

Automatic Transfer to Active Exempt Status

Dr. Lucas reported the Commission on Membership and Credentials next meeting is on March 30 and 31. The commission will consider a question raised by the Maryland delegates relative to reporting of postgraduate hours for members over sixty. Mr. Tusken said no one is accorded active exempt status until he requests it, but some states are automatically transferring qualifying members to active exempt status. He said these states should be advised not to make the transfer without request, but this item could be taken up by the Membership Commission.

Dr. Lucas noted that the commission would consider the question of an academic speaker at the convocation. If an academic speaker is approved, it would be the recommendation his address should be very short and in no way upstage the president. He said the commission would also consider a joint endeavor with SAMA on community education and determine what input could come from the commission.

Dr. Lucas said the Membership Commission plans joint meetings during the year with the Public Relations Committee.

Military Chapter of Academy

Dr. Grobe referred to a communication he received concerning the establishment of a military chapter of the Academy. Dr. Lucas advised he had talked with Dr. Wolff and the item would be considered by the commission but proposed bylaws would have to be submitted. Mr. Tusken noted the American Academy Bylaws would also have to be amended. The chairman then referred the matter of the military chapter to the Commission on Membership and Credentials, with a request a recommendation be brought to the Board for action at its next meeting.

SOC Program

Chairman Holden reported on a telephone conference meeting of the State Officers' Conference Committee to name a substitute for the legislative speaker in view of the fact that both Wilbur Mills and Jerry Pettis had declined. He reported the committee had designated the following in order of preference: Senator Wallace Bennett, Congressman William Roy, Congressman Daniel Flood and Governor Otis Bowen of Indiana. Dr. Grobe moved support of the recommendations of the committee. The motion was seconded and carried.

Report of Public Relations Committee

The John G. Walsh Award for Outstanding
Contribution in Family Practice Education

Dr. Heerens reported on a proposal by the Public Relations Committee for the establishment of an annual award for excellence in family practice education with the following guidelines:

AAFP Commission on Membership & Credentials

-13-

March 30-31/1973

to the Fifth World Conference on General Practice in Melbourne, Australia. Mr. DeLay suggested that the Academy should have a similar award that could be presented to visiting foreign dignitaries. Dr. Lucas suggested that this award could be a certificate for contributions to family practice. After further discussion, Dr. Waddell moved that the Commission on Membership and Credentials agrees in principle with the idea of giving an award to visiting foreign dignitaries and the details of this award will be referred to the Public Relations Department. The motion was seconded by Dr. McCallum and carried.

Discussion of Proposed Military Chapter

A proposal to create a special military chapter for Academy members was discussed by the commission. It was pointed out that some medical organizations have established such groups, particularly the College of Obstetricians and Gynecologists. Drs. Waddell and Stern voiced their support for such a chapter since it would offer membership sources which had previously been untapped. Dr. Stern mentioned that the transfer from the military chapter to a state chapter could be easily accomplished once the physicians left the service. Mr. Tusken stated that a military chapter would aid the national office in keeping track of military members. He continued that such a chapter would however, cause problems on the state level since physicians in the military chapter would no longer belong to the state chapter causing it to suffer a loss of membership and dues income. Mr. Tusken also pointed out that in the past, military physicians on temporary duty were considered as inactive members and consequently paid far less dues than regular active members.

Dr. Ganz stated that the establishment of a separate chapter would practically insure the separation of military physicians from the medical community. He suggested that a constituent chapter for military personnel be created within state chapters. Dr. Ganz reasoned that if the Academy were to create a special chapter for military physicians, it would also be asked to consider chapter for ABFP Diplomates, minority physicians, emergency physicians and many other "special cases" which could fragment the organization.

Most members of the commission favored the creation of a national military chapter. However, the consensus of the commission indicated that more research would have to be made to insure that the chapter could operate efficiently and effectively. After some further discussion, Dr. Weitzman moved that the Commission on Membership and Credentials is generally in favor of the concept of a military chapter of the AAFP but that it wishes to pursue the details of this concept to a greater degree. The motion was seconded by Dr. McCallum and carried.

SAMA-MECO Project

Mr. Rimm explained that the Medical Education and Community Orientation (MECO) project is a SAMA program whereby students go into selected areas and provide community based primary medical care. He stated that projects have been concentrated in Appalachia and the east coast areas and that they are primarily family practice oriented programs. Publicity by the Academy has been helpful in making physicians aware of MECO.

discussions with free-lance writers on books on medical advances. He advised that an article on malpractice over his name would appear in True Magazine and payment for it had been donated to the Family Health Foundation of America. He said he also talked with representatives of Time, Parents, Women's World and Family Health. Dr. Grobe noted presented certificates of commendation to David Fauser for "V.D. Blues," David Hendin, medical writer for Newspaper Enterprises Association and Paul Cunningham of the Today Show. He said from New York he went to Washington and had an interview with US News and World Report. On May 16 a representative from the U.S. News office in Los Angeles spent a day with him in Phoenix and he was advised the article would be out in an early issue. Mr. Tusken announced that reprints would be purchased and wide distribution made of the article.

Dr. Grobe discussed a conference on primary care in Fort Benning, Georgia on June 14 and 15, attended by 165 military personnel from all over the world. He noted that as far as the Army is concerned primary care is family medicine. He said four additional residency programs have been planned and the Army wants to develop these programs rapidly.

Military Chapter of Academy

Dr. Grobe said there is great interest in a military chapter of the Academy inasmuch as in some states members of the military cannot belong to the chapter because they move out of the state so rapidly. He said the American College of Obstetricians and Gynecologists has a military chapter which has worked satisfactorily. Dr. Grobe suggested that the Academy establish a military chapter to accommodate the family physicians in the Army. He said in time they will want representation in the Congress of Delegates but they are not seeking this presently.

Dr. Lucas reported the Commission on Membership and Credentials was opposed to the proposal for a military chapter, but the opposition came primarily from those states that have large military installations who believe that the Army personnel instead of joining the state chapter would join the military chapter. The commission recommended continued study and investigation. He urged that the item be referred back to the Membership Commission or the Committee on Constitution and Bylaws. Dr. Holden pointed out that there was no point in sending the matter to Constitution and Bylaws until the Board had reached a decision. He called attention to the fact that the Spectrum Committee had recommended the formation of a military chapter. Dr. Boyd said the reaction in the Committee on Constitution and Bylaws to a military chapter was also favorable. Dr. Holden added that although it would be a national chapter it could be provided that the member would pay partial dues in the state where he resides.

Dr. Wildgen moved that staff be directed to devise what they think is an appropriate change in the Constitution and Bylaws and a definition of a military chapter to be presented at the September meeting of the Board. The motion was seconded. Mr. Tusken said he thought staff should draw up the constitutional change along with a special report from the Board to the Congress expressing its desire with this to be referred by the Congress to the Commission on Membership and Credentials for implementation.

Dr. Grobe then made a substitute motion that a special report from the Board be prepared that would state the Board is in favor of a military chapter, the report to contain reassurances that the state chapters will be protected, with the staff to come in with alternatives on the financing along with appropriate Bylaws changes. The substitute motion was seconded. Dr. Wildgen expressed the opinion it would be appropriate for the military to have representation in the Congress. Dr. Grobe said they were not seeking representation at the present time. Following further discussion, Dr. Holden summarized the motion as follows: The staff will prepare proposals regarding a military chapter and how it might be implemented to be the most acceptable to the state chapters, such report to include the possibility of representation of the military chapter in the Congress of Delegates, this report to come back to the Board for presentation to the Congress. The motion was put to a vote and carried, with Dr. Lucas dissenting.

Report on ABFP Directors Meeting

Dr. Grobe, a member of the ABFP Board of Directors, reported on the meeting of the ABFP Board on July 9-10. He advised that the ABFP is concerned about the problems of the emergency room physicians and it was suggested that representatives of the Academy, the ABFP, and the Council on Medical Education have a meeting to reach an agreement on the emergency room physicians and how they are to be trained. He said it was expressed there that there will not be a conjoint board or a primary board in the immediate future although it was thought that surgery might take the emergency room physicians as a subsidiary board.

Dr. Lucas noted that emergency room physicians now have twelve approved residencies. Dr. Grobe said the ABFP believed there should not be any changes in training family physicians to accommodate emergency room physicians. Discussion ensued by Drs. Rowland, Hall, Quello, Holden, Grobe, Wildgen and Boyd. Dr. Rial referred to the 1972 Transactions of the Congress of Delegates where the recommendation that emergency medicine be a subspecialty of the American Board of Family Practice was defeated in the form of a resolution and a report from the Board of Directors as follows:

"There was considerable discussion at the hearing which indicated the need for further discussion of this subject between the officers of the Academy and the American College of Emergency Physicians. Your reference committee therefore recommends that Board Report A be not adopted and urges continued discussion with the ACEP towards developing a mutually acceptable solution."

Following further discussion, Dr. Grobe moved the Academy set up a conference between representatives of the American Board of Family Practice, the Council on Medical Education of the AMA, and the Academy for the purpose of discussing matters of mutual concern. The motion was seconded and carried.

Dr. Grobe reported that the ABFP Board discussed the Essentials of Residency Training in Family Practice and reviewed a ten-page document on proposed revision of the Essentials. He said this was eventually tabled. However, he had suggested at the ABFP meeting that this was a matter for a meeting between the ABFP and the Academy and, at his suggestion,

Committee on Student and Resident Affairs

Dr. Lucas called attention to a commission recommendation to the Board that a special Student/Resident Affairs Committee be created. Mr. Tusken noted the fact the Ad Hoc Committee to Study the Commission and Committee Structure had recommended the establishment of a Committee on Student and Resident Affairs and this has been approved by the Board. Following discussion, it was agreed to amend the final sentence in paragraph (16) of the commission report to read: "This committee would serve to promote Academy policy, programs and membership and would report to the Board with special liaison with the Commission on Membership and Credentials."

Military Chapter

The commission recommendation for the creation of a military chapter was reviewed. Dr. Lucas said some of the physicians interested in the military chapter would have a meeting in Denver and had asked him to meet with them.

Dr. Grobe then moved that the Board submit Board of Directors Report E - "Military Chapter of Academy" to the Congress of Delegates. The motion was seconded. Mr. Tusken said amendments had been prepared to accomplish the establishment of the military chapter and these could be an appendix to the report if the Board so desired. Dr. Price said the concept was all that was being presented to the Congress at the present time. Dr. Grobe restated his motion that Board of Directors Report E - "Military Chapter of the Academy" be submitted to the Congress and if the concept is accepted, then the proposed changes in the Constitution and Bylaws would be sent to the Committee on Constitution and Bylaws. The motion was seconded and carried. (See Exhibit E for Board of Directors Report E.)

Membership/PR Workshops

The regional membership/public relations workshops were discussed briefly and Mr. Tusken said a complete report on the workshops would be presented at the next meeting of the Board. Dr. Grobe commended the Commission on Membership and Credentials and the Public Relations Committee on the workshops.

Recognition for Apollo 25 Campaign

A recommendation of the commission that chapters having successfully participated in the Apollo 25 recruiting campaign be recognized in conjunction with the 1973 scientific meeting was considered. It was agreed that this recognition would take place during the Congress of Delegates.

Plastic Membership Cards

The portion of the Membership and Credentials report concerning the plastic membership cards was reviewed. Mr. Tusken presented a summary of staff research on the feasibility of plastic membership cards. (See Exhibit F.) Mr. Tusken said the staff is not certain the high cost can be justified as it would only be used at forty to fifty per cent of the meetings and would not improve the recording of hours that greatly. He said

BOARD OF DIRECTORS REPORT E TO 1973 CONGRESS

CREATION OF A SPECIAL CONSTITUENT MILITARY CHAPTER OF THE ACADEMY

(1) The Board of Directors asks that the Congress of Delegates consider the following information regarding the present status of the Academy's military members. Most military members are classified in either the "associate" or "inactive" category. This occurs because:

(1) their addresses change frequently, (2) many are on temporary military status and (3) military physicians are not necessarily licensed in the state in which they are practicing.

(2) As a result of this situation, military physicians are denied a voice in the Academy's policy-making procedure at both the state and national levels. This fact causes great concern, since there are more than 800 physicians in family practice in military service, and currently ten "active" military family practice residency programs. The Academy also suffers a loss of dues income since "inactive" and "associate" members pay only \$5.00 dues per year, while "active" members pay \$50.00. Chapters are burdened with the continuing responsibility of records maintenance for their military members.

(3) The current attitudes of the military service towards family practice continues to be favorable. Besides the ten approved residency programs, more than one dozen additional programs are now being developed. Practice opportunities for family physicians in military service are also increasing, thus indicating the military's support of basic Academy principles.

(4) To alleviate administrative problems among the Academy's military members and to acknowledge the military's enthusiasm for family practice, the Board urges the Congress to direct the Committee on Constitution and Bylaws to prepare amendments to the Bylaws creating a special national constituent military chapter. This chapter would develop its own Bylaws, subject to approval of the Board of Directors, and would have the same privileges and rights as any other constituent chapter. It would elect two delegates and two alternates to the Congress of Delegates. Its activities and administration would be supported through collection of chapter dues.

(5) This chapter would not cause state chapters to suffer any loss in income, since more than 95 percent of Academy military members are classified as "associate" or "inactive." Because of its organization and representation, such a chapter would also serve as a membership stimulus among military physicians. It is estimated that approximately 300 Academy members are serving in the military, thus leaving a total of 500 prospects for recruitment.

(6) According to the present Bylaws, these members would have one year to transfer to the chapter in the state in which they take up practice following separation from the service.

(7) This proposal offers an effective and expedient mechanism for dealing with a difficult problem. It will enable the organization to provide increased services to an important segment of the membership and will serve to reduce some of the administrative work of chapter offices. We again urge the Congress to favorably consider this proposal.

¹⁴ The experience and knowledge obtained by serving as your president this year, and my concern for the continued progress of the Academy causes me to propose further recommendations. I urge you to consider these and would hope that you would approve them.

PROPOSAL TO STUDY OFFICE OF PRESIDENT

¹⁵ History shows that each succeeding president spends more and more of his time representing the Academy. This year I have been away from my medical practice approximately 80 percent of the time. If I were in solo practice it would have been impossible for me to give the Academy that much time. I am sure that many talented Academy members are unable to become our president because of the prohibitive demands of the office. The functions of this office long ago ceased to be ceremonial and largely honorary. It is a working and demanding office, which at the same time is an honor and privilege that is given only to a few. I have come to believe that we must develop some means of assisting Academy officers, especially the president, during his year of service. Dr. Edward Kowalewski, in his presidential address a few short years ago, very eloquently presented his concern about this problem. You approved his recommendation of an Ad Hoc Committee to study this problem. Unfortunately, their report produced no remedies and the duties of the office have continued to increase. *I propose that this Congress recommend to the Board the formation of an Ad Hoc Committee to study this situation. I feel that this committee should be composed of the three immediate past presidents and the treasurer, and would suggest that it report to the Board of Directors for appropriate action with a final report to this body at its 1974 annual meeting.*

RECOMMENDATION TO DEVELOP STATE CHAPTER ADMINISTRATIVE WORKSHOP

¹⁶ As you know from my president-elect's address I have been concerned that each state chapter grow and develop to the extent of all its potentials. It goes without saying that the Academy is only as strong as its constituent chapters are strong and healthy. This year I have noted more state chapters utilizing the services of paid administrative personnel. I believe this to be a sign of maturity, growing security and stability.

¹⁷ At the present time each newly-employed state executive may come to Kansas City to observe our staff operations and solicit help with specific problems. I believe the time has come for the Academy to provide some "in-house" training for administrative staff personnel of the constituent chapters. *Therefore, I would recommend to you that our administrative staff be instructed to develop a "State Chapter Administrative Workshop." Such a program should cover problems in such areas as administration, public relations, coordination of legislation efforts, financing, membership recruitment and basic knowledge of Academy policy. Financial participation by the American Academy would be on the same basis as used for the State Officers' Conference, i.e., the Academy would pay transportation for one official representative from each state, with each state responsible for the first \$50.00 of such transportation costs. If planning were promptly carried out, a proposal should be ready for study by the finance Committee for inclusion in next year's budget. Such a program should be scheduled for the second quar-*

Address of President

ter of 1974. And I believe a similar or modified program should be offered every three years or as appropriate. I would seek your approval of this proposal.

MILITARY CHAPTER PROPOSED

¹⁸ Several of the approved residency training programs for family practice are sponsored by the Army, Air Force and Navy. These quality programs, run by family practice oriented physicians, are designed to make the family doctor the major provider of health care service to military personnel. One can see the extent of the commitment of these people in the Defense Department when one realizes that, while other military residency specialty training programs have been drastically reduced, the number of family practice training programs have more than doubled. *The military physician desires and should have a place in our Academy. I urge you to approve the recommendations contained in Report E of the Board of Directors.*

HEADQUARTERS ADVISORY COMMITTEE

¹⁹ The Executive Committee has the responsibility of advising on and formulating policy affecting headquarters operation and personnel policy. My experience over the past four years on the Executive Committee is that the Executive Committee seldom has adequate time to do the job properly and give the executive director appropriate support and advice in this area. For example, recently the pension benefit program for Academy personnel was reviewed, first by the Finance Committee which worked out many of the minute details. My point is that the working out of details is not a proper function of the Finance Committee and the Board of Directors. However, no appropriate means was available to do such a thing routinely. *I would recommend the formation of a Headquarters Advisory Committee, composed of the two immediate past presidents and the treasurer. This Advisory Committee would work with the Executive Director and would report directly to the Board. The Executive Director would continue to be directly responsible to the Chairman of the Board of Directors, and lines of responsibility and authority would not be altered in any manner whatsoever. This committee then would be strictly advisory and its primary purpose would be to support and assist the executive director and/or the Chairman of the Board, to review Academy policy affecting headquarters personnel in areas concerning terms of employment, fringe benefits, employee turnover, employee morale, possible "in-house" training programs and other essential areas of headquarters policy. I seek your approval of this recommendation.*

NEED TO DEFINE AND CLARIFY TERMS

²⁰ I believe that the time has come for the Academy to establish a policy concerning the differentiation between the terms "family physician" and "primary physician." The term primary physician was coined by the Millis Commission. This descriptive term may well become a millstone around our organizational neck. I believe we should insist on being described as family physicians and point out that only family physicians are trained to provide continuous, comprehensive care to all members of a family. The family physician is the advocate for his patient to obtain quality health care services. Family physicians may give primary, but also secondary and tertiary care. Primary physicians are physicians of first contact

Other Medical Society Affiliations:

San Diego County Medical Society
California Medical Association, Member of: Scientific Board; Committee on Rehabilitation; Advisory Committee on General/Family Practice, Program Committee
American Medical Association
Society of Teachers of Family Medicine
Orange County Medical Association: Secretary of Committee on Continuing Medical Education, Health Careers Committee
Member of Advisory Board for American Association of Physicians' Assistants

Professional Activities:

Author (Chapter on Rehabilitation) Saunders
Textbook of Family Medicine
Editorial Advisory Board for *The Journal of Family Practice*

Community Activities:

Rotary Club of Carlsbad, President—1950
District Governors Cabinet (1960-63), Secretary
10 District Visa Committee
Sponsor and Founder of American Field Service, Carlsbad Chapter
Vice President, Tri-City Hospital Association
Medical Director for Educationally Handicapped Program, Oceanside-Carlsbad Unified School District
Alternate Director, Boys Club of Carlsbad

Professional Honors, Citations:

AMA Physicians Recognition Award for Continuing Medical Education
Fellow, American Academy of Family Physicians

ROBERT E. RAKEL, M.D.**Current Position or Practice:**

Director, Family Practice Department, University of Iowa College of Medicine, Iowa City

Personal:

Born July 13, 1932
Wife—Peggy
Children—Three daughters, Barbara, Cindy, Linda; one son, David

Licensure:

California and Iowa

Hospital Affiliations:

Current—University Hospitals, Iowa City, Iowa

Board Certification:

American Board of Family Practice

Current Academic Appointments:

Director, Family Practice Department, University of Iowa College of Medicine, Iowa City

Education:

Pre-medical—University of Cincinnati
Medical School—University of Cincinnati, College of Medicine
Internship—St. Mary's Hospital, Cincinnati, Ohio
Residencies—Internal Medicine, USPHS Hospital,

Seattle; General Practice Residency, Monterey County Hospital, Salinas, California

Military Service:

Senior Assistant Surgeon, USPHS

AAFP Membership:

Enrolled 1963
State Chapter Offices: California Academy, Director, Education Committee, Program Committee; Orange County Chapter, President; Iowa Academy, Board of Directors, Education Committee.
AAFP Offices: 1970 State Officers' Conference Committee, Commission on Education

Other Medical Society Affiliations:

American Medical Association
Orange County Medical Association, Chairman, Medical Careers Committee, Continuing Education Committee, Speaker's Bureau Member
Association of American Medical Colleges
American Board of Family Practice Examination Panel, 1970 Chairman, subcommittee for review of previous National Board examination material and other specialty board examination material; subcommittee for research and development to investigate new testing methods for use in future board examinations
Member, Board of Directors, American Board of Family Practice

Professional Honors, Citations:

Recipient of Mead Johnson Scholarship Award in General Practice (1961)

The following Board Report E was referred to the Reference Committee on Miscellaneous Business (pp. 137-138):

**BOARD OF DIRECTORS—REPORT E
CREATION OF A SPECIAL CONSTITUENT
MILITARY CHAPTER OF THE ACADEMY**

¹ The Board of Directors asks that the Congress of Delegates consider the following information regarding the present status of the Academy's military members. Most military members are classified in either the "associate" or "inactive" category. This occurs because: (1) their addresses change frequently, (2) many are on temporary military status and (3) military physicians are not necessarily licensed in the state in which they are practicing.

² As a result of this situation, military physicians are denied a voice in the Academy's policy-making procedure at both the state and national levels. This fact causes great concern, since there are more than 800 physicians in family practice in military service, and currently ten "active" military family practice residency programs. The Academy also suffers a loss of dues income since "inactive" and "associate" members pay only \$5.00 dues per year, while "active" members pay \$50.00. Chapters are burdened with the continuing responsibility of records maintenance for their military members.

³ The current attitudes of the military service towards family practice continues to be favorable. Besides the ten

approved residency programs, more than one dozen additional programs are now being developed. Practice opportunities for family physicians in military service are also increasing, thus indicating the military's support of basic Academy principles.

⁴ To alleviate administrative problems among the Academy's military members and to acknowledge the military's enthusiasm for family practice, the Board urges the Congress to direct the Committee on Constitution and Bylaws to prepare amendments to the Bylaws creating a special national constituent military chapter. This chapter would develop its own bylaws, subject to approval of the Board of Directors, and would have the same privileges and rights as any other constituent chapter. It would elect two delegates and two alternates to the Congress of Delegates. Its activities and administration would be supported through collection of chapter dues.

⁵ This chapter would not cause state chapters to suffer any loss in income, since more than 95 percent of Academy military members are classified as "associate" or "inactive." Because of its organization and representation, such a chapter would also serve as a membership stimulus among military physicians. It is estimated that approximately 300 Academy members are serving in the military, thus leaving a total of 500 prospects for recruitment.

⁶ According to the present Bylaws, these members would have one year to transfer to the chapter in the state in which they take up practice following separation from the service.

⁷ This proposal offers an effective and expedient mechanism for dealing with a difficult problem. It will enable the organization to provide increased services to an important segment of the membership and will serve to reduce some of the administrative work of chapter offices. We again urge the Congress to favorably consider this proposal.

The following Board Report F was referred to the Reference Committee on Reports of Officers and Committees (pp. 115-116):

BOARD OF DIRECTORS—REPORT F

REPORT AND RECOMMENDATIONS OF AD HOC COMMITTEE TO STUDY COMMISSION AND COMMITTEE STRUCTURE

¹ At the 1972 session of the Congress of the American Academy of Family Physicians, delegates adopted a recommendation of President-elect James L. Grobe calling for the Board of Directors to form an Ad Hoc Committee of not less than five past officers of the Academy to study the need and function of the various commissions and committees, with a report to be made to the Board of Directors for appropriate action by the 1973 Congress of Delegates.

² An Ad Hoc Committee to Study Commission and Committee Structure was appointed and met on June 2-3, 1973 in Kansas City, Missouri. That committee carefully reviewed each commission and committee in the present structure of the Academy and submits the following

recommendations to the Board of Directors for consideration and report to the 1973 Congress.

³ The Ad Hoc Committee heard reports from secretaries for each of the Academy commissions and committees. Some of these reports covered both the history and present activities and programs of the various commissions and committees.

⁴ In fulfilling the charge of the Congress, members of the Ad Hoc Committee carefully reviewed and discussed both the "functions" of each commission and committee, as well as portions of the Bylaws of the AAFP covering standing commissions and committees of the Academy.

⁵ The Ad Hoc Committee, in considering the present structure of commissions, discussed the number of members appointed to commissions of the Academy and the tenure of these appointments. It was the consensus of the committee that the general format is satisfactory and recommends no change at this time.

⁶ The Ad Hoc Committee carefully considered commissions and committees having overlapping programs and activities and has suggested recommended changes later in this report with the hope that they will eliminate major overlapping at this time.

⁷ In an effort to categorize committees appointed for a specific purpose and a limited time, a special classification of "Special Projects Committees" is recommended for consideration by the Board of Directors. It is hoped that this recommendation will better serve to differentiate between standing commissions and committees which are assigned a specific responsibility, or committees whose budgets are, in some cases, totally or partially supported by outside funding. The recommendation covering "Special Projects Committees" appears later in this report.

⁸ In summarizing the general observations of the Ad Hoc Committee it should be noted that some recommendations listed below also contain accompanying comments made by members of the Ad Hoc Committee in an effort to provide the thinking behind such recommendations.

RECOMMENDATIONS OF AD HOC COMMITTEE RE:

Commission on Education

⁹ The Ad Hoc Committee recommends that the charge of the Commission on Education in Chapter IX, Section 5, beginning with line 5 of the Bylaws of the American Academy of Family Physicians be changed to read as follows:

"(1) To encourage and assist medical schools and hospitals in developing and maintaining adequate courses and facilities for the education and training of family physicians. (2) To conduct, develop, assist and evaluate programs, lectures, courses, or other means of postgraduate medical education, for the benefit of the members and of the profession at large. (3) To evaluate the various types of postgraduate training as to their acceptability for fulfilling the requirements for continued membership as provided in Section 3 of Chapter I of these Bylaws."

¹⁰ There was considerable discussion on the original function No. 2 appearing in Section 5 of Chapter IX of the Bylaws which states "To create a fund from which it may make gifts or loans to students or physicians, and to

The reference committee next considered Paragraphs 11 through 14 (p. 63) of the annual report of the Commission on Membership and Credentials concerning student and resident activities. The committee recommends that these paragraphs be filed.

Delegates voted to file Paragraphs 11 through 14 of the commission report.

Dr. Irvine continued as follows:

The reference committee next considered Paragraph 15 (p. 63) of the commission report. This paragraph discusses the desirability of publishing an AAFP newsletter which would be sent to medical students and residents. Your reference committee heard much favorable testimony as well as frequent concern about the cost of publishing such a newsletter.

The reference committee recommends that Paragraph 15 of the annual report of the Commission on Membership and Credentials be approved in principle and referred to the Board of Directors for feasibility studies.

Delegates adopted the recommendation of the reference committee.

Dr. Irvine continued with the reference committee report as follows:

The reference committee next considered together (p. 64) Paragraph 18, dealing with regional membership/public relations workshops; paragraphs 19 through 22, dealing with state chapter membership awards, and Paragraphs 23 and 25 through 28, dealing with membership services.

Upon recommendation of the reference committee, these paragraphs of the annual report of the Commission on Membership and Credentials were filed.

Dr. Irvine continued with the report of the Reference Committee on Miscellaneous Business as follows:

Mr. Speaker, your reference committee next considered together Board Report E (pp. 22-23), Resolution No. 17, Recommendation No. 6 (p. 13) of the Address of the President and Paragraph 17 (pp. 63-64) of the annual report of the Commission on Membership and Credentials, all of which are concerned with Academy membership for physicians in military service.

Resolution No. 17, introduced by the Pennsylvania chapter, to permit active membership in the Academy by members of government services, reads as follows:

WHEREAS, The policy of the United States Government has now deemed the Armed Forces to be on a voluntary basis, eliminating the draft, and

WHEREAS, this new policy has altered the makeup of the Medical Corps whereby physicians would now enter the Armed Forces by choice, and

WHEREAS, the Armed Forces now recognize family practice as a specialty and have family practice residency programs, now, therefore, be it

RESOLVED, That the Congress of Delegates instruct the Committee on Constitution and Bylaws to prepare an ap-

propriate amendment to the Bylaws for consideration by the 1974 Congress of Delegates making the following changes in Chapter I, Section 2 of the Bylaws (regarding eligibility for active membership in the American Academy of Family Physicians) by deletion of the words in Lines 8 and 9, "He must be duly licensed to practice in the state in which he practices" and substituting in lieu thereof, "He must either be duly licensed to practice in the state in which he practices or be authorized to practice medicine in one of the government services."

Recommendation No. 6 of the Address of the President urges approval of the recommendations contained in Board Report E, and Paragraph 17 of the report of the Commission on Membership and Credentials was favorable to the proposal but indicated further study was needed before making a recommendation.

The reference committee heard considerable testimony regarding these four items. All of the testimony favored encouraging family physicians in the military service to actively participate in Academy affairs. However, there were divergent opinions expressed as to the best means of accomplishing this goal. The reference committee believes that Board Report E most nearly provides a mechanism for meeting this need. The reference committee believes that the Bylaws changes necessary to permit active membership in the Academy by members of government services as provided in Resolution No. 17 needs further consideration.

Board Report E, which is entitled "Creation of a Special Constituent Military Chapter of the Academy," directs the Committee on Constitution and Bylaws to prepare amendments to the Bylaws creating a special national constituent military chapter, with two delegates and two alternate delegates to this Congress of Delegates.

Mr. Speaker, the reference committee recommends that Board Report E be adopted.

Leon W. Berube of Maryland stated that he opposed establishing a new chapter for government physicians solely on the basis of the government's current interest in the concept of family practice, because he believed that government attitudes and interests are "inconsistent, capricious and changeable." He said he believed the military physician is another matter and that he would have a sufficient area of shared professional interests to be welcomed individually to join the Academy. He said he believed there would be many problems of communication and organization with establishment of a single chapter for the military.

He then moved that provisions in Chapter III, Section 6 of the Academy's current Bylaws be employed and that all military establishments in the United States, Puerto Rico and the Virgin Islands, in which a military physician is assigned, be chartered by the state or territorial chapters as appropriate. The motion was seconded.

Wilson L. Dalton of Indiana spoke against the motion. He said the thrust of the proposal by the Board was to create an instrument to provide the interface between the military physician and the Academy, both nationally and at the state level. He stated that many state chapters require licensure within the state for membership, which created an almost impossible

situation for the changing military personnel. He stated he believed the motion would defeat the intent and purpose of the Board and reference committee recommendation and that it should not be adopted.

Charles E. Millard of Rhode Island also spoke against the motion.

J. I. Frederick Reppun of Hawaii said that his chapter had several military physicians who were members and the creation of a military chapter would mean they would lose these members. He believed this would create a problem and separate the activities of the two groups.

Franklin J. Evans of Florida said he believed it important that the military be provided a national type of membership because of their frequent transfer. He said he believed imposing state chapter membership in many cases would create an impossible situation, while the proposed military chapter would give greater impetus to bringing into Academy ranks the family physicians in the military.

Samuel Diener of the District of Columbia asked whether anyone from the military spoke before the reference committee expressing a desire to have a separate military chapter.

Dr. Irvine said that Colonel Edward Turner, Homestead Air Force Base, Florida, and a member of the Florida chapter, gave testimony favoring the concept of a military chapter. Dr. Turner did express some concern that this might separate a military physician in some instances from a state chapter with which he was previously associated, and he hoped that some provision might be made whereby the military physician might have some option as to whether he maintained membership in his home state chapter, the chapter where he was located in military service or the military chapter.

Edward W. Ciriacy of Minnesota said that because there were several military physicians who would like to preserve their state relationship, he would hope that a vote in support of the reference committee recommendation would mean that military personnel would have the option of maintaining state chapter membership if it be their desire.

President James L. Grobe explained that the desire for a military chapter came from the military and was proposed in an attempt to meet their desire. He stated that if the Congress voted to approve Board Report E, the details could be worked out by the Board of Directors and the option for retaining state chapter membership would be considered.

The question was moved and Vice Speaker Rial called for a vote on the motion by Dr. Berube. The motion was lost.

A vote was then taken on the recommendation of the reference committee for adoption of Board Report E. Delegates voted to adopt Board Report E.

Upon recommendation of the reference committee, the above Resolution No. 17 was referred by the delegates to the Committee on Constitution and By-laws. Upon a motion by the reference committee chairman, Recommendation No. 6 of the Address of the President and Paragraph 17 of the annual report of the Commission on Membership and Credentials were filed.

Dr. Irvine continued with the report of the Reference Committee on Miscellaneous Business as follows:

The reference committee next considered the following Recommendation No. 5 of the Address of the President (p. 13) concerning a state chapter administrative workshop:

"Therefore, I would recommend to you that our administrative staff be instructed to develop a 'State Chapter Administrative Workshop.' Such a program should cover problems in such areas as administration, public relations, coordination of legislation efforts, financing, membership recruitment and basic knowledge of Academy policy. Financial participation by the American Academy would be on the same basis as used for the State Officers' Conference, i. e., the Academy would pay transportation for one official representative from each state, with each state responsible for the first \$50.00 of such transportation costs."

The reference committee heard no adverse testimony in the hearings to the concept of such workshops but concern was expressed regarding expense to both the American Academy of Family Physicians and the respective state chapters.

Accordingly, the reference committee recommends that a State Chapter Administrative Workshop be established in conjunction with the 1974 State Officers' Conference in Kansas City.

Upon a motion by the reference committee chairman, Recommendation No. 5 of the Address of the President was adopted, as well as the recommendation that such a workshop be established in conjunction with the 1974 State Officers' Conference in Kansas City.

Dr. Irvine continued with the reference committee report as follows:

The reference committee next considered the following Resolution No. 20 introduced by the Colorado chapter, entitled "To Recommend that the AAFP Be Supportive of the National Health Service Corps":

WHEREAS, The National Health Service Corps (NHSC) is now an established entity and provides a means of placing physicians in areas in desperate need of medical manpower, and

WHEREAS, the NHSC places physicians only at the request of the local community and has always sought the approval of the local medical society. The NHSC physician charges customary fees for their services and, therefore, supplements rather than interferes with the private practice of medicine, and

WHEREAS, most NHSC physicians are true volunteers in that the doctor draft is over, and

WHEREAS, many of these physicians will enter family practice residencies, therefore be it