February 22, 1971

TO: CAS Executive Committee

James V. Warren, M.D., Chairman
Sam L. Clark, Jr., M.D.
Ronald W. Estabrook, Ph.D.
Patrick J. Fitzgerald, M.D.
Charles Gregory, M.D.
Thomas D. Kinney, M.D.

Ernst Knobil, Ph.D.
William P. Longmire, Jr., M.D.
Jonathan E. Rhoads, M.D.
William B. Weil, Jr., M.D.
Louis G. Welt, M.D.

FROM: Mary H. Littlemeyer, Senior Staff Associate

SUBJECT: Next Meeting
April 9, 1971 (Good Friday).
10:00 a.m. - 4:00 p.m.
O'Hare Airport, Chicago, Illinois

This is to confirm the next meeting of the CAS Executive Committee to be held on April 9 (Good Friday), 10:00 a.m. - 4:00 p.m., O'Hare Airport, V.I.P. room, Mezzanine Level, Rotunda Building, adjacent to the Seven Continents Cocktail Lounge. The meeting will be posted at the foot of the escalator, Association of American Medical Colleges. The meeting room will be open for use any time after 7:00 a.m. Coffee and breakfast rolls will be served at 9:45 a.m.

For those of you who were unable to attend the CAS Executive Committee, in Chicago last week, the date of April 15, previously held for the next meeting of the Committee, was changed to April 9 due to the Federation meetings.

Please return the enclosed form to me (self-addressed envelope attached) relative to your attendance. We are not making hotel reservations for you, since many of you will already be in Chicago for the Federation meetings, and others will be able to fly in and out the same day.

cc: John A. D. Cooper, M.D.
John M. Danielson, M.D.
James B. Erdmann, Ph.D.
Davis G. Johnson, Ph.D.
Joseph S. Murtaugh
August G. Swanson, M.D.
Marjorie P. Wilson, M.D.
Re: Meeting, CAS Executive Committee
   James V. Warren, Chairman

April 9, 1971 (Good Friday)
10:00 a.m. - 4:00 p.m.
O'Hare Airport, Chicago, Illinois
V.I.P. room
Mezzanine Level
Rotunda Building

_____ I will attend the above meeting

_____ I will not attend the above meeting

__________________________
Signed

__________________________
Date
MINUTES
EXECUTIVE COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES
February 11, 1971
Palmer House Hotel
Chicago, Illinois

Present: Committee Members
James V. Warren, Chairman (Presiding)
Sam L. Clark, Jr.
Ronald W. Estabrook
Patrick J. Fitzgerald
Charles Gregory
* Thomas D. Kinney
Ernst Knobil
William P. Longmire
William B. Weil
Louis G. Welt

Absent: Committee Members
* Jonathan E. Rhoads

* Ex Officio

I. Adoption of Minutes
The minutes of the CAS Executive Committee meeting held December 15, 1970 were adopted as circulated.

II. Report, Subcommittee on CAS Future Structure & Objectives
The Executive Committee had authorized preparation by a subcommit-tee of a document setting forth alternatives for the future of the CAS in response to the "Wedgwood motion" in Los Angeles. Drs. Warren and Clark had met subsequently and drafted such a statement. The statement was then sent to the CAS Membership clearly marked as a discussion item for the CAS Executive Committee on February 11 and the CAS Membership on February 12.

A great deal of discussion ensued focused primarily on Dr. Kinney's objection to the preparation of the statement by less than the full subcommittee and to the manner in which it went out to the Membership. The alternatives set forth in the document were not discussed per se. It was agreed that the discussion by the CAS Membership should be limited to 30 minutes.
and that in introducing the discussion it would be pointed out that the alternatives had been prepared in response to the "Wedgwood motion," approved in Los Angeles, to serve as the basis for future planning by a committee of the Executive Committee.

III. Planning Future Meetings

The next Annual Meeting of the CAS will be Friday afternoon, October 29, Washington Hilton Hotel, Washington, D. C. The Executive Committee explored a number of topics. The majority favored Item 3.

1. The Government and Academic Medicine
2. Financing Service, Research, & Teaching
3. New Technology and the Educational Process (with exhibits)
4. Disadvantaged Students, Enrichment of Learning, Multiple Track, Social Adjustment
5. Mechanisms of Curricular Changes and Evaluation
6. Explicit Statement of Goals & Evaluation
7. Medical Research
8. Where Do the Health Sciences Professions Fit In?

IV. Report, Committee on Graduate Medical Education

Dr. Kinney, Chairman of this Committee, reported on the development of the white paper, "Corporate Responsibility for Graduate Medical Education," which was revised by the Committee on January 8, 1971. Copies of the revised paper had been distributed to the membership of the three AAMC Councils.

To Dr. Fitzgerald's question of whether the universities could finance it, Dr. Kinney responded that the paper only outlines the problems as they exist. Dr. Gregory felt that the paper, if distributed widely, would be interpreted as AAMC policy rather than a statement of the implications of the corporate responsibility for graduate medical education. Dr. Longmire felt it was an excellent review of the subject but an inopportune time to take on this particular aspect of medical training which fundamentally has been working very well. Dr. Kinney pointed out that this draft was merely a revision of an earlier statement that the CAS had approved.

ACTION: On motion, duly seconded, the Executive Committee voted unanimously to revise the title of the paper to "The Implications of the Corporate Responsibility for Graduate Medical Education."
ACTION: On motion, duly seconded, the Executive Committee voted unanimously to reaffirm its approval of the document as modified on January 8, 1971, and to recommend its approval by the CAS Membership on February 12, 1971.

V. Report, Nominating Committee

The CAS Nominating Committee for 1971-72 will meet to prepare its slate on March 4, 1971. Its members are:

Basic Sciences

Dr. R. E. Forster, American Physiological Society
University of Pennsylvania, Philadelphia

Dr. Thomas D. Kinney, American Association of University Professors of Pathology, Duke University, Durham

Dr. D. C. Tosteson, Association of Chairmen of Departments of Physiology
Duke University, Durham

Dr. David G. Whitlock, Association of Anatomy Chairmen
University of Colorado, Denver

Clinical Sciences

Dr. Richard H. Egdahl, Society of University Surgeons
Boston University, Boston

Dr. John T. Grayhack, Society of University Urologists
Northwestern University, Chicago

Dr. Ralph J. Wedgwood, Association of Medical School Pediatric Department Chairmen
University of Washington, Seattle

VI. Report, Committee on Biomedical Research Policy

Dr. Welt, Chairman of the Committee, described the current status of this effort.

1. An edited and expanded report was distributed to the Executive Committee. Dr. Swanson will investigate the possibility of its publication in the Journal of Medical Education.
ACTION: On motion, duly seconded, the Executive Committee accepted the edited and expanded Committee Report as distributed. Any objections upon further review were to be forwarded in writing to the AAMC staff.

2. A draft questionnaire based on the Committee's survey has been submitted for publication in Science.

3. Health economists are eager to show the savings to the nation (GNP) through health. Funding efforts for this have been unsuccessful. Dr. Swanson will explore this with staff.

4. As requested by Dr. Estabrook, Dr. Welt will draft a short (six sentence) summary describing the Committee's activities.

5. Since the agenda was distributed additional contributions from constituent organizations to support the Committee had been received, bringing the total receipts to date to $18,835. The only organizations which had not contributed funds were:

1. American Association of Neurological Surgeons
2. American Association of Neuropathologists
3. American Association of Pathologists and Bacteriologists
4. American Neurological Association
5. American Pediatric Society
6. American Society of Biological Chemists, Inc.
7. American Surgical Association
8. Association for Medical School Pharmacology
9. Association of Medical School Pediatric Department Chairmen, Inc.
10. Association of Professors of Dermatology
11. Association of Professors of Gynecology and Obstetrics
12. Association of Teachers of Preventive Medicine
13. Association of University Professors of Neurology
14. Joint Committee on Orthopaedic Research & Education Seminars

Finally, the Executive Committee discussed the Cancer Authority (S 34) and the dire consequences of such legislation.

ACTION: On motion, duly seconded, the Executive Committee resolved that the implications of the proposed "Cancer Authority" legislation are of such an order of magnitude that it demands immediate attention by the AAMC. There would be a committee prepared to implement the collection of data and develop them for consideration by the AAMC. This committee would be offering their services but are not proposing action.
NOTE: A resolution adopted by the Assembly of the AAMC on February 13, 1971, was reproduced in the Congressional Quarterly for February 18, 1971. Because of its import, it is reproduced here.


A RESOLUTION ADOPTED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES ON THE FIGHT AGAINST CANCER

Cancer is the second leading cause of death in the United States. The search for the causes and the cure of cancer, which spreads over all ages, is a scientific endeavor worthy of our greatest efforts.

New scientific leads, if fully and comprehensively exploited, may make it possible to achieve more adequate preventive and therapeutic capability for coping with this disease.

The present state of our understanding of cancer is a consequence of broad advances across the full scope of the biomedical sciences. In preparing for a greater effort, it is of the utmost importance to understand that despite the progress thus far made, the basic nature and origins of cancer are still not known. The kind of scientific formulation that permitted the development of nuclear energy and that underlies our space exploration does not exist for cancer. Further advance in fundamental biomedical sciences is essential to the solution of the unsolved problems that limit our ability to control cancer. Thus, the development of a special and extraordinary national program in cancer should be in the context of broad support of the related and underlying fields of scientific effort and in an organizational framework which assures sound direction and leadership in advancing this complex set of interrelationships.

The framework of the NIH, which had its origins with the Act of 1930, enlarged by the National Cancer Act of 1937, and the successive statutes creating the several categorical institutes in the post-war period, has made it possible to bring into being the most productive scientific community centered upon health and disease that the world has ever known. It is precisely because this organization has assured a close integration between fundamental scientific endeavor and organized attack upon specific disease problems that this extraordinary blossoming of medical science, and thus our medical capability, has taken place.

Therefore be it resolved that the Association of American Medical Colleges wholeheartedly endorses Federal support of a broad-based and intensive attack on the cancer problem called for by President Nixon in his State of the Union Message and of the magnitude envisaged in the report of the National Panel of Consultants on the Conquest of Cancer, and that this major expansion be undertaken as an integral part of the existing national framework for the advancement of biomedical knowledge for the nation's health as provided by the structure of the NIH and the National Cancer Institute.

VII. Teaching Institutes

Dr. Estabrook again expressed interest in institutes such as were conducted under AAMC aegis beginning in the mid-1950's. He and Dr. Swanson will discuss this further, and the institute idea will be placed on the agenda of the next Executive Committee meeting.

VIII. Next Meeting

Because of the Federation meetings, the next meeting of the CAS Executive Committee will be held in Chicago on April 9.

IX. Adjournment

The meeting was adjourned at 10:45 p.m.

3/5/71
MHL/s1
EXECUTIVE COMMITTEE AGENDA

Place: V.I.P. Room, Mezzanine Level, Rotunda Building, O'Hare Airport, Chicago, Illinois

Time: 10:00 a.m. - 4:00 p.m., April 9, 1971

Discussion Items:

1. Relationship between the CAS and the possibly-to-be-formed Organization of Faculty Representatives.

2. Changing the time and place of the AAMC February-Chicago meeting.

3. Establishing clearly defined procedures for the admission of societies to the CAS in the future.

4. Changing the CAS constitution and by-laws to make them consistent with the AAMC constitution and by-laws.

5. Designation of delegates to the AAMC Assembly.

6. Institutes in Medical Education - a future CAS-AAMC enterprise.

Progress Reports:

1. Status of Development of the Department of Academic Affairs - Dr. August G. Swanson.

2. Status of Development of policy on Corporate Responsibility for Graduate Medical Education - Dr. Swanson

3. Status of Development of the Program for the Annual Meeting - Dr. Swanson

Information Items:

1. Current status of Health Legislation - Dr. Cooper

2. Nominating Committee Report


*Comments attached.
Comments for Executive Committee Agenda
April 9, 1971

1. Relationship between the CAS and the possibly-to-be formed Organization of Faculty Representatives.

At the February meeting of the AAMC the Assembly authorized the establishment of an Organization of Student Representatives. This Organization is to provide student representation to the AAMC from medical schools. These students will represent their institutions and presumably the student bodies of those of the institutions. This action also provided for ten votes in the Assembly for the Organization of Student Representatives. The OSR will be a subsidiary of the Council of Deans. This arrangement was deemed logical because deans are also institutional representatives of the schools of medicine.

At the time of the adoption of this new organization, another motion was passed ordering the Executive Council to explore the possibility of establishing an Organization of Faculty Representatives.

At its inception, the Council of Academic Societies was viewed as the council providing faculty input to the AAMC. Indeed that is mentioned in the first sentence of the Preamble of the Constitution of the CAS. In many ways the Council has represented the faculties of the Nation's medical schools. Its programs, which have dealt frequently with educational matters, are evidence of the concern of the Council with the educational process.

However, there has been criticism of the fact that the members of the Council are largely drawn from the more senior members of the academic community and, in fact, many are Chairmen of departments. In addition, since the Council is constitutionally made up of individuals representing particular academic disciplines, it is viewed as a group of discipline-oriented societies rather than of faculties. The development of an Organization of Faculty Representatives is directed towards bringing into the AAMC individuals who will represent the views of their faculty colleagues at their specific institutions. Presumably many of these representatives would be from the younger faculty.

It appears there is a place for both the Council of Academic Societies and an Organization of Faculty Representatives. The Council does represent itself as a consortium of academic societies concerned with medical education. Ideally, the views and concerns of each individual discipline represented by the member societies are brought to the Council to guide it in its deliberations. This disciplinary view is important and necessary to the AAMC. An Organization of Faculty Repre-
sentatives placed as a subsidiary of the Council of Deans would bring to the AAMC the views of faculties regarding their institutional goals and problems.

Dr. Anlyan and Dr. Cooper will be present at the meeting and are particularly anxious to discuss this item thoroughly.

2. Changing the time and place of the AAMC February - Chicago meeting.

The traditional meeting of the AAMC in conjunction with the AMA's Congress on medical education has been negatively commented upon by many individuals. The principal problem is the timing of the Congress. This meeting, which occurs only three-and-one-half months after the major AAMC Annual Meeting makes the development of a program difficult. In addition, such a short period between the two major meetings of the AAMC does not allow enough time for the development of policy resolutions pertinent to new and challenging problems. It also means that there is a long eight-and-one-half month hiatus between major meetings.

It has been suggested that the secondary AAMC meeting should be pushed back into late March, May or June and that the site for the meeting should be varied from Chicago.

3. Establishing clearly defined procedures for the admission of societies to the CAS in the future.

Considerable dyspareunia resulted from the last round of society admissions to the CAS. At the February meeting the discussion of the future of the CAS by the Council clearly indicated that the activities of the Council should proceed in much the same fashion as in the past. It was recommended that clearer guidelines be developed for admission of societies to the CAS. The establishment of clear and comprehensive guidelines appears difficult; and it is suggested that in lieu of establishing such guidelines, a regularized process of review for admissions be established which will clearly provide for an investigation of the relevance of each candidate society to the CAS. The protocol on the attached sheet is recommended.

4. Changing the CAS constitution and by-laws to make them consistent with the AAMC constitution and by-laws.

Revised By-laws of the Association of American Medical Colleges were passed by the Assembly in February. Changes
in the By-laws of the AAMC necessitate reviewing the Constitution and By-laws of the CAS. The legal consultants for the AAMC have reviewed the CAS Constitution and By-laws and have recommended changes. These will be available for initial discussion.

5. Designation of delegates to the AAMC Assembly.

Now that the CAS is composed of more than 35 societies, it is essential that a clear procedure for the designation of delegates to the AAMC Assembly be developed. The current By-laws state "Representatives to the Assembly shall be designated from among the constituent societies in annual rotation based upon the date of admission of each society to the CAS."
PROCEDURE FOR ADMISSION OF NEW SOCIETIES TO THE CAS

1. Inquiry from a society is received: Response. A copy of the CAS Constitution and By-laws is sent to the society along with a summary letter emphasizing the goals and purposes of the CAS.

2. Society after reviewing the above documents requests membership: Response. Application form is sent and with this letter pointing out the need for clarification of the tax exempt status of the organization.


4. AAMC staff prepares copies and distributes to administrative board.

5. Board (A) rejects application at this point, (B) issues invitation for a representative or representatives from the society to come to the next board meeting to present their case in person.

6. Board summarizes the society's relevance to CAS/AAMC and circularizes membership.

7. Membership votes at next regular meeting.
February 25, 1971

James Warren, M.D.
Association of American Medical Colleges
One DuPont Circle, N.W.
Washington, D. C. 20036

Dear Jim:

Since returning from the meeting of the CAS, I have been reflecting about our discussion concerning goals, changes in methods of choosing representatives, etc. I realize that suggested changes might not be easily implemented without first convincing the Council of Deans that they (the suggestions) are desirable, and later doing the tedious work of changing the constitution and By-laws. However, I am convinced that we would have a more useful CAS and more productive meetings if we increased the number of representatives from each academic society and had overlapping terms in order to provide continuity of representation. It seems reasonable to have a total of six representatives from each society at any one time and I would suggest that every two years two new representatives be appointed to serve terms of six years. The following simple chart shows how this staggered system of appointments could be evolved and become stabilized in a period of six years:

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of new representatives appointed to CAS</th>
<th>No. of representatives in CAS from Each Academic Society</th>
<th>No. of Representatives finishing terms in CAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>2</td>
<td>2</td>
<td>2*</td>
</tr>
<tr>
<td>1974</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>1976</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>1978</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

If this plan could start in 1972, it would become stabilized by 1976, after which two new representatives would be appointed every two years and two would complete their six year terms. Thus, after 1976 there would always be a total of six representatives on the CAS from each society, and the longer

* All representatives appointed previously under the present system would finish their terms in 1972, or whenever the new system would begin. Then each society would appoint two representatives to begin 6 year terms as indicated in column 1.
six year terms and overlapping tenure would provide the type of continuity of effort needed to achieve the goals of the CAS.

Since there are at present about 40 academic societies, this plan would result in a total of approximately 240 representatives by the time the plan was in full operation in 1976. If 10 or even 20 new academic societies were to be formed within the next decade or two, it would only add from 60 to 120 additional representatives to the CAS.

In order to further strengthen the CAS, I think we would also be wise to adopt Dr. Anlyans suggestion that we choose at least one representative from the faculty of each medical school. This would certainly provide the CAS with an excellent mechanism for communicating with each College of Medicine faculty, and would not only develop rapport with medical school academicians, but would also develop a certain amount of liaison with the Deans. Such a representative would best be elected by the entire faculty or by the College of Medicine Executive Committee or some organization representative of the entire faculty. I don't think it would be wise for these representatives to be handpicked by the Dean, and it would probably be best to choose younger faculty members and discourage the election of chairmen and division chiefs. Here, too, one representative could be appointed from each school every two years for six-year overlapping terms.

I think the adoption of these two suggestions would result in a more effective CAS. I know from previous experience that any given organization is fortunate if it can attract from one-half to two-thirds of its members to an annual meeting. Thus, this plan provides for an organization of reasonable size, and the overlapping longer terms permit newer representatives to learn from the already experienced representatives. This should result in a more effective CAS. Furthermore, satisfactory attendance would be assured at the annual meetings, even though some of the representatives are unable to come because of conflicts.

The total CAS membership from the academic societies and medical schools would be around 360 at the present time. If approximately 200 attended each CAS meeting, it would provide for a splendid interchange of ideas and more meaningful voting of the issues. It would also result in basic and clinical scientists becoming acquainted with each other and working together towards common goals at the national level. I have certainly been pleased to have been able to represent our two academic organizations in radiology, and I have written and distributed detailed reports about what
transpired at the three CAS meetings I have attended. Strangely enough, I
have never felt that I was representing academic radiology, but felt more like
a representative of medical school academia. I think this is because the CAS
deals with problems and policy developments which are of such importance
to the teaching and research programs in all medical schools as opposed
to tackling issues which have clinical specialty or basic science overtones.
I think this is the most laudable purpose of the CAS; i.e., to discuss and
solve problems of interest to medical education and biomedical research in
general.

Since I don't know whether I will be re-appointed as a representative
to the CAS, I want to make these suggestions while I still have the chance,
because I think this organization has great potential. Whatever happens,
I will try to give as much information and helpful instruction as I can to
future representatives from our two academic radiologic organizations
(Association of University Radiologists and Society of Chairmen of Academic
Radiology Departments).

With best regards.

Sincerely,

Sidney W. Nelson, M.D.
Professor and Chairman
Department of Radiology

cc: Sam L. Clark, Jr., M.D.

(Dictated but not
signed by Dr. Nelson)
MINUTES
EXECUTIVE COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES
February 11, 1971
Palmer House Hotel
Chicago, Illinois

Present: Committee Members

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VIII. Next Meeting

Because of the Federation meetings, the next meeting of the CAS Executive Committee will be held in Chicago on April 9.

IX. Adjournment

The meeting was adjourned at 10:45 p.m.
March 30, 1971

TO: All Members of the Executive Committee of the CAS

FROM: August G. Swanson, M.D.

Enclosed are two items pertinent to the Executive Committee Meeting in Chicago on April 9th.

One is a draft of Rules and Regulations for the Council of Academic Societies. This draft was prepared by the legal counsel of the AAMC and is compatible with the Articles of Incorporation and the new Bylaws of the AAMC. These Rules and Regulations, if adopted, would replace the Constitution and Bylaws of the CAS. An initial discussion of the Rules and Regulations is planned for the April 9th meeting. Procedural plans should be adopted at that meeting.

The second enclosure relates to a meeting of the AAMC-VA Liaison Committee, which is planned for late May. The proposed outline of discussion items is presented for comment and additions. Presently there are 80 medical schools utilizing VA hospitals to some degree in their teaching programs. The purpose of the Liaison Committee Meeting is to improve the functional relationships between the VA teaching hospitals and medical schools.

AGS: cc

James V. Warren, M.D.  Ernst Knobil, Ph.D.
Sam L. Clark, Jr., M.D.  William P. Longmire, Jr., M.D.
William B. Weil, Jr., M.D.  Louis G. Welt, M.D.
Ronald W. Estabrook, Ph.D.  Thomas D. Kinney, M.D.
Patrick J. Fitzgerald, M.D.  Jonathan E. Rhoads, M.D.
Charles Gregory, M.D.

cc: William G. Anlyan, M.D.
John A. D. Cooper, M.D.
Mr. John M. Danielson
Mr. Joseph S. Murtaugh
Russell A. Nelson, M.D.
Marjorie P. Wilson, M.D.
ARTICLES OF INCORPORATION OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Under the Illinois General Not for Profit Corporation Act

1. The name of the corporation is Association of American Medical Colleges.

2. The period of duration of the corporation is perpetual.

3. The address of its registered office in the State of Illinois is 135 South LaSalle Street, Chicago, Illinois. The name of its registered office in the District of Columbia is One Dupont Circle, Washington, D.C. The name of its registered agent at said address is James W. Quiggle.

4. [Names of initial Board of Directors omitted.]

5. The purpose for which the corporation is organized is the advancement of medical education. The purpose is exclusively educational, scientific, and charitable. Any net earnings of the corporation or of any of its activities shall be devoted exclusively to such purpose and shall not inure to the benefit of any individual. There shall be no shareholders of the corporation.

6. The Board of Directors shall be known as the Executive Council, and the directors shall be called Executive Council Members. The Executive Council shall have the complete direction and control of the property and affairs of the corporation, and the acts of the Executive Council shall be the acts of the corporation for all purposes.

7. The membership of the corporation shall consist of classes known as Institutional Members, Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members, and such other members as shall be provided in the Bylaws. Institutional Members shall have the right to vote. Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members shall have the right to vote to the extent and in the manner provided in the Bylaws. Other classes of members shall have no right to vote and no action of theirs shall be necessary for any corporate action. The membership of all classes shall consist of such persons as may from time to time be designated pursuant to the Bylaws.

8. In the event of dissolution of the corporation, all of its assets (after payment of, or provision for, all its liabilities) shall be transferred or conveyed to one or more domestic or foreign corporations, societies, or organizations engaged in activities substantially similar to those of the corporation, to be used by them for the purpose set forth in Article 5.
9. Provided, however, the purposes stated in Article 5 shall not be deemed to authorize the corporation to receive any child for care or placement apart from its own parent or guardian, nor shall the corporation act as or perform any of the functions of a post-secondary or vocational institution.*

*This sentence has been inserted to avoid any question of compliance or noncompliance with certain Illinois legal requirements.
Proposed

BYLAWS OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

I. MEMBERSHIP

Section 1. There shall be the following classes of members, 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 pro-
vision 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 of the United States.

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 of the United
States.

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 organi-
izations active in the United States in the professional fields of
medicine and biomedical sciences.

H. Teaching Hospital Members - Teaching Hospital Members shall be
teaching hospitals in the United States.
Section 2. There shall also be the following classes of honorary members who shall meet the criteria therefor 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. Individual Members - Individual Members shall be persons who have demonstrated a serious interest in medical education.

C. 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 COTH to the Executive Council.

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. 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 Chairman 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 privilege 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 no more than thirty-five of their respective members as members of the Assembly, each one of whom shall have one vote in the Assembly. All other members shall have the privileges of the floor in all discussions but shall 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.

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 titles 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 thirteen 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 Chairman of the Organization of Student Representatives, all of whom shall be voting members. Of the thirteen members of the Executive Council elected by the Assembly, three shall be members of the Council of Academic Societies; two shall be members of the Council of Teaching Hospitals; eight shall be members of the Council of Deans. 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 eight (8) weeks 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 in 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 Paragraph 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 Paragraph II hereof. 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. 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 legis-
lation, 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 7. 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
objects 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 8. 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.

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Introduction

The Association of American Medical Colleges is a corporation organized for the advancement of medical education. The purpose is exclusively educational, scientific and charitable.

The Association membership consists of classes known as (1) Institutional Members, (2) Provisional Institutional Members, (3) Academic Society Members, (4) Teaching Hospital Members, and (5) such other members as provided in the Bylaws of the Association. Institutional Members have the right to vote. Provisional Institutional Members, Academic Society Members, and Teaching Hospital Members have the right to vote to the extent and in the manner provided by the Bylaws of the Association. All voting members are organizations with a tax-exempt status described in Section 501 (c) 3 of the Internal Revenue Code of 1954 or other Codes as set forth in Section I of the Bylaws of the Association.

The member Academic Societies of the Association form the Council of Academic Societies. This Council is governed by the Rules and Regulations set forth below.

Rules & Regulations Of The Council of Academic Societies

Section I. Members

1. Academic Societies active in the United States in the professional fields of medicine and biomedical sciences
which have special interests in advancing medical education may be nominated for election to membership in the Association of American Medical Colleges by a two-thirds vote of the Society Representatives at a duly constituted meeting of the Council of Academic Societies, provided that notice of the proposed nomination shall have been given to the Representatives of the member Societies at least thirty (30) days in advance of the meeting. The names of Societies so nominated shall be recommended to the Executive Council of the Association of American Medical Colleges for election to membership therein by the Assembly of the Association.

2. Individuals with a special competence or interest in advancing medical education may be nominated by the Council for membership in the Association of American Medical Colleges using the same procedure as set forth above for nomination of member Societies. Individuals so elected to membership in the Association of American Medical Colleges shall be members-at-large of the Council of Academic Societies.

3. Resignation or revocation of membership. Resignation or revocation of membership in the Council of Academic Societies shall be in accordance with the Bylaws of the Association of American Medical Colleges, and no society or individual who is not a member of the Association of American Medical Colleges shall be a member or member-at-large of the Council of Academic Societies.

Section II. Representatives

1. The Council of Academic Societies shall consist of no more than two representatives from each member Academic
Society of the Association of American Medical Colleges.
These representatives shall be designated by each member So-
ciety for a term of two years; provided, however, no repre-
sentatives shall serve more than four (4) consecutive terms.
The Secretary shall inform each member Society one year in
advance of the expiration of the term of its representatives,
asking for the names of the representatives for the subse-
quent term.

2. Voting. Each representative of a member Academic
Society shall have one (1) vote in the Council. Members-at-
large shall have no vote.

Section III. Administrative Board

1. The Council of Academic Societies shall be governed
by an Administrative Board which shall be composed of a Chair-
man, Chairman-Elect, a Secretary and six other representatives
of member Academic Societies. Three of said six representa-
tives shall be elected by written ballot at each annual meet-
ing of the Council of Academic Societies, and each such repre-
sentative shall serve for a term of two years or until his
successor is elected and installed. Representatives to the
Administrative Board may succeed themselves for two addition-
al terms.

2. The Administrative Board shall meet at least once
each year at the time and place of the annual meeting of the
Council of Academic Societies held in connection with the an-
nual meeting of the Association of American Medical Colleges;
and the Administrative Board may meet at any other time and
place upon call of the Chairman, provided ten (10) days written notice thereof has been given.

3. The Administrative Board shall recommend to the Nominating Committee of the Association nominees for positions on the Executive Council of the Association. The Chairman-Elect shall be one (1) nominee, and the remainder shall be chosen from members of the Administrative Board, chosen so as to present a balanced representation between societies primarily concerned with preclinical disciplines and societies primarily concerned with clinical disciplines.

4. Individuals elected as members of the executive Council of the Association of American Medical Colleges representing the Council of Academic Societies may hold their membership in the Council of Academic Societies, ex officio, even though they may be succeeded by new representatives from their constituent organizations.

Section IV. Officers

1. The officers of the Administrative Board shall be a Chairman, a Chairman-Elect, and a Secretary, and shall be elected at the annual meeting of the Council of Academic Societies. The Chairman and Chairman-Elect shall serve for a term of one (1) year, or until their respective successors are elected and qualified. The Secretary shall serve for a term of two (2) years but may not serve for more than two (2) years following the expiration of his term as a representative of a society member. Officers shall begin their terms
immediately following the annual meeting of the Council at which they are elected.

2. **Duties of the Chairman.** The Chairman shall be the chief administrative officer of the Council and shall preside at all meetings. He shall serve as Chairman of the Administrative Board and shall be an _ex officio_ member of all committees. He shall have primary responsibility for arranging the agenda of meetings, conducting the business of the Council, and carrying out policies of the Council of Academic Societies determined during meetings of the Council. The Chairman shall from time to time inform and advise officers of member academic societies of the programs and activities of the Council of Academic Societies.

3. **Duties of the Chairman-Elect.** The Chairman-Elect shall act as a Vice-Chairman and assume the duties of the Chairman whenever the latter is absent or unable to act. He shall be an _ex officio_ member of all committees, except that on nominations, and he shall succeed to the office of Chairman, upon the expiration of his term as Chairman-Elect.

4. **Duties of the Secretary.** The Secretary shall be responsible for keeping the minutes of meetings, a roster of members, sending out notices of meetings, and informing members of the business of the Council.

**Section V. Committees**

1. There shall be a Nominating Committee of seven (7) members. Said Committee will be chosen by mail ballot. A
ballot listing 14 representatives will be prepared by the Administrative Board and sent to all representatives to the Council. Seven (7) names shall be selected from the list by each representative and submitted to the Secretary. The seven (7) representatives receiving the largest number of votes will constitute the Nominating Committee, except that no member society shall have more than one (1) representative on the Nominating Committee.

The Committee shall submit each year to the Secretary forty-five (45) days prior to the annual meeting of the Council of Academic Societies the names of two (2) candidates for each office to be filled. Election of officers shall be by majority vote at the annual meeting of the Council of Academic Societies.

2. The chairman of the Council of Academic Societies may from time to time appoint the chairmen and members of standing or ad hoc committees to advise, assist and carry out the management and operations of the Council of Academic Societies; provided, however, the Chairman shall remain responsible for all action taken by any such committee. Membership on committees will end with the expiration of the term of the representative to the Council. The Chairman of the Council of Academic Societies may appoint any representative to the Council to fill vacancies on any committee, including the Nominating Committee. Members of ad hoc committees may be selected from the academic community at large.
Section VI. Meetings

1. The Council of Academic Societies shall meet during or within two (2) days after the annual meeting of the Association of American Medical Colleges for the purpose of electing officers and transacting other business which may come before it. The Council shall meet regularly at least one additional time each year, and it may meet for special purposes at other times determined by the Administrative Board, provided the purpose of such meetings be stated in the notice thereof. Written notice of meetings shall be given by the Secretary at least 30 days prior to the date thereof, and meetings shall be held in conjunction with other activities of the Association of American Medical Colleges whenever possible.

2. Any question which five (5) or more representatives desire to have placed on the agenda of a meeting shall be considered at that meeting.

3. A quorum shall consist of 15 representatives or 25 percent (25%) of the Council, whichever is the larger.

4. The Administrative Board shall designate the member societies to be delegates to the Assembly of the Association. These member society delegates will serve for a period ending with the conclusion of the Assembly after the time of being so nominated; provided, however, that the delegates so named shall be approved by majority vote of the Council of Academic Societies and additional nomination of delegates to the Assembly may be made at the meeting at which those named by the Administrative Board are approved.
Section VII. General Provisions

1. The Council may not incur debts or enter into commitments by accepting restricted funds or otherwise, which could in any manner become obligations of the Association of American Medical Colleges, without first obtaining specific authorization of the Executive Council or President of the Association. Member academic societies shall be responsible for costs and expenses incurred by their respective representatives to the Council of Academic Societies.

2. Any conflict between the Articles of Incorporation or the Bylaws of the Association of American Medical Colleges and these Rules and Regulations shall be resolved in accordance with the provisions of said Articles or Bylaws, as the case may be; and these Rules and Regulations shall whenever possible be applied, interpreted, or construed in a manner consistent with said Articles and Bylaws.

3. Amendments to these Rules and Regulations may be made at any meeting of the Council of Academic Societies, provided at least 30 days written notice thereof has been given to members entitled to vote by a two-thirds vote of those voting members present. Any such amendment shall be effective only upon subsequent approval by the Executive Council.

4. Any notice required to be given to any representative or officer may be waived in writing before or after the meeting for which such notice is required.
Outlined below are the major points of the AAMC-VA Liaison Committee meeting which are to be considered during the discussion.

I. The Interdependency—What's in it for both participants?
   1. For the Veterans Administration
   2. For the Medical School

II. What are the impediments to full benefit from the association?
   1. Local
   2. National

III. Possible Solutions
COUNCIL OF ACADEMIC SOCIETIES

Ballot

Election of New Officers
to begin terms at
conclusion of CAS
meeting in fall 1971

Chairman-Elect, CAS
One-year term (vote for one)

William P. Longmire, Jr.
Robert G. Petersdorf

Secretary, CAS
One-year term (vote for one)

William O. Rieke
William B. Weil, Jr.

Administrative Board
Two-year terms,
Basic Scientists (vote for one)

George H. Acheson
Robert E. Forster

Administrative Board
Two-year terms,
Clinical Scientists (vote for two)

Ludwig Eichna
Charles F. Gregory
Frank Moya
Henry G. Schwartz

CAS nominee for election to the Executive Council of the AAMC
(vote for one)

Ronald Estabrook
Ernst Knobil