

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 22, 1986

6:30 - 9:00 pm

JOINT ADMINISTRATIVE BOARDS RECEPTION AND
DINNER

Washington Hilton Hotel
Georgetown East and West

January 23, 1986

8:00 am - Noon

CAS ADMINISTRATIVE BOARD MEETING

Dupont Room

Noon - 1:00 pm

JOINT ADMINISTRATIVE BOARDS LUNCHEON

Thoroughbred Room

1:00 - 4:30 pm

EXECUTIVE COUNCIL BUSINESS MEETING

Hemisphere Room

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 22-23, 1986

I. ACTION ITEMS

- A. Approval of the Minutes of the September 11-12, 1985 Meeting of the CAS Administrative Board Y1
- B. 1986 Nominating Committee Y7
- C. Membership Application:
 Association for Surgical Education Y16
- D. Request by the American College of Legal Medicine to Reapply for Membership in the CAS Y18
- E. Report of the Steering Committee on the Evaluation of Medical Information Science in Medical Education B24
- F. Malpractice Insurance Legislation B81
- G. LCME Involvement in the Accreditation of Foreign Medical Schools B87
- H. Ad Hoc Committee on Graduate Medical Education B120
- I. Coordinated Medical Student Loan Program B122

II. DISCUSSION ITEM

- A. Incorporation of ACCME B125

III. INFORMATION ITEMS

- A. 1986 Spring Meeting Handout
- B. Report of AAMC Officers' Retreat B127
- C. Committee on Financing Graduate Medical Education B134
- D. Group Progress Reports B137
- E. Legislative Report Handout

Y = Yellow agenda book

B = Blue agenda book

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 11-12, 1985
Shoreham Hotel
Washington, D.C.

PRESENT: Board Members

Virginia V. Weldon, Chairman
Philip C. Anderson
David H. Cohen
William F. Ganong
A. Everette James, Jr.
Joseph E. Johnson, III
Douglas E. Kelly
Jack L. Kostyo
Frank G. Moody

Staff

Christine Burris
John A.D. Cooper*
Paul Elliott*
Thomas J. Kennedy*
Mary H. Littlemeyer*
David Moore
John F. Sherman*
Elizabeth M. Short
August G. Swanson*
Kathleen Turner*

Guests

Richard Janeway*
Donald G. Langsley
Richard S. Wilbur*

- I. The CAS Administrative Board met in joint session with the COD Administrative Board at 6:00 pm, Wednesday, September 11, 1985. The guest speaker was Norman D. Mansfield, director of the Division of Financial Management at the NIH, who discussed the policy implications for the overall NIH budget of a sustained increase in the number of competing research project grants. He outlined four different policy options. The first two options compared the effect of maintaining the number of competing research project at 6,200 in fiscal years 1986 and 1987 versus a return to 5,000 project grants while providing current services for the remaining budget mechanisms. Mansfield estimated that sustaining the number of competing research projects at 6,200 would cost an extra \$400 million and drive the total NIH budget to \$6 billion in fiscal 1987. The other options demonstrated the trade-off between maintaining the increase in competing project grants versus providing current services for the rest of the budget under an overall budget freeze. If the total NIH budget was frozen, the rest of the budget would have to be cut by over \$680 million in fiscal 1987 to keep the competing projects at 6,200. On the other hand, if the remainder of the budget was provided with current services, then NIH would be able to fund only 3,600 competing projects in fiscal 1986 and 3,300 in 1987. Mansfield also noted that increasing the length of grant awards increases the overall commitment base.

* Present for part of the meeting

II. BUSINESS MEETING

A. ACTION ITEMS

1. Approval of Minutes

The minutes of the June 19-20, 1985, meeting of the CAS Administrative Board were approved as submitted.

2. CAS Membership Application

Drs. James and Moody recommended that the Surgical Infection Society be admitted to membership in the CAS.

ACTION: The CAS Administrative Board voted unanimously to approve the application of the Surgical Infection Society for membership in the Council of Academic Societies and to forward this application to the Executive Council.

3. CAS Nominations for Distinguished Service Member

By previous action of the CAS Administrative Board, individuals are eligible for nomination to the category of distinguished service membership if they have served as chairman of the CAS, chairman of the Association representing the CAS, or as a member of the CAS Administrative Board for two consecutive terms.

ACTION: The CAS Administrative Board voted unanimously to nominate Robert L. Hill (CAS Chairman, 1983-84) to the category of distinguished service member in the AAMC.

4. Commentary on the GPEP Report

Douglas Kelly, co-chairman of the COD-CAS Working Group on GPEP, reviewed the final revisions of the group's Commentary on the GPEP Report. He noted that the draft was essentially the same as had been discussed in June, but that some "editorial polishing" had taken place. Mary Littlemeyer, of the AAMC staff, explained the distribution of the commentary. She indicated that multiple copies would be sent to each medical school and academic society, and that 5,000 copies would be available at the Association's annual meeting. Dr. Weldon thanked the CAS members of the working group -- Drs. Kelly, Anderson, Cohen, Kostyo, and Moody.

ACTION: The CAS Administrative Board voted unanimously to recommend that the Executive Council adopt the "Commentary on the GPEP Report" as an Association document.

5. Report of the Committee for the Governance and Management of Institutional Resources

Dr. Short explained that this joint AAMC-AAU committee was organized to assist institutions in responding to problems related to the care and use of animals, particularly outside assaults on laboratories and animal facilities. She noted that these problems

are campus-wide, even though the medical schools are predominantly the major animal users. Some institutions, however, have not emphasized the organizational aspects related to responding to these crisis situations. Dr. Short pointed out that the format for the committee's final report, which was reviewed by the committee in July, is a series of recommendations to the various institutional components, including individual investigators, administrators, animal lab personnel, and public affairs offices. She said that the document, if approved by the three administrative boards, would be referred to the Executive Council. AAU is scheduled to consider the document in mid-October. If both organizations approve the document in time, it would be available at the AAMC Annual Meeting.

ACTION: The CAS Administrative Board voted unanimously to recommend to the Executive Council adoption of the report of the AAMC-AAU Committee for the Governance and Management of Institutional Resources.

6. Research Facilities Construction Legislation

Thomas Kennedy, AAMC director of Planning and Policy Development, reviewed the background of the University Research Facilities Revitalization Act of 1985, H.R. 2823, which was introduced in June by Rep. Don Fuqua (D-FL). Dr. Kennedy noted that there has been increased interest in this issue, energized by the recent scientific pork barreling, which has produced over \$100 million for 15 institutions. This legislation is in response to a sense that the practice of institutions going directly to Congress for funding might get out of hand, and also a belief that the research infrastructure at the universities is beginning to collapse. Dr. Kennedy also said that some individuals believe the infrastructure problem is so severe that it should be supported even it means a reduction in the funds for ongoing research.

Dr. Kennedy noted that individuals within both the White House Office of Science and Technology Policy and the Department of Health and Human Services favored modification of OMB Circular A-21 so that buildings could be depreciated at 5 to 6 percent annually, rather than the current 2 percent. OSTP and the Department also would favor funding construction out of indirect costs, if they could get a freeze on the departmental administrative component of indirect costs.

This legislation has been referred to five committees in the House, because it involves six different agencies. Dr. Kennedy said that he did not believe that the legislation is on a fast track, but that the Association is seeking the Board's guidance prior to testifying in October. After extensive discussion, which emphasized the need to ensure adequate facilities while maintaining the presence of research support, the Board considered the various points within the overall position proposed by staff.

ACTION: The CAS Administrative Board, by a vote of 8-1, endorsed the recommendation for a facilities construction program with time and dollar limits, rather than a set-aside as currently proposed by H.R. 2823. The CAS Administrative Board took no action, pending further information, on the recommendation that H.R. 2823 be limited to construction only. The CAS Administrative Board voted unanimously to endorse the remaining staff recommendations with regard to H.R. 2823.

7. Investor Owned Teaching Hospital Participation in COTH

James Bentley, AAMC Department of Teaching Hospitals, explained the background for this request to modify the AAMC Bylaws to permit for-profit hospitals to hold membership in the Council of Teaching Hospitals in the Association. He noted that the Internal Revenue Service had recently ruled that such a change in the Bylaws would not affect the Association's tax status as long as the focus of the Association remains on education. He also said that the COTH Administrative Board had voted to recommend this change.

ACTION: The CAS Administrative Board voted unanimously to recommend to the Executive Council that the Bylaws of the Association be amended to permit investor owned hospitals to hold membership in the Council of Teaching Hospitals.

8. Health Planning

Dr. Bentley described the two changes in Association policy with regard to health planning that were being recommended by the COTH Administrative Board. He explained that these changes were proposed in light of recent changes in the prospective payment system. The two changes, which were slightly modified from the ones appearing in the agenda, were:

- o that the Association support statewide CON review of construction projects that result in increased bed capacity.
- o that the Association oppose CON review of major medical equipment or new institutional health services.

ACTION: The CAS Administrative Board voted unanimously to endorse the changes in Association policy with regard to health planning as recommended by the COTH Administrative Board.

9. Proposed Revision of GSA Rules and Regulations

Paul Elliott, AAMC director of Student Programs, explained that the constituency of the GSA had requested this revision, increasing the number of GSA officers from two to three, to provide for more continuity and greater involvement of the membership in the governance. He noted that all four regional GSA groups had voted to approve this revision.

ACTION: The CAS Administrative Board voted unanimously to approve the proposed revision of the GSA Rules and Regulations to provide for three elected officers for the GSA (Chairman, Chairman-Elect, and Vice Chairman), each with a term of one year.

10. Revision of AAMC Policies and Procedures for the Treatment of Irregularities in the Admissions Process

Dr. Elliott described the evolution in the Association's procedures for handling irregularities with student applications. He explained that the current procedures consist of verifying and documenting irregularities reported by the schools, and then making this information available to schools to which the individuals in question may apply. Dr. Elliott noted that the proposed revisions in the policies under consideration took two years to develop and are much more consistent with current practices. These policies also clarify and appropriately limit the role of arbitration in these cases.

ACTION: The CAS Administrative Board voted unanimously to approve the proposed revision of the Association's Policies and Procedures for the Treatment of Irregularities in the Admissions Process.

11. The Independent Student Issue

Dr. Elliott explained the rationale behind the staff recommendation to oppose the American Council on Education's consortium on the definition of independent student status. The AAMC has been working with the consortium to develop a consensus position on issues related to the upcoming reauthorization of the Higher Education Act, particularly Title IV student financial aid programs. The ACE recommends "automatic emancipation" from dependent status for all graduate and professional students. He stated that the Association's position has consistently been that financial aid is necessary to create and maintain access to the medical profession. The ACE position would abrogate this responsibility. In addition, although more medical students would gain entitlement to GSL loans under the ACE proposal, students with high financial need (and therefore a high indebtedness) would gain little as they are already at the maximum borrowing limit in the GSL program. Both the GSA Committee on Student Financial Assistance and the OSR have voted to oppose the ACE position.

ACTION: The CAS Administrative Board, by a vote of 8-1, supported the GSA Committee on Student Financial Assistance in opposition to the ACE consortium position on independent student status.

B. DISCUSSION ITEMS

1. Transition to Graduate Medical Education

The Board discussed what the Association could do to develop a thoughtful position on this series of issues. Dr. Elliott explained that the COD Board had spent considerable time on this topic in June and had requested staff to develop the paper contained in the September agenda. He said that this paper was

not meant to be definitive, but was an attempt to stimulate discussion on the various issues.

It was suggested that the Association should appoint an ad hoc task force on this subject. Possible interaction with other organizations, such as the AMA, ABMS, and ACGME was also discussed. Richard Janeway, chairman of the AAMC, suggested that this issue should be referred to the officers of the Association for a detailed consideration at the retreat in December.

2. 1986 Spring Meeting Plans

David Cohen suggested that there were two major issues that necessitated the formation of ad hoc committees during the past year -- faculty practice and federal biomedical research policy -- and that the CAS Spring Meeting should be devoted to these issues and to the deliberations of these committees. Among the issues raised by faculty practice are the role of the faculty, the appointment and promotion of faculty, the conceptual commitment of the medical school to service needs, the needs surrounding the clinical education of undergraduates, the service resources needed to provide a teaching environment, and housestaff training. Dr. Cohen added that many of these issues have implications for basic scientists as well as clinicians. With regard to federal biomedical research policy, it was pointed out that a draft of the Research Policy Committee's final report would be available to be circulated through the Councils at their respective spring meetings.

C. INFORMATION ITEMS

1. Dr. Short explained the schedule for the Annual Meeting.
2. Dr. Weldon thanked the outgoing members of the Board -- Philip Anderson, Harold Ginsberg, Robert Hill, and Joseph Johnson -- for their service.

APPOINTMENT OF 1986 CAS NOMINATING COMMITTEE

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

"The Nominating Committee shall be comprised of a Chairman and six members. The Chairman, three basic science, and three clinical science individuals 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 at least three basic scientists and at least three clinical scientists to serve on the CAS Nominating Committee. The Board also must select a chairman for the Nominating Committee. Traditionally, the Chairman and Chairman-Elect of the CAS are members of the Nominating Committee. Several alternates should also be selected. The Committee will meet by conference call some time in May or early June to nominate a basic scientist to be Chairman-Elect of the CAS. The Committee also will develop a slate of nominees to fill one basic and two clinical science positions on the Board.

The 1982-1985 CAS Nominating Committees are listed below.

1982

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

1983

Frank C. Wilson, M.D., Chairman
Arthur J. Donovan, M.D.
Thomas W. Langfitt, M.D.
Robert M. Blizzard, M.D.
Robert L. Hill, Ph.D.
Howard E. Morgan, Ph.D.
Leonard Jarett, M.D.

1984

Robert L. Hill, Ph.D., Chairman
S. Craighead Alexander, M.D.
Lewis Arownow, Ph.D.
Joe Dan Coulter, Ph.D.
Gordon Kaye, Ph.D.
Virginia V. Weldon, M.D.
Benson R. Wilcox, M.D.

1985

David H. Cohen, Ph.D., Chairman
John M. Bissonnette, M.D.
William R. Drucker, M.D.
George A. Hedge, Ph.D.
William P. Jollie, Ph.D.
Louis M. Sherwood, M.D.
Virginia V. Weldon, M.D.

COUNCIL OF ACADEMIC SOCIETIES REPRESENTATIVES

January 1986

BASIC SCIENCES

ANATOMY

American Association of Anatomists

Dr. John Basmajian
Dr. William Jollie

American Society for Cell Biology

Dr. Mary Lou Pardue
Ms. Dorothea Wilson

Association of Anatomy Chairmen

Douglas Kelly, Ph.D.*
Gordon Kaye, Ph.D.*

BEHAVIORAL SCIENCE

Assn for the Behavioral Sciences
and Medical Education

Evan Pattishall, Jr., MD
Shirley Nickolas Fahey, PhD

BIOCHEMISTRY

Am Society of Biological Chemists

Assn of Med Sch Depts of Biochemistry

Dr. Allan Goldstein
Dr. Donald McCormick

GENETICS

American Society of Human Genetics

Jessica Davis, MD

MICROBIOLOGY

Assn of Med School Microbiology Chairmen

Kenneth Berns, MD

NEUROSCIENCE

Society for Neuroscience

Dr. David Cohen*
Joe Coulter, PhD*

PATHOLOGY

Association of Pathology Chairmen

Aubrey Hough, MD
Rolla Hill, MD

Academy of Clinical Laboratory
Physicians and Scientists

Paul Strandjord, MD

* Member of present CAS Administrative Board

PHARMACOLOGY

Am College of Neuropsychopharmacology

Arnold Friedhoff, MD
Oakley Ray, PhD

Am Soc for Clin Pharmacology & Therapeutics

Carl Peck, MD
George Aagaard, MD

Am Soc for Pharmacology and Experimental
Therapeutics

Dr. Lewis Aronow
Dr. William West

Assn for Medical School Pharmacology

Paul Bianchi, PhD
William West, PhD

PHYSIOLOGY

American Physiological Society

Dr. Jack Kostyo*
Dr. George Hedge

Assn of Chairmen of Depts of Physiology

Dr. William Ganong*
Dr. Leonard Share

PREVENTIVE MEDICINE

Assn of Teachers of Preventive Medicine

David Rabin, MD
Jay Noren, MD

CLINICAL SCIENCES

ANESTHESIOLOGY

Association of University Anesthetists

C. Philip Larson, Jr., MD
Milton Alper, MD

Society of Academic Anesthesia Chairmen

S. Craighead Alexander, MD
Robert Epstein, MD

CRITICAL CARE

Society of Critical Care Medicine

Solomon Hershey, MD

DERMATOLOGY

Association of Professors of Dermatology

Philip Anderson, MD

EMERGENCY MEDICINE

Society of Teachers of Emergency Medicine

Glenn Hamilton, MD
Richard Nowak, MD

University Assn for Emergency Medicine

Thomas Stair, MD
Michael Callahan, MD

FAMILY MEDICINE

Assn of Depts of Family Medicine

Thornton Bryan, MD
Harry Mayhew, MD

Society of Teachers of Family Medicine

Jack Colwill, MD
Christian Ramsey, MD

GENERAL SURGERY

An Association for the Surgery of Trauma

William Drucker, MD

American Surgical Association

Jerome DeCosse, MD, PhD
Walter Lawrence, MD

Association for Academic Surgery

John Clark, MD

Society for Surgery of the Alimentary
Tract

John Cameron, MD
Lawrence Way, MD

Society of Surgical Chairmen

(Frank Moody, MD*)
(David Skinner, MD)

Society of University Surgeons

Christopher Baker, MD
Dana Anderson, MD

Surgical Infection Society

INTERNAL MEDICINE

American College of Physicians

Marvin Turck, MD
John Spittell, Jr., MD

Am Federation for Clinical Research

Gary Hunninghake, MD*
Edwin Cadman, MD

American Gastroenterology Assn

Irwin Rosenberg, MD
Susan Stewart, MD

Am Society for Clinical Investigation

Phillip Cryer, MD

American Society of Hematology

Ernst Jaffe, MD*
Paul McCurdy, MD

Association of American Physicians

Leighton Cluff, MD
Alfred Bollett, MD

Association of Professors of Medicine

Norman Levinsky, MD
Harold Fallon, MD

Assn of Program Directors in Internal
Medicine

Louis Sherwood, MD
James Leonard, MD

Central Society for Clinical Research

Murray Levin, MD

MULTISPECIALTY

Am Academy of Allergy and Immunology

Paul Van Arsdel, MD

Am Assn for the Study of Liver Diseases

Dr. David Van Thiel
Dr. Paul Berk

American Geriatrics Society

American Society for Clinical Nutrition

Endocrine Society

Jo Anne Brasel, MD
Virginia Weldon, MD*

Society for Health and Human Values

Christine Cassel, MD
Rita Charon, MD

NEUROLOGY

American Academy of Neurology

Jerry Chutkow, MD
Rosalie Burns, MD

American Neurological Association

Kenneth Johnson, MD
Frank Yatsu, MD*

Assn of University Profs of Neurology

Donald Silberberg, MD
Mark Dyken, MD

Child Neurology Society

Gwendolyn Hogan, MD
Samuel Shelburne, MD

NEUROSURGERY

Am Assn of Neurological Surgeons

Robert Grossman, MD
Nicholas Zervas, MD

OBSTETRICS AND GYNECOLOGY

Am College of Obstetricians and
Gynecologists

Harrison Visscher, MD
Harry Jonas, MD

Assn of Professors of Gynecology
and Obstetrics

Joseph Scott, Jr., MD
Douglas Knab, MD

Society for Gynecologic Investigation

John Bissonnette, MD
Roy Pitkin, MD

OPHTHALMOLOGY

American Academy of Ophthalmology

Robert Reinecke, MD
Joel Sacks, MD

Assn of University Profs of
Ophthalmology

George Weinstein, MD
Robert Kalina, MD

ORTHOPAEDICS

Am Academy of Orthopaedic Surgeons

Frank Wilson, Jr., MD
Frederick Matsen, III, MD

American Orthopaedic Association

Robert Greer, MD
C. McCollister Evarts, MD

Association of Orthopaedic Chairmen

Wilton Bunch, MD
Gerald Laros, MD

OTOLARYNGOLOGY

Assn of Academic Depts of Otolaryngology

Robert Kohut, MD
Warren Adkins, MD

Society of University Otolaryngologists

Jerome Goldstein, MD
Lee Harker, MD

PEDIATRICS

American Pediatric Society

Myron Genel, MD
Charles Alford, MD

Assn of Medical School Pediatric
Department Chairmen

Robert Blizzard, MD
Thomas Oliver, Jr., MD

Society for Pediatric Research

Lawrence Boxer, MD
William Balistreri, MD

PHYSICAL MEDICINE AND REHABILITATION

Am Academy of Physical Medicine and
Rehabilitation

Stanley Cohen, MD
Arthur Grant, MD

Association of Academic Physiatriests

Ernest Johnson, MD
John Ditunno, MD

PLASTIC SURGERY

Am Assn of Plastic Surgeons

Hal Bingham, MD
Charles Horton, MD

Plastic Surgery Educational Foundation

Barrett Noone, MD
Paul Manson, MD

Plastic Surgery Research Council

Jane Petro, MD
David Smith, Jr.

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PSYCHIATRY

Am Association of Chairmen of Departments
of Psychiatry

Robert Leon, MD
Jerry Wiener, MD

Am Assn of Directors of Psychiatric
Residency Training

American College of Psychiatrists

Robert Williams, MD
Robert Pasnau, MD

American Psychiatric Association

Herbert Pardes, MD
Daniel Freedman, MD

Association for Academic Psychiatry

Carolyn Robinowitz, MD
Thomas Webster, MD

Assn of Directors of Medical Student
Education in Psychiatry

RADIOLOGY

Association of University Radiologists

Paul Friedman, MD
Arvin Robinson, MD

Society of Chairmen of Academic
Radiology Departments

Melvyn Schreiber, MD
Stanley Baum, MD

THORACIC SURGERY

Am Assn for Thoracic Surgery

Judson Randolph, MD
Thomas King, MD

Thoracic Surgery Directors Assn

Hermes Grillo, MD
Benson Wilcox, MD

UROLOGY

Society of University Urologists

William Parry, MD
Harry Miller, MD

COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

	<u>1985 - 1986</u>	<u>Term Expires</u>	<u>1986 - 1987</u>	<u>Term Expires</u>	<u>1987 - 1988</u>	<u>Term Expires</u>
<u>Past-Chair</u>	Weldon (C)	1986	Cohen (B)	1987	Moody (C)	1988
	Ganong (B)	1986	Kelly (B)	1987	Coulter (B)	1988
	Kostyo (B)	1986	James (C)	1987	Hunninghake (C)	1988
	Kaye (B)	1986	Yatsu (C)	1987	Jaffe (C)	1988
<u>Chair</u>	Cohen (B)	1987	Moody (C)	1988	Filled 86 (B)	1989
	Kelly (B)	1987	Coulter (B)	1988	Filled 86 (B)	1989
	James (C)	1987	Hunninghake (C)	1988	Filled 86 (C)	1989
	Yatsu (C)	1987	Jaffe (C)	1988	Filled 86 (C)	1989
<u>Chair-Elect *</u>	Moody (C)	1988	TBF 86 (B)	1989	TBF 87 (C)	1990
	Coulter (B)	1988	TBF 86 (B)	1989	TBF 87 (C)	1990
	Hunninghake (C)	1988	TBF 86 (C)	1989	TBF 87 (B)	1990
	Jaffe (C)	1988	TBF 86 (C)	1989	TBF 87 (B)	1990

Executive Council Representatives

Past-Chair	Weldon	Cohen	Moody
Chairman	Cohen	Moody	_____
Chair-Elect	Moody	_____	_____
At-Large	Ganong	Ganong	Ganong

(B) = Basic Sciences

(C) = Clinical Sciences

* Chair rotates basic/clinical

TBF 86 = To be filled by the 1986 Nominating Committee

TBF 87 = To be filled by the 1987 Nominating Committee

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: Mr. David Moore

NAME OF SOCIETY: Association for Surgical Education

MAILING ADDRESS: c/o Norman Snow, M.D.
Department of Surgery
Cleveland Metropolitan General Hospital
3395 Scranton Rd.
Cleveland, Ohio 44109

PURPOSE: To improve undergraduate surgical education through the discussion and resolution of common problems. Among the objectives are: a) development of innovative teaching aids, b) research in surgical education utilizing a national data base, c) exchange of information to facilitate selection of internships, d) development of a national informational resource to aid individual surgical curriculum efforts

MEMBERSHIP CRITERIA:

Institutional: Surgery departments in medical schools and medical centers with teaching efforts in the U.S. and Canada

Individual: Anyone interested in surgical education

NUMBER OF MEMBERS: 120-150

NUMBER OF FACULTY MEMBERS: Same

DATE ORGANIZED: 1980

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

1980 1. Constitution & Bylaws.

1985 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

**REQUEST BY THE AMERICAN COLLEGE OF LEGAL MEDICINE
TO REAPPLY FOR MEMBERSHIP IN THE COUNCIL OF ACADEMIC SOCIETIES**

The Issue: Whether the CAS Administrative Board should formally respond at this time to the request of the American College of Legal Medicine to be reconsidered for membership in the Council of Academic Societies.

Background: The American College of Legal Medicine (ACLM) originally applied for CAS Membership in January 1982. The application, membership criteria as listed in the ACLM Bylaws, and "Overall Education Mission Statement" of the ACLM are included (Attachments 1,2, and 3). At the time of their application, the ACLM indicated that approximately 11 percent (68 out of 648) of their members held faculty appointments (Attachment 4).

The application was assigned to Drs. David Brown and Lowell Greenbaum for review at the April 13, 1982 meeting of the CAS Administrative Board. At that meeting Drs. Brown and Greenbaum reported that although the ACLM had "a medical orientation and a predominantly MD membership, its focus seemed to be on medical practice issues rather on medical education," (Attachment 5). Drs. Brown and Greenbaum agreed to review the ACLM journal published for the June Board meeting, and the Board deferred action on the application until that time.

On June 24, 1982, the Board was "disinclined toward approving" the ACLM for CAS membership, but agreed to defer final action until the September meeting, when the issue could be discussed more fully (Attachment 6). At the September 9, 1982, meeting Dr. Brown reported that the ACLM journal and meeting programs that were reviewed indicated that the primary orientation of the ACLM was toward practice issues, not medical education. The Board also noted the relatively small percentage of ACLM members with faculty appointments. As a result, the Board voted to deny the application of the ACLM for membership in the CAS (Attachment 7). The Board's action was reported to Edgar Reed, then president of the ACLM, in a letter from Dr. Swanson dated September 27, 1982 (Attachment 8). The Board's position was restated in subsequent communications to the ACLM in April and September 1983 (Attachments 10 and 11).

In December 1985, the current ACLM president, Dr. Dorothy R. Gregory, sent a letter to the AAMC offices announcing the intention of the ACLM to resubmit its application for CAS membership (Attachment 12). The basis of this belief that they could appropriately reapply appears mistaken. They apparently saw the application for the American Society for Clinical Nutrition in the 1985 Annual Meeting agenda, where a typo listed the percentage of members with faculty appointments as 0 rather than 75.

Dr. Gregory indicates that approximately 40 percent of the ACLM membership holds some type of faculty appointment. It is unclear, however, how many of these are positions in law schools as opposed to medical schools. In addition, a review of the programs presented by the ACLM at the 1984 and 1985 AAMC Annual Meetings (Attachment 13) suggests that orientation of the ACLM remains primarily on practice.

Question: Should the CAS Administrative Board respond to the ACLM request by restating the concerns with the society's membership and purpose prior to the submission of a formal application, as was done in September 1983, or withhold comment until it reviews the ACLM's formal application?

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~~ 68

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.

**BYLAWS
AMERICAN COLLEGE OF
LEGAL MEDICINE, INC.**

Revised May 12, 1977

ARTICLE I

Members

Section 1.1. Classes of Membership. The Corporation, hereinafter referred to as the "College," shall have eight classes of membership, as follows:

Fellows-of-the-College
Associate-in-Law
Associate-in-Science
Affiliate
Honorary Fellows
Emeritus Fellows
Corresponding Members

Every member shall recognize and abide by the Code of Ethics of the organizations which are described in Article XII of these ByLaws. Every member shall at all times meet the particular requirements of the class of membership of which he is a member and, in addition, all other requirements of these ByLaws.

Section 1.2. Fellows-of-the-College. The requirements for membership as a Fellow-of-the-College are satisfactory evidence of the candidate's good moral, ethical and professional standing; and

- (a) A degree of Doctor of Medicine or Doctor of Osteopathy, or equivalent, from a Medical School approved by the AMA or American Osteopathic Association, or their Canadian counterparts, or in the case of foreign medical graduates, a license to practice medicine in at least one state of the United States, its territories or possessions (including the District of Columbia) or in a province of Canada; and
- (b) A degree of Bachelor of Laws or Juris Doctor, or an equivalent, from an ABA or Canadian Bar Association approved law school, or a license to practice law in at least one state of the United States, its territories or possessions (including The District of Columbia) or in a province of Canada; and

- (c) A license to practice either medicine or law in at least one state of the United States, its territories or possessions (including the District of Columbia) or in a province of Canada; and
- (d) Membership in at least one of the following professional organizations: the American Medical Association, the American Bar Association, a state bar association, a county medical society, a county osteopathic society, a county bar association, or the Canadian equivalent of any of the above; a candidate who holds membership in none of the above must be a Diplomate of a specialty Board recognized by either the American Medical Association or the American Osteopathic Association; and
- (e) Sponsorship of the candidate by at least one Fellow in good standing in the College; and
- (f) A favorable recommendation by the Credentials Committee and the subsequent approval of the Board of Governors, by two-thirds of those present and voting.

Section 1.3. Associate-in-Medicine. The requirements for membership as an Associate-in-Medicine are satisfactory evidence of the candidate's good moral, ethical and professional standing; and

- (a) A degree of Doctor of Medicine, Doctor of Osteopathy, or an equivalent; and
- (b) Certification by a Specialty Board, recognized by the American Medical Association or the American Osteopathic Association or a Canadian equivalent, or a minimum of five (5) years in active practice of medicine continuously, (not limited to clinical medicine) and immediately preceding the date of application, or faculty status in an accredited law school or in an accredited medical school in a course or courses dealing with medical-legal subjects or satisfactory evidence of favorable recognition of medical-legal expertise; and
- (c) A license to practice medicine in at least one state of the United States, its territories or possessions (including the District of Columbia) or in a Province of Canada; and
- (d) Sponsorship of the candidate by at least one Fellow in good standing in the College; and
- (e) Favorable recommendation by the Credentials Committee and the subsequent approval of the Board of Governors, by two-thirds of those present and voting.

Section 1.4 Associate-in-Law. The requirements for membership as an Associate-in-Law are satisfactory evidence of the candidate's good moral, ethical and professional standing; and

- (a) A degree of Bachelor of Laws or Juris Doctor or an equivalent; and
- (b) Faculty status in an accredited law school or in an accredited medical school in a course or courses dealing with medical-legal subjects, or satisfactory evidence of favorable recognition of medical-legal expertise; and
- (c) License to practice law in at least one state of the United States, its territories or possessions (including the District of Columbia) or in a province of Canada; and
- (d) Sponsorship by at least one Fellow in good standing in the College; and
- (e) Favorable recommendation by the Credentials Committee and subsequent approval by the Board of Governors, by two-thirds of those present and voting.

Section 1.5. Associate-in-Science. The requirements for membership as an Associate-in-Medical Science are: Satisfactory evidence of the candidate's good moral, ethical and professional standing; and

- (a) A degree of Bachelor of Arts or Science or at least its equivalent in a field of specialized health care or medical science, or
- (b) Faculty status in an approved allied health care or medical science school for a period of not less than five (5) continuous years immediately preceding application or full time practice, employment or similar service for a period of not less than five (5) continuous years immediately preceding application in an allied health care or medical science practice; and
- (c) Satisfactory recognition of medical-legal expertise, and
- (d) Sponsorship by at least one Fellow in good standing in the College; and
- (e) Favorable recommendation by the Credentials Committee and subsequent approval by the Board of Governors, by two-thirds of those present and voting.

Section 1.6. Affiliates. No individual may remain an Affiliate member for a period exceeding five (5) years. The requirements for membership as an Affiliate are satisfactory evidence of the candidate's good moral, ethical and professional standing; and

- (a) In the case of an individual who has a degree of Doctor of Medicine or Doctor of Osteopathy, satisfactory evidence of matriculation as a degree Candidate in an accredited school of law; or
- (b) In the case of an individual who has a degree of Bachelor of Laws or Juris Doctor, satisfactory evidence of matriculation as a degree candidate in an accredited school of medicine or osteopathy.

Section 1.7. Honorary Fellows. Any Fellow-of-the-College may nominate a physician or lawyer of outstanding reputation in the field of legal medicine as a candidate for honorary fellowship. Such nomination shall be submitted to the Board of Governors for its consideration and shall be approved by the affirmative vote of at least two-thirds of the Governors present and voting. Honorary Fellows shall be entitled to all privileges of membership except that of voting and holding office. An Honorary Fellow shall not be required to pay dues.

Section 1.8. Emeritus Fellows. Any Fellow-of-the-College who has been a Fellow for a period in excess of 10 years and who has retired from professional activity is eligible to become an Emeritus Fellow. Application to become an Emeritus Fellow shall be made to the Board of Governors for its consideration and shall be approved by the Affirmative vote of at least two-thirds of the Governors present and voting. Emeritus Fellows shall be entitled to all privileges of membership except that of voting and holding office. An Emeritus Fellow shall not be required to pay dues.

Section 1.9. Corresponding Members. Any individual who is a resident of a country other than the United States or Canada and who meets all of the requirements of any of the above classes may be admitted as a Corresponding member of such class. For the purpose of meeting the requirement of a license to practice medicine, osteopathy or law, a license to practice such profession in the candidate's own country, or political subdivision thereof where appropriate will be sufficient.

Section 1.10. Sponsorship. In the event that a candidate has no initial sponsor, the Chairman of the Credentials Com-

mittee shall appoint at least two Fellows-of-the-College nearest the applicant's locale to act as sponsors for the purpose of making recommendations to the Credentials Committee for membership in the appropriate class.

Section 1.11. Application Fee. A non-refundable fee, the amount of which may be set from time to time by the Board of Governors, shall accompany the candidate's first application for membership irrespective of category (except there shall be no application fee for Honorary or Emeritus membership.) This fee shall be used to defray expenses involved in the investigation and processing of the application. Subsequent requests for change of class of membership shall be without charge. The application fee shall not be credited toward annual dues.

Section 1.12. Election to Membership. The application for membership to any class shall be made upon the prescribed form furnished by the Secretary of the College. The Credentials Committee shall promptly consider all applications for membership and make its recommendations to the Board of Governors. Upon consideration of the recommendations of the Credentials Committee, the Board of Governors may elect the candidate to the class of membership proposed by the affirmative vote of two-thirds of the members of the Board of Governors present and voting.

Section 1.13. Dues. The amount of the annual dues of any member of each class shall be determined from time to time by the Board of Governors. Annual dues are for the calendar year and shall be due and payable on January 1. Failure to pay dues by April 1 shall be sufficient grounds for suspension of membership by the Judicial Council. The Board of Governors, in its discretion, may modify or waive the payment of dues by any member or class of members.

Section 1.14. Use of Designation "F.C.L.M." Only Fellows-of-the-College, Emeritus Fellows and Honorary Fellows are authorized to use the letters F.C.L.M. after their names for purposes of signifying accreditation by the American College of Legal Medicine.



AMERICAN COLLEGE OF LEGAL MEDICINE
 875 NORTH MICHIGAN AVENUE – SUITE 3744
 CHICAGO, ILLINOIS 60611
 (312) 440-0080

OVERALL EDUCATION MISSION STATEMENT

OF

THE AMERICAN COLLEGE OF LEGAL MEDICINE

I. The American College of Legal Medicine, through its various educational activities, seeks to bring to all health care providers, a more definitive understanding of:

- 1.) how the law impacts on the daily practice of medicine; and,
- 2.) how medical science is applied by the courts and by law enforcement bodies in upholding law and order in our society.

II. The scope of these educational activities will include:

The development and application of procedural, substantive and administrative law to current medical practice.

The status of legislation and case law with respect to licensure and professional privileges of the health care provider.

The changing trends in state legislation and the interpretation by the courts of tort law relative to professional liability, arbitration and screening panels, insurance and related issues.

The legal and ethical responsibilities of physicians in the areas of quality assurance and peer review.

The legal rights and obligations of both the patient and physician within their relationship regarding treatment, research and confidentiality.

The legal requirements to report to and assist law enforcement officials in cases of various criminal and civil offenses which come to the attention of a physician during his professional activities.

All other issues where medicine and law have a joint concern for the welfare of members of our society.

erall Education Mission Statement

The College will focus its educational efforts at two distinct levels. While it is concerned with providing a milieu in which its Fellows and other members can maintain excellence and expertise in the unique field of Legal Medicine, it will exert a maximum effort to impart appropriate knowledge of Legal Medicine to all physicians, regardless of specialty, which should enable them to be both more effective in their clinical practice within the context of American Law.

The College will provide at least two days of a structured didactic educational program during its Annual Meeting. It will also provide two days, during its Mid-year Meeting, to current issues with an emphasis on special subjects best presented in workshops, seminars or group discussions. Special programs will be provided, at various times, in conjunction with state, county and specialty society meetings which fit the expressed needs of the participants.



AMERICAN COLLEGE OF LEGAL MEDICINE
213 WEST INSTITUTE PLACE — SUITE 412
CHICAGO, ILLINOIS 60610

(312) 440-0080

January 15, 1982

Ms. Lynn Morrison, Staff Assistant
Department of Academic Affairs
Association of American Medical Colleges
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear Ms. Morrison:

In reviewing my copy of the application we sent to the Council of Academic Societies of the Association of American Medical Colleges, it has come to my attention that an error has been made. On page two of the application under number of faculty members, we have indicated three instead of sixty-eight.

I apologize for any inconvenience that this may have caused and would appreciate your correcting the error.

Sincerely yours,

Edgar A. Reed, M.D., J.D., FCLM
President

EAR:amj

from: CAS Administrative Board minutes -- April 13, 1982

APRIL 13 SESSION

I. Approval of Minutes

The minutes of the January 20-21, 1982 Administrative Board Meeting were approved as submitted.

II. ACTION ITEM - CAS Board

A. Membership Applications

1. Drs. Brown and Greenbaum had reviewed the application of the American College of Legal Medicine for membership in the CAS. They reported that while the organization did have a medical orientation and a predominantly MD membership, its focus seemed to be on medical practice issues rather than medical education. The organization publishes a journal which Drs. Brown and Greenbaum agreed to review prior to the June meeting of the CAS Board. Action on the membership application was deferred until that time.
2. Dr. Swanson reported that the Society of Medical College Directors of Continuing Medical Education (SMCDCME) had applied for CAS membership. However, at the recent spring meeting of the Council of Deans, a resolution had been adopted by unanimous vote that the proper mechanism for the SMCDCME to interact with the AAMC is through membership and participation in the Group on Medical Education. After a brief discussion, the CAS Board agreed with the COD position and voted not to accept the SMCDCME application for membership in CAS.
3. Drs. Johns and Ganong had been asked to review the application of the American Institute of Ultrasound in Medicine (AIUM). Questions were raised regarding the extent to which the Institute focused on the practice of ultrasonics in medicine as opposed to related academic issues. It was agreed that staff should contact the officers of the organization and determine the number of AIUM members who serve on medical school faculties. The application for CAS membership will be reconsidered at the June CAS Board meeting.

ACTION: The CAS Administrative Board voted not to accept the application of the Society of Medical College Directors of Continuing Medical Education for membership in CAS. For the reasons stated above, the applications of the American College of Legal Medicine and the American Institute of Ultrasound in Medicine were deferred for consideration at the June Board meeting.

from: CAS Administrative Board minutes -- June 24, 1982

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.



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Laboratory Medicine and Pathology
Medical School
Box 198 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

(612) 373-8623

April 23, 1982

Seymour Perry, M.D.
Director, Division of Biomedical
Research and Faculty Development
Association of American Medical Colleges
One Dupont Circle, NW, Suite 200
Washington, DC 20036

Dear Sy,

Thank you for the copy of The Journal of Legal Medicine. It is interesting that of the four Articles and two Commentaries including eight authors, only one co-author has an academic appointment in a medical school, the remainder representing either primarily legal organizations, private hospitals or law students.

I question the contributions which the American College of Legal Medicine can make to the functions of the CAS, although I am not deprecating the objectives of the College, their professional activities or the publications to the professions of law or medicine. I suggest that the areas in which those activities would be most beneficial are with the organizations dedicated primarily to the private practice of medicine or various legal organizations.

Sincerely yours,

David M. Brown, M.D.
Chairman, Council of Academic Societies

DMB/mj
Enclosure

from: CAS Administrative Board minutes -- September 9, 1982

I. Approval of Minutes

The minutes of the June 23-24, 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 a review of this organization's journal as well as its meeting programs revealed a primary orientation toward practice issues rather than medical education. In addition, it appeared that none of the organization's members hold academic appointments. For these reasons, the Board agreed that the organization's application for membership in CAS should be denied.
2. American College of Neuropsychopharmacology - Drs. Freedman and Johns had reviewed this organization's application and recommended that it be approved for CAS membership.
3. American Institute of Ultrasound in Medicine - Drs. Johns and Ganong had reviewed this organization's application. While they had concerns regarding the fact that ultrasound technicians represent a significant percentage of the AIUM membership, Drs. Johns and Ganong recommended that the organization be approved for CAS membership.

CONCLUSION: The CAS Board approved the applications of the American College of Neuropsychopharmacology and the American Institute of Ultrasound in Medicine for membership in CAS. The application of the American College of Legal Medicine was denied for the reason's stated above.

III. ACTION ITEMS - Executive Council

A. American Hospital Association's Proposed Medicare Prospective Payment System

Dr. James Bentley, associate director of the AAMC department of teaching hospitals, provided background information on the AHA's proposed prospective payment system for Medicare patients. Dr. Bentley stated that the hospital community had been advocating such an approach to Medicare payment for the last several years and that Federal policymakers were showing increasing interest in the concept as a possible strategy for containing Medicare costs. Therefore, in the spring of 1982, the AHA developed a prospective payment proposal. Essentially, the proposal is a four-year plan which would establish for each hospital a fixed price for each Medicare discharge. Payments would be adjusted each year to reflect increases in the cost of goods and services purchased locally by hospitals. Hospitals able to provide care for less than the fixed payment would be allowed to retain the resulting savings. However, costs greater than the payments would have to be underwritten by hospital revenues, thereby incurring a loss. At its June meeting, the COTH Administrative Board had endorsed the principles of the AHA proposal.

In discussing the proposal, Board members expressed concern that some of the technical recommendations may have ramifications which are not immediately



**association of american
medical colleges**

September 27, 1982

Edgar A. Reed, M.D., J.D.
President
American College of Legal Medicine
875 North Michigan Avenue
Suite 3744
Chicago, Illinois 60611

Dear Doctor Reed:

I am writing regarding the application of the American College of Legal Medicine for membership in the Council of Academic Societies (CAS). At its September 9 meeting, the CAS Administrative Board voted not to accept the ACLM's application for two reasons:

- 1) The CAS is the mechanism through which faculty of the nation's medical colleges participate in the activities of the AAMC. Your organization's application indicated that only 3 of 648 members have academic appointments.
- 2) The CAS Board found your organization's journal to be a publication of high quality. However, the focus of all of the articles seemed to be medical practice issues rather than medical education.

For these reasons, the CAS Board agreed that your organization's purpose and orientation are not consistent with criteria for membership in the Council of Academic Societies.

If you have any questions, please call me or Lynn Morrison of my staff at 202-828-0430.

Sincerely,

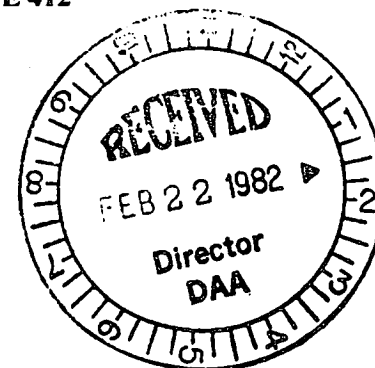
August G. Swanson, M.D.
Director
Department of Academic Affairs



AMERICAN COLLEGE OF LEGAL MEDICINE
213 WEST INSTITUTE PLACE — SUITE 412
CHICAGO, ILLINOIS 60610

(312) 440-0080

February 17, 1983



Reply to:

Edgar A. Reed, M.D., J.D., FCLM
Chief of Staff (11)
VA Medical Center
Livermore, CA 94550

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

Dear Doctor Swanson:

I am writing at long last in response to your letter dated September 27, 1982 to the application of the American College of Legal Medicine for membership in the Council of Academic Societies. While attending the AAMC meeting in November 1982 I considered approaching you and discussing the content of your letter, but was dissuaded by several members on the basis that an appeal to you would have no effect. Since then I have had occasion to speak with several others around the country who sit on the Council and who expressed some surprise that our application was not accepted.

You state as the reason for denial that "--only three of 648 members have academic appointments." It is true that the original application said only 3 of 648 members had academic appointments; however, a letter was sent to Ms. Lynn Morrison of your office on January 15, 1982, correcting that figure from 3 to 68. In fact, nearly every member of the Board of Governors as well as the officers all have one or more faculty appointments. We are in the process of going through our membership roster to determine with some degree of accuracy all those who have some kind of teaching appointment. Once this information is obtained, we would like the opportunity of updating our application with more accurate figures.

The second reason for denial related to the College's publication. It is not clear, however, whether this had reference to our monthly "Legal Aspects of Medical Practice" or our very scholarly quarterly journal, "Journal of Legal Medicine." We would readily concede that the material contained in our monthly publication is directed primarily at the practicing physician and the contents, therefore, are written with the hope of providing knowledge which will assist the physician in his daily practice of medicine as that practice interdigitates with a variety of legal features. The latter publication, however, is a much more scholarly and sophisticated publication which deals with a variety of medical/legal subjects in an in-depth fashion. Its editor is on the faculty

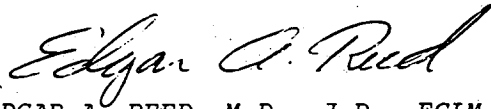
2.

August G. Swanson, M.D.

at Southern Illinois University where the Dean's Office does give some support to the editorial activities. The Board of Governors has asked me to request that you reexamine this publication for your Council is the first organization to be critical rather than laudatory of our efforts.

Please advise us if there are any other steps that we might reasonably take in our effort to become legitimate members of the Council of Academic Societies.

Very sincerely,



EDGAR A. REED, M.D., J.D., FCLM
Past President


**association of american
medical colleges**

April 14, 1983

Edgar A. Reed, M.D., J.D.
Past President
American College of Legal Medicine
Chief of Staff (11)
VA Medical Center
Livermore, California 94550

Dear Doctor Reed:

I am writing to respond to the issues raised in your letter of February 17 regarding membership of the American College of Legal Medicine in the Council of Academic Societies.


With regard to your organization's faculty membership, I regret that my letter of September 27 did not indicate the correct number of members of the ACLM with academic appointments (68). Nevertheless, these individuals represent only 10% of your membership. Most CAS member societies are comprised totally of faculty from AAMC member institutions. All of the member organizations have a faculty membership of at least 50%.

With regard to the "Journal of Legal Medicine", as I mentioned in my letter, the CAS Board found the publication to be of high quality. However, the particular issue we received for review (December, 1981) was focused primarily on topics such as physician liability and legal issues surrounding the practice of medicine.

You stated in your letter that your organization is in the process of determining the number of your members with academic appointments. Should you find that that number is significantly greater than you were previously aware, I hope you will resubmit your application along with issues of your journal which have been focused on issues of particular interest to the academic community.

I hope this clarifies the issues you raised. If you have any questions please call me or Lynn Morrison of my staff at 202-828-0430.

Sincerely,



August G. Swanson, M.D.

Director, Department of Academic Affairs

association of american medical colleges

September 16, 1983

Ms. Adele Marie Jackson
American College of Legal Medicine
213 West Institute Place, Suite 412
Chicago, Illinois 60610

Dear Ms. Jackson:

Pursuant to your request, enclosed is an application for membership in the Council of Academic Societies. I assume that you are aware that the ACLM has applied for CAS membership in the past. In September of last year, the CAS Administrative Board voted not to accept the application for two reasons:

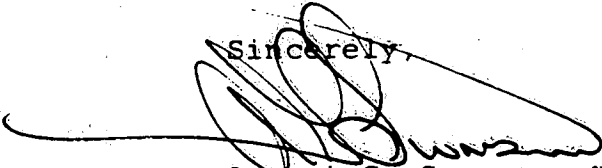
- 1) The CAS is the mechanism through which faculty of the nation's medical colleges participate in the activities of the AAMC. Your organization's application indicated that only 68 of 648 members have academic appointments. (The Board had been apprised that your membership included 68 faculty members, rather than 3 as originally stated in your application.)
- 2) The CAS Board found your organization's journal to be a publication of high quality. However, the focus of all of the articles in the issues we received seemed to be medical practice issues rather than medical education.

For these reasons, the CAS Board agreed that your organization's purpose and orientation are not consistent with criteria for membership in the Council of Academic Societies.

You are welcomed to submit another application for CAS membership. However, unless the focus and membership of the ACLM have been changed substantially, I doubt that the chairman of the Council will accede to a reconsideration of the application.

If you have any questions, please call me or Lynn Morrison of my staff at 202-828-0480. Future correspondence should be directed to Dr. Elizabeth M. Short who has recently been appointed director of the AAMC's division of biomedical research and faculty development.

Sincerely,


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



AMERICAN COLLEGE OF LEGAL MEDICINE
213 WEST INSTITUTE PLACE — SUITE 412
CHICAGO, ILLINOIS 60610

(312) 440-0080

December 5, 1985

Council of Academic Societies
 Association of American Medical Colleges
 Suite 200
 1 DuPont Circle, N. W.
 Washington, D. C. 20036

Attn: Mr. David Moore

Gentlemen:

Please be advised that the American College of Legal Medicine applied three years ago for membership on the Council of Academic Societies. At that time, our application was rejected on the grounds that there were an insufficient number of faculty members in the organization to warrant admission to your organization.

In view of the fact that the American Society for Clinical Nutrition was accepted at your fall meeting, despite the fact that it has no faculty members out of 630 listed members, the American College of Legal Medicine would respectfully request another application form so that we may resubmit our application to the Council of Academic Societies.

As you may be aware, the American College of Legal Medicine participated in the past two annual meetings of the AAMC, in Chicago in 1984, and in Washington, D. C. in 1985. During the Chicago meeting, we put on a two-day program dealing with medical-legal issues of current interest; and in 1985, on the Clinical Legal Conference, an instrument for the education of medical practitioners.

To answer your earlier questions, approximately 40% of our members teach actively in medical schools and other academic institutions, including law schools. Should there be any further supporting documents required, please do not hesitate to be in touch with me, to detail them specifically. The organization is a 501(C)3 organization from the standpoint of IRS exemption from income taxation.

Thank you for your kind and prompt response to this request.

Sincerely,

DOROTHY RASINSKI GREGORY, M.D., J.D., F.C.L.M.
 President, American College of Legal Medicine

FROM: 1984 AAMC Annual Meeting Program

**AMERICAN COLLEGE OF
LEGAL MEDICINE****WEDNESDAY, OCTOBER 31
CONRAD HILTON**

- 8:00 am 412
Registration
THE GROWING ROLE OF THE LAW IN
THE PRACTICE OF MEDICINE
- 9:00 am Welcome
Francis I. Kittredge, M.D., J.D.
- 9:05 am Introduction and Orientation
Donal D. O'Sullivan, M.D., J.D.
- 9:15 am Malpractice—The Central Issue
Paul E. Singer
- 10:00 am Perinatal Hazards
Robert Bouer, M.D., J.D.
- 10:30 am Tort System
Eileen O'Sullivan, J.D.
- 11:00 am The Hospital and Its Medical Staff
Donal D. O'Sullivan, M.D., J.D.
- 11:30 am The Physician Contracts To . . .
Michael Victor, D.O., J.D.
- Noon Break
- 1:00 pm Marketing a Medical Practice
Linda Hudson
- 1:30 pm Financing and Managing a Medical
Practice
Marshall Segal, M.D., J.D.
- 2:00 pm Insurance for the Practitioner (Non-
Malpractice)
Henry Nussbaum
- 2:45-
4:00 pm Estate Management for the Physician—
Career Planning of the Physician
Moderator: *Donal D. O'Sullivan, M.D., J.D.*
Panel: *Thomas Baffes, M.D., J.D.*
Richard Daley, J.D.

— continued —

THURSDAY, NOVEMBER 1

- 9:00 am 412
Relationship Between Law, Ethics and the
Practitioner
James Bresnahan, S.J., J.D.
- 9:50 am Care of the Terminally Ill
Francis I. Kittredge, M.D., J.D.
- 10:45 am Criminal Law and the Physician
James Piper, J.D.
- 11:45 am Break
- 1:15 pm Negotiation and Arbitration
Jerry Clausen, J.D., L.L.M.
- 2:00 pm Quality Assurance in Medical Practice
Charles J. Stahl, M.D., J.D.
- 3:00 pm Administrative Law and Antitrust
Considerations
Russ M. Stroebel, J.D.
- 3:45 pm Teaching Legal Medicine in the Medical
School
Theodore J. LeBlang, J.D.
- 4:30-
5:00 pm Questions

FROM: 1985 AAMC Annual Meeting Program

**AMERICAN COLLEGE
OF LEGAL MEDICINE**

**WASHINGTON HILTON
THURSDAY, OCTOBER 31**

- 9:00 am *State*
THE CLINICOLEGAL CONFERENCE: AN
INSTRUMENT FOR THE EDUCATION OF
MEDICAL PRACTITIONERS
Moderator: *Paul J. Connors, M.D., J.D.*
Development of Health Law Curricula for
Medical Students and House Officers
Theodore LeBlang
- 10:00 am The Clinicolegal Conference:
Models and Format
Salvatore Fiscina
- 11:00 am Meningitis: The Risks of Delayed Diagnosis
in General Practice Medicine
James Zimmerly
Discussion
- 1:00 pm The Potentially Compensable Event:
Dysquality as a Pathway to Quality
Assurance in Medicine
Dorothy Rasinski
- 2:00 pm Delay in Diagnosis of Cancer: Does
Courtroom Confusion Indict Basic Science
Education in Oncology?
H. Thomas Foley
- 3:00 pm Drug-Induced Claims: The Prophylaxis of
Iatrogenesis
Emidio Bianco
Discussion
- 4:00 pm Adjourn