



**association of american
medical colleges**

**AGENDA
FOR
COUNCIL OF DEANS**

**ANNUAL BUSINESS MEETING
MONDAY, NOVEMBER 2, 1981
2 p.m. – 5 p.m.
GEORGETOWN EAST & WEST
WASHINGTON HILTON HOTEL
WASHINGTON, D.C.**

FUTURE MEETING DATES

1982 COD SPRING MEETING

March 28 - 31

Kiawah Island

Charleston, South Carolina

1982 AAMC ANNUAL MEETING

November 6 - 11

Washington Hilton Hotel

Washington, D.C.

1983 COD SPRING MEETING

April 6 - 9

The Alamos

Scottsdale, Arizona

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF DEANS
ANNUAL BUSINESS MEETING
Monday, November 2, 1981
2:00 pm - 5:00 pm
Georgetown East & West
Washington Hilton Hotel
Washington, D.C.

AGENDA

I. Call to Order

PROGRAM SESSION

"Medical District Initiated Program Planning--
The Veterans Administration's Strategic Planning Effort"

Donald Custis, M.D.
Chief Medical Director
Veterans Administration

Murray G. Mitts, M.D.
Director, Program Analysis & Development
Veterans Administration

Malcolm Randall
Veterans Administration Medical Center
Gainesville, Florida

BUSINESS SESSION

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III. Chairman's Report -- Steven C. Beering, M.D.	
IV. President's Report -- John A. D. Cooper, M.D.	
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COUNCIL OF DEANS
SPRING BUSINESS MEETING

SESSION I
Sunday, March 29, 1981
5:30 pm - 7:00 pm
Main Ballroom
The Broadmoor Hotel
Colorado Springs, Colorado

MINUTES

I. Welcome and Overview of the Meeting

Dr. Beering opened the meeting with an overview of what was to occur in the next few days. He thanked the Program Planning Committee, Drs. Luginbuhl, Eckstein, and Crawford, along with Dr. Wilson and Joseph Keyes of the AAMC staff, for organizing this program, Crosscurrents of the Eighties. He explained that the program would feature presentations on competition, commercialism in medicine, relationships with the university, and problems in the evaluation of the competence of foreign medical students and graduates.

Dr. Beering then introduced the special guests present: Distinguished Service Members Dr. Grove, Dr. Mayer, Dr. Patterson and Dr. Olson; Canadian Dean Dr. Murray; and CAS Chairman, Dr. Friedman.

II. Briefing on President Reagan's Budget Proposals

Dr. Cooper reviewed the proposed Reagan Administration budget which relies heavily on a strategy of convincing the public that inflation will come down and thus stimulate a change in spending and saving habits. The Administration policies envision a reduction in the federal role and an expectation that the states will pick up support for programs cut back by the Federal government. It was viewed as unlikely that states will be able to fill gaps created in such programs as biomedical research, traditionally a federal responsibility, when they will need to concentrate on maintaining service programs.

Specifically, Dr. Cooper outlined how the Reagan Administration budget proposals would substantially alter the fiscal environment of U.S. medical schools. Using slides, he described the extent of budget cuts in the areas of NIH, training grants, ad hoc research and clinical training, student programs, Medicaid reimbursement, and institutional assistance professional education. He stressed that the constituencies of the academic medical centers must work together to preserve these programs.

In outlining the strategy of the Association, he explained that the AAMC had rejected a "statesmanlike" approach in which it would agree to take its fair share of the federal cutbacks. This strategy would, in effect, be a statement by the Association that federal support for essential activities was currently at an inappropriately high level. Another strategy rejected by the Association was that of picking and choosing among medical school related programs, selecting a few which it would strongly support. Instead, the strategy adopted by the

Association was to fight all budget actions that would harm medical schools. Under this strategy the AAMC would not advocate an expansion of any important activity of the medical schools, but would ask that appropriate inflationary adjustments be made to maintain the current efforts of the medical schools. In order for this strategy to be successful, Dr. Cooper stressed the necessity of the deans, as representatives of their medical schools, contacting their Senators and Congressmen emphasizing the importance of biomedical research and research training, and student financial assistance. He also requested that deans keep the Association informed of their contacts.

III. Legislative Agenda

Dr. Sherman outlined the pieces of legislation of interest to the deans, the area of health manpower being the most prominent. Hearings are to be held on this legislation next month. The Medical Library Assistance Act and the authorization of National Research Service Awards were both up for renewal. Since the pieces of legislation differ in the House and Senate, there should be both the opportunity and necessity of House Senate conferences. Dr. Sherman announced that for the Wednesday morning business session detailed analyses of the various pieces of legislation would be available. It was also decided to meet again on Monday afternoon to discuss strategy.

SESSION II
Wednesday, April 1, 1981
8:30 am - 12:00 Noon
Main Ballroom
The Broadmoor Hotel
Colorado Springs, Colorado

MINUTES

IV. Report of the Chairman

Dr. Beering began his report by reminding the deans to pick up copies of the various handouts available. He also thanked the AAMC staff for their support in the planning of the meeting and encouraged another new deans orientation session to precede next year's meeting.

Dr. Beering then presented the highlights of the preceding three days. The Administrative Board had discussed the principles of student assistance, concluding that student aid considerations should be uncoupled from the National Health Service Corps program, that scholarships and loans under that program should be justified on the basis of their relationship to the programs service objectives.

In the meeting held Monday afternoon to discuss budget concerns, Dr. Beering reported that two major strategy directions evolved. First, the AAMC's position should be that of persuading Congress and the Administration of maintaining our current capabilities. The group defined their priorities as including research, research training, and student assistance, and then the programs. Second, it would be necessary for the AAMC constituents to develop concrete examples of the impacts of budget cuts on program and services of their own institutions which have far more impact on Congressmen than abstract or aggregate numbers which the AAMC could produce.

In summing up the program section of the meeting, Dr. Beering stated that exposure to and an understanding of the implications of competition, commercialism, and marketing may increasingly be key to preserving their ability to maintain essential education, research, and service programs. As a result, he hoped that there was a resolve by the deans to return home and become better acquainted with their hospital directors, local legislators, governors, and university presidents.

V. Report of the President

Dr. Cooper reported that after spending a great deal of time in the preceding few days hearing about legislation, regulation, and competition, it would be useful to outline other activities of the Association and how it works to contribute to programs in education, research, and patient care.

The AAMC's proposed program to study the general education of the physician is in the process of obtaining necessary outside funds. Meetings are scheduled to make certain that relevant issues for this project have been defined.

He noted that the American Association for Higher Education, an organization composed primarily of liberal arts colleges, is about to embark on a study of the content and meaning of the baccalaureate degree. This group is eager to work with the Association in defining the relationship between the baccalaureate degree programs and medical education.

The Robert Wood Johnson Foundation has announced its continuing support of our financial aid workshops. Fourteen programs have been held in this series with the emphasis on improving the capacity of financial aid officers in institutions to plan financial assistance for students.

The AAMC Office of Minority Affairs recently completed a two year contract, awarded by the Office of Health Resource Opportunities, for the administration of our Simulated Minority Admissions Exercises around the country which assists admissions committees in making a better selection of minority students on criteria other than grade point averages and MCATs. Thus far over 1200 people from the institutions have participated.

The Association is also sponsoring cooperative MCAT validity studies with 27 schools of medicine. Each school is establishing a data base at the AAMC and designing a local research plan in an attempt to understand how the MCAT fits into the selection of students. The AAMC is also studying the effects of commercial review course participation on MCAT performance.

The clinical evaluation project which has been underway for two years is about to prepare its reports. This project is designed to help establish better criteria and more objective ways to make subjective judgments on the clinical performance of students in their clerkships.

The Management Advancement Program is continuing, having been expanded to include programs for hospital administrators, institutional planners and business offices, and department chairmen. In addition to the MAP, the Department of Institutional Development has several other projects underway. The study of the Academic Health Sciences Library, which is supported by the National Library of Medicine, is assessing the prospects and needs for changing the role of the health sciences library, to respond to new requirements for information and knowledge in management and medicine. The study will result in at least three descriptive models for library and learning resources management which administrators can use in identifying priorities for action and needs for staff skills development. A second study under the guidance of the Department of Institutional Development concerns the management of information in medicine supported by the Macy Foundation. The primary focus of this study will be an examination of information handling technology for hospital and medical school functions. The aim of this study is to assist the medical center management in strategic planning related to information management in any or all components of the medical center. The study will also include a forecast of future relevant technology and an assessment of the impact of this technology on our present system.

The Division of Educational Resources and Programs has conducted a joint project with the Office of Academic Affairs of the Veterans Administration in developing a continuing education model and quality elements for continuing education in the health professions. The AAMC staff is currently engaged in several collaborative projects with various constituent institutions in applying the model and the quality elements to specific educational settings and objectives. The outcome of the project will be specific guidelines and resource materials for conducting and accrediting continuing education programs in the health professions field.

A study recently completed by the Division of Biomedical Research focused on the physician research scientist in academic medicine. The study anticipates a decline in research productivity by M.D. researchers in the next decade. A second study focuses on the NIH awards to young faculty in specific areas.

Another important AAMC activity is the study of teaching hospitals, a study undertaken to describe more quantitatively the patient case mix, educational programs and other distinguishing features of teaching hospitals. A sample of hospitals has been selected which reflects the full range of educational involvement and affiliation agreements between the COTH membership and medical schools. Several reports will be produced including profiles of the patient case mix using the "diagnosis related groups" techniques, patient care services provided, educational programs, research activities, and the financial characteristics of the sample of teaching hospitals.

A second project under the direction of the Department of Teaching Hospitals, undertaken in conjunction with the Administration on Aging, focuses on long term care gerontology centers, working with them to improve communications between the centers. The Association staff is holding workshops for the centers providing consultation in areas in order to improve the quality of their programs. In addition, Robert Butler, Director of the National Institute on Aging, has asked for assistance in bringing to the attention of medical schools some of the important issues in gerontology. The Association is also encouraging the development of the geriatric medicine academic awards program for the purpose of providing education and training for faculty members who can alert other faculty and students to the special issues associated with the field of aging.

Finally, Dr. Cooper announced that Dr. Thomas Morgan, Director of the Division of Biomedical Research, would be leaving the AAMC after six years of service. He thanked Dr. Morgan for his substantial contributions and asked the Council for any suggestions of candidates to replace him.

VI. Approval of Minutes

The minutes of the October 27, 1980, Annual Business Meeting held at the Washington Hilton Hotel were approved with one correction: on page nine, Dr. Alvin Sutnick should read Dr. Alton Sutnick.

VII. Consideration of the President's Budget

Dr. Sherman summarized the topics that were discussed during the special Monday afternoon meeting. In the areas of medical education, service, and research he outlined the probable effects of the budget reductions. First, there would be reductions in or the elimination of outreach programs and of recently established activities in areas of education such as human sexuality and holistic medicine. Second, there would be a reduction in the number of students from socio-economically deprived backgrounds. Middle class students might also extend the duration of their undergraduate educational experience in order to spend some time earning additional money to meet their costs. Third, reductions in faculty, either by forced elimination or by voluntary defection to non-teaching institutions seems to be a probability. Finally, in the area of education there is the possibility of closure or consolidation of some schools of the health professions.

In the area of delivery of health services there would be a sharp reduction in or the elimination of services to special population groups, such as the elderly or the handicapped. There would also be a reduction in the care for indigents. Cutbacks in outpatient services might also affect the quality and quantity of educational programs at both the undergraduate and graduate level.

In the area of research there exists a perceived threat to both the quantity and quality of the research effort. This would include the loss of research supporting personnel.

The strategy which evolved from this special meeting stressed two things: the cumulative effect of multiple impacts from a variety of sources in an uncoordinated fashion upon a comparatively small number of nationally vital institutions and the priority to be established in conversations and documentation emphasizing research and research training and student assistance.

Dr. Sherman again emphasized that there needed to be a local educational effort involving not only elected representatives, but others as well so that there is a broad based understanding of the importance of medical school and teaching hospital programs. In this effort it would be important to avoid a shrill tone in promoting our cause. Finally, all possibilities of potential allies in cooperative ventures should be explored both locally and at the national level.

VIII. Consideration of the 1981 Legislative Agenda

Dr. Kennedy described the new health manpower legislation which had been introduced in both the House and the Senate. Both of the bills were modifications of the basic structure of Public Law 94-484 and dealt with the traditional categories of student aid, special project grants, institutional support and the National Health Service Corps. Although the Administration is still drafting its proposals, it's probable that it will closely resemble the Senate bill.

Dr. Kennedy then outlined the differences in the two bills. Beginning with student assistance, the House bill renews generous authorizations for scholarships for students in exceptional financial need whereas the Senate drops this program. The House bill renews the National Health Service Corps scholarship program, recommends high priority be given to students committed to primary care service in shortage areas and emphasizes the use of the National Research Service Award for payback. The Senate advocates no new starts for the next three years in the scholarship program, authorizing only enough funds to support students currently in the pipeline. The House authorizes fairly generous federal contributions to the health profession student loan revolving fund while the Senate adds no new money.

In regard to special projects, most of the currently authorized types of projects are renewed including support for departments of family medicine, residency programs in family medicine, general internal medicine, general internal pediatrics, assistance to students from disadvantaged backgrounds, and financial distress. The Senate adds new categories for training of teachers in primary care specialties, for matching grants, for support to health professionals in shortage areas, and for training in physical and rehabilitation medicine. The House authorizations for special projects are generally at or above the present authorization. Both bills terminate some types of special project grants, including start-up assistance, emergency medical training and cooperative inter-disciplinary training.

For institutional support the Senate summarily executes the capitation program while the House authorizes a small amount of money per student for fiscal years 1982 and 1983.

As far as construction is concerned, both bills relieve schools of the construction grant coupled enrollment increase requirements. The Senate bill authorizes loan guarantees with a very small ceiling for interest subsidies while the House provision does not authorize the subsidies.

The House bill establishes the Graduate Medical Education National Advisory Committee (GMENAC) by statute and addresses the foreign medical graduate question while the Senate bill addresses neither one. Both bills reauthorize the National Health Service Corps with the House enlarging it substantially and the Senate capping it.

In addition to those provisions in the health manpower legislation, bills were introduced in both the House and the Senate to reauthorize the National Research Service Award program, the NIH and ADAMHA research training programs, and to continue the Medical Library Assistance Act, and the national centers for health statistics, health services research and health care technology.

IX. A Single Route to Licensure

Dr. Janeway presented a history of this topic. He began by reminding the Council that the Association in 1975, in supporting the concept of a qualifying exam for entry into graduate medical education, took the position that Parts I and II should be considered the equivalent of an entry examination. Although the Council endorsed the concept that students of both domestic and foreign schools should meet the same criteria for entry into graduate medical education, it did not mention that this was related to licensure, but rather into entry into graduate education and that passage of that evaluation instrument was to be regarded as a necessary but not sufficient measure of readiness to enter GME.

More recently the AAMC Ad Hoc External Examination Review Committee was in the process of reviewing the issue. The Council of Academic Societies recommended, and the Executive Council adopted a statement encouraging the National Board of Medical Examiners and the Federation of State Boards to "go slow" in the development and implementation of this single route to licensure. The Executive Council's position statement on this issue was presented at the annual meeting of the National Board of Medical Examiners.

Currently the National Board is enjoined by its own action from pursuing any course that causes the implementation of the exam. The academic community therefore has time to reassert the substantive reasons why there is discomfiture with the concept of a single exam. Although the Council would agree that all people who are going to be licensed should meet a uniform standard of licensure, there is a question as to whether the methodology to obtain that standard is appropriate in the manner in which it's been presented by the Federation and the National Board.

Dr. Janeway reported that the COD Administrative Board had discussed steps to take in dealing with this issue. The External Examination Review Committee is in the process of formulating its recommendations to the Executive Council with the hope of completing them before the end of the current academic year. It is important to begin a dialogue with the National Board and the licensure authorities in communicating our concerns in a substantive fashion as to the difficulties in the academic community of so closely linking licensure as opposed to an examination that does indicate readiness for the purpose of entering graduate medical education.

X. United States Foreign Medical Students Committee--Status Report

Dr. Luginbuhl addressed this topic in conjunction with the discussion on a single route to licensure. He began by reiterating the importance of providing sufficient information to pre-medical advisors. He then described the two major mechanisms for ensuring the quality of educational programs: accreditation, the mechanism of evaluating the process, and certification and licensure, the mechanism of evaluating the product. During informal discussions with members of the COD, Dr. Luginbuhl reported that it was the consensus that it would be virtually impossible to accredit these foreign medical schools by any system remotely resembling our current mechanism. Thus it seems to be especially important to evaluate the product through licensure and certification. Obviously there are real problems with instituting a uniform national standard among all jurisdictions for licensure and certification. It is conceivable to have a uniform standard that applied to all individuals which, recognizing the necessity of evaluating non-cognitive as well as cognitive matters, would involve different means of assessing performance. Dr. Luginbuhl stated that the next step would be for the ad hoc committee to draft a document discussing the various options for presentation at the June Executive Council meeting.

XI. Resolution

Dr. Bondurant moved a resolution of appreciation for Tom Morgan for his six years of service to the AAMC. This was passed unanimously by the full Council.

XII. Report of the Ad Hoc Committee on Competition

Dr. Knapp of the AAMC staff summarized this report to the Council. The report was presented to each Administrative Board at the January meeting and was then reviewed by the Executive Council. The Executive Council has now approved the document as a discussion paper. Because this issue is not clearly defined or clearly understood it would now appear unwise to take a strong position on the matter. However, various individuals have begun to speak out on this issue and there are now representatives from various institutions who are articulating the concerns that the proposals raise for academic medicine. Thus, we hope that the necessary public awareness is being developed. Dr. Knapp urged the Council members to use this document as a discussion paper in their own institutions and to raise any concerns regarding the document or additional matters to be considered.

XIII. A Study of the Unique Characteristics of Teaching Hospitals

Dr. Knapp reported that this study is a follow-up to a document, "Toward a More Contemporary Public Understanding of the Teaching Hospital," which was published by the Department of Teaching Hospitals a couple of years ago. This document was the basis for small group discussions at the May 1979 COTH Spring Meeting and at that time the AAMC staff was directed to operationalize this document in quantitative terms. That study is now underway with a possible product ready by late fall.

XIV. "Due Process" for House Officers

Mr. Keyes explained that the document which was handed out resulted from staff investigations stimulated by inquiries regarding the status of due process in residency programs. The AAMC was alerted to this by the fact that a number of institutions were either engaged in litigation brought by house officers or were being threatened with such litigation.

The staff then examined materials on file at the Association and found that of 129 house staff manuals available only 15 had explicit grievance procedures and only 13 had explicit due process procedures. This background information was taken to the January Executive Council meeting with one particular case highlighted, The Michael Reese Hospital Case. That case resulted in a judgment against the hospital and imposed liability for both compensatory and punitive damages on several physicians involved in the program. The Executive Council then directed the staff to compose a document outlining the considerations in developing due process procedures.

Feedback which has been received from the students and residents centers on the importance of emphasizing the need for continuous constructive evaluation through the program. Mr. Keyes then asked for comments from the Council as to whether or not the document should be modified before giving it wide distribution among the AAMC constituency.

Dr. Cooper stressed that the development of such procedures applies not only to graduate medical education but to undergraduate institutions as well. It was also pointed out that an expanded version of an article on this subject by Dr. Schwarz would be appearing in the Journal of College and University Law in the spring. Council members were encouraged to read it as it contained specific guidelines for developing due process procedures.

XV. New Business

Mr. Keyes described the changes in the COD Rules and Regulations. There will be created two additional one year at-large-positions on the COD Administrative Board and the immediate-past-chairman of the Council will be made an ex-officio member of both the COD Administrative Board and the Executive Council. In addition, two items which are currently part of the COD Rules and Regulations will be eliminated: the requirement that the Council hold an annual meeting with the AMA Congress on Medical Education and the requirement that regional meetings be held at least twice annually. Instead, the proposed change in the Rules and Regulations would define "sections" of the Council for which the AAMC staff would provide meeting support.

XVI. Adjournment

The meeting was adjourned at 12:00 noon.

ELECTION OF INSTITUTIONAL MEMBERS

The following medical schools have received full accreditation by the Liaison Committee on Medical Education and are eligible for Full Institutional Membership in the AAMC:

East Carolina University
School of Medicine

Marshall University
School of Medicine

Texas A & M University
College of Medicine

Ponce Medical School

University of South Carolina
School of Medicine

Northeastern Ohio Universities
College of Medicine

The Executive Council has recommended, contingent upon approval by the full Council of Deans, Assembly election of the schools listed above to Full Institutional Membership in the AAMC.

RECOMMENDATION

That the Council of Deans approve the election of these schools to Full Institutional Membership.

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ELECTION OF DISTINGUISHED SERVICE MEMBER

At its June 25 meeting, the COD Administrative Board authorized the Chairman to appoint a small committee to solicit and screen recommendations from the membership for nominations for Distinguished Service Members. The committee, consisting of David R. Challoner, M.D., Chairman, John W. Eckstein, M.D. and Edward J. Stemmler, M.D., met and presented its recommendation at the September 9 Board meeting. The following individual was submitted for consideration for election to Distinguished Service Membership in the AAMC:

Robert L. Van Citters

The Executive Council has recommended, contingent upon approval by the full Council of Deans, Assembly election of this individual to Distinguished Service Membership.

RECOMMENDATION

That the Council of Deans approve the election of this individual as a Distinguished Service Member.

MEMBERSHIP ON THE EXECUTIVE COUNCIL:
PROPOSED BYLAW CHANGE

Article VI, Section 2 of the Association's bylaws specifies membership on the Executive Council as follows:

The Executive Council shall consist of fifteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these Bylaws, and the Chairperson and Chairperson-Elect of the Organization of Student Representatives, all of whom shall be voting members. Of the fifteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies; three shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans, and one shall be a Distinguished Service Member. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

In practice, the Council of Academic Societies and the Council of Teaching Hospitals have 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, although the COD Administrative Board has recognized the desirability of doing so. A deficiency of the current Executive Council membership structure has been the exclusion of the immediate past chairman of the Assembly from the Council. The proposed bylaw amendment would add such a position to the Council and would institutionalize current practices in filling Executive Council vacancies.

Proposed Article VI, Section 2:

The Executive Council shall consist of nine members elected by the Assembly and ex officio the Chairman, Chairman-Elect and Immediate Past Chairman of the Assembly and each of the three Councils created by these bylaws, the President of the Association, and the Chairperson and Chairperson-Elect of the Organization of Student Representatives, all of whom shall be voting members. Of the nine members of the Executive Council elected by the Assembly, one shall be a member of the Council of Academic Societies, one shall be a member of the Council of Teaching Hospitals, six shall be members of the Council of Deans, and one shall be a Distinguished Service Member. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of a successor. Each shall be eligible for

re-election for one additional term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

It is also proposed that Article VI, Section 7 be amended. The section currently reads:

In the event of a vacancy on the Executive Council, the remaining members of the Council may appoint a successor to complete the unexpired term. Appointed members may not serve more than two consecutive full terms on the Council following appointment to an unexpired term. The Council is authorized at its own discretion to leave a vacancy unfilled until the next annual meeting of the Assembly.

Proposed Article VI, Section 7:

In the event of a vacancy on the Executive Council, either through resignation of an elected member or election of such a member to an ex officio seat on the Council, the remaining members of the Council may appoint a successor to complete the unexpired term. The Council is authorized at its own discretion to leave a vacancy unfilled until the next annual meeting of the Assembly. Members of the Executive Council are eligible for election to the Council for two full terms following completion of any partial term.

No current member of the Executive Council would have a term shortened by adoption of these changes.

The Executive Council has approved the proposed amendments.

RECOMMENDATION

That the Council of Deans endorse the amendment of the Association bylaws as recommended by the Executive Council.

PROPOSED BYLAW AMENDMENT RE:
DISTINGUISHED SERVICE MEMBERSHIP

Current bylaw requirements for Distinguished Service Membership have not always permitted the election of individuals who have provided extraordinary services to the Association. For this reason the Executive Council recommends the following changes in Article I of the Association's bylaws:

Article I, Section 2B now provides:

Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section 1.

Proposed Article I, Section 2B:

Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who have made major contributions to the Association and its programs.

Article I, Section 3E now provides:

Distinguished Service Members will be recommended to the Executive Council by either the Council of Deans, Council of Academic Societies, or Council of Teaching Hospitals.

Proposed Article 1, Section 3E:

Distinguished Service Members shall be recommended to the Executive Committee by either the Council of Deans, the Council of Academic Societies, or the Council of Teaching Hospitals. The Executive Committee shall present Distinguished Service Member nominations to the Executive Council.

RECOMMENDATION

That the Council of Deans endorse the amendment of the Association bylaws as recommended by the Executive Council.

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

I. MEMBERSHIP

Section 1. There shall be the following classes of membership, each of which that has the right to vote shall be (a) an organization described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any subsequent Federal tax laws), and (b) an organization described in Section 509 (a) (1) or (2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any subsequent Federal tax laws), and each of which shall also meet (c) the qualifications set forth in the Articles of Incorporation and these Bylaws, and (d) other criteria established by the Executive Council for each class of membership:

- A. Institutional Members - Institutional Members shall be medical schools and colleges located within the United States and its territories.
- B. Affiliate Institutional Members - Affiliate Institutional Members shall be medical schools and colleges of Canada and other countries.
- C. Graduate Affiliate Institutional Members - Graduate Affiliate Institutional Members shall be those graduate schools in the United States and Canada closely related to one or more medical schools which are institutional members.
- D. Provisional Institutional Members - Provisional Institutional Members shall be newly developing medical schools and colleges located within the United States and its territories.
- E. Provisional Affiliate Institutional Members - Provisional Affiliate Institutional Members shall be newly developing medical schools and colleges in Canada and other countries.
- F. Provisional Graduate Affiliate Institutional Members - Provisional Graduate Affiliate Institutional Members shall be newly developing graduate schools in the United States and Canada that are closely related to an accredited university that has a medical school.
- G. Academic Society Members - Academic Society Members shall be organizations active in the United States in the professional field of medicine and biomedical sciences.
- H. Teaching Hospital Members - Teaching Hospital Members shall be teaching hospitals in the United States.

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- I. Corresponding Members - Corresponding Members shall be hospitals involved in medical education in the United States or Canada which do not meet the criteria established by the Executive Council for any other class of membership listed in this section.

Section 2. There shall also be the following classes of honorary members who shall meet the criteria therefore established by the Executive Council:

- A. Emeritus Members - Emeritus Members shall be those retired individuals who have been active in the affairs of the Association prior to retirement.
- B. Distinguished Service Members - Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section 1.
- C. Individual Members - Individual Members shall be persons who have demonstrated a serious interest in medical education.
- D. Sustaining and Contributing Members - Sustaining and Contributing Members shall be persons or corporations who have demonstrated over a period of years a serious interest in medical education.

Section 3. Election to Membership:

- A. All classes of members shall be elected by the Assembly by a majority vote on recommendation of the Executive Council.
- B. All Institutional Members will be recommended by the Council of Deans to the Executive Council.
- C. Academic Society Members will be recommended by the Council of Academic Societies to the Executive Council.
- D. Teaching Hospital Members will be recommended by the Council of Teaching Hospitals to the Executive Council.
- E. Distinguished Service Members will be recommended to the Executive Council by either the Council of Deans, Council of Academic Societies or Council of Teaching Hospitals.
- F. Corresponding Members will be recommended to the Executive Council by the Council of Teaching Hospitals.

Section 4. Revocation of Membership - A member with any class of membership may have his membership revoked by a two-thirds affirmative vote of the Assembly on recommendation with justification by the Executive Council; provided that the Executive Council shall have given the members written notice of the proposed revocation prior to the Assembly at which such a vote is taken.

Section 5. Resignation - A member with any class of membership may resign upon notice given in writing to the Executive Council. However, any such resignation shall not be effective until the end of the fiscal year in which it is given.

II. COUNCILS

Section 1. There shall be the following Councils of the Association each of which shall be governed by an Administrative Board and each of which shall be organized and operated in a manner consistent with rules and regulations approved by the Executive Council:

- A. Council of Deans - The Council of Deans shall consist of the dean or the equivalent academic officer of each institutional member and each provisional institutional member that has admitted its first class of students.
- B. Council of Academic Societies - The Council of Academic Societies shall consist of two representatives from each academic society member who shall be designated by each such member for a term of two years.
- C. Council of Teaching Hospitals - The Council of Teaching Hospitals shall consist of one representative from each teaching hospital member who shall be designated annually by each such member.

III. ORGANIZATION OF STUDENT REPRESENTATIVES

There shall be an Organization of Student Representatives related to the Council of Deans, operated in a manner consistent with rules and regulations approved by the Council of Deans and comprised of one representative of each institutional member that is a member of the Council of Deans chosen from the student body of each such member. Institutional members whose representatives serve on the Organization of Student Representatives Administrative Board may designate two representatives on the Organization of Student Representatives, provided that only one representative of any institutional member may vote in any meeting. The Organization of Student Representatives shall meet at least once each year at the time and place of the annual meeting of the Council of Deans

in conjunction with said meeting to elect a Chairperson, a Chairperson-Elect, and other officers, to recommend student members of committees of the Association, to recommend to the Council of Deans the Organization's representatives to the Assembly, and to consider other matters of particular interest to students of institutional members. All actions taken and recommendations made by the Organization of Student Representatives shall be reported to the Chairman of the Council of Deans.

IV. MEETINGS OF MEMBERS AND COUNCILS

Section 1. Meetings of members of the Association shall be known as the Assembly. An annual Assembly shall be held at such time in each October or November and at such place as the Executive Council may designate.

Section 2. Special meetings of the Assembly may be called for any purpose by the Chairman, by a majority of the voting members of the Executive Council, or by twenty voting members of the Association.

Section 3. All meetings of the Assembly shall be held at such place in Illinois, the District of Columbia or elsewhere as may be designated in the notice of the meeting. Written or printed notice stating the place, day and hour of the meeting and, in case of a special meeting, the purpose or purposes for which the meeting is called, shall be delivered not less than five nor more than forty days before the date of the meeting, either personally or by mail, by or at the direction of the Chairman or persons calling the meeting, to each member entitled to vote at such meeting.

Section 4. The Institutional Members and Provisional Institutional Members that have admitted their first class shall be represented in the Assembly by the members of the Council of Deans and a number of members of the Organization of Student Representatives equivalent to 10 percent of the members of the Association having representatives in said Organization. Each of such representatives of Institutional Members and Provisional Institutional Members that have admitted their first class shall have the privileges of the floor in all discussions and shall be entitled to vote at all meetings. The Council of Academic Societies and the Council of Teaching Hospitals each shall designate a number of their respective members as members of the Assembly, each of whom shall have one vote in the Assembly, the number from each Council not to exceed one-half the number of members of the Council of Deans entitled to vote. All other members shall have the privileges of the floor in all discussions but not be entitled to vote at any meeting.

Section 5. A representative of each voting member shall cast its vote. The Chairman may accept the written statement of the dean of an institutional member, or provisional institutional member, that he or some

other person has been properly designated to vote on behalf of the institution, and may accept the written statement of the respective Chairmen of the Council of Academic Societies and the Council of Teaching Hospitals designating the names of individuals who will vote on behalf of each member society or hospital. The Chairman may accept the written statement of the Chairman of the Council of Deans reporting the names of the individuals who will vote as the representatives chosen by the Organization of Student Representatives.

Section 6. One-third of the voting members of the Association shall constitute a quorum at the Assembly. Except as otherwise provided herein, action at any meeting shall be by majority vote at a meeting at which a quorum is present, provided that if less than a quorum be present at any meeting, a majority of those present may adjourn the meeting from time to time without further notice.

Section 7. Each Council of the Association shall meet at least once each year at such time and place as shall be determined by its bylaws and designated in the notice thereof for the purpose of electing members of the Administrative Board and officers.

Section 8. Regional meetings of each Council may be held in each of the geographical regions established by the Executive Council for the purpose of identifying, defining and discussing issues relating to medical education and in order to make recommendations for further action at the national level. Such meetings of each Council shall be held at such time and place as determined in accordance with procedures approved by the Executive Council.

Section 9. No action of the Association shall be construed as committing any member to the Association's position on any issue.

Section 10. Robert's Rules of Order, latest edition, shall govern all meetings.

V. OFFICERS

The officers of the Association shall be those elected by the Assembly and those appointed by the Executive Council.

Section 1. The elected officers shall be a Chairman, who shall preside over the Assembly and shall serve as Chairman of the Executive Council, and a Chairman-Elect, who shall serve as Chairman in the absence of the Chairman. The Chairman-Elect shall be elected at the annual meeting of the Assembly, to serve in that office for one year, and shall then be installed as Chairman for a one-year term in the course of the annual meeting of the Assembly the year after he has been elected. If the Chairman dies, resigns, or for any other reason ceases to act, the Chairman-Elect shall thereby become Chairman and shall serve for the

remainder of that term and the next term.

Section 2. The officers appointed by the Executive Council shall be a President, who shall be the Chief Executive Officer, a Vice President, a Secretary and a Treasurer, who shall be appointed from among the Executive Council members. The Executive Council may appoint one or more additional officers on nomination by the President.

Section 3. The elected officers shall have such duties as are implied by their title or are assigned to them by the Assembly. The appointed officers shall have such duties as are implied by their title or are assigned to them by the Executive Council.

VI. EXECUTIVE COUNCIL

Section 1. The Executive Council is the Board of Directors of the Association and shall manage its affairs. The Executive Council shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law and the Bylaws. It shall carry out the policies established at the meetings of the Assembly and take necessary interim action for the Association and carry out duties and functions delegated to it by the Assembly. It shall set educational standards and criteria as prerequisites for the election of members of the Association, it shall consider applications for membership and it shall report its findings and recommendations with respect thereto to the Assembly.

Section 2. The Executive Council shall consist of fifteen members elected by the Assembly and ex officio, the Chairman, Chairman-Elect, President, the Chairman of each of the three councils created by these Bylaws, and the Chairperson and Chairperson-Elect of the Organization of Student Representatives, all of whom shall be voting members. Of the fifteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies, three shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans, and one shall be a Distinguished Service Member. The elected members of the Executive Council shall be elected by the Assembly at its annual meeting, each to serve for three years or until the election and installation of his successor. Each shall be eligible for reelection for one additional consecutive term of three years. Each shall be elected by majority vote and may be removed by a vote of two-thirds of the members of the Assembly present and voting.

Section 3. At least one elected member of the Executive Council shall be from each of the regions of the Association.

Section 4. The annual meeting of the Executive Council shall be held within one-hundred twenty (120) days after the annual meeting of the Assembly at such time and place as the Chairman shall determine.

Section 5. Special meetings of the Council may be called by the Chairman or any two (2) Council members, and written notice of all Council meetings, unless waived, shall be mailed to each Council member at his home or usual business address not later than the tenth business day before the meeting.

Section 6. A quorum of the Council shall be a majority of the voting Council members.

Section 7. In the event of a vacancy on the Executive Council, the remaining members of the Council may appoint a successor to complete the unexpired term. Appointed members may not serve more than two consecutive full terms on the Council following appointment to an unexpired term. The Council is authorized at its own discretion to leave a vacancy unfilled until the next annual meeting of the Assembly.

VII. COMMITTEES

Section 1. The Chairman shall appoint from the Assembly a Resolutions Committee which shall be comprised of at least one representative from each Council of the Association and from the Organization of Student Representatives. The Resolutions Committee shall present resolutions to the Assembly for action by it. No resolution shall be considered for presentation by the Resolutions Committee unless it shall have been received at the principal office of the Association at least fourteen days prior to the meeting at which it is to be considered. Additional resolutions may be considered by the Assembly upon a two-thirds vote of the members of the Assembly present and voting.

Section 2. The Executive Council shall appoint the Chairman and a Nominating Committee of not less than four nor more than six additional members, including the Chairman of the Nominating Committee of each of the Councils provided in Article II. The Nominating Committee so appointed will report to the Assembly at its annual meeting one nominee for each officer and member of the Executive Council to be elected. Additional nominees for any officer or member of the Executive Council may be made by the representative of any member of the Assembly. Election shall be by a majority of the Assembly members present and voting.

Section 3. The Executive Council, by resolution adopted by the vote of a majority of the voting Council members in office, may designate an Executive Committee to act during intervals between meetings of the Council, consisting of the Chairman, the Chairman-Elect, the treasurer, the President, and three or more other Council members, which committee, to the extent provided in the resolution, shall have and exercise the authority of the Council in the management of the Association. At all times the Executive Committee shall include at least one member of each of the Councils provided in Article II thereof. The designation of such a committee and the delegation to it of authority shall not relieve the

Council, or any members of the Council, of any responsibility imposed upon them by law.

Section 4. The Executive Council may appoint and dissolve from time to time such standing or ad hoc committees as it deems advisable, and each committee shall exercise such powers and perform such duties as may be conferred upon it by the Executive Council subject to its continuing direction and control. The Chairman will appoint members of the committees with appropriate consultation with the Executive Council.

VIII. GENERAL PROVISIONS

Section 1. Whenever any notice whatever is required to be given under the provisions of these Bylaws, a waiver thereof in writing signed by the persons entitled to such a notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Section 2. The Council may adopt a seal for the Association, but no seal shall be necessary to take or to evidence any Association action.

Section 3. The fiscal year of the Association shall be from each July 1 to June 30.

Section 4. The annual dues of each class of members shall be in such amounts as shall be recommended by the Executive Council and established by the Assembly. The Executive Council shall consult with the respective Administrative Boards of the Council of Deans, the Council of Academic Societies and the Council of Teaching Hospitals in arriving at its recommendations.

Section 5. Any action that may be taken at a meeting of members or of the Executive Council may be taken without a meeting if a consent in writing setting forth the action so taken is signed by all members of the Association entitled to vote with respect to the subject matter thereof, or by all members of the Executive Council as the case may be.

Section 6. The Association shall indemnify each director, (member of the Executive Council), officer (including but not limited to heads of departments) or persons who may have served at its request or election as a director or officer of another corporation (including but not limited to the members of the Liaison Committee on Medical Education) from and against all damages, judgments, fines, penalties, costs, charges, expenses and claims (including settlements and expenses attendant upon each) imposed upon or asserted against him by reason of being or having been such director, officer or person serving at the Association's request or election as a director or officer of another corporation other than when the determination shall have been made judicially, or in the manner hereinafter provided, that he or she was guilty of gross negligence or willful misconduct. The indemnification shall be made only if the Asso-

ciation shall be advised by the Executive Council, or in case any of the persons involved shall then be a member of the Executive Council of the Association, by independent counsel to be appointed by the Executive Council, that in its or his opinion such member of the Executive Council, officer or person who may have served at the Association's request or election as the director or officer of another corporation was not guilty of gross negligence or willful misconduct in the performance of his duty, and in the event of a settlement, such settlement to be made would be in the best interest of the Association. If the determination is to be made by the Executive Council, it may rely, as to all questions of law, on the advice of independent counsel. Every reference herein to director, officer or person who may serve at the Association's request or election as a director or officer of another corporation shall include every director (member of the Executive Council), officer (including but not limited to heads of departments) or person who may have served at the Association's request or election as a director or officer of another corporation (including but not limited to members of the Liaison Committee on Medical Education) or former director (member of the Executive Council), former officer (including but not limited to heads of departments) or person who may have formerly served at the Association's request or election as a director or officer of another corporation (including but not limited to members of the Liaison Committee on Medical Education). This indemnification shall apply to all the damages, judgments, fines, penalties, costs, charges, expenses and claims described above whenever arising. The right of indemnification herein provided shall be in addition to any and all rights to which any director, officer or person who may have served at the Association's request or election as the director or officer of another corporation might otherwise be entitled and the provisions hereof shall neither impair nor adversely affect such rights. Pursuant to action of the Executive Council or any officer it may authorize, the Association may also indemnify other employees, agents, or representatives of the Association; provided, however, no such indemnification shall be inconsistent with the foregoing provisions of this Section.

Section 7. No part of the net earnings of the Association shall inure to the benefit of or be distributable to its members or members of the Executive Council, officers, or private individuals, except that the Association may pay reasonable compensation for services rendered and make payment and distributions in furtherance of its purposes. No substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the Association shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the Association shall not carry on any activities not permitted to be carried on (a) by an organization exempt from Federal income tax under Section 501 (a) as an organization described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by an organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any

future United States Internal Revenue Law).

Section 8. Upon dissolution of the corporation, the Executive Council shall, after paying or making provision for the payment of all of the liabilities of the Association (including provision of a reasonable separation pay for its employees), dispose of all of the assets of the Association among such non-profit organizations having similar aims and objectives as shall qualify as exempt organizations described in Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law).

Section 9. These Bylaws may be amended by a two-thirds vote of the voting members present and voting at any duly called meeting of the Assembly, provided that the substance of the proposed amendment is included with the notice of the meeting. Amendments to the Bylaws may be proposed by the Executive Council or by the written sponsorship of ten voting members, provided that the proposed amendment shall have been received by the Secretary at least forty-five days prior to the meeting at which it is to be considered.

COD RULES AND REGULATIONS CHANGES

The Executive Committee has expressed its intention to propose changes in the AAMC Bylaws which would, in effect, codify and regularize the practices of the Council of Academic Societies and the Council of Teaching Hospitals with respect to membership on their respective Administrative Boards and the Executive Council of their Chairman-Elect and Immediate-Past-Chairman. The proposal discussed at the Officers' Retreat, and briefly at the January meeting of the Board, would make these two positions on each of the three constituent Councils and the Executive Council ex officio members of the Executive Council. The COD Rules and Regulations must be revised to conform with these changes. Several additional modifications are also proposed.

In recognition of the fact that this ex officio membership not only provides additional and desirable stability to the Administrative Board and Executive Council, but also has the effect of limiting the number of elective positions on the Board and thus limits "new blood" being brought into the organization, the proposed Rules and Regulations changes would provide for 3 rather than 1 members at large on the Board. These positions would continue to carry a one year term to permit maximum potential for turnover. These additions would bring the COD Board to a size comparable to those of the other constituent Councils.

Other changes in the Rules and Regulations include removing several anachronisms:

- the specification of a meeting with the AMA Congress on Medical Education;
- the requirement that groups meet on a regional basis at least once a year. In place of this requirement is a codification of the decisions regarding "sections" made over the past several years.

RECOMMENDATION

That the Council of Deans adopt the Rules and Regulations amendments as proposed by the Administrative Board and approved by the Executive Council.

COD RULES AND REGULATIONS CHANGES

Section 4. Officers and Administrative Board

a) The officers of the Council of Deans shall be a Chairman, a Chairman-Elect, and *Immediate-Past-Chairman*. The Chairman shall be, ex-officio, a member of all committees of the Council of Deans.

d) There shall be an Administrative Board composed of the Chairman, Chairman-Elect, *Immediate-Past-Chairman*, and 3 other members elected from the Council of Deans at the time of the Annual Meeting. It shall also include those deans who are elected as members of the Executive Council of the Association of American Medical Colleges.

Section 5. Meetings, Quorums, and Parliamentary Procedure

a) Regular meetings of the Council of Deans shall be held in conjunction with the AAMC Annual Meeting. ~~and-with-the-AMA-Congress-on Medical-Education.~~

c) ~~Regional-meetings-will-be-held-at-least-twice-annually-as-set forth-in-the-Bylaws-of-the-AAMC.~~

c) *Subdivisions of the Council, consisting of deans who share a definable community of interest--whether geographic or with a subject matter focus--shall be called Sections of the Council of Deans. Sections ordinarily function as forums for the exploration of topics of common interest to members but of less than general interest to the Council as a whole. The AAMC will act as fiscal agent for the collection and disbursement of dues and/or registration fees for Sections and will otherwise facilitate their meetings and activities. Sections have no formal role in the governance of the Council or the AAMC.*

RULES AND REGULATIONS OF THE COUNCIL OF DEANS
OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Adopted October 31, 1969

The Council of Deans was established with the adoption of amended Articles of Incorporation and Bylaws of the Association of American Medical Colleges by the Institutional Membership on November 4, 1968.

Section 1. Name

The name of the organization shall be the Council of Deans of the Association of American Medical Colleges.

Section 2. Purpose

As stated in the Bylaws of the Association of American Medical Colleges (Section 11), the purpose of this Council shall be (a) to provide for special activities in important areas of medical education; (b) with the approval of the Executive Council to appoint standing committees and staff to develop, implement, and sustain program activity; (c) for the purposes of particular emphasis, need, or timeliness, to appoint ad hoc committees and study groups; (d) to develop facts and information; (e) to call national, regional, and local meetings for the presentation of papers and studies, discussion of issues, or decision as to a position to recommend related to a particular area of activity; (f) to recommend action to the Executive Council on matters of interest to the whole Association and concerning which the Association should consider developing a position; and (g) to report at least annually to the Assembly and to the Executive Council.

Section 3. Membership

a) Members of the Council of Deans shall be the deans of those medical schools and colleges which are members of the Association of American Medical Colleges as defined in the AAMC Bylaws: Institutional Members and Provisional Institutional Members. For the purposes of these Bylaws the dean shall be that individual who is charged by the institution with the direct responsibility for the operation of the school of medicine.

b) Voting rights in the Council of Deans shall be as defined in the AAMC Bylaws: each dean of a medical school or college which is an Institutional Member or a Provisional Institutional Member which has admitted its first class shall be entitled to cast 1 vote in the Council of Deans.

c) If a dean who is entitled to vote in the Council of Deans is unable to be present at a meeting, that individual whom he shall designate in writing to the Chairman shall exercise the privilege of voting for that dean at that specific meeting. A designation of a substitute shall require separate and written notification for each such meeting.

Section 4. Officers and Administrative Board

a) The officers of the Council of Deans shall be a Chairman and a Chairman-Elect. The Chairman shall be, ex-officio, a member of all committees of the Council of Deans.

b) The term of office of all officers shall be for one year. All officers shall serve until their successors are elected, provided, however, that the Chairman may not succeed himself until after at least one year has elapsed from the end of his term of office.

c) Officers will be elected annually at the time of the Annual Meeting of the Association of American Medical Colleges.

d) There shall be an Administrative Board composed of the Chairman, the Chairman-Elect, and 1 other member elected from the Council of Deans at the time of the Annual Meeting. It shall also include those deans who are elected as members of the Executive Council of the Association of American Medical Colleges.

e) If the Chairman is absent or unable to serve, the Chairman-Elect of the Council of Deans shall serve in his place and assume his functions. If the Chairman-Elect succeeds the Chairman before the expiration of his term of office, such service shall not disqualify the Chairman-Elect from serving a full term as Chairman.

f) The Chairman of the Council of Deans shall appoint a Nominating Committee of not less than 5 voting members of the Council who shall be chosen with due regard for regional representation. This Committee will solicit nominations from the voting members for elective positions vacant on the Executive Council and Administrative Board. From these nominations a slate will be drawn, with due regard for regional representation, and will be presented to the voting members of the Council of Deans at least two weeks before the Annual Meeting at which the elections will be held. Additional nominations may be made at the time of the meeting.

g) The Administrative Board shall be the executive committee to manage the affairs of the Council of Deans, to perform duties prescribed in the Bylaws, to carry out the policies established by the Council of Deans at its meetings, and to take any necessary interim action on behalf of the Council that is required. The actions of the Administrative Board shall be subject to ratification by the Council at its next regular meeting.

The Administrative Board shall also serve the Council of Deans as a Committee on Committees, with the Chairman-Elect serving as its Chairman when it so functions.

Section 5. Meetings, Quorums, and Parliamentary Procedure

a) Regular meetings of the Council of Deans shall be held in conjunction with the AAMC Annual Meeting and with the AMA Congress on Medical Education.

b) Special meetings may be called as set forth in the AAMC Bylaws.

c) Regional meetings will be held at least twice annually as set forth in the Bylaws of the AAMC.

d) A simple majority of the voting members shall constitute a quorum.

e) Formal actions may be taken only at meetings at which a quorum is present. At such meetings decisions will be made by a majority of those present and voting.

f) Where parliamentary procedure is at issue Robert's Rules of Order shall prevail.

Section 6. Operation and Relationships

a) The Council of Deans shall report to the Executive Council of the AAMC and shall be represented on the Executive Council of the AAMC by members nominated by voting members of the Council of Deans.

b) Creation of standing committees and any major actions shall be taken only after recommendation to and approval from the Executive Council of the AAMC.

Section 7. Amendments

These Bylaws may be altered, repealed, or amended, or new Bylaws adopted by a two-thirds vote of the voting members present and voting at any annual meeting of the membership of the Council of Deans for which thirty days' prior written notice of the Bylaws' change has been given, provided that the total number of the votes cast for the changes constitute a majority of the Council's membership.

REPORT OF THE NOMINATING COMMITTEE AND ELECTION OF OFFICERS

The Nominating Committee of the Council of Deans consisted of:

Fairfield Goodale, Chairman
William E. Laupus
Charles C. Lobeck, Jr.
Robert U. Massey
Sherman M. Mellinkoff

The committee solicited the membership for recommendations of persons to fill the available positions by memorandum dated April 15, 1981. The returned Advisory Ballots were tabulated and the results distributed to each committee member. The committee met by telephone conference call on June 3, 1981. Dr. Goodale's letter report (dated June 10, 1981) of the committee's recommended slate of officers follows.



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



Steven C. Beering, M.D., Dean
Page two
June 10, 1981

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:

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,

Fair

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.

AAMC GENERAL PROFESSIONAL EDUCATION OF THE PHYSICIAN PROJECT

The Association's project to assess the general education of the physician and college preparation for medicine is being supported by a grant from the Kaiser Family Foundation. The project's 18 member advisory panel will be chaired by Steven Muller, President at the Johns Hopkins University. The co-chairman will be William Gerberding, President of the University of Washington, Seattle. The first meeting of the panel is scheduled for January 7 and 8, 1982.

With 95% or more of medical school graduates now pursuing specialized professional medical education during the graduate phase, it is important to evaluate whether the undergraduate phase is providing their general professional education as effectively as it should. Because students enter medical school with diverse backgrounds from many institutions, their college preparation must be considered in an analysis of general professional education during medical school.

This project follows two prior AAMC studies, one of continuing medical education and the recently completed work of the task force on graduate medical education. In keeping with this approach, the project will examine clinical education, pre-clinical education and college preparation in a retrograde fashion on the premise that the purpose of undergraduate medical education is to prepare students for graduate medical education, and the programs prior to graduation must build toward this purpose. The effectiveness of clinical clerkships will be carefully scrutinized.

A major issue will be how to approach identifying the essential scientific facts and concepts that should be learned by medical students and when they should be presented. The rapid rate of developments in the biomedical sciences that impact on the care of patients can be expected to continue. Significant efforts will have to be made by basic science and clinical faculties to be selective in their requirements for basic science education. A central purpose in the project's strategy is to promote wide involvement of medical schools' faculties and academic societies. Institutions and societies will be asked to provide input to the panel, both in written form during 1982 and at regional hearings, which will be held in the AAMC's four regions during 1983. In the near future, medical schools and academic societies will receive formal requests to provide their views to the panel.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

COD Roll Call - November 1981

ALABAMA		
<i>University of Alabama</i>	<i>James A. Pittman , Jr.</i>	
<i>University of South Alabama</i>	<i>Stanley E. Crawford</i>	
ARIZONA		
<i>University of Arizona</i>	<i>Louis J. Kettel</i>	
ARKANSAS		
<i>University of Arkansas</i>	<i>Thomas A. Bruce</i>	
CALIFORNIA		
<i>University of California - Davis</i>	<i>Hibbard E. Williams</i>	
<i>University of California - Irvine</i>	<i>Stanley van den Noort</i>	
<i>University of California - L.A.</i>	<i>Sherman M. Mellinkoff</i>	
<i>University of California - San Diego</i>	<i>Robert G. Petersdorf</i>	
<i>University of California - San Fran.</i>	<i>Julius R. Krevans</i>	
<i>Loma Linda University</i>	<i>G. Gordon Hadley</i>	

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

COD Roll Call - November 1981

<i>University of Southern California</i>	<i>Allen W. Mathies, Jr.</i>	
<i>Stanford University</i>	<i>Lawrence G. Crowley</i>	
COLORADO		
<i>University of Colorado</i>	<i>M. Roy Schwarz</i>	
CONNECTICUT		
<i>University of Connecticut</i>	<i>Robert U. Massey</i>	
<i>Yale University</i>	<i>Robert W. Berliner</i>	
DISTRICT OF COLUMBIA		
<i>Georgetown University</i>	<i>John B. Henry</i>	
<i>George Washington University</i>	<i>L. Thompson Bowles</i>	
<i>Howard University</i>	<i>Russell Miller</i>	
FLORIDA		
<i>University of Florida</i>	<i>William B. Deal</i>	
<i>University of Miami</i>	<i>Bernard J. Fogel</i>	

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

COD Roll Call - November 1981

<i>University of South Florida</i>	<i>Andor Szentivanyi</i>	
GEORGIA		
<i>Emory University</i>	<i>James F. Glenn</i>	
<i>Medical College of Georgia</i>	<i>Fairfield Goodale</i>	
<i>Morehouse</i>	<i>Louis W. Sullivan</i>	
HAWAII		
<i>University of Hawaii</i>	<i>Terence A. Rogers</i>	
ILLINOIS		
<i>Chicago Medical School</i>	<i>Marshall A. Falk</i>	
<i>Loyola University</i>	<i>Clarence N. Peiss</i>	
<i>Northwestern University</i>	<i>James E. Eckenhoff</i>	
<i>Rush Medical College</i>	<i>Henry P. Russe</i>	
<i>Southern Illinois University</i>	<i>Richard H. Moy</i>	
<i>University of Chicago</i>	<i>Robert B. Uretz</i>	

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<i>University of Illinois</i>	<i>Morton C. Creditor</i>	
INDIANA		
<i>Indiana University</i>	<i>Steven C. Beering</i>	
IOWA		
<i>University of Iowa</i>	<i>John W. Eckstein</i>	
KANSAS		
<i>University of Kansas</i>	<i>Marvin I. Dunn</i>	
KENTUCKY		
<i>University of Kentucky</i>	<i>D. Kay Clawson</i>	
<i>University of Louisville</i>	<i>Donald R. Kmetz</i>	
LOUISIANA		
<i>Louisiana State - New Orleans</i>	<i>Paul F. Larson</i>	
<i>Louisiana State - Shreveport</i>	<i>Perry G. Rigby</i>	
<i>Tulane University</i>	<i>James T. Hamlin III</i>	

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<i>Uniformed Services University of the Health Sciences</i>	<i>Jay P. Sanford</i>	
<i>University of Maryland</i>	<i>John M. Dennis</i>	
MASSACHUSETTS		
<i>Boston University</i>	<i>John I. Sandson</i>	
<i>Harvard Medical School</i>	<i>Daniel C. Tosteson</i>	
<i>University of Massachusetts</i>	<i>Robert E. Tranquada</i>	
<i>Tufts University</i>	<i>Robert I. Levy</i>	
MICHIGAN		
<i>Michigan State University</i>	<i>W. Donald Weston</i>	
<i>University of Michigan</i>	<i>John A. Gronvall</i>	
<i>Wayne State University</i>	<i>Henry L. Nadler</i>	

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<i>University of Minnesota - Minneapolis</i>	<i>Neal L. Gault, Jr.</i>	
<i>University of Minnesota - Duluth</i>	<i>James G. Boulger</i>	
MISSISSIPPI		
<i>University of Mississippi</i>	<i>Norman C. Nelson</i>	
MISSOURI		
<i>University of Missouri - Columbia</i>	<i>Charles C. Lobeck</i>	
<i>University of Missouri - Kansas City</i>	<i>Harry S. Jonas</i>	
<i>Saint Louis University</i>	<i>David R. Challoner</i>	
<i>Washington University</i>	<i>M. Kenton King</i>	
NEBRASKA		
<i>Creighton University</i>	<i>James E. Hoff</i>	
<i>University of Nebraska</i>	<i>Alastair M. Connell</i>	

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<i>Dartmouth Medical School</i>	<i>Peter C. Whybrow</i>	
NEW JERSEY		
<i>CMDNJ - New Jersey Medical School</i>	<i>Vincent Lanzoni</i>	
<i>CMDNJ - Rutgers Medical School</i>	<i>Richard C. Reynolds</i>	
NEW MEXICO		
<i>University of New Mexico</i>	<i>Leonard M. Napolitano</i>	
NEW YORK		
<i>Albany Medical College</i>	<i>Robert L. Friedlander</i>	
<i>Albert Einstein Medical College</i>	<i>Ephraim Friedman</i>	
<i>Columbia University</i>	<i>Donald F. Tapley</i>	
<i>Cornell University</i>	<i>Thomas H. Meikle, Jr.</i>	

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<i>New York Medical College</i>	<i>Samuel H. Rubin</i>	
<i>New York University</i>	<i>Ivan L. Bennett, Jr.</i>	
<i>University of Rochester</i>	<i>Frank E. Young</i>	
<i>SUNY - Buffalo</i>	<i>John P. Naughton</i>	
<i>SUNY - Downstate - Brooklyn</i>	<i>Stanley L. Lee</i>	
<i>SUNY - Stony Brook</i>	<i>Marvin Kushner</i>	
<i>SUNY - Upstate - Syracuse</i>	<i>George F. Reed</i>	
NORTH CAROLINA		
<i>Bowman Gray School of Medicine</i>	<i>Richard Janeway</i>	
<i>Duke University</i>	<i>Ewald W. Busse</i>	
<i>East Carolina University</i>	<i>William E. Laupus</i>	
<i>University of North Carolina</i>	<i>Stuart Bondurant</i>	

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<i>University of Cincinnati</i>	<i>Robert S. Daniels</i>	
<i>Medical College of Ohio - Toledo</i>	<i>John P. Kempf</i>	
<i>Northeastern Ohio Universities</i>	<i>Robert A. Liebelt</i>	
<i>Ohio State University</i>	<i>Manuel Tzagournis</i>	
<i>Wright State University</i>	<i>William D. Sawyer</i>	
OKLAHOMA		
<i>University of Oklahoma</i>	<i>G. Rainey Williams</i>	
<i>Oral Roberts University</i>	<i>Sydney A. Garrett</i>	
OREGON		
<i>University of Oregon</i>	<i>Ransom J. Arthur</i>	

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<i>Jefferson Medical College</i>	<i>William F. Kellow</i>	
<i>Medical College of Pennsylvania</i>	<i>Alton I. Sutnick</i>	
<i>Pennsylvania State University</i>	<i>Harry Prystowsky</i>	
<i>University of Pennsylvania</i>	<i>Edward J. Stemmler</i>	
<i>University of Pittsburgh</i>	<i>Don Leon</i>	
<i>Temple University</i>	<i>Leo M. Henikoff</i>	
RHODE ISLAND		
<i>Brown University</i>	<i>David S. Greer</i>	
SOUTH CAROLINA		
<i>Medical University of South Carolina</i>	<i>W. Marcus Newberry, Jr.</i>	
<i>University of South Carolina</i>	<i>Roderick J. Macdonald, Jr.</i>	

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<i>East Tennessee State University</i>	<i>Herschel L. Douglas</i>	
<i>Meharry Medical College</i>	<i>Charles W. Johnson</i>	
<i>University of Tennessee</i>	<i>Robert L. Summitt</i>	
<i>Vanderbilt University</i>	<i>John E. Chapman</i>	
TEXAS		
<i>Baylor College of Medicine</i>	<i>William T. Butler</i>	
<i>University of Texas - Dallas</i>	<i>C. Kern Wildenthal</i>	
<i>University of Texas - Houston</i>	<i>Ernst Knobil</i>	
<i>University of Texas - San Antonio</i>	<i>Marvin R. Dunn</i>	
<i>University of Texas - Galveston</i>	<i>George T. Bryan</i>	
<i>Texas Tech University</i>	<i>J. Ted Hartman</i>	

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<i>University of Vermont</i>	<i>William H. Luginbuhl</i>	
VIRGINIA		
<i>Eastern Virginia Medical School</i>	<i>Ashton B. Morrison</i>	
<i>Medical College of Virginia</i>	<i>Jesse Steinfeld</i>	
<i>University of Virginia</i>	<i>Norman J. Knorr</i>	
WASHINGTON		
<i>University of Washington</i>	<i>John D. Chase</i>	
WEST VIRGINIA		
<i>Marshall University</i>	<i>Robert W. Coon</i>	
<i>West Virginia University</i>	<i>John E. Jones</i>	

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<i>University of Wisconsin</i>	<i>Arnold L. Brown, Jr.</i>	
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<i>University of Puerto Rico</i>	<i>Pedro J. Santiago Borrero</i>	
<i>Ponce</i>	<i>José N. Correa</i>	
LEBANON		
<i>American University of Beirut</i>	<i>Raja Khuri</i>	

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