-Chartered Medical Schools and
U.S. Nationals Studying Medicine Abroad 71
 - I. Due Process for Students and Residents 92
 - J. Urban Institute Report on the Effects of Reducing
Federal Aid to Undergraduate Medical Education 98

III. DISCUSSION ITEMS

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- B. Status Report on CAS Fall Meeting Plans
- C. Executive Council Discussion Items

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MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

March 25-26, 1981

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Daniel X. Freedman
Chairman (Presiding)
David M. Brown
Carmine D. Clemente
Brian A. Curtis
William F. Ganong
Lowell M. Greenbaum
Robert L. Hill
T. R. Johns
Joseph E. Johnson
Virginia V. Weldon
Frank C. Wilson

ABSENT: John B. Lynch

Staff

Robert Boerner *
Peter Butler *
John A. D. Cooper *
Lynn Gumm
Melinda Hatton *
Thomas Kennedy *
Richard Knapp *
Mary McGrane *
Thomas Morgan
Diane Plumb
Ann Scanley *
John Sherman *
Emanuel Suter *
August Swanson
Kat Turner

Guest: Julius R. Krevans *
Thomas K. Oliver *

The CAS Administrative Board Business Meeting convened on March 25 at 5:00 p.m. At 6:30 p.m., the CAS Board joined the COTH Board for a presentation by Sheila Burke, R.N., Professional Staff Member, Senate Finance Committee. A joint CAS/COTH social hour was followed by dinner at 8:00 p.m. The meeting reconvened at 8:30 a.m. on March 26. 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. APPROVAL OF MINUTES

The minutes of the January 28-29, 1981 CAS Administrative Board Meeting were approved as submitted.

II. ACTION ITEMS - CAS Board

A. Membership Applications

At its September, 1980 meeting, the CAS Board voted to defer the application of the Association of Directors of Medical Student Education in Psychiatry for membership in CAS. The principle reasons for this action were: 1) that the bylaws for the organization did not seem to be complete; and 2) that it had been rumored that the organization was considering a merger with the Association for Academic Psychiatry (already a CAS member). Since that time, it had been learned that the bylaws had been officially approved and that there was no basis for the rumor that a merger was being contemplated. In view of this additional information, the Board agreed that the organization's application for membership should be approved.

Drs. Curtis and Johnson had been asked to review the application of the American Society of Human Genetics for membership in CAS and concurred in a recommendation for approval.

ACTION: The CAS Administrative Board approved the applications of the Association of Directors of Medical Student Education in Psychiatry and the American Society of Human Genetics for membership in CAS.

B. AVLINE

Dr. Emanuel Suter, Director of the AAMC Division of Educational Resources and Programs, provided information on the AVLINE program and the possibility of CAS involvement in the program. He stated that since 1973, the AAMC had been working with the National Library of Medicine on the development of AVLINE (audiovisuals-on-line) which enables librarians and resource personnel to conduct on- and off-line searches for audiovisual materials. He stated that the NLM strongly supports the maintenance of the program but had suggested that specialty and professional societies be asked to assume a greater role in the review process. Dr. Suter questioned whether the CAS as a whole might elect to become more involved in this project.

After considerable discussion, the Board agreed that CAS member societies--particularly those with education committees--should be contacted about the possibility of assisting in the AVLINE review process.

ACTION: The CAS Administrative Board supported continued AAMC involvement in the AVLINE program and agreed that CAS member societies should be encouraged to volunteer assistance in the AVLINE review process.

III. ACTION ITEMS - Executive Council

A. Report of the ad hoc Committee on Competition

Peter Butler, Senior Staff Associate in the AAMC Department of Teaching Hospitals, was present for the discussion of the revised report of the ad hoc Committee on Competition. He stated that the COTH Board had suggested that two versions of the report be offered for consideration: one which included a section on "strategies for teaching hospitals" (Version 2) and one which omitted this section (Version 1). Mr. Butler reported that the COTH Board felt that the strategy issue might be handled separately and on a more in-depth basis rather than included in this paper. Other major changes made to the paper were the addition of a section on faculty practice plans and more emphasis on the effect of competition on charity care and the possible development of a two-class system of medical care.

ACTION: The CAS Administrative Board approved Version 1 of the Report of the ad hoc Committee on Competition.

B. General Requirements of the Essentials

Dr. Swanson reported that at its February meeting, the Accreditation Council for Graduate Medical Education had passed a revised version of the General Requirements to be considered by each parent organization of the ACGME.

ACTION: The CAS Administrative Board approved the revised version of the General Requirements Section of the Essentials of Accredited Residencies in Graduate Medical Education.

IV. DISCUSSION ITEMS - CAS Board

A. Proposed Single Route to Licensure

Dr. Clemente, Chairman of the AAMC ad hoc External Examination Review Committee, reported on the Committee's deliberations about the single route to licensure (FLEX I-II) proposed by the Federation of State Medical Boards and the use of the National Board of Medical Examiners' Comprehensive Qualifying Examination as FLEX I. He outlined some of the Committee's main concerns: the viability of NBME Part I if it is not part of the licensure process; the possible diminution of the role of medical school faculty if FLEX I, rather than the granting of the medical degree from an LCME-accredited school, is the standard for entrance into graduate medical education; and, the possible effect of FLEX I-II on the medical school curriculum which should remain under faculty--not licensing board--control. Dr. Clemente stated that the Committee hoped to have its report completed for review by the Executive Council and Administrative Boards in June.

Dr. Freedman gave a brief report of the 1981 CAS Interim Meeting which had focused on the proposed single route to licensure. He stated that he felt the meeting had been effective in clarifying to many CAS Representatives the intentions of the National Board and the Federation. The CAS Board agreed that the sentiments expressed by many CAS Representatives at the meeting indicated a consensus of opposition to the FLEX I-II proposal and that the Executive Council should inform the Federation and

the National Board of the concerns which medical school faculties have about the implementation of the plan. The CAS Board approved a memorandum from the AAMC Executive Council to the Federation and the National Board expressing opposition to the single route to licensure concept and advocating more thoughtful consideration of the implementation of the FLEX I-II sequence.

B. Annual Meeting Plans

Dr. Swanson explained that there had been some complaints from CAS Representatives that the details of the CAS Fall meeting program, as well as other Annual Meeting functions, have not been sent out far enough in advance of the meeting and that for this reason, it was hoped that the program could be finalized no later than June. Possible themes for the meeting as well as discussion group topics and speakers were discussed. It was agreed that the focus of the program would concern basic science education.

V. DISCUSSION ITEMS - Executive Council

A. Student Financial Assistance

Robert Boerner, Director of the AAMC Division of Student Programs, was present to provide background information on a position paper which had been drafted by the Financial Aid Committee of the Group on Student Affairs. He explained that the paper individually reviews and makes recommendations regarding all financial aid programs for medical students. Mr. Boerner briefly summarized the function of each program and the recommendations made in the position paper.

The Board's discussion of the paper focused on two concerns: 1) An editorial suggestion had been made the previous day by the OSR Administrative Board regarding the wording of the section on the Armed Forces Scholarship Program. The students agreed that the continuation of the program should be supported but felt that some emphasis should be placed on the importance of students being "well-informed" about the program before applying for the financial aid. 2) The paper recommended that the National Health Service Corps be phased out and it was the sense of the Board that it would be imprudent in these troubled economic times when other programs are being cut to give up any source of funding. Mr. Boerner reported that in AAMC testimony on the House health manpower bill, it had been suggested that the NHSC be maintained and complimented by the addition of modest funding for loan forgiveness and the Board found this suggestion appealing. The Board agreed that they could support the paper as an official AAMC position if the two changes mentioned above are incorporated.

B. Legislative and Budget Matters

The Board had a follow-up discussion on the special Public Affairs Representative Meeting which had been held on March 25, 1981 to discuss the Reagan Administration Budget proposals for FY1981 and FY1982. It was agreed that the meeting had effectively galvanized the CAS societies to actively oppose the rescissions and budget cuts through personal contacts,

telephone calls and correspondence. Dr. Cooper reported that the Council of Deans meeting would be held the following weekend and that a strategy for the Deans to oppose the cuts would be determined.

Dr. Thomas Kennedy, Director of the AAMC Department of Planning and Policy Development, was present to brief the Board on other legislative activities. Information about the House Health Manpower bill was distributed and Dr. Kennedy described it as very much like the manpower bill passed last year by the House. He stated that the Senate bill had just been introduced the previous evening and that information about it would be forthcoming. Dr. Kennedy also reported on the House Omnibus bill which reauthorizes the National Research Service Awards, medical library assistance, and the National Centers for Health Services Research, Health Statistics, and Health Care Technology. Of particular interest, he pointed out that the proposed authorization ceiling for National Research Service Awards was extremely low--more than \$50 million below the currently appropriated level--and that this could present real problems for the biomedical research training community since it is anticipated that numbers of trainees and institutional allowances would have to be cut. The Senate companion bill was expected to be introduced shortly.

C. Due Process for Students and Residents

At its January meeting, the CAS Board discussed the issue of due process for students and residents, specifically focusing on several court cases in which hospitals and residency program directors have been perceived as not having adequate standards for the promotion or dismissal of residents. At the subsequent Executive Council meeting, it was agreed that the Association should not make any efforts to develop due process guidelines but should at least attempt to remind constituents of their responsibilities, as well as their rights, in such cases. A draft Assembly memorandum on this issue was reviewed by the Board and approved as submitted.

D. National Health Planning Program

At its January meeting, the Board had discussed the National Health Planning Program and the issue of what position the AAMC should take regarding the continuation or repeal of the program. The Board had adopted a statement of seven areas of concern about the program and agreed to postpone the formulation of a more detailed position until the American Hospital Association had completed its in-depth reassessment of the project. However, Mr. Butler reported that since that time the AHA had moved rapidly to develop three basic principles on the issue: 1) that the program should be repealed as it was not considered to be effective, 2) that the development and maintenance of health planning programs is a states rights issue, but that states should be encouraged to do so, and 3) that certification of need laws should not be federally mandated but considered on the state level.

The Board agreed with the AHA principles but felt that an AAMC position on the issue should place more emphasis on support for the concept of health planning than on opposition to the federal program. Mr. Butler

stated that the COTH Administrative Board would be meeting with a representative from the AHA in hopes of crystallizing the Board's position and the CAS Board agreed to defer to their judgment on this issue.

E. Possible AAMC Activities in Geriatric Medicine

Dr. Swanson reported that the Association had been considering the possibility of becoming more active and involved in the often controversial issues surrounding the field of geriatric medicine. He reported that the Association was currently working with the Administration on Aging regarding the management of long term care gerontology centers and was considering further expansion of this type of activity. The Board agreed that the medical care of the aged is a topic of concern to the entire Association constituency and suggested that it might be the focus of the 1982 annual meeting. It was pointed out that such a program should not merely focus on issues of relevance to the medical community but also on the inability of the general public to deal with the problems of the aged and the rapid expansion of that segment of the population.

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. 20036
Attn: Ms. Lynn Gumm

NAME OF SOCIETY: AMERICAN ACADEMY OF PHYSICAL MEDICINE & REHABILITATION

MAILING ADDRESS: 30 N. Michigan Avenue, Suite 922
Chicago, IL 60602

Phone: 312-236-9512

PURPOSE: See attached AAPM&R brochure.

MEMBERSHIP CRITERIA: ACTIVE (Fellow) -- physicians who successfully complete the requirements of the American Board of Physical Medicine & Rehabilitation for certification.

ASSOCIATE Member -- physicians who have passed the first part of the Board's two-part examination.

NUMBER OF MEMBERS: 1,327

NUMBER OF FACULTY MEMBERS: Approximately 50% of members hold full time or clinical faculty appointments.

DATE ORGANIZED: October, 1938

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

11/15/79 amended

1. Constitution & Bylaws

10/19-24/80

2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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

XX YES NO

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

509(a)

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

XX 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.


Creston C. Herold, Executive Director
(Completed by - please sign)

January 5, 1981

(Date)

WAKE FOREST UNIVERSITY

BOWMAN GRAY SCHOOL OF MEDICINE



300 South Hawthorne Road • Winston-Salem, North Carolina 27103

Department of Medicine

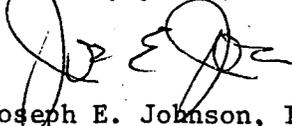
May 12, 1981

Lynn Gumm
Council of Academic Societies
Association of American Medical Colleges
Suite 200, One Dupont Circle, N.W.
Washington, DC 20036

Dear Lynn:

I have reviewed the application of the American Academy of Physical Medicine and Rehabilitation for membership on the Council of Academic Societies and believe that they qualify for membership. As you know, Dr. Wilson also concurs in this.

Sincerely yours,


Joseph E. Johnson, III, M.D.
Professor and Chairman

JEJ:ds

cc: Frank C. Wilson, M.D.

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: Child Neurology Society

MAILING ADDRESS: Box 486, 420 Delaware Street SE
Minneapolis, MN 55455

PURPOSE:

1. To establish a detailed scientific forum for child neurology.
2. To provide an outlet for expression of professional opinions for the benefit and advancement of child neurology.
3. To define the area of pediatric neurological practice and to promulgate the recognition of this scope of practice amongst the profession and in medical schools.
4. To promote interest amongst students of medicine to enter child neurology.
5. To create through its organization a group devoted to fostering the general welfare of child neurology, and the general welfare of children with neurological disorders.

MEMBERSHIP CRITERIA:

There are 4 classes of members. Please refer to the attached By-laws.

NUMBER OF MEMBERS: 459 Active members; 103 Junior members

NUMBER OF FACULTY MEMBERS: N/A

DATE ORGANIZED: 10/5/72

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

1973

(1/1/81-all amendments)

_____ 1. Constitution & Bylaws

10/2/80 _____ 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)



Office of the Vice Chancellor for Medical Affairs

April 7, 1981

Ms. Lynn Gumm
Association of American Medical Colleges
Suite 200
One Dupont Circle, N. W.
Washington, D. C. 20036

Dear Lynn:

I have reviewed the application from the Child Neurology Society for membership in the CAS. This Society, with 459 active members and 103 junior members, most of whom have significant academic interests, meets all the qualifications for membership in the CAS. I recommend this Society for such membership.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Gumm'.

Virginia V. Weldon, M.D.
Assistant to the Vice Chancellor

VVW:dlk

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CAS NOMINATIONS PROCESS

When the CAS Nominating Committee held its conference call in May, one of the members raised two questions that should be discussed by the Administrative Board:

1. How is the pool of nominees determined?

This question was particularly directed at the inclusion of Public Affairs Representatives on the list of potential nominees. The CAS Rules and Regulations are silent on the question of who is eligible to be nominated and elected as officers of the Council (see Sections III and IV). There are two classes of members of CAS: academic societies as defined in Section I #1 and members-at-large as defined in Section I #2. No members-at-large have been elected to date.

Although the convention has developed that officers and board members are nominated from among CAS society representatives the rules and regulations could be interpreted to permit the nomination of individuals who meet the qualifications set forth in Section I #2 as well. An even broader interpretation would suggest that anyone can be nominated. The goal of the nominating committee should be to select individuals who are familiar with the purposes, policies, and positions of the Council and the AAMC and have the talents needed to advance the programs and positions of the CAS/AAMC at the national level. Election of officers should not be based on criteria such as constancy of attendance at meetings or as a reward for lengthy service.

The Board should review the Rules and Regulations and current operating policies and decide whether amendments or modification of policy are necessary.

2. Should basic and clinical science representatives be determined by the societies they represent or by the degrees they hold?

Although the Rules and Regulations direct that the CAS representatives to the Executive Council be chosen to present a balanced representation between societies primarily concerned with preclinical disciplines and societies primarily concerned with clinical disciplines (Section III #3), they are silent as regards distribution on the Administrative Board.

By convention, the selection policies have provided for an even distribution between preclinical and clinical disciplines. Since the Rules and Regulations explicitly state that CAS Executive Council representatives be chosen to provide a balanced representation from preclinical and clinical societies, it would appear that the society and not the degree held should determine the classification of officers and board members.

MINUTES
NOMINATING COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES

May 19, 1981

PRESENT: Committee Members

Staff

Daniel X. Freedman, M.D.
Chairman, Presiding
Robert M. Berne, M.D.
F. Marian Bishop, Ph.D.
David M. Brown, M.D.
David H. Solomon, M.D.
Warren Stamp, M.D.
Frank C. Wilson, M.D.

Lynn Gumm

The CAS Nominating Committee met by conference call on May 19, 1981 to select the slate of nominees to be presented at the fall CAS Business Meeting. Prior to the conference call, background materials had been circulated for review by the members.

As a result of the customary rotation of Board members, one clinical and two basic science positions will become vacant and the Chairman-Elect position is to be filled by a clinical scientist.

Potential nominees were chosen from among the official Representatives and Public Affairs Representatives of the 71 member societies. They were nominated on the basis of their stature as well as past experience in CAS/AAMC activities. In addition, the Committee strived to maintain a broad representation of disciplines on the Board.

For Chairman-Elect of CAS, the Committee nominated Frank C. Wilson of the University of North Carolina. (After he was nominated, Dr. Wilson asked to be excused from the call. He was off the call during discussion of nominees for Chairman-Elect but returned on the line for discussion of nominees to the remaining Board vacancies.) Dr. Wilson is a CAS representative from the American Academy of Orthopaedic Surgeons and has served on the Administrative Board since 1977.

If Dr. Wilson's nomination is approved by the Council at its business meeting in November, his position as a Board Member will become vacant and the Committee therefore had to nominate a clinical scientist to complete the one year remaining in Dr. Wilson's term.

For each vacancy to be filled, one individual was designated with one alternate in the event that they are needed. The slate developed and the alternates considered are as follows:

CHAIRMAN-ELECT

Frank C. Wilson, M.D., American Academy of Orthopaedic Surgeons,
Chapel Hill, North Carolina

Alternate: Virginia V. Weldon, Society for Pediatric Research and Endocrine Society, St. Louis, Missouri

BASIC SCIENCES

David H. Cohen, Ph.D., Society for Neuroscience, Stony Brook, New York

Alternate: Harold S. Ginsberg, M.D., Association of Medical School Microbiology Chairmen, New York, New York

Douglas Kelly, Ph.D., Association of Anatomy Chairmen, Los Angeles, California

Alternate: John E. Pauly, Ph.D., American Association of Anatomists, Little Rock, Arkansas

CLINICAL SCIENCES

To complete the term of Dr. Wilson:

T. R. Johns, M.D., American Academy of Neurology, Charlottesville, Virginia

Alternate: Peyton E. Weary, M.D., Association of Professors of Dermatology, Charlottesville, Virginia

For three year term:

Bernadine Bulkley, M.D., American Federation for Clinical Research, Baltimore, Maryland

Alternate: David B. Skinner, M.D., Society of Surgical Chairmen, Chicago, Illinois

Before the nominations can be made final, the willingness of the potential nominees to serve must be determined. It is also important to ensure that the academic society involved will agree that, for the duration of the individual's term of office on the CAS Board, he or she will continue to serve as an official representative of the society.

As its final order of business, the CAS Nominating Committee recommended that Dr. Stuart Bondurant, Immediate Past-Chairman of the Council of Deans, be nominated for Chairman-Elect of the AAMC Assembly. Dr. Steven Beering, current Chairman of COD, was nominated as an alternate.