

COUNCIL OF DEANS  
ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel  
Washington, DC

AGENDA

Wednesday, September 12, 1984

9:30 am - 12:00 pm

- I. Discussion of COD Issues and Priorities

12:00 pm - 5:45 pm

- II. Combined Luncheon/Meeting of AAMC Committee on Financing  
Graduate Medical Education and AAMC Administrative Boards

Thursday, September 13, 1984

9:00 am - 1:00 pm

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| I. Call to Order  |             |
| II. Report of the Chairman  |             |
| III. Approval of Minutes  |             |
| IV. Action Items  |             |
| A. Election of Distinguished Service Members . . . . .                            | 12          |
| B. Election of Institutional Member<br>(Executive Council Agenda-----p. 11)       |             |
| C. Paying Capital Costs in COTH Hospitals<br>(Executive Council Agenda-----p. 20) |             |
| D. Modifying the Medicare Payment System<br>(Executive Council Agenda-----p. 57)  |             |

E. Matching Medical Students for Advance Residency Positions  
(Executive Council Agenda-----p. 69)

F. Report of the Project Panel on the General Professional Education of the Physician  
(Executive Council Agenda-----p.70)

V. Discussion Items

A. Pfizer Pharmaceuticals

B. Financing GME Session - Follow-up

C. Low Level Radioactive Waste Disposal  
(Executive Council Agenda-----p. 73)

VI. Information Items

A. Nominating Committee Report . . . . . 13

VII. OSR Report

VIII. Old Business

IX. New Business

X. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

MINUTES

Wednesday, June 27, 1984  
5:00 pm - 7:00 pm  
Conservatory Room  
Washington Hilton Hotel  
Washington, DC

Thursday, June 28, 1984  
9:00 am - 1:00 pm  
Hamilton Room

PRESENT

(Board Members)

L. Thompson Bowles, M.D.  
Arnold L. Brown, M.D.  
William Butler, M.D.  
John E. Chapman, M.D.  
Robert Daniels, M.D.  
Fairfield Goodale, M.D.  
Richard Janeway, M.D.  
Louis J. Kettel, M.D.  
Richard H. Moy, M.D.  
John Naughton, M.D.  
Edward J. Stemmler, M.D.

(Staff)

David Baime  
James Bentley, Ph.D.  
Janet Bickel  
John A. D. Cooper, M.D.  
Debra Day  
John Deufel  
James Erdmann, Ph.D.  
Paul Jolly, Ph.D.  
Joseph A. Keyes, Jr.  
Mary Littlemeyer  
James R. Schofield, M.D.  
John P. Sherman, Ph.D.  
August Swanson, M.D.  
Kathleen Turner

(Guest)

Robert M. Heyssel, M.D.  
Ricardo Sanchez  
Charles C. Sprague, M.D.

The COD Administrative Board convened jointly with the Council of Academic Societies Board at 5:00 p.m. on June 27 for a business meeting to discuss the use of animals in research. The joint Boards were joined by Dr. John F. Sherman and were to have heard from Dr. Charles F. McCarthy of NIH. Dr. McCarthy, however, was unable to attend the meeting. The meeting adjourned at 6:30 p.m. for a social hour followed by dinner at 7:30 p.m.

The COD Administrative Board reconvened at 9:00 a.m. on June 28 for a business meeting. The Board joined the other Administrative Boards for a joint luncheon meeting at 12:30 p.m.

### The Use of Animals in Research

A joint session of the COD/CAS Administrative Boards was devoted to the use of animals in laboratory research and commented on the revised PHS/NIH policy on laboratory animal welfare. Dr. Edward Stemmler, chairman of the COD Administrative Board, opened the meeting with a review of the events surrounding the raid on an animal laboratory at the University of Pennsylvania during the Memorial Day weekend.

The PHS policy was then reviewed. Several members suggested that implementation of the revised animal policy would not mollify the animal rights lobby. Discussants were divided over whether to strenuously object to the proposed policy as unnecessary intrusion on research or to accept it, in the hope that the presence of the policy would stop further public efforts to limit the use of animals in research. There was unanimity in the belief that any real abuses in the care or use of animals greatly undermines our ability to make a persuasive public case for their importance in research.

The following specific comments were made:

- 1) The practicality of reviewing all animal research prospectively was questioned. One suggestion was that the policy mandate prospective review only in the case of research involving certain species of animals, for example primates.
- 2) The proposed composition of the animal committees led to the concern that these committees would be unable to comment on the scientific merit of a grant proposal and should be restricted to considerations of animal care.
- 3) Whether it would be possible to review grant proposals without considering scientific merit was questioned.
- 4) It was suggested that because the committees are not qualified to judge scientific merit, they should have only advisory function. Rather than being given the authority to reject a grant application, the committee would forward it to the NIH peer review group with its objections noted. This would require the committee to state why it was objecting to the proposal, but deny it veto power over grant submission.
- 5) Some members objected to the tone of the proposed policy, commenting that it is written almost as if the scientific community is guilty as charged of animal abuse. It was noted that the NIH has placed the academic medical centers in the awkward position of having to defend themselves while commenting on a policy which appears biased against them.

- 6) The administrative burden that the new policy might place on smaller institutions was also discussed. The question was raised whether this might ultimately affect the geographic distribution of animal research, driving it from the smaller to larger institutions.

The Boards then turned to further discussion of the general threat to the continuation of animal research posed by the present climate of public opinion. The Boards agreed that a major emphasis needs to be placed on public education, but there was no consensus of the best way to accomplish this. The recent experience in California concerning a legislative effort to restrict the use of animals acquired from pounds was discussed. The defeat of the legislation was cited as an example that a serious commitment from the scientific community can overcome public pressure. It was pointed out, however, that economic matters were probably the most important factors in the defeat of the legislation.

Dr. Sherman reviewed some of the efforts that have resulted from an April meeting of many scientific and medical groups concerned with the threats to animal research which was jointly sponsored by the AMA, the APS, and the AAMC. An ad hoc committee has been established to develop strategies on this issue. Dr. Sherman also noted that more groups are attempting public education, but that these efforts are small scale and sporadic. Finally, the Boards viewed a 15-minute videotape prepared by the California Biomedical Research Association. The tape is an example of the type of material that can be produced for public education.

#### I. Call to Order

The meeting was called to order at 9:00 a.m.

#### II. Approval of the Minutes

The minutes of the April 23, 1984 meeting of the Administrative Board were approved as submitted.

#### III. Chairman's Report

Dr. Stemmler reported briefly on the Executive Committee meeting which had just concluded. It approved and recommended Executive Council approval of the proposed Association budget for the coming fiscal year. It received a report from its investment committee regarding progress on the projected change in the AAMC's investment strategy--from an in-house managed system devoted entirely to high grade debt instruments to a professionally managed equity portfolio for a portion of the reserves. Several investment managers were interviewed, but the committee had not yet reached a conclusion on its recommendation to the AAMC. The Executive Committee also reviewed the provisions made for the retirement of association employees and suggested that all employees be provided some protection even if they were not in a position to participate by making their own contribution.

The Executive Committee has met the previous day with the Executive Committee of the Association of Academic Health Centers; Dr. Stemmler reported on the highlights of that meeting. He characterized the meeting as very positive and cordial. A topic for discussion between the two groups was how they might better serve the joint health policy committee of the university presidents' organizations. A key notion was that this forum might provide an ideal mechanism to educate the presidents on important issues facing health education schools and hospitals, beyond those necessarily addressed in responding to the important legislative issues. Agreement was reached on several matters of mutual interest to the two associations: animal legislation and regulation, and the ability of specialty boards to unilaterally lengthen training requirements. There was agreement to sign joint statements on each of these matters.

#### IV. Action Items

##### A. Survey of Faculty Practice Plans

As background, Dr. Stemmler stated that there was widespread concern about the level of dependency of medical schools on the income from faculty practice in the financing of medical schools and suggested that the resulting issues had not received adequate attention by the AAMC. (The assumption that the teaching hospital group adequately dealt with these matters he challenged as "not necessarily so".) Meanwhile those who are operating practice plans are seeking advice from other associations -- the Medical Group Management Association, National Health Lawyers Association, etc. -- which are not academic associations. As a result, the proposal is now being advanced that the AAMC update its understanding of these matters. A draft questionnaire was included in the red agenda book and board members were asked to advise on whether this would serve a useful purpose, and to suggest any appropriate modifications.

Dr. Goodale highlighted the importance of the practice arrangement to town-gown relationships and suggested that Part I of the questionnaire address the competitive situation.

Dr. Naughton concurred and suggested that there be an opportunity to note the existence of satellite operations -- more directly in conflict with the practicing community.

Dr. Kettel suggested that the questionnaire is obsolete; he recommended a pretest by members of the Board which would lead to appropriate revisions. It was his belief that he could complete it adequately only by sending a three-page attachment detailing the complexities of current developments.

Dr. Stemmler pointed out that the questionnaire was really conceived as an issue identification measure which would clarify matters to which the AAMC should attend, by perhaps convening a group to advise and deliberate on the issues.

Dr. Butler suggested that the AAMC should also attend to hospital medical school relations, pointing out that hospitals, clinical faculties and community physicians each have a different agenda these days, and that the resultant relationships have become very ticklish.

Dr. Kettel pointed out that the newly formed Section on Medical Staffs of the AMA had quickly become one of its most active and volatile groups.

Dr. Stemmler concurred that the clinical faculty organized into practice groups did have a series of issues which did not surface in the Council of Academic Societies, nor necessarily in the Council of Deans and certainly not in the Council of Teaching Hospitals. The primary question is how you fit the academic motivation and mission into decisions where these matters come potentially into conflict with the economics of the practice. There is a great deal of energy out there that we want to keep directed toward our institutions. He therefore expressed delight that the AAMC was taking a first step into this area with the intention of perhaps appointing a discussion group to see how the issue fits in the AAMC. He observed that the sense of the Board discussion was that we should be moving in this direction.

The Board agreed to pretest the questionnaire. Members emphasized the importance of the cover letter in setting the proper expectations of the respondents: it should explicitly state that it is an initial data gathering step for a longer range effort, it should request guidance as to the members' aspirations regarding the Association's assistance, and it should seek their advice not only on issues to be addressed, but on the mechanisms to address them as well.

#### B. 1986 Spring Meeting Location

Noting that the preference poll resulted in an almost precisely even split, the Board concluded that there was significant sentiment to meet in Hawaii. In deference to the preferences of those favoring Florida, and to preserve the orderly sequencing of meetings, the Board voted to schedule 1986 in Florida and 1987 in Hawaii.

On the basis of the information provided the Board expressed a preference for Ocean Reef as the facility for the 1986 meeting.

#### C. Graduate Medical Education Issues

Dr. Cooper joined the board to discuss this matter. He reported that the staff had been examining the role that the AAMC might play with regard to a number of issues related to graduate medical education, most importantly its financing. We have not been proactive in this area because things have proceeded satisfactorily with the Medicare pass through and the adjustment. However, recently there has been a great deal of activity in this area by

others, and we have concluded that the AAMC should begin to exert some leadership in examining these issues.

The report on the Social Security Advisory Commission recommended originally that HHS withdraw Medicare funds from financing GME; that was subsequently changed to a recommendation that the matter be studied. Secondly, the Health Services and Research Administration has awarded funds to the Council of Medical Specialty Societies to hold a Conference on Financing Graduate Medical education, the AAMA, AAMC, AHA, and some other organizations to be co-sponsors. The conference is to be held in February. We and the AMA have reservations about the appropriateness of the CMSS as the agency to deal with this. Dr. Brandt is supportive of the AAMC being the lead organization in such activities.

The proposal is that there be a joint meeting of the administrative boards in September devoted to plenary session and small group discussion of the issues. A study committee would be appointed, provided background material and participate in the September meeting as a means of setting the agenda for its work. The major focus should be on financing graduate medical education, but other issues such as specialty board autonomy in setting training program requirements could be addressed as well.

Other activities underway which were mentioned to be taken into account were the Arthur Young Study, the subcommittee headed by Gary Filerman of the HRSA Advisory Council on Health Professions Education, the cost containment efforts of the Veterans Administration, and the Blues, and the Gelhorn Commission in New York.

The Board gave very enthusiastic support to the proposal that the AAMC undertake a major initiative in this area.

#### D. Dr. Cooper's Retirement Announcement

Having concluded the discussion of the previous item, Dr. Cooper took occasion to announce his decision to retire on June 30, 1986, after a 17-year tenure as president of the AAMC. He selected the two-year lead to permit ample time to develop the criteria for the selection and the recruitment of a successor. He informed the Executive Committee that he would be available to assist in the transition in any way the new president might desire.

He distributed a letter that he had just mailed to each AAMC member, and a press release sent to other interested parties.

Dr. Stemmler responded, on behalf of the board members, with a brief statement that they all recognized that the AAMC is what it is because of Dr. Cooper's personal drive and energy, and perhaps most importantly, his set of beliefs. "You have a lot to be proud of and we are all proud of you. There is a time in the life of all of us where we leave to go do something else, but what we hope for



you is that you continue to find fulfillment in effective contributions to our community."

Dr. Cooper responded with thanks and the observation that he did not intend to retire to a rocking chair. Dr. Butler noted that this announcement gives "two years to plan one whale of a party."

#### E. COD Roster

The Board members suggested a number of refinements to the proposed questionnaire and endorsed proceeding with the project.

#### F. 1984 Annual Meeting

On May 14, a committee consisting of Drs. Stemmler, Brown, Friedlander, Russe, Christakos and Sawyer met by telephone conference call. As a result of that meeting, efforts are proceeding to develop a program along the following lines:

The Albany Practice Plan Litigation  
--Robert Friedlander, M.D.

Rush Medical Center v. HCFA, "Calculating Allowable Costs"  
--Henry Russe, M.D.

Constructing the Cost of Medical Education: The West Virginia Experience  
--James Young, Vice Chancellor to the West Virginia Board of Regents  
--John E. Jones, M.D., Vice President for Health Affairs, WVU  
--Richard A. DeVaul, M.D., Dean, WVU, School of Medicine  
--Robert W. Coon, M.D., Vice President for Health Affairs and Dean, Marshall University

As a member of the planning committee, Dr. Russe volunteered to discuss the possibilities for the Sunday evening social with the Illinois deans. That group recommended the Art Institute or the Field Museum as the facility for a reception and dinner, accompanied by a brass or string ensemble for entertainment. The field Museum is available at a cost of \$2500. Dr. Russe estimated that a charge of \$35-40 per person would cover the reception and dinner, but not the cost of the room or the entertainment. Since there were no funds budgeted for this event, the board's advice was sought on how to proceed. Members were enthusiastic about the proposal and urged that funds be found. Several suggestions were offered: that the Illinois deans be approached to assist in defraying the costs, that the charge be raised to \$50, that the AAMC find funds to meet any shortfall.

#### G. Distinguished Service Member Nominations

Dr. Stemmler announced his intention to appoint a nominating committee to solicit recommendations from the Council of Deans and to report its judgment to the Board at its next meeting.

#### H. Council of Deans -- Issues Identification

Dr. Stemmler invited final, primarily editorial, suggestions and recommended closing the project by endorsing the paper and distributing it to the Council of Deans as the end of the first stage of the priorities setting effort.

Dr. Goodale suggested that the enterprise is mislabeled, that rather than issues identification it really is a request from deans to make the COD more effective and more relevant. Thus, he suggested that the order of presentation of the issues be reversed, since this idea did not become clear until the end of the paper.

Responding to the suggestion that there be attached an action plan, Dr. Stemmler remarked that development of such a plan, though an important priority, should not delay the distribution of the paper. He noted that the whole matter of the role of the administrative board and the style with which the AAMC dealt with such projects as the GPEP report were evolving as we worked on those things. He viewed the action plan itself as a somewhat larger range project.

#### V. Discussion Items

##### A. Report of the Project Panel on the General Professional Education of the Physician and College Preparation for Medicine.

Dr. August Swanson, Director of the AAMC Department of Academic Affairs and Staff Director of the project, introduced the topic with a description of the plan for dissemination of the report:

- printing in booklet form for distribution to our community immediately following the next Executive Council meeting;
- a press conference on September 19, 1984;
- publication as a supplement to the November issues of the Journal on Medical Education which would include as appendices: the charge to the panel and the working groups, the working group reports, some quantitative information on medical education, the Emerging Perspectives Document, and a summary of the Harris Poll findings.

Dr. Swanson reported that the CAS Administrative Board recommended that the report be received by the Executive Council at this meeting, and that a small group be appointed to develop a commentary for consideration by the Council at its next meeting.

Board members characterized the report generally as a graceful restatement of problems recognized by many medical educators for

years; the problem lay in implementing changes which would deal effectively with the issues addressed. The LCME accreditation process was identified as an approach that had some teeth, a characteristic regarded by some as a prerequisite to any effective plan for implementation. Others regarded as the key element to any educational reform the commitment of the faculty. Achieving this requires discussion and debate more than coercion.

Dr. Stemmler noted that the current distribution plan called for distributing the report to the deans several weeks in advance of the next Board meeting. In light of their substantial interest and expressions of concern, he suggested that the deans be queried as to their willingness to endorse the report. That would prepare the Board to act with more information than was then available.

There was broad agreement that the Association should not be silent on the report, but should release it with a positive and supportive statement. There was, however, widespread concern that an Association endorsement would convey a sense of uncritical and carte blanc approval of all of the recommendations which would be counter productive. There was also a distinction made between an on the record statement accompanying the report's release and a longer term critical study of the document which would result in recommendations as to appropriate actions for the AAMC and its members to take in follow-up.

The Board was united in the view that the initial statement was sufficiently sensitive that it did not wish to commit itself definitively without touching base with the membership. Dr. Swanson reported that it would be possible to accommodate this desire by sending out the report to the deans in the near future rather than waiting until September. It was emphasized that the letter covering the report to the deans should be clear and explicit in what is being asked of the deans. The consensus developed that the letter should include a thoughtful paragraph commenting on the report in generally supportive terms which the deans could react to.

#### B. Patent Reform, Research Facilities Upgrading and AAMC Position on the Case and Use of Animals

John Sherman referred to handouts and agenda materials, and provided a brief update on each of these matters.

With respect to the patent reform, generic drug legislation, Dr. Sherman reported that the compromise reached by Mr. Waxman, Senator Hatch and the PMA was unsatisfactory to a group of ten drug companies, one of which had appealed to the AAMC. He reported that unless advised to revise our stance, staff proposed to be silent on the issue.

Regarding research facilities, Dr. Sherman reported that there is a general perception that a lack of access to capital is leading to a deterioration of the physical plant. Because OMB has continually

opposed a federal survey, there is little information as to the quantitative or qualitative dimensions of this deficit. Now getting underway is a survey mandated in the DOD Authorization Act for 1984. The policy question for the Association at this time is whether the availability of indirect cost reimbursement for interest expense under A-21 is an adequate substitute for an identified program providing a construction authority. One argument for a dedicated program is the availability of peer scientific review--not present in the increasingly prevalent and successful direct institutional appeals to Congress.

It was the Board's view that a dedicated program is highly desirable and that interest reimbursement is not an adequate substitute.

Regarding animals--Dr. Sherman reported that our orientation was to be fairly sharp in our comments about, 1) the potential for the animal committees to be intrusive in dealing with the scientific protocols and 2) the general need for clarification of the ambiguities of the document, and 3) the feasibility of some of the pain reduction and recordkeeping requirements. Also emphasized was the need for our side of the issue to weigh in with more mail than had been received to date, since the opposition continues to make an impressive showing in that regard.

#### C. Faculty Salaries on NIH Grants and Contracts

Simply stated, the issue is what is the salary that can be used as the base for allocated recovery on grants and contracts. Several institutions had reported NIH or other federal agency challenges to their practices and had requested AAMC assistance. Staff was dubious about raising the matter to high level visibility and requested the advice of the Board. The Board advised that the matter be handled through quiet information gathering and placing challenged institutions in contact with others having a similar approach. The Board agreed that this was not an issue amenable to resolution through a national policy debate.

#### D. Proposed Strategy for Identification of Participants in the Projected National Identification Forum for Women

Kat Turner, Special Assistant to the President for women's programs, discussed the material in the agenda book, requesting the Board's advice on the letter to the deans and requesting expressions of interest from Board members in being participants. Specifically, she asked whether there should be any criteria for selection developed. Dr. Butler suggested that there should be both evidence of academic achievement and a track record of accomplishment in administration.

Dr. Stemmler appointed a committee to review the nominations and to select program participants consisting of: Arnold L. Brown, M.D., William Butler, M.D., and Robert Daniels, M.D. Officers).

E. Interim Report of the AAMC Ad Hoc Committee on Capital Payments for Hospitals

Jim Bentley joined the Board to review the report of the committee chaired by Mr. Frank, Director of Barnes Hospital in St. Louis. He reported on the action of the COTH Board which observed that the hospital's present position in the capital cycle as the key problem in identifying a capital option acceptable to all AAMC members.

After an extensive review of the options and a discussion of the relevant factors, the COD Board advised that it was unable to conclude that one approach would be acceptable or appropriate for all members, urged that the matter be kept under study and agreed to permit the COTH to be the AAMC position should there need to be an expression prior to the next Board meeting. The COTH had recommended that option #1 (choice of depreciation and interest or percentage add on) as its preference with the American Hospital Association, June 4. The Finance Council Proposal combining floor payments and a 10 year blend as a reasonable secondary position.

VI. OSR Report

Ricardo Sanchez, chairman-elect of the Organization of Student Representatives, presented the OSR report. He noted that the Board devoted its energy to planning this fall's Annual Meeting of the OSR, reviewing the Executive Council agenda and reviewing candidates for nomination for various AAMC committees. They were particularly pleased with the representative to the LCME, Peggy S. Braasch, 1985, University of Pittsburgh, was listed as the first of four names forwarded for consideration by the AAMC Chairman.

VII. Adjournment

The meeting of the COD Administrative Board was adjourned at 1:05 pm.

## ELECTION OF DISTINGUISHED SERVICE MEMBERS

At the June COD Administrative Board meeting, Dr. Stemmler appointed the following to serve on the Distinguished Member nominating committee: John Chapman, M.D., Chairman, Louis J. Kettel, M.D., and John Naughton, M.D. This committee solicited recommendations from the general membership of the Council of Deans. Recommendations were received and the committee met prior to the Board meeting on September 12, 1984. Their report will be presented to the Board at this meeting.

July 11, 1984

Edward J. Stemmler, M.D., Dean  
University of Pennsylvania  
School of Medicine  
36th and Hamilton Walk  
Philadelphia, PA 19104

Dear Ed:

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 3:30 p.m. EST on June 4, 1984, 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 as well as the AAMC Bylaws. 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

D. Kay Clawson, M.D.  
Exec. Vice Chancellor and Exec. Dean  
University of Kansas  
School of Medicine

Members-at-Large of the Council of Deans

Walter F. Leavell, M.D.  
Dean  
Meharry Medical College  
School of Medicine

Thomas H. Meikle, Jr., M.D.  
Dean  
Cornell University Medical College

Henry P. Russe, M.D.  
Dean  
Rush Medical College

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 committee will recommend as follows:

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Edward J. Stemmler, M.D.  
July 11, 1984

2.

Council of Deans Representatives to the Executive Council

William T. Butler, M.D.  
President  
Baylor College of Medicine

Robert S. Daniels, M.D.  
Dean  
University of Cincinnati College of Medicine  
School of Medicine

Chairman-Elect of the Assembly

Virginia V. Weldon, M.D.  
Deputy Vice Chancellor for Medical Affairs  
Washington University School of Medicine

These nominations, I believe, accurately reflect the wishes of the members of the Council of Deans. I have called each of these nominees and they have agreed to serve.

The Nominating Committee was also apprised of Dr. Goodale's resignation and noted that this left a vacant position in that Dr. Goodale's term extended through the academic year 1984-85. The committee recognizes that the Executive Council has the option of appointing a person to fill out the remainder of the term or permitting the position to be filled by election at the next Annual Meeting. Should the Executive Council select the latter option, the Nominating Committee will propose that the AAMC Nominating Committee select Rudl Schmid, M.D., Dean, University of California, San Francisco, College of Medicine, to serve in that position for the one year remaining of Dr. Goodale's term. I am confident that we have a slate which will contribute to the work of the association.

Thank you for the opportunity to serve as chairman of this committee.

Sincerely,

Richard C. Reynolds, M.D.  
Dean  
UMDNJ-Rutgers Medical School

cc: John M. Dennis, M.D.  
John W. Eckstein, M.D.  
David C. Dale, M.D.  
Arthur C. Christakos, M.D.  
Joseph A. Keyes, Jr.