



**association of american
medical colleges**

MEETING SCHEDULE
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 8, 1982

5:00 p.m.	Joint CAS/COH/OSR Administrative Boards Meeting (see Pg. 1 of Executive Council Agenda)	Map Room
7:00 p.m.	Joint Reception and Dinner	Conservatory

September 9, 1982

9:00 a.m.	CAS Administrative Board Meeting	Grant Room
12:30 p.m.	Joint Administrative Boards Luncheon	Map Room
1:30 p.m.	Adjournment	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

I. Report of the Chairman

II. ACTION ITEMS

- A. Approval of the Minutes of June 23-24 1
CAS Administrative Board

- B. Membership Applications: 9
 - 1. American College of Legal Medicine
 - 2. American College of Neuropsychopharmacology
 - 3. American Institute of Ultrasound in Medicine

- C. Executive Council Action Items with Particular
Emphasis On:
 - I. AHA's Proposed Medicare Prospective 32
Payment System

 - J. Statement on Status of Minority Students 55
in Medical Education

III. DISCUSSION ITEMS

- A. Evaluation of Students in Clinical Clerkships 17

- B. Fall Meeting Plans

- C. Interim Meeting Plans

- D. Executive Council Discussion Items

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 23-24, 1982

Washington Hilton Hotel
Washington, D. C.

PRESENT:	<u>Board Members:</u>	<u>Staff:</u>
	David M. Brown Chairman (Presiding)	Janet Bickel *
	Bernadine H. Bulkley	Joan Bloom
	David H. Cohen	John A. D. Cooper *
	Daniel X. Freedman	James Erdmann
	William F. Ganong	Charles Fentress *
	Robert L. Hill	Thomas Kennedy *
	T. R. Johns	Mary Littlemeyer
	Joseph E. Johnson	Nina Matheson *
	Douglas Kelly	Lynn Morrison
	John B. Lynch	Seymour Perry
	Virginia V. Weldon	Anne Scanley *
	Frank C. Wilson	John Sherman *
		August Swanson
		Xenia Tonesk *
ABSENT:	Lowell M. Greenbaum	Kat Turner *

Guests: John Adams *
B.J. Culliton *
John Jennings *
Julius Krevans *
Donald Langsley
Thomas K. Oliver *

The CAS Administrative Board Business Meeting convened on June 23 at 5:00 p.m. At 6:30 p.m., the Board was joined by Barbara J. Culliton, News Editor, SCIENCE magazine, who discussed university/industry research partnerships. At 7:30 p.m. the session was adjourned for a social hour, followed by dinner at 8:30 p.m. The meeting reconvened at 9:00 a.m. on June 24. 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

ACTION ITEMS

I. Approval of Minutes

The minutes of the April 12-13, 1982 CAS Administrative Board Meeting were approved as submitted.

II. ACTION ITEMS - CAS BOARD

A. Membership Applications

1. American College of Legal Medicine - Dr. Brown reported that following the April board meeting, he had obtained and reviewed a copy of the JOURNAL OF LEGAL MEDICINE which is published by this organization. Dr. Brown stated that the journal as well as the meeting programs of this group seem to focus on medical practice issues rather than medical education and he questioned whether or not the organization's orientation was consistent with that of the CAS.
2. American Institute of Ultrasound in Medicine - Drs. Ganong and Johns had reviewed this organization's application for membership in CAS. Dr. Ganong reported that ultrasound technicians represented a significant percentage of the AIUM membership. Dr. Johns pointed out that similar to the American College of Legal Medicine, this organization seemed predominantly focused on practice issues.

The Board briefly discussed the two applications and seemed disinclined toward approving them for CAS membership for the reasons stated above. However, the Board agreed to defer action on the applications until the September meeting when time would allow for a more thorough discussion.

B. Nomination of Distinguished Service Members

The Board reviewed the criteria (established at the June, 1980 CAS Board meeting) for nomination of CAS Representatives to the category of distinguished service membership in AAMC: chairmanship of CAS or chairmanship of AAMC representing CAS; two consecutive terms on the CAS Board; or particularly distinguished service on AAMC task forces or committees. It was pointed out that the AAMC bylaws were amended at the 1981 Annual Meeting such that current representatives to AAMC councils are eligible for nomination to distinguished service membership. Accordingly, the Board reconsidered several individuals whose nominations had been precluded by the previous AAMC bylaws.

ACTION: The CAS Board nominated the following individuals for distinguished service membership:

Robert M. Berne	CAS Chairman, 1977-78
A. Jay Bollet	CAS Chairman, 1976-77
Carmine D. Clemente	CAS Chairman, 1979-80
Jack W. Cole	CAS Chairman, 1974-75
Robert G. Petersdorf	CAS Chairman, 1972-73
	AAMC Chairman, 1977-78

C. Nomination of Executive Council Representative

ACTION: The CAS Board nominated Dr. Joseph E. Johnson, III to serve a three-year term on the AAMC Executive Council representing CAS.

III. ACTION ITEMS - EXECUTIVE COUNCIL

A. Report of the ad hoc Committee on the Maintenance of High Ethical Standards in the Conduct of Research

Dr. Julius R. Krevans, dean of the UC-San Francisco School of Medicine, discussed the final report of the ad hoc Committee which he chaired. He explained that the committee had been appointed by the Executive Council in January, 1982 because of concern that the integrity of the research enterprise had been called into question as a result of several instances of misconduct by biomedical investigators. The Committee's report suggests steps which institutions and their faculties might take to prevent research fraud and also includes a prototype of procedures for dealing with alleged misconduct. Dr. Krevans pointed out that the report represents a compromise on the issue of research fraud in that it encourages institutions to deal with such incidents fairly and openly without advocating a "whistle-blowing" mentality.

The Board agreed that the Committee should be commended for its efforts to address a difficult topic. The report was thoroughly discussed with particular attention to the procedures for dealing with alleged fraud and the inherent risks to the reputation of a scientist under investigation. Several editorial changes were suggested which Dr. Krevans agreed should be incorporated into the report.

Dr. Krevans recommended that the report should be adopted as an official AAMC position statement and distributed widely to the membership, research journals, and the lay press.

ACTION: The CAS Administrative Board endorsed the report of the ad hoc Committee on the Maintenance of High Ethical Standards in the Conduct of Research.

B. ACGME Essentials

At its May, 1982 meeting, the Accreditation Council for Graduate Medical Education had approved four consensus statements regarding eligibility for graduate medical education (addendum 1). Approval of these statements entails revision of the ACGME General Essentials. Action taken at the May meeting also included tentative approval of the development of an ECFMG written examination to assess the clinical skills of foreign medical graduates and the establishment of an ACGME task force to investigate methods of evaluating clinical skills through direct observation.

ACTION: The CAS Board recommended that the Executive Council endorse these ACGME actions.

C. ACCME Essentials

At its September, 1981 meeting, the Executive Council had approved the revised Essentials of the Accreditation Council for Continuing Medical Education (ACCME). Since that time, the AMA had recommended several additional changes which were subject to the approval of all ACCME member organizations. The Board reviewed the newest version of the document.

ACTION: The CAS Board recommended that the Executive Council approve the revised version of the ACCME Essentials to incorporate changes recommended by the AMA.

D. Management of Academic Information

Under contract with the National Library of Medicine, the AAMC had recently completed a study entitled, Academic Information in the Academic Health Sciences Center: Roles for the Library in Information Management. The Board reviewed the final report and Nina Matheson, M.L., who had served as principal investigator of the study, discussed its major recommendations: 1) that institutions begin to equip their libraries with more technologically sophisticated systems for the management of information; 2) that professional associations assist institutions in the development of liaisons which will facilitate access to greater quantities of information; and 3) that industry and the private sector recognize the unique nature of the academic medical center and the importance of continual efforts to improve systems for the management of information.

ACTION: The CAS Administrative Board endorsed the recommendations of the report.

IV. DISCUSSION ITEMS - CAS BOARD

A. Discussion with Representatives of the Pharmaceutical Manufacturers Association

Representatives of the Pharmaceutical Manufacturers Association had been invited to join the CAS Board for an informal discussion of topics of mutual

interest. Dr. John Jennings, vice president for science and technology at PMA, provided background information on the organization which is comprised of 150 companies which manufacture prescription drugs, medical devices, and diagnostic products. Dr. Jennings explained that the primary objectives of the PMA are to encourage high standards of quality for products for the cure, treatment, prevention or diagnosis of disease as well as to encourage research toward the development of new and improved products. The PMA also monitors and disseminates information about public affairs activities of interest to its members.

Dr. John Adams, PMA vice president for science and professional relations, reported on the PMA Commission on Drugs for Rare Diseases. Through surveys of the PMA membership, the Commission identifies "orphan drugs" and subsequently attempts to identify member companies which may be interested in developing and marketing the drugs.

Several CAS Board Members suggested that the PMA should play an active role in supporting stabilized federal funding for basic biomedical research-- particularly given the obvious benefits which PMA members and other industrial concerns derive from basic research discoveries. It was also suggested that the PMA could be instrumental in demonstrating to Congress and the Administration that industry cannot be relied upon to contribute sufficient funding for basic research to offset federal retrenchment in this area. Drs. Adams and Jennings concurred that industry cannot possibly be expected to supplement federal support for basic research to such an extent. Dr. Jennings requested that the AAMC propose a specific strategy whereby the PMA might address these issues in an effective manner.

B. CAS Fall Meeting Plans

At its April meeting, the Board had agreed that a joint CAS/OSR session should be planned for the annual meeting. Dr. Swanson reported that the meeting had been organized as a discussion of the AAMC General Professional Education of the Physician Project (GPEP). The chairmen of the three GPEP working groups will address a CAS/OSR plenary session regarding the topics to be considered by their respective groups: essential knowledge; fundamental skills; and, personal qualities, values and attitudes. Following these presentations, small groups of students and CAS representatives will informally discuss these topics. A CAS/OSR cocktail reception will conclude the day's activities.

Dr. Swanson also reported that Dr. Stanley J. Reiser, professor of humanities and technology in medicine at the University of Texas at Houston, had agreed to address the CAS regarding "The Enigmatic Future and Tumultuous Past of Medical Education."

C. Faculty Involvement in the Issue of Nuclear Warfare

Several medical organizations, including the AMA and the American College of Physicians, had recently taken positions regarding the medical consequences of nuclear war and radiation accidents. Dr. Brown raised the question of whether the CAS Board might wish to recommend the development of an AAMC position on the subject. Several Board Members expressed the opinion that attempts by the academic community to address such a politically sensitive issue might be misconstrued. It was agreed that no formal AAMC position should be advocated but that faculty efforts to sensitize students and housestaff to the consequences of nuclear war or radiation accidents should be encouraged.

V. DISCUSSION ITEMS - EXECUTIVE COUNCIL

A. Legislative Update

Dr. Thomas Kennedy of the AAMC staff was present to brief the Board on the status of several issues:

- **Small Business Set-Aside Legislation:** Dr. Kennedy reported that the House bill had recently passed by an overwhelming margin. Amendments offered by Congressmen Henry Waxman and George O'Brien to exempt the programs of NIH and ADAMHA had not been adopted. A conference of the bill with its Senate counterpart was not expected to be controversial given the close similarity between the two bills. Dr. Kennedy also stated that a Presidential veto was extremely unlikely.
- **NIH Renewal Legislation:** Senate and House bills to reauthorize the National Cancer Institute; the National Heart, Lung and Blood Institute; the National Library of Medicine; and the National Research Service Award program were pending floor action. As might be expected, the authorization ceilings of the House bill exceed those proposed in the Senate version. Of particular concern, Dr. Kennedy also noted a provision of the House bill which would establish a separate institute for the study of arthritis and musculoskeletal diseases.
- **The Federal Budget:** The first concurrent budget resolution had been passed by both Houses. Dr. Kennedy stated that the appropriations committees would be deliberating over the summer regarding the precise allocation of funds, attempting to remain within the targets set by the first resolution. The Appropriations Committees would also be considering the controversial Reagan Administration proposal to reduce indirect cost reimbursement by 10%. Substantial reductions were expected for the Medicare and Medicaid programs and the Guaranteed Student Loan program. Discretionary health programs, including the NIH, were frozen at the FY1982 level with an additional \$100 million increase for FY 1983.

- Animal Research Legislation: Dr. Kennedy reported that the House Subcommittee on Science, Research and Technology was continuing its deliberations regarding legislation to limit the use of animals in experimentation. He stated that the current version of the bill was considerably less onerous than the original draft which would have mandated set-asides for the development of non-animal test methods. Similar legislation had not been introduced in the Senate and there were no indications that such a bill was being developed.

B. Town Gown Issues

Dr. Swanson presented data regarding shifts in sources of financial support for medical schools. In 1960, faculty practice generated 17% of revenues for general operations. By 1979, this figure had risen to 40%. The Board discussed some of the potential implications of this trend for the town gown relationship: increased competition for patients as well as access to hospital-based services; pressure for medical staff appointments; and strains on relationships with local medical societies. It was pointed out that these problems will also be exacerbated by the increasing supply of physicians. After a brief discussion of these issues, the Board agreed that this topic should be more thoroughly considered at a future meeting--perhaps in a joint session with the COTH Administrative Board.

C. Graduate Medical Education Positions

Dr. Swanson presented data from the 1982 National Resident Matching Program which indicate a narrowing of the ratio between the number of residency positions available and the number of graduates of U.S. medical schools. In 1982, the ratio was 1.12, as compared with 1.2 in 1978. Factors which have contributed to this trend include increases in the number of U.S. and foreign graduates as well as the concomitant reduction of residency positions resulting from institutional budgetary constraints, more rigorous application of the accreditation process by residency review committees, and the voluntary contraction of programs in certain specialties in light of predicted manpower surpluses.

Several issues surrounding this trend were discussed: increased competition for R1 positions due to the influx of USFMGs; the extension of programs to include positions at affiliated community-based hospitals; the implications for specialty distribution and manpower trends; and overriding concern for the need to assure GME opportunities for U.S. graduates while maintaining the academic quality of training programs. It was agreed that these and other issues should be discussed at a joint CAS/COth meeting in September.

The meeting adjourned at 12:30 p.m.

REVISED ACGME GENERAL ESSENTIALS

1. "Graduates of Liaison Committee on Medical Education and Bureau of Professional Education of the American Osteopathic Association accredited programs may enter graduate medical education in ACGME accredited programs, subject to the requirements or restrictions of the particular specialty program, without fulfilling any additional requirements.
2. "All graduates of programs not accredited by the LCME or the Bureau of Professional Education and all fifth pathway students must pass an ACGME approved English language skills examination before entering clinical graduate medical education. It should be designed according to the best available techniques and include written and oral components. The oral component should be designed to evaluate the candidates' ability to express themselves in English and to comprehend English.
3. "After passing the English language skills examination, all graduates and trainees referred to in [the second] consensus above shall be required to pass a written examination designed to evaluate their cognitive skills before entering a program of clinical graduate medical education. Passing scores on this examination shall be equivalent to those expected of graduates of LCME accredited programs.
4. "At the present, the most satisfactory example of such an examination is the VQE. It is acceptable as presently practiced. Other examinations may be developed or modified and also be judged to be satisfactory. The acceptability of the VQE or other examination will be subject to periodic review by the ACGME for approval concerning its acceptability as a criterion for entry into graduate medical education."

ELECTION OF CAS MEMBERS

The following academic societies have applied for CAS membership and will be considered by the CAS Administrative Board on September 9:

American College of Legal Medicine

American College of Neuropsychopharmacology

American Institute of Ultrasound in Medicine

It should be noted that two of these societies, the American College of Legal Medicine and the American Institute of Ultrasound in Medicine, have been considered for CAS membership at two prior meetings of the Board with deferrals resulting both times. A decision on these applications must be made at this meeting so that, if approved, they may be considered by the AAMC Assembly at the Annual Meeting.

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 Morrison

NAME OF SOCIETY: American College of Legal Medicine

MAILING ADDRESS: 213 West Institute Place
Suite 412
Chicago, Illinois 60610

PURPOSE: The purpose of the College is to encourage specialization in this field and to elevate standards of the specialty of legal medicine by fostering and encouraging research and study in the field and to elevate standards of postgraduate education for qualification as a specialist in this area.

MEMBERSHIP CRITERIA: See pages 4-8 of enclosed Articles of Incorporation and Bylaws.

NUMBER OF MEMBERS: 648

NUMBER OF FACULTY MEMBERS: 3

DATE ORGANIZED: September 23, 1960

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

Revised May 12, 1977 1. Constitution & Bylaws

May 13-16, 1981 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?

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.

(Enclosed)

Betty Hanna
(Completed by - please sign)

12/30/81

(Date)

*Enclosed - Overall Education Mission Statement of The American College of Legal Medicine.

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 Morrison

NAME OF SOCIETY: American College of Neuropsychopharmacology

MAILING ADDRESS: 134 Wesley Hall
Vanderbilt University
Nashville, TN 37240

PURPOSE: The ACNP was formed in response to need for organization to contain the multiple scientific disciplines attracted to field of neuropsychopharmacology. The objectives are: offer investigators an opportunity to communicate by means of scientific meetings which are held annually; promote scientific study of the effects of drugs on the brain and behavior; promote teaching of principles in this area; and to provide a forum where governmental, academic and pharmaceutical representatives can discuss matters of common concern.

MEMBERSHIP CRITERIA: Membership is limited to highly qualified scientists committed to field of neuropsychopharmacology; applicants are reviewed by Credentials committee for entry.

NUMBER OF MEMBERS: 310 voting members

NUMBER OF FACULTY MEMBERS: ~~not applicable~~ 806

DATE ORGANIZED: 1961

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

- 1981 1. Constitution & Bylaws
- Min.-Dec. 1980 Prog. 1981 2. Program & Minutes of Annual Meeting
(Dec. 81 minutes not approved at this date)

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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 X YES NO

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 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.

Terry Bates Terry Bates
(Completed by - please sign)

 1/11/82
(Date)

MEMORANDUM

August 5, 1982

TO: Dr. David Brown
FROM: Dr. Daniel X. Freedman
SUBJECT: Application of ACNP to CAS.

This is the top organization of collective expertise in CNS active drugs for mental disorders, their basic pharmacology and clinical pharmacology, and research into biological and psychological processes relevant to drug action. It's had a 20-year history of productive activity and the membership are deeply involved in academic medicine, in teaching and research resources relevant to psychopharmacological and neuropharmacological issues.

I recommend their admission.

DXF/jfp
cc: Ms. Lynn Morrison

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 Morrison

NAME OF SOCIETY: American Institute of Ultrasound in Medicine

MAILING ADDRESS: 4405 East-West Highway, Suite 504, Bethesda, Maryland 20814

PURPOSE: The AIUM was founded to advance the art and science of ultrasonics in medicine and research. Its activities are educational, literary and scientific. The full potential of this biomedical tool can be achieved only by coordinating the efforts of researcher clinicians, sonographers and engineers. The AIUM is designed to create a multi-disciplinary scientific approach to the diagnostic uses of sonic energy. The AIUM holds annual national meetings which include educational and scientific sessions, and commercial and scientific exhibits. Meetings generally open with an educational session covering current diagnostic techniques, held in conjunction with the Society of Diagnostic Medical Sonographers. Scientific Sessions consist of the presentation of papers concerned with the medical applications of ultrasound and the interaction of ultrasound with tissue. Workshops are available following presentation of scientific papers. AMA Continuing Medical Education Category I credits are on an hour for hour basis.

MEMBERSHIP CRITERIA: General Members should have an academic degree in science or medicine or related fields and one active year of experience in ultrasound - or - equivalent outstanding experience of two years in the field of ultrasound or any closely related field of medicine, biology, physics, or engineering. Senior Members must demonstrate excellence in various areas such as teaching, research, clinical patient care, etc.

NUMBER OF MEMBERS: 5,000

NUMBER OF FACULTY MEMBERS: Not applicable

DATE ORGANIZED: 1955

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

August, 1981 1. Constitution & Bylaws

August, 1981 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?

 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.

Attached

Ferne Carpusis
(Completed by - please sign)

Ferne Carpusis, Administrative Assistant

December 23, 1981
(Date)

EVALUATION OF STUDENTS IN CLINICAL CLERKSHIPS

In 1978 the Association's Division of Educational Measurement and Research began a study on the evaluation of students by faculty in clinical clerkships. Xenia Tonesk, Ph.D., is the principal investigator for the project.

All of the departments of internal medicine, pediatrics, family practice, surgery, obstetrics/gynecology, and psychiatry in the Association's constituency were asked to identify the person responsible for coordinating the evaluation of the performance of third year clerks; over 500 names were submitted. These individuals were asked to submit the forms and/or other instruments used in their department to evaluate students and to also describe their concerns about problems with evaluation of performance in clinical settings. Based upon information derived from analyzing these responses, extensive on-site discussions were held with the coordinators and other faculty in 15 institutions. The observations and conclusions regarding problems in evaluation in clinical settings and potential solutions will be discussed briefly by Dr. Tonesk.

It is proposed that she present her findings to the Council of Academic Societies at the business meeting in November.

PRESENTATION REGARDING UNIVERSITY/INDUSTRY RELATIONSHIPS

Barbara J. Culliton, News Editor of Science, has been a close observer of recent industrial investments in academic science. These agreements raise important ethical concerns for biomedical and behavioral research in this country as well as legal issues, particularly those related to patents and commingling of private and public funds. Ms. Culliton has addressed many of these questions in the articles she has written for Science in the last few months.

DISCUSSIONS WITH REPRESENTATIVES OF THE
PHARMACEUTICAL MANUFACTURERS ASSOCIATION

Discussions have recently been initiated between representatives of the Pharmaceutical Manufacturers Association (PMA) and the AAMC about issues in medical research of mutual interest. These include such topics as maintaining adequate funding for medical research (particularly basic research), training support, and evolving academic-industry joint ventures.

At the Thursday morning CAS Board session, these and other issues will be discussed with two PMA representatives: Dr. John Jennings, Vice President for Science and Technology and Dr. John Adams, Vice President, Scientific and Professional Relations.

Information about the PMA appears on the following pages.

PMA STAFF

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202-463-2020

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Mary Beth Aring
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202-463-2060

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202-463-2110

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SCIENCE AND TECHNOLOGY

202-463-2040

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FOUNDATION

202-296-2427

Thomas E. Hanrahan
Patricia A. Ramford

President
Secretary

PHARMACEUTICAL MANUFACTURERS ASSOCIATION

representing companies that have discovered many and developed the great majority of today's medicines, diagnostic reagents and medical devices.

WHY?

PMA has five principal objectives:

1. To encourage consistently high standards of potency, quality and purity for products for the cure, mitigation, treatment, prevention or diagnosis of disease.
2. To encourage research toward development of new and better products, better facilities and methods for the evaluation of them and safe, efficient methods for their manufacture, packaging and distribution.
3. To engage in and foster research into the socioeconomics and organization of health care in the U.S. and abroad in order to facilitate the establishment and maintenance of the most efficient, high quality standards of production and service.
4. To interpret, prepare and disseminate information, to and on behalf of the industry, on governmental regulations, legislation and policies and other subjects pertinent to the industry.
5. To work with other professional associations or groups in the health field, with allied industries and with governmental authorities for the advancement of medical science and the development of optimal health care standards and delivery.

conditions, materials handling and aseptic procedures. PMA carries out other professional functions. Included among these are its informational, educational and liaison activities involving governmental bodies, its own members and nonprofessional public and private groups. Examples are found in PMA's regular and periodic publications, statements to legislative committees and responses to individual inquiries from any source.

While PMA is alert to advances in drug and medical device therapy generally, it does not in any way concern itself with the specific products, prices, distribution, promotion or sales policies of its individual members. It does not maintain or supply information on such matters.

WHO?

The Pharmaceutical Manufacturers Association is a nonprofit scientific and professional organization. Its active membership is composed of firms that discover, develop and produce prescription drugs, medical devices and diagnostic products. Companies must be significantly engaged in research for the advancement of medical science to qualify for membership. Present membership, which is voluntary, accounts for most human-use pharmaceutical sales in the U.S. and about half the free world's supply as well as a substantial portion of devices and diagnostics.

HOW?

PMA's activities are conducted by its membership Sections and by its permanent staff. The Association is governed by a Board of Directors of 33 members, one third of whom are elected each year at an annual meeting of the PMA membership. There cannot be more than one Board member from any one firm. Principal financial support is derived from dues based on the annual sales volume of member firms.

There are 12 Sections:

- (1) Biological, (2) Financial, (3) International, (4) Law, (5) Marketing, (6) Medical, (7) Medical Devices and Diagnostic Products, (8) Personnel, (9) Production and Engineering, (10) Public Relations, (11) Quality Control, and (12) Research and Development. Every PMA member firm may designate representatives to each Section and may have one vote in a Section. Section activities involving expenditures, conflicts with jurisdictions of other Sections, and Association policy matters are subject to the approval of the Association, its directors or its officers.

WHEN?

PMA was founded in 1958. It is the successor to the American Association of Pharmaceutical Chemists, organized in 1907 and renamed the American Pharmaceutical Manufacturers' Association in 1922; and to the National Association of Manufacturers of Medicinal Products, founded in 1912 and called the American Drug Manufacturers Association after 1916.

WHAT?

PMA is often regarded as a scientific or professional society for improvement of the public health and well-being because of its great emphasis on technical matters.

To cite just a few examples, PMA studies drug analyses, clinical evaluation, toxicology, plant maintenance, efficient packaging and production methods, microbiological assays, maintenance of sanitary

WHERE?

PMA headquarters is in the Madison Building in downtown Washington. The address: 1155 Fifteenth Street, N.W., Washington, D.C. 20005. Telephone: 202-463-2000.

1. Biological:

Microbiologists, biochemists, virologists, veterinarians, pharmacologists and other scientists in related fields. Concerned with technical problems involving biological products, including those licensed by the Bureau of Biologics, FDA, and the Agricultural Research Service; product sterility tests, pyrogen standards, biological standards; blood products and derivatives; microbiological and pharmacological assays; biological manufacturing problems of general interest; and liaison with FDA and ARS.

2. Financial:

Financial administrators and their key staff personnel, including treasurers, controllers and fiscal specialists, devoted to the study of domestic and international funding and to accounting and costing methods; federal and state taxation; taxation of foreign business; statistical methods; electronic data processing; operational efficiency; inventory control; and functional relationships of the financial departments with other company divisions.

3. International:

Line executives, lawyers and industrial property rights experts, public relations officers, personnel and technical experts interested in the international operations of PMA member firms. Various committees study a number of specific operational, public relations and technical areas.

4. Law:

Attorneys, administrators and patent specialists and concerned with general legal problems of the Association, its Sections and committees; regulations and procedures of federal, state and municipal agencies; foreign law problems; legal aspects of labeling; patent and trademark problems of general interest; federal and state legislation; and legal aspects of taxation.

5. Marketing:

Marketing and sales executives, and their key personnel including product managers, administrators and technical specialists dedicated to providing patients with quality prescription pharmaceuticals,

medical devices and diagnostic products. Concerns itself with improving ethical promotional and professional communications standards, increasing the efficiency of the distribution system and attaining a better public understanding and acceptance of the industry's marketing efforts and their social benefits.

6. Medical:

Physicians, although other representatives of member firms can attend meetings as observers. Devoted to clinical research problems of general interest; medical department administration; relationships of company medical departments with other departments; relationships of the drug industry with professional societies; medical aspects of the evaluation of new drugs; medical manpower and training problems; and specific clinical and pharmacological research projects supported by the Association.

7. Medical Devices and Diagnostic Products:

Line executives, lawyers, regulatory affairs personnel, physicians and other scientific and technical personnel concerned with legislation, regulation, medical, scientific and technical problems involving medical devices and diagnostic products. The Section has various committees studying specific problem areas.

8. Personnel:

Administrators, job analysts, industrial relations and other personnel-related specialists. This Section is concerned with the most effective use of human resources in the industry, employee relations programs, the exchange of information and practices with the academic community and government and solutions to equal opportunity and urban affairs problems.

9. Production and Engineering: Engineers, production managers and plant superintendents. Involved with production, plant engineering, maintenance, packaging, safety and allied problems; relationship of production departments with other company departments; inventory and production control; production manpower problems; materials handling; automation; plant expansion problems; production equipment; and special production techniques.

10. Public Relations:

Communicators and administrators expert in evaluating public and professional attitudes, dealing with the mass communications media, identifying and articulating the common interests of the pharmaceutical industry and the public and creating a more favorable climate for mutual progress and benefit.

11. Quality Control:

Chemists, pharmacists and other scientists concerned with quality assurance, standards and related matters. Devoted to administrative problems related to quality control and to studies of standards, methods of assay, tests, tolerances and related problems. Also maintains contact with the official compendia and with appropriate governmental agencies concerning problems in those areas.

12. Research and Development:

Research administrators, chemists, pharmacists, pharmacologists, biologists, physical chemists and other scientists whose primary interests are in the research field. Concerns itself with other company departments; organic and biological chemistry problems; scientific literature; indexing and retrieval of information; new materials and techniques in pharmaceutical development; and biochemical, toxicological and pharmacological problems connected with the evaluation of new drugs.

The Permanent Staff of the PMA:

The permanent staff at PMA headquarters includes about 90 individuals with professional experience in association and business administration, chemistry, medicine, pharmacology, pharmacy, journalism, advertising, law, research economics and teaching. Under the President are six divisions: Research and Planning, Scientific and Professional Relations, Legal, Public Relations, International and Medical Devices and Diagnostic Products.

CAS FALL MEETING PLANS

After the joint CAS/OSR administrative boards meeting in April, it was agreed that a joint session should be held at the annual meeting to allow CAS and OSR Representatives the opportunity to informally discuss a topic of mutual interest to faculty and students. The tentative schedule for this and other CAS annual meeting sessions has been planned as follows:

Sunday, November 7

- 1:30 pm CAS Plenary Session
"The Enigmatic Future and Tumultuous Past of Medical Education"
Stanley J. Reiser, M.D.
Professor of Humanities and Technology in Medicine
University of Texas Health Science Center at Houston
- 2:30 pm CAS/OSR Plenary Session
"The AAMC General Professional Education of the Physician Project: A Faculty/Student Colloquy"
- 3:15 pm CAS/OSR Small Group Discussion Sessions
Small groups of CAS and OSR Representatives will discuss the foci of the three GPEP working groups:
Essential Knowledge
Fundamental Skills
Personal Qualities, Values, and Attitudes
- 5:00 pm Adjournment
- 6:00 pm CAS/OSR Reception

Monday, November 8

- 1:30 pm CAS Business Meeting
- 5:00 pm Adjournment

Tuesday, November 9

- 7:00 am CAS Presidents' Breakfast
Presidents of CAS societies that meet in conjunction with the annual meeting join the CAS Administrative Board for informal discussion over breakfast

NUCLEAR ARMS

Many individual faculty members have become involved in a campaign to inform the public about what its expectations should be for significant medical assistance in the event of the detonation of nuclear arms in a war. The purpose is to convince the citizens of this country that a survivable nuclear war is not a rational policy option for the United States.

The involvement of faculty as individuals in this effort is a matter of personal decision and commitment. The organized involvement of their institutions, their societies, or the AAMC, has complex ramifications. These ramifications should be discussed by the Board.

MINUTES
NOMINATING COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES

May 4, 1982

PRESENT:

Committee Members

David M. Brown, M.D.
Chairman, Presiding
T. R. Johns, M.D.
John T. Sessions, Jr., M.D.
Franklyn G. Knox, M.D., Ph.D.
Frank C. Wilson, M.D.
Joseph R. Bianchine, M.D.
Robert Yates, Ph.D.

Staff

Lynn Morrison
August Swanson
Joan Bloom

The CAS Nominating Committee met by conference call on May 4, 1982 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, three clinical science positions will become vacant and the Chairman-Elect position is to be filled by a basic scientist.

Potential nominees were chosen from among the official Representatives and Public Affairs Representatives of the 73 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.

The slate developed and the alternates considered are as follows:

CHAIRMAN-ELECT

Robert L. Hill, Ph.D., Association of Medical School Departments of Biochemistry,
Durham, North Carolina

Alternate: William F. Ganong, M.D., Association of Chairmen of Departments
of Physiology, San Francisco, California

BASIC SCIENCES

To complete the term of Dr. Hill:

Lowell M. Greenbaum, Ph.D., Association for Medical School Pharmacology,
Augusta, Georgia

CLINICAL SCIENCES

For three year term:

Joseph E. Johnson, III, M.D., Association of Professors of Medicine,
Winston-Salem, North Carolina

Frank G. Moody, M.D., Society of Surgical Chairmen, Salt Lake City, Utah

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

Alternates: Ernest Jaffe, American Society of Hematology, Bronx, New York

Hartwell Thompson, Association of University Professors of
Neurology, Farmington, Connecticut

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. Robert Heyssel, a Past-Chairman of the Council of Teaching Hospitals, be nominated for Chairman-Elect of the AAMC Assembly. Dr. John Colloton was nominated as an alternate.