aamc association of american medical colleges

AGENDA
FOR
COUNCIL OF DEANS

ADMINISTRATIVE BOARD
WEDNESDAY, SEPTEMBER 9, 1981
2 p.m. — 5:30 p.m.
JACKSON ROOM
WASHINGTON HILTON HOTEL
WASHINGTON, D.C.

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 828-0400

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
Wednesday, September 9, 1981
2:00 pm - 5:30 pm
Jackson Room
Washington Hilton Hotel

AGENDA

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

Thursday, June 25, 1981
9:00 a.m. - 12:30 p.m.
Independence Room
Washington Hilton Hotel
Washington, D.C.

PRESENT

(Board members)

Steven C. Beering, M.D.
David R. Challoner, M.D.
John E. Chapman, M.D.
John W. Eckstein, M.D.
Richard Janeway, M.D.
William H. Luginbuhl, M.D.
Allen W. Mathies, Jr., M.D.
Richard H. Moy, M.D.
Leonard M. Napolitano, Ph.D.

(Guests)

Lisa Capaldini
Grady Hughes
Julius R. Krevans, M.D.
Thomas K. Oliver, Jr., M.D.

(Staff)

Janet Bickel
Robert Boerner
John A. D. Cooper, M.D.
James B. Erdmann, Ph.D.
Betty Greenhalgh
Thomas J. Kennedy, Jr., M.D.
Joseph A. Keyes
Anne Scanley
James R. Schofield, M.D.
John F. Sherman, Ph.D.
August G. Swanson, M.D.
Xenia Tonesk, Ph.D.
Kathleen Turner
Marjorie P. Wilson, M.D.

I. Call to Order

The meeting was called to order at 9:15 a.m.

II. Report of the Chairman

Dr. Beering began his report by informing the Board members that the Executive Committee would be meeting, following the Executive Council meeting, with Bryant Galusha to discuss the Flex I and II exams. He anticipated a fruitful exchange between the Executive Committee members and the guests, each of whom had been provided a copy of the Report of the External Examination Review Committee.

Secondly, Dr. Beering informed the Board that the Executive Committee was to meet with Rep. Henry Waxman the following day to discuss research, research training, student aid and Medicaid. He asked the Board members for ideas prior to this meeting.

Thirdly, Dr. Beering reported on a concern by the Pharmaceutical Manufacturers Association which stated that new drugs are not made available to the public quickly enough. Department of Health and Human Services Secretary Schweiker was exploring with representatives of Ely Lilly the suggestion that the process could be speeded up by FDA approval of a process by which initial limited scope human experimentation could proceed after review and approval by medical school institutional review boards. Dr. Beering questioned the position of the Association on this approach. The Board endorsed the concept noting it should permit individualized arrangements between schools with the interest, capability and willingness to take on the responsibility. It also concurred in the staff suggestion that judgments regarding the scientific merit of the project should be made by a body other than the IRB on a school or consortium basis arranged by the school.

Dr. Beering then announced that the Association of American Universities was to be chaired by John Ryan, President of Indiana University. Under his chairmanship, the AAU expects to take up the subject of interest costs.

Correspondence from the Board for Clinical Pathology was received by Dr. Beering. This organization accredits laboratories, but such accreditation is automatically withdrawn upon the departure of the laboratory director. That limitation was viewed unfavorably by both the Executive Committee and the Administrative Board and staff was encouraged to investigate the matter and to express the Association's dim view of the Board's policy.

Dr. Beering then asked Mr. Keyes to bring the Board up-to-date on the COD Rules and Regulations changes regarding Sections of the COD. In the proposed changes, the requirement for regional meetings was removed and the previous Board decisions regarding the establishment of Sections were codified as a substitute. Several deans had expressed concern that this change made it appear that the Association was attempting to exert control over the groups of deans who chose to meet. This matter was discussed by the Executive Committee which also considered the concern that such a formal provision may inappropriately facilitate the establishment of special interest groups and lead to the fragmentation of the Association. The question was referred to the COD Board as to whether or not this provision should be reconsidered and possibly removed on the basis of these concerns. The Board decided that the provision should remain as proposed. This item will be considered by the full Council at the Annual Meeting.

A committee consisting of Drs. Challoner, Eckstein, and Stemmler was then appointed by Dr. Beering to consider and recommend nominations for Distinguished Service Membership in the AAMC. Per the usual procedure, the deans will be asked for recommendations and this committee will make the final recommendations to the Board at its September meeting.

Finally, Dr. Beering reported on the progress of the joint meeting of the Deans and Society of Medical College Directors of Continuing Medical Education to be held during the Annual Meeting. It will be held on Sunday, November 1, from 8:00 - 10:00 pm and will include the following participants: Donald Lindberg, Martin Cummings, Phil Manning and Roy Schwarz with Dr. Beering as moderator.

III. Approval of Minutes

The minutes of the March 26, 1981 meeting of the Administrative Board were approved as submitted.

IV. Action Items

A. External Examinations Review Committee Report

Dr. Swanson of the AAMC staff appeared before the Board to lead the discussion on this report. Upon approval by the Executive Council, the report would be given wide distribution. The transmittal letter and draft of the report were contained in the Executive Council agenda. After some specific comments on language in the report, the Board approved the committee report and recommended the implementation of the recommendations contained therein.

B. Committee on Foreign-Chartered Medical Schools and U.S. Nationals Studying Medicine Abroad

Dr. Luginbuhl who chaired this ad hoc committee presented this report to the Board. The committee was complimented by the Board for the excellent report. The Board then approved the adoption of the committee report and the implementation of its recommendations.

C. Election of Institutional Member

On motion, seconded and carried, the Board endorsed the election of the following institution to Full Institutional Membership in the AAMC:

Texas A & M University College of Medicine

D. Proposed AAMC Bylaw Change

Both the Council of Academic Societies and the Council of Teaching Hospitals have in the past elected their immediate past chairman and chairman-elect to the Executive Council. The Council of Deans has not elected its immediate past chairman to the Council. A proposed bylaw change would provide ex officio membership on the Executive Council of the immediate past chairmen of each of the Councils and the Executive Council.

The second bylaw change describes the procedure to be followed in the event of a vacancy on the Executive Council, either through resignation of an elected member or movement of such a member to an ex officio seat on the Council.

Both changes had been approved by the Executive Committee and the Board approved the adoption of the bylaw changes.

E. Due Process for Students and Residents

Discussion on this topic was a continuation of what had occurred at the prior two Board meetings. A draft copy of the proposed pink memorandum plus an attachment on this issue was contained in the Executive Council agenda. These were prepared pursuant to the directions given by the Executive Council at its previous two discussions.

The Board approved the distribution of the two documents to the AAMC membership.

F. Urban Institute Report on the Effects of Reducing Federal Aid to Undergraduate Medical Education

This report studied the impact on undergraduate medical education of a reduction in Federal subsidies. The AAMC cooperated in this effort by providing available requested data to the authors. The explicit and implied conclusions stated that the loss of Federal subsidies will not adversely impact medical education. Thus, the Department of Health and Human Services may be expected to use this study to justify budgetary and legislative actions.

The AAMC had prepared a response to the Urban Institute Report in which the Board, after some discussion, recommended the deletion of a paragraph defending the importance of the Federal capitation grants.

V. OSR Report

Lisa Capaldini, OSR Chairperson, reported that in their meeting held the day before, the OSR had discussed the Executive Council agenda items, the Annual Meeting program, and the topic to be covered in the next meeting with Resident Physicians. In addition, they developed nominations for the student member on the LCME.

VI. Discussion Items

A. Institutional Support Components on National Research Service Awards

Dr. John Sherman presented this issue to the Board. A long established tradition, under which the Federal government provided an element of institutional support, over and above the stipends and tuition fees for trainees, ran into serious difficulties with the new Administration this year. As a result, contentious problems have arisen in both legislative

and appropriations committees of the Congress and faculty/ administration tensions have been heightened. Board members concurred in the importance of the AAMC speaking out in support of Federal funding of the institutional component of the awards. After some discussion the Board approved the first paragraph of the recommendation contained in the Executive Council agenda: the Executive Council formally endorse the overriding importance of institution support and the indispensability of reimbursement for indirect costs as components of training grants, even if their inclusion in awards results in a reduction in the number of trainees that can be supported. The Board members recommended deletion of the second paragraph of the Executive Council agenda recommendation.

B. Strategies for the Future

This topic stemmed from discussions among the AAMC senior staff in which it considered the Association's responsibility to assist its constituent medical schools and teaching hospitals to prepare for the 1980s. The intention was to bring together small groups of people to discuss the approach the Association should take. It seemed appropriate to have the three Administrative Boards discuss this collectively in order to formulate the process for the Association's approach to dealing with these issues. COD Board members thought the idea should be pursued. The AAMC staff suggested the possibility of changing the days of the September meeting to include not only the regularly scheduled COD Administrative Board meeting and Executve Council meeting but special sessions devoted to the role and strategy of the AAMC in assisting its members to meet the changing environment of the 1980s. A new schedule would be developed and sent to the Board members with the hope that their calendars could be adjusted accordingly.

C. Federal Support for Biomedical and Behavioral Research Resources

With overall levels of federal support for biomedical and behavioral research predicted to grow at a slower rate in the foreseeable future than has been characteristic of the past three decades, questions arise as to: what will be the resource needs for the productive conduct of research in the foreseeable future; how can the acquisition of those resources be financed; and how should they be managed.

It was recommended by the AAMC staff that the Chairman appoint an ad hoc committee to examine these issues and to recommend how and by whom questions of this nature could be posed and answered. The Board endorsed the appointment of such a committee.

D. Proposed Dates and Sites for the 1983 COD Spring Meeting

After studying the options available for the 1983 COD Spring Meeting, the Board decided to send out a memo to the full Council of Deans asking them to vote on the two alternatives: (1) April 6-9, 1983, at the Alamos Resort Hotel, Scottsdale, Arizona, or (2) April 20-23, 1983, at The Broadmoor, Colorado Springs, Colorado. The Board directed the AAMC staff to poll the deans, tally the results, and report back at the next meeting.

VII. Information Items

A. Reconciliation

Dr. Cooper brought the Board members up-to-date on the current reconciliation process occurring on the hill. A handout elaborated on its status in the Senate and the House and included an outline of the major issues involved: National Research Service Awards, Health Manpower, and the Guaranteed Student Loan Program.

B. Prospectus on the General Professional Education of the Physician

A prospectus was distributed to the COD Board with the intention that it stimulate discussion so that the full Council may begin to plan their contributions to the project. It was announced that the project will be supported by a grant from the Kaiser Family Foundation.

VIII. New Business

It was announced by Dr. Cooper that Dr. Majorie Wilson would be leaving the Association after almost eleven years of service to join the University of Maryland School of Medicine as a Senior Associate Dean. He thanked her for her contributions and wished her well in her new endeavor. He also announced that Mr. Joseph Keyes would become the Director of the Department of Institutional Development.

IX. Adjournment

The meeting was adjourned at 12:15 pm.

ELECTION OF DISTINGUISHED SERVICE MEMBERS

At the June COD Administrative Board meeting, Dr. Beering appointed the following to serve on the Distinguished Service Member nominating committee: David R. Challoner, M.D., Chairman, John W. Eckstein, M.D., and Edward J. Stemmler, M.D. This committee solicited recommendations from the general membership of the Council of Deans. Recommendations were received and the committee met by telephone conference call on Friday, September 4. Their report will be presented to the Board at this meeting.

1983 COD SPRING MEETING SITE

At the June COD Administrative Board meeting there was a discussion concerning the proposed dates and sites for the 1983 COD Spring Meeting. At that time the selection was narrowed down to the following two choices:

April 6-9, 1983	Alamos Resort Hotel Scottsdale, Arizona
April 20-23, 1983	The Broadmoor Colorado Springs, Colorado

Ballots were sent out to the full COD membership asking for their preference. As of Monday, August 31, a total of 95 ballots had been received with the breakdown as follows:

Alamos	=	52 votes
Broadmoor	=	43 votes

Because of the narrow range between the vote totals, we have brought this back to the Board for a final decision. A copy of the memorandum which accompanied the ballot is attached for you to compare the rates and features of the two sites.

Attachment

aamc association of american medical colleges

MEMORANDUM July 1, 1981

TO: Members of the Council of Deans

FROM: Joseph A. Keyes

SUBJECT: Proposed Dates and Sites for the 1983 COD Spring Meeting

At its recent meeting, the Council of Deans' Administrative Board discussed proposed dates and sites for the 1983 COD Spring Meeting. The selection was narrowed down to the following two choices:

(1)

April 6 - 9, 1983 — Alamos Resort Hotel, Scottsdale, Arizona

FEATURES: Located on 25 acres; 4 tennis courts; 2 pools; Jacuzzis; jogging/exercise trail; golf at nearby course; airport limo service available from Sky Harbor Airport in Phoenix

RATES: 1983 -- $65 Executive Suite (64 available)
$75 Hospitality Suite (72 available)
$110 Luxury Suite (34 available)

(2)

April 20 - 23, 1983 — The Broadmoor, Colorado Springs, Colorado

FEATURES: 16 tennis courts; 3 golf courses; 3 pools (2 heated); indoor ice rink; limo service available from Colorado Springs Airport or car rental from Denver

RATES: *1982 -- Main -- $60 Single
$65 Double
South - $72 Single
$77 Double
West -- $90 Single
$95 Double

* Projected 10% increase for April 1983

Please mark the enclosed ballot and return it to my office no later than August 1, 1981. The final decision will be made on the basis of the consensus from the entire Council of Deans.

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 828-0400

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #81-36 July 27, 1981

TO: Council of Deans

FROM: John A. D. Cooper, M.D., President

SUBJECT: Clarification of First-Year Enrollment Decreases Under Construction Grant Program

The purpose of this memorandum is to clarify the announcement in the June 30, 1981 issuance of the Federal Register which stated the intention of the Department of Health and Human Services (DHHS) to relieve health professions schools of their obligation to meet assured first-year enrollment increases beyond those required by statute. This policy is effective for academic year 1981-1982. As you may have read in the Weekly Activities Report (#81-28, July 16, 1981) and as explicated below, considerable confusion had arisen over the potential impact of this policy.

The major condition for receipt of funds under the Health Professions Education Construction Assistance Program was agreement by the grantee institution to meet a statutorily mandated enrollment increase of the greater of 5% of a specified base or 5 students, commencing with the first full academic year after completion of the construction project. The law also required that these increases be in addition to those required for eligibility under the capitation grant program: the maintenance of first-year enrollment at the level of the preceding school year or that of academic year 1976-1977, whichever was greater. Many institutions, for a variety of reasons, agreed to increases in first-year class sizes above and beyond those mandated by law. Last year, this group of institutions was permitted to apply for relief from their voluntary commitments; all applications submitted were approved by the National Advisory Council of the Health Professions. Now, with the effective termination of capitation (for all but Schools of Public Health) and as part of its overall efforts to moderate the perceived oversupply of health professionals, the Administration is permitting schools to decrease their enrollment to the level mandated by the sole remaining statutory requirement: the greater of 5 students or 5 percent of a specified enrollment base---a requirement that can only be vitiated by legislative repeal, currently in process in the Congress. However, the two other requirements---the capitation-coupled maintenance of enrollment requirements and the voluntarily assumed commitments---are no longer in force. Relief from these two requirements is now automatic and does not depend on any formal process of application or HHS approval. According to estimates by HHS, this policy change could result in the reduction of as many as 2,294 first-year medical slots.

A medical school's decision to reduce first-year enrollment to the level permitted by the June 30th policy notice appeared, at least at first blush, to be complicated by another statutory provision in Section 737 of the PHS Act. This required that for its students to be eligible to participate in the increasingly necessary Health Education Assistance Loan (HEAL) program, a medical school must have been eligible to have received a capitation grant "in the previous fiscal year." Thus, HEAL participation during FY 1982 (October 1, 1981-September 30, 1982) would require that a school have met the capitation---including enrollment---eligibility requirements of Section 770 in FY 1981 (October 1, 1980-September 30, 1981).

Conflicting responses were given by various officials in the DHHS to the question of whether a school that reduced the size of the class entering in early September, 1981 would be eligible to participate in HEAL. The ambiguity was eventually resolved by Dr. Robert Graham, Administrator, Health Resources Administration. He stated that: captitation awards were traditionally forward financed i.e. funds received in FY 1981 were actually allocated from FY 1980 appropriations; eligibility for a FY 1981 capitation award was based on September, 1980 enrollment data; and schools whose September 1980 first-year enrollment levels met capitation requirements could therefore reduce their September 1981 first-year enrollment (subject to the limits in the June 30, 1981 notice) without jeopardizing the eligibility of their students for participation in the HEAL program.

It should be noted that any school that takes such an action would thereby become ineligible for a capitation award in FY 1982 and would thus not be able to participate in the HEAL program in FY 1983 (October 1, 1982-September 30, 1983). The AAMC staff is of the opinion that this loss of eligibility would not have an adverse impact.

- Technical amendments in pending health manpower legislation formally eliminate from the HEAL statute, the requirement that capitation eligibility be established. This legislation will probably be enacted in the next year and might actually become effective with passage of the budget reconciliation legislation now in Conference.

- Absent formal repeal, the emergency created by denial of HEAL loans to students because their school had failed to meet eligibility requirements for a program unfunded for two years would be viewed as absurd; it would surely move the Congress to enact immediate relief.

Finally, it must be noted that the Federal Register notice states this policy change does not impact upon the obligation of the schools to meet the commitments in their grant applications concerning training opportunities for the disadvantaged.

The Department will be notifying all the affected schools of their statutory obligations.

For further information, contact James Durham of the Health Resources Administration at (301) 436-7363.

AAMC Position on Competition Legislation

Although several competition bills have been introduced in Congress this year, the budget and tax bills have precluded hearings and debate on the proposals. That situation will change early this Fall and next year. The House Ways and Means Health Subcommittee has scheduled hearings for September; Representative Gephardt and other competition bill sponsors remain strongly committed to their initiatives as are other Congressmen; the Administration's bill is expected to be completed around the end of the year; and associations and other groups are continuing to speak out on this issue.

Earlier this year, no one was predicting early passage of competition legislation. Those expectations are changing. The Administration is committed to even sharper budget cuts next year. Because defense, social security benefits, debt, and other large spending programs are relatively immune from budget cuts, health will emerge as a likely candidate for severe reductions. Vouchers for Medicare and Medicaid beneficiaries tied to a competitive scheme would be consistent with the Administration's dual efforts to reduce spending and increase competition. The swift, astounding victories on the budget and tax legislation makes one hesitate to underestimate the possibilities of health care financing reforms along these lines next year.

The AAMC has made two public statements on competition: its testimony before the Senate Finance Committee in March, 1980 and the widely distributed document; "Price Competition in the Health Care Market Place: Issues for Teaching Hospitals". Both raised concerns about price competition. Neither offered general endorsement or opposition. In addition, no specific suggestions were provided. It is important that these concerns continue to be voiced. However, the problems for teaching hospitals under price competition have been explained, and sponsors of bills are looking for solutions.

Suggestions will be made by economists, congressional staffers, and individual teaching hospitals and medical schools. If the AAMC would like to participate in the resolution of the issues raised, specific recommendations must be developed and communicated to Congressional sponsors of competition legislation soon.

Possible Position on Competition

Teaching hospitals make important societal contributions, such as education and clinical research, which are in addition to their direct patient care services. These hospitals also provide a large amount of patient care that is uncompensated or reimbursed at less than cost. Most of these commitments presently are financed by patient care dollars, which increases the immediate patient care cost of patients treated at teaching hospitals compared to those at non-teaching hospitals. If adequate funding for teaching hospitals' societal contributions could be attained, teaching hospitals could continue these efforts and not necessarily be placed at a disadvantage in a price competitive market. To meet these conditions, the AAMC could recommend that competition legislation contain, among its other provisions, the following five principles:

1) Medicare and Medicaid Participation

If competition legislation is enacted, assuring Medicare and Medicaid participation should be a top priority.

Rationale

Over 25 percent of all health expenditures are attributable to the Medicare and Medicaid programs. It would be inconsistant for the Federal government to promulgate broad changes for private health care insurance and financing if it were not willing to initiate similar changes for public spending. More importantly, it would be unfair and

inappropriate to subject hospitals to two sets of reimbursement rules (cost-based and price competition) which often may have conflicting incentives.

2) Charity and Uncompensated Care

Competition legislation should include provisions for adequately compensating providers for treating patients unable to pay for services rendered.

Rationale

If price competition achieves its goal of encouraging hospitals to behave in a businesslike fashion, hospitals will be increasingly reluctant to provide care to those who cannot pay their bills. The relatively few hospitals already providing most of the uncompensated care would be the most likely providers for patients refused admission elsewhere. These hospitals would be forced to increase charges to cover the costs of treating the non-paying patients. Higher charges, in turn, would tend to drive away the paying patients, leaving the hospital in a tenuous fiscal position at best.

3) Pricing

Hospitals must be permitted to modify present pricing policies. It must be recognized that some services would be priced significantly higher, and others might be much lower than the present price structures based on average cost.

Rationale

Under cost-based reimbursement, hospital charges often reflect neither the cost of the service provided nor the value of the service in the market place. In a price sensitive market, charges would have to be re-evaluated and modified to assure that services would be profitable

enough to support their continuation. It is likely, for example, that teaching hospitals would increase charges for some tertiary services but reduce charges for routine care in order to compete with other hospitals.

4) Special Fund for Societal Contributions of Teaching Hospitals

In order to support the societal contributions of teaching hospitals, such as education and applications of clinical research, competition legislation should establish a fund with the following characteristics:

- o The fund should cover total expenditures for the stipends and benefits of all residents in approved residency programs.
- o A mechanism to collect money for the fund should be based on a tax that should be spread equally among all purchasers of health care.
- o The fund should be distributed on a per resident basis to the providers where the resident is receiving his/her training.

The amount of the fund in the first year would be equal to present nationwide resident stipends and benefits, updated by an inflation factor and changes in the total number of resident in succeeding years. First year expenditures would be about $1.5 billion.

Rationale

Without some financial assistance for teaching hospitals' societal contributions, they may not be price competitive. One way to increase price equity among teaching and non-teaching hospitals would be to fund separately the direct costs of resident stipends and benefits. This approach, despite its shortcomings, is recommended because:

- o It is based on a tangible, reasonable measure of the level of educational effort that is publicly understandable and supportable.

- o It allocates funds to teaching hospitals using a method that is reasonably equitable and administrable.
- o It establishes a level which could be viewed as politically acceptable in light of present governmental budget concerns. (If the $1.5 billion is spread equally across all payers, the federal government would by paying only $.3 to $.5 billion of the total).
- o It does not have to define which hospitals receive funds because the dollars will be distributed based on the location of residents, not hospitals.

5) Evaluation

A commission should be appointed to monitor and evaluate the implementation and impact of competition legislation. As a part of this effort, the implications of the above four activities for various types of institutions should be carefully reviewed.

Rationale

It is essential that any legislation have a provision that will facilitate changes required by unforeseen outcomes or erroneous assumptions in the original law. Particular attention will have to be given to impact of the level of the special fund and the method used to collect and distribute those funds on different hospitals. The commission should be charged to examine the extent to which additional funding is appropriate to cover the costs of societal contributions of teaching hospitals not recognized by the above formula. These costs, along with the residents' stipends and benefits, have been estimated to exceed $6 billion annually.

Questions for the Administrative Board

The Board is asked to review this five point position and comment on the following:

1) Should the AAMC be working on this or any other position statement?

2) With whom should the document be discussed? Should the points be included in upcoming hearings?

3) Are there additions or deletions to the issues covered?

4) If a competition bill is responsive to the five points mentioned above, should the AAMC support it?

MCG

Medical College of Georgia
Augusta, Georgia 30912

School of Medicine
Office of the Dean and Medical Director

June 10, 1981

Steven C. Beering, M.D., Dean
Indiana University School of Medicine
1100 West Michigan Street
Indianapolis, Indiana 46223

Dear Steve:

This letter constitutes my report as Chairman of the Council of Deans' Nominating Committee to you as Chairman of the Council of Deans. The Committee met at 2 p.m. EDT on June 3, 1981, by telephone conference call. At that time, we had available to us the tallies of the advisory ballots submitted by members of the Council.

The Nominating Committee was cognizant of the COD rules and regulations amendments already approved by the Council's Administrative Board and the Executive Council, as well as the AAMC By-laws amendments to be proposed by the Executive Committee. Consequently, our recommendations are made in anticipation of the expected expansion of the Council of Deans' Administrative Board, with the addition of two members-at-large.

For the offices to be filled by vote of the Council of Deans, your Nominating Committee proposes the following slate:

Chairman-Elect of the Council of Deans
Richard Janeway, M.D.
Dean
The Bowman Gray School of Medicine of Wake Forest University

Members-at-Large of the Council of Deans
William B. Deal, M.D.
Dean
University of Florida College of Medicine

D. Kay Clawson, M.D.
Dean
University of Kentucky College of Medicine

Arnold L. Brown, M.D.
Dean
University of Wisconsin Medical School

Other offices are filled by election of the Assembly. A slate will be proposed for the Assembly's consideration by the AAMC Nominating Committee of which I am a member. The Committee that I chair has been asked to submit names in the form of recommendations to that Committee. On the basis of our deliberations, our committtee will recommend as follows:

Council of Deans Representatives to the Executive Council
M. Roy Schwarz, M.D.
Dean
University of Colorado School of Medicine

John E. Chapman, M.D.
Dean
Vanderbilt University School of Medicine

Chairman-Elect of the Assembly
Steven C. Beering, M.D.
Dean
Indiana University School of Medicine

These nominations, I believe, accurately reflect the wishes of the members of the Council of Deans. I am confident that we have a slate which will contribute to the work of the Association, and all have indicated a willingness to serve.

The help and advice of Joe Keyes was invaluable.

Thank you for the opportunity to serve as Chairman of this Committee.

Yours,

Fai

Fairfield Goodale, M.D.
Dean and Medical Director

FG:vn

cc: Charles C. Lobeck, Jr., M.D.
Sherman M. Mellinkoff, M.D.
William E. Laupus, M.D.
Robert U. Massey, M.D.
Joseph A. Keyes
John A. D. Cooper, M.D.