Minutes<br>Council of Academic Societies<br>1969 Annual Meeting

## Meeting of the Council of Academic Societies

## Plenary Sessions

The theme of the November 1, 1969 meeting of the Council of Academic Societies was "Which Basic Science Departments in the Medical School?"

Dr. Jonathan E. Rhoads, Professor and Chairman, Department of Surgery, University of Pennsylvania School of Medicine, presuled over a meeting marked by an attendance of approximately 300. Dr. Archie S. Duncan, Executive Dean and Professor of Medical Education, University of Edinburgh Medical School, spoke on "Varying Patterns in the United Kingdom." He emphasized that, with the exception of the situation in London, basic science departments are a vital link between university and medical school. In his opinion, it would be to the disadvantage of both to change the usual pattern. In the twelve hospital schools associated with the University of London, the basic science units are identified only with the medical school.

Dr. John W. Corcoran, Professor and
Chairman, Department of Biochemistry, Northwestern University Medical School, discussed "Basic Science: The Skeleton of Medical Education." His presentation emphasized that not only the knowledge but the attitudes of basic science were vitally necessary to sound medical education. He concluded that it would be most unfortunate for biochemistry to weaken its identification with the medical school.

Dr. William B. Weil, Jr., Professor and Chairman, Department of Human Development, Michigan State University College of Human Medicine, addressed "The Dilemma of Medical Curriculum Innovation for the University Science Departments." He compared the relative advantages and disadvantages of. universitywide departments with those that are medical school based. He said that the advantages of one system are the disadvantages of the other. Both have real strengths and are readily assimilable in the current patterns of medical education.

Dr. Eugene Braunwald, Professor and Chairman, Department of Medicine, University of California, San Dicgo School of Medicine, spoke on "The Clinical Depart-
ment as a Scientific Critical Mass." In his paper, the curriculum at San Diego with the absorption of pharmacology and physiology by medicine and of anatomy and microbiology by surgery and pathology, as well as the addition of the strengths of many other university departments to the medical school, were sel forth.

Dr. Hans Popper, Dean for Academic Affairs and Professor and Chairman, Department of Pathology, Mount Sinai School of Medicine, supported "The Hospital as a Desirable Base for Medical Education." Dr. Popper's paper concluded that the university is the priper base for medical education. The experience at Mount Sinai has been satisfactory only because oi particular conditions there. Only an unusual hospital can serve as the primary base for medical education.

Dr. Stuart Bondurant, Professor and Chairman, Department of Medicine, Albany Medical College, discussed "The University Medical School-Fact or Illusion?" His paper concluded strongly that the university was the only satisfactory base for medical education.
Robert Cerza, fourth-year student, Northwestern University School of Medicine, reported on "The Student's Demand for Relevance."
Dr. Daniel C. Tosteson, Professor and Chairman, Department of Physiology and Pharmacology, Duke University School of Medicine, reemphasized. "The Relevance of Basic Science to Medicine."

On Sunday afternoon, the theme of the program was centered around a discussion of "The Full-Time System Revisited."

Dr. Harry A. Feldman, Professor and Chairman, Depariment of Preventive Medicine, SUNY-Upstate Medical Center, chaired a meeting attended by approximately 250.

Dr. Richard H. Egdahl, Associate Dcan for Hospital Relations and Professor and Chairman, Department of Surgery, Boston University School of Medicine, discussed the
"Advantages of a Geographic Full-Time System" without rigid controls.

Dr. Richard V. Ebert, Professor and Chairman, Department of Medicine, University of

Minnesota Medical School, described the "Advantages and Disadvantages of a Mixed System." He stated that the advantages inherent in the flexibility of a mixed system, such as that at Minnesota, are offset by its inherent instability and some of the tensions involved.

Dr. Gene H. Stollerman, Professor and Chairnaian, Department of Medicine, University of Tennessec College of Medicine, spoke on "A Changing Role for the City Hospital." He emphasized the provision of emergency and special care in a group practice type arrangement.
Dr. Walter F. Ballinger, Professor and Chairman, Department of Surgery, Washington University School of Medicine, St. Louis, discussed his school's experience with multiple reviews of its strict full-time system in a presentation entitled "Reasons for Changing a System." In effect for almost fifty years, the system was reviewed two years ago. The conclusion of the faculty was overwhelmingly that there should be a nucleus of full-time, full-salaried physicians in all departments. The successful administration of this system demands fiexibility in its application.

The meeting ended with a panel discussion and questions from the floor.

## Annual Business Meeting

The meeting was called to order by Dr. Jonathan E. Rhoads at 3:30 P.M. on November 2, 1969.

Dr. Rhoads read the report of the Executive Committer, and Dr. Harry A. Feldman presented the report of the Secretary-Treasurer.

## TRAINING OF PHYSICLANS' ASSISTANTS

Dr. Eugene A. Stead spoke on the desirability of setting standards for schools producing physicians' assistants and requested that the CAS take an active role in these educational programs. He pointed out the need for some standard curriculum and accreditation or review procedures. It was recommended that a task force be appointed to study these programs and bring recommendations on what should be done to the next CAS meeting in February, 1970. A motion embodying this recommendation was made, seconded, and passed.

FEDERAL SUPPORT FOR BIOMEDICAL RESEARCH
Dr. Daniel C. Tosteson described the role of the Council of Academic Societies in seeking federal support for biomedical research. He gave an account of the testimony delivered before appropriate committees of the Congress
and described correspondence suggesting the appearance of many interested biomedical research workers in Washington seeking con--finued support of this important national activity. This matter had been resolved with the suggestion that such efforts might be better focused through the professional organizations of men involved in biomedical research as well as through the Association of American Medical Colleges.

A recommendation was made requesting that the AAMC staff elaborate information on the effects of decreased federal support for biomedical research and education on fulltime faculty staffing. This request received the support of the members present.

## faculty salary study

The rapid increase in salaries in the medical schools and the relation of this inflationary trend to federal funding was also discussed. The recommendation of the Council of Deans that the federally derived portion of the salary of faculty members be based on a percentage of effort and a nationally determined median salary level for strict full-time faculty in medical schools was reviewed. The Council of Teaching Hospitals had suggested that this matter be reviewed by representatives of the three Councils. The Council of Deans has already agreed to such a course. It was the recommendation of the Executive Committee of the CAS that "policy concerning the federal portion of faculty salaries be reviewed by a Conference Commituee made up of two or three representatives of each of the Councils. The final recommendations of this Committee
are to be sent back to the Councils before they are passed upon by the Asscmbly." A motion elubodying this recommendation was. made, seconded, and passed.

## GRADUATE medical education

Dr. Thomas D. Kinney reported that the Standing Committee on Graduate Medical Education had met three times and had drafted a paper describing the corporate structure of graduate medical education and some of the implications of it for the university. The committee recommended that this paper be reviewed before being circulated in light of the experience with institutionwide surveys now scheduled for four academic medical centers. This review will be embodied in a subsequent report of the committee to be made to the CAS in February, 1970. This recommendation was accepted.
membership
The Executive Committee reported that it had reviewed applications from ten societies and recommended the following seven for membership: American Gastroenterological Association; American Association for Thoracic Surgery; Association of University Professors of Neurology; Association of Academic Physiatrists; Association of Anatomy Chairmen; Association for Medical School Pharmacology; and Society of Academic Anesthesia Chairmen, Inc. A written ballot was distributed, and five of the above societies. were elected by large majorities and two by only small majorities.

## ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

The report of the Nominating Committee was submitted to the membership in the form of a written ballot to fill the expired terms.

Officers.-Elected as officers for the coming year were: Dr. Daniel C. Tosteson, Duke, Chairman; Dr. James V. Warren, Ohio State, Chairman-Elect; Dr. Harry A. Feldman, SUNY-Syracuse, Secretary; and Dr. Jonathan E. Rhoads, Pennsylvania, AAMC Executive Council Representative (1972). Dr. Thomas D. Kinney, Duke, is presently serving an
unexpired term as AAMC Executive Council Representative.

Executive Cominittee Members.-In addition to the officers listed above, members elected to the Executive Committee were: Dr. Sam L. Clark, Jr., Massachusetts; Dr. Patrick J. Fitzgerald, SUNY-Brooklyn; and Dr. William B. Weil, Michigan State.

## other business

A request was made that the Council of Academic Societies go on record as showing a grave concern with the current status of student financing and that the CAS take every step to ensure an adequate supply of loan and scholarship funds. A motion was made, seconded, and passed.

The meeting was then adjourned.

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## AAMC Proceedings for

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man; Matthew F. Mcr and Dr. Frederick C. I Dunlap, Resource Pan Teaching Hospital in th Center, Ray E. Brown, ' neth E. Penrod, Speake. Luckey and David L. O. Group 3-The Devel. Health Policy: An O Leonard W. Cronkhite, Dr. Stuart M. Sessoms, and Dr. Clifton K. Hiu Panel.

COTH Annual Ins Membership Meeti
The fourth COTH Anni bership Meeting was ca: man Rambeck on Sur 2:00 P.M. As first o Chairman asked for ap the third annual meeti Proceedings of the As Medical Colleges for : made, duly seconded,

Report of the $N$ Committee
Mr. Lad F. Grapski, C report of the Nominal man-Elect, Irvin G. $Y$ M. Danielson, COTH AAMC Executive Cou continuing as a Rer term, Dr. Russell A. term, Roy S. Rambec:

Nominees to the ' mittee for three-year Cartmill, Edward J. Greathouse; for two E. Burbridge; and fo Lewine.

COTH Represent Assembly for three Charles E. Burbridge Edward J. Connors. L. Hughes, Dr. Arth win G. Lamson, Ch. M. Stagl, William J Vanderwarker, and

# COUNCIL OF ACADEMIC SOCIETIES ANNUAL BUSINESS MEETING AGENDA. 

Sunday, November 2, 1969
Room 2ll, 3:30 P.M.

1. Call to Order.
2. Roll Call.
3. Minutes of 1968 Annual Meeting.
4. Report of Executive Committee.
5. Report of Secretary-Treasurer.
6. Federal Funding for Biomedical Research.
7. Report of Negotiations with Social Security re: Medicare Payments.
8. Policy - Faculty Salaries.
9. Physicians Assistants.
10. Committee on Graduate Medical Education.
11. National Library of Medicine Project.
12. Staff Report and Plans for Next Year.
13. Recommendations for Membership.
14. Report of Nominating Committee.
15. Other Business.

THE COUNCIL OF ACADEMIC SOCIETIES

The Second Annual Meeting of the CAS was held in Houston, Texas, November 1 \& 2, 1968. It consisted of three parts:

1. Afternoon program centering around a discussion of what medical schools' faculties could do to help to expand student enrollment.
2. An account of the Workshop on the Role of the University in Graduate Medical Education. Presiding: Dr. Daniel C. Tosteson.
3. The annual business meeting. Presiding: Dr. Thomas E. Kinney.

## Expansion of Enrollment

Mine speakers covered various aspects of the problem from the possibilities of decentralizing of study in the sciences basic to medicine to a scheme for double scheduling classes in the same facilities. Experiences reviewed were:

1. Simultaneously offering two differently structured anatomy courses.
2. Concentration of the laboratory experience in the basic sciences into intensive study in a single discipline with the resultant conservation of curriculum time, faculty effort, and facility use.
3. Power of newer mechanisms and extension of devices to assist in the transmission of factual material from teacher to student.
4. The use of extramural facilities for intensive instruction of clinical clerks.

These four newer approaches were described in positive terms. Each discussion alluded to actual mechanisms for the redirection of facilities and resources already on hand which could result in expanded enrollment studies, some attesting the fact that medical schools with large enrollments are not necessarily inferior but are in some ways superior to smaller schools were reviewed.

The meeting closed with estimates of the possibilities for securing students for enrollment in advanced standing in medical schools and with a discussion of the additional hospital facilities that increased medical student enrollment might require.

The CAS Workshop on the Role of the University in Graduate Medical Education
Drs. Thomas E. Kinney, Jonathan Rhoads, Thomas D. Brem summarized for the membership their impressions of the Workshop on the Role of the University in Graduate Medical Education. This three-day conference was held in Washington, D.C. on October 2-5, 1968. It was attended by approximately 140 medical educators and representatives of many groups and organizations deeply involved with graduate medical education. The three speakers reflected the apparent concensus of the workshop. The conceptualization of medical education as a continuum requires for its realization an increasing role by the universities in graduate medical education. The attitude that the specialty boards should evolve toward examination
and certifying agencies without heavy emphasis on determining the content or duration of training was emphasized. The need for approval of graduate medical education programs on an institution-by-institution basis rather than a program-by-program basis was stressed. Strong support was offered for a Commission on Graduate Medical Education, whose function remained to be defined.

## National Biomedical Educational Communications Network

Drs. Mortin Curmings and Ruth Davis of the National Library of Medicine reported on the potential value of a National Biomedical Education Cormunications Network for strengthening medical student education. They described in broad terms the current state of the technology and the possibilities it permitted. They pointed out that support from the more effective and thoughtful medical teachers would be necessary for such a network to reach optimal use.

## Business Meeting

The annual business meeting was convened by Dr. Kinney. He reported on the activities of the Executive Committee, and Dr. Harry A. Feldman gave the report of the Secretary-Treasurer. The Executive Committee proposed three resolutions to the membership. All were approved unanimously. They were:

1. The CAS goes on record as favoring an increased role and responsibility of the universities for graduate medical education.
2. The CAS recommends that the AAMC support the formation of a Commission on Graduate Medical Education.
3. The Executive Cormittee recamends the formation of a Standing Committee on Graduate Medical Education of the CAS.

The membership directed that these actions be forwarded to the Executive Council of the AAMC and on to the Assembly. The first two were approved and the third was interpreted as an internal affair of the CAS by the Executive Council of the AAMC. The CAS voiced its support of the Bicmedical Educational Cormunications Metwork described above and urged its Executive Committee to cooperate with the National Library.

Upon recamendation by its Executive Coumittee, three new societies were elected to the CAS, bringing its total membership to 30. These are:

1. The Society of University Surgeons
2. The American Association of Plastic Surgeons
3. The American Association of Neuropathologists

The nominating committee headed by Dr. Ralph J. Wedgwood, following the provisions of the constitution, brought in two nominations for all open positions. After written ballots were tallied, the following elections were announced: Jonathan E. Rhoads, M.D., Chairman; Daniel C. Tosteson, M.D., Chairman-Elect. Thomas D. Kinney, M.D., and James V. Warren, M.D., were elected to serve on the Executive Council.

Under "Other Business," Dr. Clarence Dennis reported the concern of the Society of Surgical Chairmen with developments in the Deans Cormittee of the Veterans Administration Hospitals. After discussion of a number of points, Dr. Dennis' recomendations were referred to committee for final action. The Council passed the following resolution which was forwarded to the Executive Council of the AAMC and on to the Assembly:

A motion was made and carried that the CAS express its concern for continued support for biomedical research in addition to urgently needed increased support for the delivery of health services..

The Academic Society representatives present were urged to attend the Association meeting scheduled for Monday, November 4. The meeting adjourned at 5:00 P.M.

# REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE <br> OF THE COUNCIL OF ACADEMIC SOCIETIES TO THE COUNCIL OF ACADEMIC SOCIETIES November 2, 1969 

In reporting for the Executive Committee, I have the opportunity of reviewing very briefly our stewardship of the CAS since the last annual meeting which was held in Houston in October, 1968.

The Executive Committee met on February 8 and March 23 in Washington, D.C. Subsequent meetings were held in Washington, D.C., $6 / 24 / 69$ and in Cincinnati on $10 / 31$ and $11 / 1$.

Your representatives on the Council of the AAMC have met with that body on December 16, February 8, April 8, June 24, and September 17.

The principal work project of the year has been the contract with the National Library of Medicine to develop with them plans for a national medical communications network. On February 25 and 26 a conference was held at the NLM which brought together representatives of the constituent societies and resulted in a report which has been accepted by the Library. Dr. Cheves Smythe will report on this development which has gone very well and should result in a definitive report in the next year and a progress report in June.

At the June meeting emphasis was on the development of the very fine programs which you have heard yesterday afternoon and this afternoon.

The standing committee on graduate medical education, under the chairmanship of Dr. Thomas Kinney, drafted a report on which he will comment, which has led to plans for visits to view residency programs of 4 university hospitals on a trial basis in order to test in a preliminary way the possibilities of institutional accreditation should universities accept as a corporate responsibility graduate education programs in clinical fields. The final report will of course be influenced by this experience.

The plans for a Commission on Medical Education are in a state of suspended animation. The proposal on this was first laid on the table by the Council of Medical Education of the AMA, but later revised and referred to the Liaison Committee of the AMA and the AAMC, which is scheduled to discuss it again in November.

The Executive Conmittee reviewed 10 applications for membership and recommends 7 as fulfilling all of our criteria. These will be presented to you by ballot for election. If favorable action ensues, there will be more than 35 member organizations--a larger number than we have seats in the Assembly. During the coming year, the Executive Committee will study mechanisms for adjusting this discrepancy and probably will recommend an addition to the Bylaws to cover it.

The policy of excluding the larger professional colleges from membership of the CAS was reviewed. This had been an interim policy in the formation
of the CAS, but it had always been recognized that many of these colleges and academies not only did much to maintain high professional standards among their members, but were also heavily engaged in education, especially continuing education.

Your Executive Committee reconmends that the professional colleges now be considered for membership in the CAS and unless the Council objects at this meeting, the new Executive Committee will review applications and reconmend the admission of some of the major professional groups on a carefully selected basis.

An important issue came to us from the Council of Deans which concerns the remuneration of faculty from federal funds and deserves your closest attention and the reactions not only of yourselves, but also of those whom you represent. An inter-council committee will be proposed to study the matter in depth and bring further recommendations back to each Council.

A statement reviewing the fields of interest of the AAMC as a whole and indicating the degree of interest of each council in each field has been drafted by the staff. The Executive Committee had a preliminary discussion of this draft on Saturday morning, but thought it best that the new Executive Committee devote a full meeting to it later on in the year before bringing its recommendations and those of the staff for your consideration and possible action. It contains no radical departures, but as it may well become a blueprint for the developments of the next few years, it merits careful attention, both as to content and emphasis.

## MEMO TO: Council of Deans

FROM:
John A. D. Cooper, M.D., Ph.D., President
SUBJECT: Recommendations on Limitation of Federal Contributions to Faculty Salaries, from an Ad Hoc Committee appointed by the Southern Deans and chaired by Marison Meads.

## Background and Progress Report

You will remember that the committee was established because of serious concerns of medical school administrators and the N.I.H. on the impact of Federal Institutional Grants on faculty salaries, particularly disciplines seems demand for well qualified faculty in a number of baseline information on faculty supply. Through your excellent cooperation, was collected through a methor sing total income, and fringe benefits and practical as is possible ar reporting which we feel is as accurate held with you at our last Atlanta this tine. Preliminary discussions were policy that would be acceptable meetirg on possible approaches to a government which would give reasonath the medical schools and the federal institutional grants would not accentuate the pre that funds from federal inflation.

Your committee met on several occasions in Houston and three alternatives developed:

1. Using the precedent of the Career Award program, federal funds would particifate only in salary support of strict full-time faculty in accord with institutional ranges and up to a maximum level which no institution could exceed.
2. Make complete salary information of an institution available to Review Comnittees and Councils and rely on the process of peer rating to determine whether the proposed use of federal funds would be inflationary.
3. Federal funds could participate in the salary support of any faculty member on the basis of the customary "percent of effort" of an incividial up to nationally accepted levels by rank and ciscipline. Each school would retain the right to supplemient above these levels if it so desired.

We had the opportunity to discuss these three approaches with Ernest Allen. He advised against the first alternative because of the problems encountered by many institutions with Career Awards, and objected to the second proposal on the basis that this is a responsibility that should not be assigned to Review Committees and Councils. He was very enthusiastic about the third alternative, felt it would be well received at the federal level and that "even Mr. Fountain should be satisfied."

Your committee recognizes that alternative 3 is not the total answer to faculty salary inflation which is in part governed by factors beyond our control. However, alternative 3 does give reasonable assurance that federal funds will not participate in stimulating further salary escalation.

Because of the urgency and importance of this matter we seek your comments and approval to refer the following recommended policy from the Southern Deans to the Council of the AAMC for prompt consideration and discussion with proper representatives of the federal government.

## Recommended Policy

Funds from federal institutional grants may be used to support the salary of any faculty member on the basis of percentage of effort in the approved program up to nationally accepted levels for each academic rank and discipline. Such levels will represent the median salary level for strict full-time faculty in the medical schools of this country as determined by the AAMC Faculty Salary survey for the year in which this policy is adopted. These levels will be adjusted annually thereafter in accord with changes in the cost of livirg index. Faculty salaries established on this basis may be supplemented by an institution from nonfederal funds if so desired. Federal funds may continue to be used to pay the prorata share of the cost of fringe benefits of each respective institution. This policy should be subject to review and possible revision after an adequate period of trial.

## Action Requested

We recognize that, in the final analysis, minor modifications may be necessary in this policy statemert. However, because of urgency, we would appreciate your immediate reply as to whether you approve or disapprove of sending this recommerded folicy forward to the Executive Council with the endorsement of the Southern Deans Group.

Please reply on the attached sheet as soon as possible.

1. Name of Society

Association for Medical School Pharmacology
2. Purpose

To foster best possible contribution of pharmacology in medical
education
3. Membership

The membership will consist of one representative from each medical school in the United States of America. Invitation to membership will be extended to the head or the acting head of the department or subdepartment of pharmacology in each medical school, or, where there is no such person, to a person chosen by the dean of that school to represent pharmacology in this association. A member may designate as his substitute a member of the faculty of the medical school represented by the member.
4. Number of Members

About 100
5. Constitution and Bylaws available
6.. Minutes and agenda of meeting held 4/14/69 available
7. Organized

Adril 14. 1969

1. Name of Society

Anerican Association for Thoracic Surgery
2. Purpose

To encourage and stimulate investigation and study that will increase the knowledge of intrathoracic physiology, pathology and therapy; to correlate such knowledge, and disseminate it...to hold at least one scientific meeting each year...to. publish a journal.
3. Membership

Active, associate, senior, honorary. Candidates for membership shall have achieved distinction in the thoracic field or shall have made a meritorious contribution to knowledge pertaining to thoracic disease or its surgical treatment.
4. Number of Active Members

400; otner classes unlimited
5. Constitution and Bylaws available
6. Minutes and programs of meetings available
7. Organized

1920

1. Name of Society

Association of Anatomy Chairmen
2. Purpose

To provide a forum for discussion and a mediun for comnunication among chairmen of departments of anatomy or the equivalent organizational units in American schools of medicine or approved related organizations in order to foster their conunon concerns in medical education and research.
3. Membership

Chairmen and acting chairmen of departments of anatomy or equivalent organizational units in AAMC member schools.
4. Number of Hembers

About 100
5. Constitution and Bylavs available
6. Minutes and programs of meetings

For meetings on $1 / 31 / 69$ and $3 / 31 / 69$ available
7. Organized

January 31, 1969

1. Name of Society

## American Gastroenterological Association

2. Purpose

To foster the development and application of the science of gastroenterology by providing leadership and aid in all aspects of this field, including scientific communication, research, teaching, continuing education and patient care. For the accomplishment of these purposes, to solicit and receive donations and dues; to receive, manage, invest and reinvest real and personal property, money and securities; and to disburse monies and assets for activities in keeping with the stated purposes.
3. Membership

Honorary, affiliate, active, and associate. No conditions for membership are stated, but it is implied that activity in the field of clinical gastroenterology and certification by the Specialty Board of Gastroenterology are necessary.,
4. Number of Active Members

Approximately 800
5. Constitution and Bylaws submitted to CAS
6. Minutes and program of meeting submitted to CAS
7. Organized

1898

1. Name of Society

Association of University Professors of Neurology
2. Purpose

Objectives shall be the promotion of medical education, research and patient care, particularly with respect to neurology.
3. Membership

Heads of departments and divisions of neurology in accredited medical schools throughout the United States.
4. Number of Members

About 70
5. Constitution and Bylaws available
6. Minutes and programs of meetings available
7. Organized

1968

1. Name of Society

Society of Academic Anesthesiology Chairmen, Inc.
2. Purpose

To encourage progress in teaching, patient care, research, and science in Anesthesiology. To promote the growth and continuing development of the discipline of Anesthesiology. To provide a forum for discussion and exchange of ideas among medical school departments of Anesthesiology. To provide liaison between chairmen and various individuals and organizations whose activities bear on the objectives of the Society. To have the power to take other actions as deemed desirable and necessary by the Society to accomplish its objectives.
3. Membership

Heads of departments or divisions of anesthesiology
4. Number of Members

## 91

5. Constitution and Bylaws available
6. Minutes and programs of meetings available
7. Organized

1968

## 1. Name of Society

## Association of Academic Physiatrists

2. Purpose

To promote the advancement of teaching and research of physical medicine and rehabilitation within the area of academic medicine. It will promote the dissemination of information to future young physicians who will be practicing this art and science for the benefit of the public health and welfare of this nation. It will become involved in the exchange of information from other areas of the field of medicine both in the basic sciences and in the clinical areas of teaching and research.
3. Membership

Full-time teachers of physical medicine and rehabilitation. Not limited to
chairmen
4. Members

About 60
5. Constitution and Bylaws available
6. Minutes and program of meetings available
7. Organized

1968-69

## SOCIETIES RECOMMENDED FOR ELECTION TO <br> COUNCIL OF ACADEMIC SOCIETIES BY <br> Sunday, November 2, 1969



1. Income from Dues from member societies to 9/30/69 \$ 2,500.00

Expenditures
176.31

Balance 9/30/69
$\$ 2,323.69$
2. Project - Role of the University in Graduate Medical Education

Contract Total \$27,000.00
Expenditures to 9/30/69 23,078.22
Balance 9/30/69 . \$ 3,922.78

This will be sufficient to cover costs of publishing the report of this conference.
3. Project - National Library of Medicine Potential Educational Services from a Biomedical Communications Network

Contract Total \$67,000.00
Expenditures 9/30/69 19,204.64
Balance 9/30/69 \$47,795.36
4. Expenditures within the Department of Academic Affairs allocated against programs of the Council of Academic Societies

$$
7 / 1 / 68 \text { through 6/30/69 } \$ 14,051.99
$$

## ELECTION OF NEW OFFICERS

| CHAIRMAN ONE－YEAR TERM | X | Daniel C．Tosteson，M．D． | YES |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| Chairman－elect ONE－YEAR TERM |  |  | Wrim fill |
|  |  |  |  |
| $\begin{aligned} & \text { SECRETARY } \\ & \text { ONE-YEAR TERM } \end{aligned}$ | X－Harry A．Feldman，m．d． |  |  |
|  |  |  | 24 |
| THREE－YEAR TERM ON EXECUTIVE COUNCIL OF AAMC | $X$ | Charles F．Gregory，M．D． | 断 1111 |
|  |  | Jonathan E．Rhoads，M．D． tustorton |  |
| TWO－YEAR TERM ON EXECUTIVE COMMITTEE OF CAS | $X-$ |  |  |
|  |  | Sam L．Clark，Jr．，M．D． | 16 |
|  |  | Robert E．Forster，M．D． | HHIII 8 |
| VOTE FOR FOUR | $X$ | Patrick J．Fitzgerald，M．D． |  |
|  |  | Abraham White，Ph．D． | H1118 |
|  | $X$ | John I．Nurnberger，M．D． | HTHH 109 |
|  |  | Eugene A．Stead，M．D． |  |
|  | Ralph Wedgwood，M．D．$X \text { William B. Weil, Jr., M.D. }$ |  | 加牃1 11 |
|  |  |  |  |

SOCIETIES RECOMMENDED FOR ELECTION TO
COUNCIL OF ACADEMIC SOCIETIES BY
Sunday, November 2, 1969

For Agon
15
7

1. American Association for Thoracic Surgery
14 9
2. American Gastroenterological Association
20 3. Association of Academic physiatrists
2.24 Association of Anatomy Chairmen

19 5. Association for Medical School Pharmacology
22 6. Association of University Professors of Neurology
21 7. Society of Academic Anesthesiology


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ROLL CALL

Council of Academic Societies (cont'd)

