

Miss Littlemeyer



**association of american
medical colleges**

**AGENDA
FOR
COUNCIL OF DEANS**

SPRING BUSINESS MEETING
WEDNESDAY, APRIL 20, 1977
8:30 AM - 12 NOON

SONORA B
SCOTTSDALE HILTON HOTEL
SCOTTSDALE, ARIZONA

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AAMC ANNUAL MEETING
NOVEMBER 5-10, 1977
WASHINGTON HILTON HOTEL
WASHINGTON, D.C.

COUNCIL OF DEANS
SPRING BUSINESS MEETING
April 20, 1977
8:30 a.m. - 12 Noon
Sonora B
Scottsdale Hilton Hotel
Scottsdale, Arizona

AGENDA

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II. Quorum Call	
III. Approval of Minutes -----	1
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF DEANS
ANNUAL BUSINESS MEETING

Thursday, November 12, 1976
2:00 p.m. - 5:00 p.m.
Ballroom 4
San Francisco Hilton Hotel
San Francisco, California

MINUTES

DRAFT

I. Call to Order

The meeting was called to order at 2:00 p.m. by John A. Gronvall, M.D., Chairman.

II. Quorum Call

Dr. Gronvall announced the presence of a quorum. Voting representatives from 89 institutions were present.

III. Consideration of Minutes

The minutes of the April 29, 1976 Spring Business Meeting, held at the Belleview Biltmore Hotel, were approved as submitted.

IV. Chairman's Report

Dr. John Gronvall presented his Chairman's Report, which is appended to these minutes. (See Appendix A)

V. President's Report

Dr. John A. D. Cooper addressed the Council and the text of his remarks are appended to these minutes. (See Appendix B)

VI. Report on the Activities of the AAHC

Dr. Joseph Begando, Chairman of the Association of Academic Health Centers delivered an extensive report to the Council on the background, structure and activities of that Association.

VII. Reports from Selected AAMC Committees

The Council received (either in written form or oral presentation by a representative) reports from the following AAMC Committees:

Borden Award
Flexner Award

Health Services Advisory
MAP Steering Committee
Management Systems Development Liaison
Minority Student Opportunities in Medicine
AAMC Nominating
President's Biomedical Research Panel Report Review
Resolutions
Student Financing
Task Force on Continuing Medical Education
IOM Social Securities Studies Review
Data Development Liaison
Liaison Committee on Graduate Medical Education
Liaison Committee on Medical Education

VIII. Consideration of Assembly Action Items

A. Amendment to AAMC Bylaws

At its September 1976 meeting, the Executive Council approved the addition of a second OSR representative to sit with vote on the Executive Council. At that time, only the OSR Chairperson sat with vote and the Vice-Chairperson was an invited guest with the privilege of the floor and a vote in the absence of the OSR Chairperson. The Executive Council's action would seat the Chairperson-Elect of the OSR. This implied a change in OSR Rules and Regulations to provide continuity of office by establishing a Chairperson-Elect in place of the Vice-Chairperson. These changes were provided for the Council. Amendment to the AAMC Bylaws would accomplish this and were recommended by the Executive Council.

Action:

The Council of Deans endorsed Assembly approval of the proposed amendment to the AAMC Bylaws.

In addition, the Council reviewed and approved the proposed amendments to the OSR Rules and Regulations as presented by the OSR.

B. Election of Members

1. Election of Institutional Members

The following medical schools having received full accreditation by the Liaison Committee on Medical Education,

have graduated a class of students, and were eligible for full Institutional Membership in the AAMC:

University of South Alabama
College of Medicine

Mayo Medical School

University of Minnesota - Duluth
School of Medicine

Eastern Virginia Medical School

Action:

The Council of Deans recommended that the Assembly elect the above mentioned institutions to full membership in the AAMC.

2. Election of Provisional Institutional Member

The following school having received provisional accreditation from the Liaison Committee on Medical Education was eligible for Provisional Institutional Membership in the AAMC:

Uniformed Services University of the Health Sciences

Action:

The Council of Deans recommended that the Assembly elect the above mentioned school to Provisional Institutional Membership in the AAMC.

3. Election of Distinguished Service Member

Dr. Cheves McC. Smythe was nominated by the Council of Deans' Administrative Board for consideration for election to Distinguished Service Membership in the AAMC.

Action:

The Council of Deans endorsed the recommendation that the Assembly elect Dr. Smythe to Distinguished Service Membership in the AAMC.

IX. Report of the Nominating Committee and Election of Officers

The Nominating Committee of the Council of Deans consisted of: Leonard M. Napolitano, Chairman; John E. Chapman; John M. Dennis; Joseph M. Holthaus; and Robert S. Stone.

From
Nov 12, 1976

COD Business Mtg, -4-
Minutes

The Committee solicited the membership for recommendations of persons to fill the available positions by memorandum dated May 14, 1976. The returned Advisory Ballots were tabulated and the results distributed to each committee member. The committee met by telephone conference call on June 30, 1976, and proposed the following slate:

For offices to be filled by vote of the Council of Deans:

Chairman-Elect of the Council of Deans: Julius R. Krevans,
Dean, University of California-San Francisco School of
Medicine;

Member-at-Large, Council of Deans Administrative Board:
Steven C. Beering, Dean, Indiana University School of
Medicine.

For offices to be filled by election of the Assembly, the following were proposed for submission in the form of a recommendation by the Nominating Committee:

Chairman-Elect of the Assembly: Robert G. Petersdorf, M.D.,
Chairman, Department of Medicine, University of Washington
School of Medicine;

Council of Deans Representatives to the Executive Council:

John A. Gronvall, Dean, University of Michigan Medical School

Julius R. Krevans, Dean, University of California-San Francisco
School of Medicine

Christopher C. Fordham III, Dean, University of North
Carolina School of Medicine.

Because of the unforeseen resignation of J. Robert Buchanan as Chairman-Elect of the Council, the committee was asked to meet again to recommend an appropriate process of succession to the Chair and to provide a nomination to fill the one year unexpired term of Dr. Buchanan on the COD Administrative Board and the AAMC Executive Council. The Nominating Committee presented the following recommendations:

"That Julius R. Krevans, M.D., be elected Chairman-Elect of the COD to assume the office of Chairman approximately 6 months early, at the close of the Spring Meeting, 1977,

with the understanding and expectation that he serve in addition to this early period, the full term of office during 1977-78.

We further recommend that [Dr. Gronvall] continue to serve in the interim between the November Annual Meeting and the 1977 Spring Meeting..."

"...After substantial deliberation which included a review of the Advisory Ballots submitted in response to the Committee's previous solicitation of recommendations from Council members, the Committee nominates Stuart Bondurant, M.D., President and Dean of the Albany Medical College for this position."

Action:

The Council of Deans elected the slate of officers proposed above and adopted the Nominating Committee's recommendations for succession to the Chairmanship; the Council endorsed the nominations of the other offices to be filled by subsequent vote of the Assembly.

X. Report on Planning for 1977 Spring Meeting of the Council of Deans

The 1977 meeting was scheduled to be held at the Scottsdale Hilton Hotel in Scottsdale, Arizona, on April 17-20.

The program sessions will be devoted to a consideration of a series of issues related to medical school involvement in graduate medical education.

A preliminary schedule of events was provided for the Council's information.

XI. AAMC Data Security and Release Policy

Dr. Richard Janeway, Chairman of the Association's Data Development Liaison Committee, reported on the deliberations of that committee regarding recommended handling of medical school data maintained by the AAMC. Dr. Paul Jolly, Director of the AAMC Division of Operational Studies presented a detailed explanation of the security classifications and the procedures for handling the release of information.

Each dean was provided a document detailing the classification of the various items of information on record and asked for his concurrence in the release of data related to his institution in accordance with the procedures described.

XII. Discussion of AAMC Priorities -- Input to AAMC Retreat Agenda

The Council was advised that the AAMC Officers' Retreat would be held the second week in December and that areas of concern which Council members believed should be called to the attention of the officers should be submitted to Dr. Gronvall or Mr. Joseph Keyes, Director of AAMC's Division of Institutional Studies, as soon as possible.

XIII. Information Items

The Council was offered several items for its information including a report on the CCME and related Liaison Committees, an update on the New MCAT and Progress Reports from the AAMC Groups on Business Affairs, Medical Education, Public Relations, Student Affairs and Planning Coordinators.

XIV. Old Business

No old business was brought before the Council.

XV. New Business

The Council discussed the impact of the recently enacted Health Manpower Legislation and unanimously adopted the following statement:

"The Council of Deans of the AAMC deplores the intrusion into the academic prerogatives of the University represented by the provision in P.L. 94-484 dealing with transfer of U.S. students in foreign medical schools to U.S. schools."

Action:

The Council of Deans expressed its unanimous appreciation to Dr. J. Robert Buchanan, resigning Chairman-Elect, for his many contributions to the Council and the AAMC over the years and wished him success in his new position.

XVI. Adjournment

Dr. Gronvall adjourned the meeting at approximately 5:00 p.m.

REPORT OF THE CHAIRMAN OF
THE COUNCIL OF DEANS

November 12, 1976

The comments that I want to make can be quite brief. Later on in the agenda, I will make additional remarks that serve as a part of my report to you on work of the Council of Deans during the past year. In the Annual Report of the AAMC there is included a report of the business affairs of the Council of Deans during the past year as well as other parts of the Association and I would commend that to your attention.

During the past year as we've worked particularly on the issue of Health Manpower Legislation, I believe that a continual frustration to many, a problem to others, an opportunity to still others has been the fact that there are many forces around us which are clearly pushing toward a high degree of uniformity in our institutions; working through the AAMC we are attempting to represent these institutions as a very diverse group, to speak for these institutions in a way that maintains their great diversity while dealing with powerful forces that are pressing toward a high degree of uniformity. It has seemed to me as Chairman and member of the Administrative Board that there was great purpose to be served by institutional diversity and we have sought your views on important issues in the AAMC. We are not always able to come to a consensus position on any important item because of the diversity of the institutions. But we believe that the Association can be strong in spite of the diversity or perhaps, more properly because of the diversity of your institutions. To those of you who have been uncomfortable or unhappy because we, as an Association, have not come out with a simple declarative position on items of health policy or federal legislative enactment where you believe that the issue was simple and clear-cut, I can only say to you that we have believed that the diversity of opinion, the diversity of program direction in our institutions did have value and our inability on some occasions to come to a simple position did not, in fact, represent weakness or indecisiveness, but was a recognition of the greater strength that is achieved through institutional diversity. I belabor this point to some extent because I believe that this is a problem for the Association and for the Deans that will continue to get worse rather than get better. I see no way that the forces around us will go in any direction other than a continuing focus on uniformity, rules and regulations, similarities of programs, and measurements of programs and process controls being applied to us. We seek your indulgence, encourage you to comment and be actively involved and state your view as the Association has developed positions. One such opportunity will be available under the heading of new business when we discuss the issue of the current Health Manpower Legislation.

A second point that I just want to touch very briefly on by way of a report to you, is to point out that during the past year we worked through some very complicated issues in regard to reimbursement for physicians in the teaching hospital setting. On this complex issue, a complicated report was issued by the National Institute of Medicine. I believe it has been one of the accomplishments of the Association, due in considerable measure to effective work in the Council of Deans, that we were able to develop a position in response, which we believe was anchored in some sound underlying policies. I believe it to be a position from which the Association can continue to work on the core issue of how our faculty physicians are reimbursed for their patient care activities and their teaching activities in the teaching hospital setting. The AAMC testimony and position statement has already been circulated to you, and though it is a complicated one, I hope that it will be a useful position that we've taken.

The third point I want to mention as an accomplishment of the past year, I believe, is that we have achieved a better working partnership or relationship with the Organization of Student Representatives. The goals of the students' group and the goals of the Deans' group are not always entirely overlapping any more than the goals of the Deans are entirely overlapping with the Council of Teaching Hospitals or the Council of Academic Societies. I believe that we have found a way to work together. We have found a way between the Administrative Board of the Council of Deans and that of the OSR to have an effective give and take interchange and come to positions which both groups could support once they really understood what was trying to be accomplished. I say this to compliment not only the Deans' group, but the leadership of the OSR. I think they have acted responsibly during the past year and I look forward in the coming year to an even better working relationship with them.

And then, lastly, I want to compliment the AAMC staff for the effective work and support that they've given both to me and I think to the Administrative Board and to the entire Council of Deans during the past year. I can report with some pleasure that Marjorie Wilson has obtained support in the form of a Commonwealth Fund grant which will allow her, beginning on the first of January, to be engaged in a kind of sabbatical leave. She will be based at Johns Hopkins in the Dean's Office, completing an academic study on the characteristics of the deanship in the United States and the evolution of the deanship and the vice presidency for health sciences as administrative positions in the United States. For the six month period, from January first to next July, Marjorie will be spending most of her time in Baltimore. She will be at the AAMC office in Washington at least parttime. The work of staffing the Council of Deans' activities will fall very heavily to Joe Keyes, Jim Schofield and the other members of the staff group.

Looking forward to that period of time, I believe we can anticipate no diminution in the effectiveness with which the staff assists this part of the AAMC in carrying out its work. All in all, I believe the past year has been an interesting and exciting one. There is no end of problems; new ones continue to appear on the horizon. It seems to me that the Council of Deans is, at the present time, basically in strong position as we continue to work on a good many of these problems.

REPORT OF THE PRESIDENT TO THE COUNCIL OF DEANS

November 12, 1976

On this, the centennial celebration of the Association, I thought it especially appropriate that I join with the Council of Deans to reflect on the development of our Association and the special role that the deans have played, both in its formation and its continued vitality and strength.

This first century has seen many changes in the organization, particularly in the countenance of the deans, as is evidenced by the pictures on the cover of the program this year. One constant, however, has been our name--the Association of American Medical Colleges; a small matter, perhaps, but I think it has a symbolic significance. While we currently include in our membership teaching hospitals and academic societies and students, we remain fundamentally an association of institutions, the college of medicine across this country. Close collaboration among the Council of Deans, the Council of Academic Societies, the Council of Teaching Hospitals and the Organization of Student Representatives has provided a nationally-recognized forum for consideration of subjects which have far-reaching implications for academic medicine and for each of the groups within our constituency. These deliberations result in the underlying policies which guide the Association's activities. As deans, you are the only representatives of the collective interests which constitute our medical schools. It is, therefore, not by chance, but by design, that the process of policy development rests heavily upon decisions reached within this Council.

I think it is important to remember that while many of our constituents look to the AAMC for representation and consultation, they do have other professional loyalties. The faculty and chairmen have their disciplinary organizations, the hospital directors have the American Hospital Association, students, the American Medical Student Association. However, for the deans, this is the professional organization to which you must look.

In earlier days, the AAMC was frequently referred to as "the Dean's Club". This term was frequently used in a sense to reflect perceptions of insularity of the Association. In some ways, perhaps, we were a bit insular and to rectify that we have aggressively implemented the fundamental tenets of the Coggeshall Report. We have moved to include under our umbrella a more diverse representation of the interests of academic medical educators. But the Dean's Club concept had its positive attributes as well.

I am particularly proud that since I have assumed the Presidency of the Association, we have been able to keep a clear focus on the interests and programmatic needs of the deans. I hope that all of our programs and staff activities in some way contribute to lightening your burden and enhancing your ability to perform as academic leader.

The organizational structure of the Association reflects our areas of major interest; the departments and divisions incorporate the programs and services required to accomplish our objectives. While programmatically all of these departments are directed to serve the constituency in general, the Department of Academic Affairs, the Department of Teaching Hospitals, and the Department of Institutional Development have each been assigned the responsibility for providing staff support to our Voting Councils. As you well know, the Department of Institutional Development, so ably directed by Marjorie Wilson, includes the AAMC staff assigned to provide support services for the Council of Deans. It is therefore appropriate that programs designed for and by the Deans be lodged in this Department. For example, for more than four years now, the Department of Institutional Development has administered the Management Advancement Program. MAP was developed in recognition of the fact that the management of medical schools is a complex and difficult task. A Steering Committee, chaired by Ivan Bennett, has worked with management experts and program staff to develop a series of seminars focused on executive development and institutional problem-solving activities. The regularly expanding number of applications for program participation and the substantial continued funding for the effort by the Robert Wood Johnson Foundation demonstrate the degree to which this effort achieves its purposes. Since these needs are continuing and since the demands of the program continue to expand, we have sought new ways in which to make use of the limited resources available. We have not entered into a contract with the National Library of Medicine which has as its objective the production of educational materials which will make the benefits of the program more widely available. You will be hearing more about this activity as time passes.

A major focus of AAMC efforts on behalf of the Deans is the development of the Council of Deans' Spring Meeting as an annual retreat. From the beginning, this occasion was designed for the specific purpose of re-establishing the identity of the Council of Deans as the professional organization of its members. Thus, it is, that attendance at this meeting has been strictly limited to the deans, invited guests and program participants. We recognized that many Association activities, particularly those held at the Annual Meeting respond to so many diverse interests and involve so many people of various responsibilities that it is difficult to achieve the appropriate ambiance for thoughtful deliberation, problem-sharing and problem-solving. We recognized the need for more intimacy to permit candid deliberations about some problems which may not be susceptible to wide sharing.

The Association has grown and so has the membership of the Council of Deans. But when you think about it, 117 is still not too large a group to have each person know the others. It is, after all, only the size of an average medical school class. The program of the Spring Meeting has always been designed by a committee of the Council of Deans with the objective of providing new information, stimulating additional thought and deliberation on matters of serious concern to deans. Also important has been the provision of sufficient time for the personal sharing that takes place in a way impossible in the formal sessions. Thus, it is, that the afternoons are kept free for recreation and personal discussions.

Planning is underway for next year's Spring Meeting, which will be held in Scottsdale, Arizona. The meeting will be focused on a discussion of a series of very important issues relating to graduate medical education. I hope you each take advantage of it as an opportunity to think creatively on the series of issues which looms so large in our future.

It is interesting that on our 100th anniversary, our accreditation process is being subjected to intensive scrutiny by the Federal Trade Commission. This, back to where I started, is what we're all about. The reason for our founding was to upgrade the quality of medical education. One mechanism for accomplishing this was to specify minimum standards for institutional membership, a process which evolved into what we now call accreditation. At the moment, I cannot fully comprehend the motivation for this FTC initiative, or where it will lead, but I should take a moment to describe where we are.

On April 13, 1976, the FTC adopted a resolution formally authorizing an investigation of the AMA (and groups in any manner affiliated with it) and directing the use of all compulsory processes (subpoenas) in pursuit of the investigation.

The scope of the investigation included activities related to: 1) accreditation of medical schools, allied health schools, hospitals, teaching programs or physician continuing education programs; 2) recognition of medical specialties or fields of allied health; 3) the supply of physicians or allied health personnel; 4) the development of alternative systems of health care delivery to determine whether they constitute unfair methods of competition.

The FTC investigators, four strong, spent many subsequent weeks going through the AMA files and copied 8,000 pages of documents.

Last month, they visited with us and requested access to all LCME agendas, correspondence and related material dating from 1960.

We consulted with our attorneys and set up fairly strict controls to monitor what they had access to and what they copied. So far, they have not returned.

We were recently informed by the U.S. Office of Education that the FTC is contemplating a challenge of the LCME petition for recognition by the Commissioner as we come up for our periodic review this December. This morning we were informed by FTC staff that they have indeed decided to challenge the propriety of the LCME's accreditation of medical schools.

These efforts appear to be an extension of staff work beginning at least as far back as the summer of 1975. The October issue of Federation Reports, the organ of the Federation of State Boards of Medical Examiners contains excerpts from an FTC staff memorandum. This memo identifies A. Flexner as being responsible for the current "shortage of physicians". Instead of focusing on stricter examination procedures for eliminating incompetent physicians, he recommended the closure of inadequate schools and the upgrading of medical education.

Well, we are clearly a party to this nefarious scheme concocted by Mr. Flexner. We subscribe to the importance of medical education. The outcome of all this is impossible to ascertain, but we will continue to work toward the objectives for which we were founded. No matter is more clearly your responsibility as deans, or ours as your Association than the quality of education for the practice of medicine in this country, and the financial support to permit our institutions to carry out this unique and critical societal function.

One hundred years have passed and the theme for this meeting is "The Next One Hundred Years". As we are on the threshold of the second century, you can be sure of the continuing commitment to make this Association ever more responsive to the needs of the institutions which you, the deans, represent.

COMMUNICATING WITH CONGRESS

Periodically the AAMC alerts deans of the need for contacting their Congressional delegation in support of or in opposition to contemplated legislation. The response has often been disappointing. We have been informed on several occasions by Congressional staff members that the absence of communications from our members has substantially weakened our prospects on important legislative and appropriations issues. At the last Administrative Board meeting, this matter was discussed with the conclusion that it should be made a discussion item at the Spring Meeting. Three aspects of the topic emerged:

- 1) The need for persuading the deans of the importance of making their views on major issues known by personal contact, letter or telegram.
- 2) The need for the AAMC to be informed of the contacts made.
- 3) The need for an appropriate structure for the alerting and feedback processes.

We are able to keep the deans informed of routine legislation through Deans' Memos, articles in the Weekly Activities Reports and sometimes mailgrams. If a crisis arises during subcommittee action, staff can telephone selected deans who have members of their state serving on the subcommittee in order to provide input to the Congress. Our problem lies in the fact that we have no effective and economical method of alerting all of the deans of an urgent and immediate problem, such as a veto override attempt, which quite often occurs within 24 hours of the veto.

For several years there has existed a loosely structured telephone network involving members of the Group on Public Relations. The Association staff will call the national officers of the Group with legislative information and a request for possible action by the schools. In turn each officer would place five calls and each person would then place another five calls until, in theory, the message has been spread over the country. This has not worked well. The Council of Academic Societies has a similar network called a "Cascade". It is difficult to determine how well this system works.

If the GPR Network is to continue there is a need to refine it so it becomes more effective and that it includes a mechanism for reporting back to AAMC the results of the efforts, so a head count of Congressional members can be kept. It is suggested the following be done:

1. A mechanism for the GPR member to consult with the Dean to determine appropriate action.
2. Identification with the Dean of the appropriate individuals such as board members, administrators, faculty, alumni, to assist in contacting the congressional delegation.

3. Selection of the communication method--telegram, telephone, or personal contact--depending on the time constraints.
4. Develop a means for documenting the number and content of the communiques sent by the institution's representatives.
5. Report the action taken by the academic medical center and the nature of the Congressional reaction to the AAMC so a master count can be kept to evaluate the effectiveness of the effort.

We seek the deans' advice as to whether the network should be abolished, or kept and strengthened. We need advice on whether the GPR is an appropriate mechanism for such an activity, or if there is a better way of quickly communicating with the deans.

AMA SECTION ON MEDICAL SCHOOLS

The attached letter was sent to all U.S. medical school deans.
A number of COD members have suggested that this matter is an appropriate
item for discussion at the COD Spring Meeting.



AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910 221 0300

JAMES H. SAMMONS, M.D.
Executive Vice President
(751-6200)

Participation by representatives of medical schools in the determination of policies of the American Medical Association has been a goal of the Officers, the Board of Trustees, and the Council on Medical Education of the Association for a number of years.

The AMA House of Delegates, at its meeting in early December 1976, favorably considered Report P of the Board of Trustees, *Medical School Participation in the AMA*, which recommended the formation of a Section on Medical Schools. Discussion before the Reference Committee was uniformly favorable and the report was adopted by the House of Delegates. The AMA Council on Constitution and Bylaws immediately submitted for the consideration of the House of Delegates the bylaw amendments necessary to implement the Board of Trustees report. These bylaw amendments were also adopted by the House of Delegates. For your information, I am enclosing copies of the Board and Council reports.

The organizational meeting of this Section is scheduled for Saturday, June 18, 1977, at the Fairmont Hotel in San Francisco. The Section will elect a Chairman, Vice Chairman, Secretary, Delegate and Alternate Delegate. The Section may prepare and submit reports, recommendations, or resolutions to the House of Delegates. The Section may review any reports or resolutions previously submitted to the House of Delegates and recommend a response to the Delegate. The officers of the Section elected at the organizational meeting will meet later the same day with the officers of the other scientific sections. The delegate, and alternate delegate, elected by the Section will be seated in the House of Delegates when it convenes on June 19, 1977.

The House of Delegates of the American Medical Association meets twice each year as the policy making component of the Association. The House of Delegates includes representatives of the state medical societies, the scientific sections, a section of medical students, and a section of residents.

Many physicians in academic medicine have through their participation in the activities of the American Medical Association contributed significantly to the profession and to the public. I am hopeful that the formation of this Section will result in more effective participation by members of the profession responsible for the administration of medical schools in the affairs of the Association.

To organize this new Section, it will be helpful to know if you, as the chief administrative officer of the medical school, will participate, and to know the three members of the administration or faculty of your medical school who will participate with you in the Section.

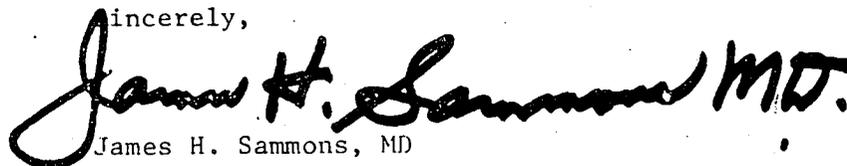
You will note in the report of the Council on Constitution and Bylaws, page one, lines 21-25, a provision permitting the chief administrative officer, if he is not an Active Member (Regular or Direct) of the AMA, to recommend a person who is an Active Member to serve as a representative.

The Association does not reimburse the cost of attending meetings of its sections.

I am enclosing a form to indicate your intent to participate and to list your representatives, with a reply envelope addressed to the Secretary, Council on Medical Education. Although we hope that all four of the representatives of each school will attend the organizational meeting, please complete the form even if you do not know at this time if all will attend. Further information will be addressed to each person listed. An early response to facilitate the necessary arrangements for the organizational meeting will be appreciated.

I look forward to your participation in this Section, confident that this new relationship between the medical schools and the American Medical Association will be mutually helpful.

Sincerely,

James H. Sammons, MD

JHS/gg
Encls.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ROLL CALL (COD) 1977-April

<i>Alabama</i>			
UNIVERSITY OF ALABAMA	JAMES A. PITTMAN		
UNIVERSITY OF SOUTH ALABAMA	ROBERT A. KREISBERG		
<i>Arizona</i>			
UNIVERSITY OF ARIZONA	NEAL A. VANSELOW		
<i>Arkansas</i>			
UNIVERSITY OF ARKANSAS	THOMAS A. BRUCE		
<i>California</i>			
UNIV. OF CALIFORNIA - DAVIS	C. JOHN TUPPER		
UNIV. OF CALIFORNIA - IRVINE	STANLEY VAN DEN NOORT		
UNIV. OF CALIFORNIA - L.A.	SHERMAN M. MELLINKOFF		
UNIV. OF CALIFORNIA - SAN DIEGO	JOHN H. MOXLEY III		
UNIV. OF CALIFORNIA - SAN FRAN.	JULIUS R. KREVANS		
LOMA LINDA UNIVERSITY	G. GORDON HADLEY		

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ROLL CALL (COD) 1977-April

UNIV. OF SOUTHERN CALIFORNIA	ALLEN W. MATHIES, JR.		
STANFORD UNIVERSITY	CLAYTON RICH		
<i>Colorado</i>			
UNIVERSITY OF COLORADO	HARRY P. WARD		
<i>Connecticut</i>			
UNIVERSITY OF CONNECTICUT	ROBERT U. MASSEY		
YALE UNIVERSITY	ROBERT W. BERLINER		
<i>District of Columbia</i>			
GEORGE WASHINGTON UNIVERSITY	RONALD P. KAUFMAN		
GEORGETOWN UNIVERSITY	JOHN P. UTZ		
HOWARD UNIVERSITY	MARION MANN		
<i>Florida</i>			
UNIVERSITY OF FLORIDA	CHANDLER A. STETSON		
UNIVERSITY OF MIAMI	EMANUEL M. PAPPER		

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ROLL CALL (COD) 1977-April

UNIVERSITY OF SOUTH FLORIDA	HOLLIS G. BOREN		
<i>Georgia</i>			
EMORY UNIVERSITY	ARTHUR P. RICHARDSON		
MEDICAL COLLEGE OF GEORGIA	FAIRFIELD GOODALE		
<i>Hawaii</i>			
UNIVERSITY OF HAWAII	TERENCE A. ROGERS		
<i>Illinois</i>			
CHICAGO MEDICAL SCHOOL	MARSHALL A. FALK		
UNIVERSITY OF CHICAGO	ROBERT B. URETZ		
UNIVERSITY OF ILLINOIS	TRUMAN O. ANDERSON		
SOUTHERN ILLINOIS UNIVERSITY	RICHARD H. MOY		
LOYOLA UNIVERSITY (STRITCH)	JOSEPH A. WELLS		
NORTHWESTERN UNIVERSITY	JAMES E. ECKENHOFF		
RUSH MEDICAL COLLEGE	LEO M. HENIKOFF		

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<i>Indiana</i>			
INDIANA UNIVERSITY	STEVEN C. BEERING		
<i>Iowa</i>			
UNIVERSITY OF IOWA	JOHN W. ECKSTEIN		
<i>Kansas</i>			
UNIVERSITY OF KANSAS	E. B. BROWN		
<i>Kentucky</i>			
UNIVERSITY OF KENTUCKY	D. KAY CLAWSON		
UNIVERSITY OF LOUISVILLE	ARTHUR H. KEENEY		
<i>Louisiana</i>			
LOUISIANA STATE - NEW ORLEANS	SILAS E. O'QUINN		
LOUISIANA STATE - SHREVEPORT	IKE MUSLOW		
TULANE UNIVERSITY	JAMES T. HAMLIN III		

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<i>Maryland</i>			
JOHNS HOPKINS UNIVERSITY	RICHARD S. ROSS		
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES	JAY P. SANFORD		
UNIVERSITY OF MARYLAND	JOHN M. DENNIS		
<i>Massachusetts</i>			
BOSTON UNIVERSITY	JOHN I. SANDSON		
HARVARD MEDICAL SCHOOL	ROBERT H. EBERT		
UNIVERSITY OF MASSACHUSETTS	ROGER BULGER		
TUFTS UNIVERSITY	LAURO F. CAVAZOS		
<i>Michigan</i>			
UNIVERSITY OF MICHIGAN	JOHN A. GRONVALL		
MICHIGAN STATE UNIVERSITY	D. DONALD WESTON		
WAYNE STATE UNIVERSITY	ROBERT D. COYE		

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<i>Minnesota</i>			
MAYO MEDICAL SCHOOL	JOHN T. SHEPHERD		
UNIVERSITY OF MINNESOTA - MINN.	NEAL L. GAULT, JR.		
UNIVERSITY OF MINNESOTA - DUL.	JOHN W. LABREE		
<i>Mississippi</i>			
UNIVERSITY OF MISSISSIPPI	NORMAN C. NELSON		
<i>Missouri</i>			
UNIV. OF MISSOURI - COLUMBIA	CHARLES C. LOBECK		
UNIV. OF MISSOURI - KANSAS CITY	RICHARDSON K. NOBACK		
ST. LOUIS UNIVERSITY	DAVID R. CHALLONER		
WASHINGTON UNIVERSITY	M. KENTON KING		
<i>Nebraska</i>			
CREIGHTON UNIVERSITY	JOSEPH M. HOLTHAUS		
UNIVERSITY OF NEBRASKA	PERRY G. RIGBY		

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<i>Nevada</i>			
UNIVERSITY OF NEVADA	GEORGE T. SMITH		
<i>New Hampshire</i>			
DARTMOUTH MEDICAL SCHOOL	JAMES C. STRICKLER		
<i>New Jersey</i>			
CMDNJ - NEW JERSEY MEDICAL	VINCENT LANZONI		
CMDNJ - RUTGERS MEDICAL	HAROLD G. LOGAN		
<i>New Mexico</i>			
UNIVERSITY OF NEW MEXICO	LEONARD M. NAPOLITANO		
<i>New York</i>			
ALBANY MEDICAL COLLEGE	STUART A. BONDURANT		
ALBERT EINSTEIN MEDICAL COL.	EPHRAIM FRIEDMAN		
COLUMBIA UNIVERSITY	DONALD F. TAPLEY		
CORNELL UNIVERSITY	THOMAS H. MEIKLE		

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MT. SINAI SCH. OF MEDICINE	THOMAS C. CHALMERS		
NEW YORK MEDICAL COLLEGE	SAMUEL H. RUBIN		
NEW YORK UNIVERSITY	IVAN L. BENNETT, JR.		
UNIVERSITY OF ROCHESTER	J. LOWELL ORBISON		
SUNY - BUFFALO	JOHN P. NAUGHTON		
SUNY - DOWNSTATE MEDICAL CTR.	LEONARD LASTER		
SUNY - STONY BROOK	MARVIN KUSCHNER		
SUNY - UPSTATE MEDICAL CENTER	GEORGE F. REED		
<i>North Carolina</i>			
BOWMAN GRAY SCH. OF MEDICINE	RICHARD JANEWAY		
DUKE UNIVERSITY	EWALD E. BUSSE		
UNIVERSITY OF NORTH CAROLINA	CHRISTOPHER C. FORDHAM III		
<i>North Dakota</i>			
UNIVERSITY OF NORTH DAKOTA	NEIL R. THOMFORD		

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<i>Ohio</i>			
CASE WESTERN RESERVE UNIV.	FREDERICK C. ROBBINS		
UNIVERSITY OF CINCINNATI	ROBERT S. DANIELS		
MEDICAL COL. OF OHIO - TOLEDO	JOHN P. KEMPH		
OHIO STATE UNIVERSITY	HENRY G. CRAMBLETT		
WRIGHT STATE UNIVERSITY	JOHN R. BELJAN		
<i>Oklahoma</i>			
UNIVERSITY OF OKLAHOMA	THOMAS N. LYNN, JR.		
<i>Oregon</i>			
UNIVERSITY OF OREGON	ROBERT S. STONE		
<i>Pennsylvania</i>			
HAHNEMANN MEDICAL COLLEGE	JOSEPH R. DIPALMA		
JEFFERSON MEDICAL COLLEGE	WILLIAM F. KELLOW		
MED. COL. OF PENNSYLVANIA	ALTON I. SUTNICK		

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PENNSYLVANIA STATE UNIVERSITY	HARRY PRYSTOWSKY		
UNIVERSITY OF PENNSYLVANIA	EDWARD J. STEMMLER		
UNIVERSITY OF PITTSBURGH	GERHARD WERNER		
TEMPLE UNIVERSITY	ROGER W. SEVY		
<i>Rhode Island</i>			
BROWN UNIVERSITY	STANLEY M. ARONSON		
<i>South Carolina</i>			
MED. COLLEGE OF SOUTH CAROLINA	W. MARCUS NEWBERRY		
<i>South Dakota</i>			
UNIVERSITY OF SOUTH DAKOTA	KARL H. WEGNER		
<i>Tennessee</i>			
MEHARRY MEDICAL COLLEGE	RALPH J. CAZORT		
UNIVERSITY OF TENNESSEE	CHARLES B. MCCALL		
VANDERBILT UNIVERSITY	JOHN E. CHAPMAN		

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<i>Texas</i>			
BAYLOR COLLEGE OF MEDICINE	JOSEPH M. MERRILL		
UNIV. OF TEXAS - SOUTHWESTERN	FREDERICK J. BONTE		
UNIV. OF TEXAS - HOUSTON	ROBERT L. TUTTLE		
UNIV. OF TEXAS - SAN ANTONIO	STANLEY E. CRAWFORD		
UNIV. OF TEXAS - GALVESTON	GEORGE T. BRYAN		
TEXAS TECH UNIVERSITY	GEORGE S. TYNER		
<i>Utah</i>			
UNIVERSITY OF UTAH	CEDRIC I. DAVERN		
<i>Vermont</i>			
UNIVERSITY OF VERMONT	WILLIAM H. LUGINBUHL		
<i>Virginia</i>			
MEDICAL COLLEGE OF VIRGINIA	JESSE L. STEINFELD		

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UNIVERSITY OF VIRGINIA	WILLIAM R. DRUCKER		
EASTERN VIRGINIA MEDICAL SCHOOL	GERALD H. HOLMAN		
<i>Washington</i>			
UNIVERSITY OF WASHINGTON	ROBERT L. VAN CITTERS		
<i>West Virginia</i>			
WEST VIRGINIA UNIVERSITY	JOHN E. JONES		
<i>Wisconsin</i>			
MED. COLLEGE OF WISCONSIN	GERALD A. KERRIGAN		
UNIVERSITY OF WISCONSIN	LAWRENCE G. CROWLEY		
<i>Puerto Rico</i>			
UNIVERSITY OF PUERTO RICO	ENRIQUE PEREZ-SANTIAGO		
<i>Lebanon</i>			
AMERICAN UNIV. OF BEIRUT	SAMUEL P. ASPER		

