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**association of american
medical colleges**

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ACTIONS

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EXECUTIVE COUNCIL ACTIONS

January 13-14, 1977

UNIFORM APPLICATION FORM FOR GRADUATE MEDICAL EDUCATION

After discussing the advantages, disadvantages, and feasibility of developing a uniform application form for GME-1 positions, the Executive Council agreed that the Chairman should appoint a task force to review this issue and recommend a feasible method of simplifying the application process.

APPOINTMENT OF A SECRETARY-TREASURER

ACTION: The Executive Council approved the appointment of Dr. David D. Thompson as AAMC Secretary-Treasurer.

APPOINTMENT OF THE EXECUTIVE COMMITTEE

ACTION: The Executive Council appointed the following individuals to the Executive Committee with the charge listed below:

Dr. Ivan L. Bennett, Jr., Chairman
Dr. Robert G. Petersdorf, Chairman-Elect
Dr. John A. Gronvall, COD Chairman
Dr. A. Jay Bollet, CAS Chairman
Dr. David D. Thompson, COTH Chairman
Dr. John A. D. Cooper, President

At such times when the Executive Council is not formally in session, the Executive Committee shall have and may exercise the full power and authority otherwise commonly incident to and vested in the Executive Council, to act on behalf of and to manage the affairs of the Association, and to make any and all necessary and appropriate policy interpretations on behalf of the Executive Council.

RATIFICATION OF LCME DECISIONS

ACTION: The Executive Council ratified the accreditation decisions made by the Liaison Committee on Medical Education at its October 20-21, 1976 meeting.

ELECTION OF TEACHING HOSPITAL MEMBERS

ACTION: The Executive Council approved and recommended to the Assembly the election of the following institutions to Teaching Hospital Membership in the AAMC:

Hackensack Hospital Association
Hackensack, New Jersey

Mount Sinai Hospital
Hartford, Connecticut

Kern Medical Center
Bakersfield, California

ELECTION OF CORRESPONDING MEMBERS

ACTION: The Executive Council approved and recommended to the Assembly the election of the following institutions to Corresponding Membership in the AAMC:

Greater Southeast Community Hospital
Washington, D. C.

Sidney Farber Cancer Institute
Boston, Massachusetts

APPROVAL OF SUBSCRIBER

ACTION: The Executive Council approved the following Subscriber:

Marshall University School of Medicine
Huntington, West Virginia

Robert W. Coon, M.D., Dean

LCGME BYLAWS

ACTION: The Executive Council approved the Bylaws of the Liaison Committee on Graduate Medical Education as presented and approved by the Coordinating Council on Medical Education.

LCCME BYLAWS

ACTION: The Executive Council approved the Bylaws of the Liaison Committee on Continuing Medical Education as presented and approved by the Coordinating Council on Medical Education.

RULES AND REGULATIONS OF THE GROUPS

ACTION: The Executive Council, with several suggested modifications, approved the revised Rules and Regulations of the Group on Business Affairs, the Group on Public Relations, and the Group on Student Affairs.

GUIDELINES FOR THE GSA MINORITY AFFAIRS SECTION

ACTION: The Executive Council recommended a series of specific modifications in the Guidelines of the Group on Student Affairs-Minority Affairs Section, and authorized the President to approve a version of the Guidelines modified consistent with these recommendations.

REGENTS OF THE UNIVERSITY OF CALIFORNIA V. BAKKE

ACTION: The Executive Council agreed that the Association should file an amicus curiae brief supporting the University of California position in the Supreme Court if the court agrees to hear the Bakke case.

AAMC RESPONSE TO THE DHEW REPORT: A PROPOSAL FOR CREDENTIALING
HEALTH MANPOWER

ACTION: The Executive Council asked the staff to redraft the proposed response to the DHEW credentialing report emphasizing the impact upon health care costs and the trend toward over-specialization.

GUIDELINES FOR FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The Executive Council approved the Guidelines for Functions and Structure of a Medical School as presented by the Liaison Committee on Medical Education. It was agreed that several comments offered by the students would be forwarded to the Liaison Committee for future consideration.

SPECIALITY RECOGNITION OF EMERGENCY MEDICINE

ACTION: The Executive Council reaffirmed its position that the Association should not respond substantively to the Liaison Committee on Specialty Board's request for testimony on the recognition of the American Board of Emergency Medicine. It was agreed that Dr. Cooper should reiterate the petitioning Board's burden to offer a full financial impact statement prior to any consideration of recognizing a new specialty. It was also agreed to reiterate the Executive Council position that these broad policy positions appropriately fall within the scope of review of the Coordinating Council on Medical Education.

STUDENT REPRESENTATION ON THE LCME

The Executive Council discussed the advantages and disadvantages of having student representation on the Liaison Committee on Medical Education. It was agreed that no decision should be reached at this time on changing the composition of the LCME.

APPOINTMENT OF COMMITTEES

ACTION: The Executive Council concurred with the Chairman's recommendations for members on AAMC committees.

HOUSESTAFF COLLECTIVE BARGAINING

ACTION: The Executive Council approved a motion asking the Association to work to defeat the Thompson Amendment which would specifically include housestaff under the coverage of the National Labor Relations Act. It was specified that this action did not categorically oppose collective bargaining at the local level but only opposed collective bargaining under the framework of the National Labor Relations Act.

FOREIGN MEDICAL STUDENT PROVISION OF THE HEALTH MANPOWER LAW

ACTION: The Executive Council members concurred with the Retreat recommendation that the Association not seek legislative amendment of the provision requiring transfer of U. S. citizens studying abroad. It was agreed that the AAMC should continue to assist in the regulation writing process and the Executive Council further resolved:

That the AAMC maintain the highest priority upon, and take every practical step to preserve, the independence of admissions and curricula from government regulation. This effort should be directed toward current and future legislation.

REPORT OF THE OFFICERS' RETREAT

ACTION: The Executive Council approved the Report of the AAMC Officers' Retreat held December 15-17, 1976.

COUNCIL OF DEANS
ADMINISTRATIVE BOARD

January 13, 1977

APPROVAL OF SUBSCRIBER

ACTION: The Board recommended that the Executive Council approve Marshall University School of Medicine for Subscriber status.

LCGME BYLAWS

ACTION: The Board recommended that the Executive Council approve the Bylaws of the LCGME as presented.

LCCME BYLAWS

ACTION: The Board recommended that the Executive Council approve the Bylaws of the LCCME as presented.

GUIDELINES FOR FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The Board recommended that the Executive Council approve the LCME Guidelines for Functions and Structure of a Medical School as presented. The Board acknowledged the interest registered by OSR in further modification of several items when the Guidelines may be updated at some future time. Further, the Board recognized Dr. James Schofield for his dedicated service in completing the Guidelines and bringing this important document into general use.

THOMPSON AMENDMENT

ACTION: The Board recommended to the Executive Council that the AAMC do everything within its power to defeat the Thompson bill, focusing on the narrow issue addressed in the bill as introduced previously. In addition, the Board urged the AAMC to seek ways to influence and stimulate improvement in conditions where they exist which are not conducive to excellent housestaff education and patient care. Support of the LCGME and identification of these concerns in developing the charge to the Task Force on Graduate Medical Education were identified as two important avenues for action in this regard.

ACTIONS
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 12-13, 1977

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The CAS Administrative Board voted unanimously to ratify the LCME accreditation decisions.

GUIDELINES FOR FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: The CAS Administrative Board voted unanimously to accept the LCME Guidelines for Functions and Structure of a Medical School.

SPECIALTY RECOGNITION OF EMERGENCY MEDICINE

ACTION: The CAS Administrative Board took a strong stand opposing in principle specialty recognition of emergency medicine. The consensus of the Board was that emergency medicine does not represent a body of knowledge or a discipline but rather that it is an occupation.

UNIFORM APPLICATION PROCESS FOR GRADUATE MEDICAL EDUCATION

ACTION: Although the CAS Administrative Board took no formal action on this agenda item, it did support the idea to the extent that it could simplify this process for the dean's office. The stipulation was made that the date issue would need to be flexible.

ASSOCIATION OF PROFESSORS OF MEDICINE DESK AT AAMC

ACTION: The CAS Administrative Board considered the proposal from the Professors of Medicine that to enhance a close relationship with the Association of Professors of Medicine an APM desk be established at AAMC. The consensus was that further exploration of the APM proposal is justified but that the CAS Administrative Board would need additional information before taking any specific action.

HEALTH MANPOWER LEGISLATION

ACTION: By a majority vote the CAS Administrative Board took action to recommend that the Executive Council reconsider the health manpower legislation and that it go back to the Congress for the purpose of seeking to have the legislation amended to eliminate from it the provisions regarding U. S. foreign medical students. The vote was six for and three against.

COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

January 13, 1977

MEMBERSHIP

ACTION: It was moved, seconded and carried that the following applications for Corresponding Members in the Association of American Medical Colleges be recommended for approval to the Executive Council:

Greater Southeast Community Hospital
Washington, D.C.

Sidney Farber Cancer Institute
Boston, Massachusetts

ACTION: It was moved, seconded and carried that the following application for Regular Member in the Association of American Medical Colleges be recommended for approval to the Executive Council:

Kern Medical Center of Bakersfield, California

LCGME BYLAWS

ACTION: It was moved, seconded and carried that the LCGME Bylaws be approved.

LCCME BYLAWS

ACTION: It was moved, seconded and carried that the LCCME Bylaws be approved.

RULES AND REGULATIONS OF GROUPS

ACTION: It was moved, seconded and carried that the recommendation regarding the rules and regulations for the Group on Business Affairs, Group on Public Relations and Group on Student Affairs be approved as presented on page 44 of the Executive Council Agenda.

GUIDELINES FOR THE MINORITY AFFAIRS SECTION

ACTION: It was moved, seconded and carried that the recommendation presented in the Executive Council Agenda, which called for approval of the guidelines proposed by the GSA Steering Committee with certain specific exceptions as shown on pages 60-62 of the Agenda, be approved.

REGENTS OF THE UNIVERSITY OF CALIFORNIA v. BAKKE

ACTION: It was moved, seconded and carried that the AAMC seek permission to file an amicus curiae brief if the Supreme Court agrees to review the Bakke case.

AAMC RESPONSE TO THE DHEW CREDENTIALING REPORT

ACTION: It was moved, seconded and carried that the Board recommend that the AAMC call for the deletion of recommendation #3 in the DHEW Credentialing Report and support emphasis on "quality of output" or "proficiency" as the determinant for reimbursement and, with this specific modification, approve the AAMC response as drafted.

GUIDELINES FOR FUNCTIONS AND STRUCTURE OF A MEDICAL SCHOOL

ACTION: It was moved, seconded and carried that the Board recommend that the Executive Council approve, as presented on page 84 of the Executive Council Agenda, the LCME Guidelines for Functions and Structure of a Medical School.

SPECIALTY RECOGNITION OF EMERGENCY MEDICINE

ACTION: It was moved, seconded and carried that the Board recommend that the AAMC Executive Council not take a negative position regarding the establishment of a Specialty Board in Emergency Medicine and state that the Association recognizes that there is a very real problem in providing and organizing care in the emergency medical care setting.

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD ACTIONS

MEDICAL SCHOOL ACCREDITATION

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Guidelines for Functions and Structure of a Medical School.

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Accreditation Decisions.

ENDORSEMENT OF LCGME BYLAWS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCGME Bylaws.

ENDORSEMENT OF LCCME BYLAWS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCCME Bylaws.

GSA RULES AND REGULATIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed changes in the GSA Rules and Regulations.

GUIDELINES FOR THE MINORITY AFFAIRS SECTION

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the staff recommendations regarding the GSA Minority Affairs Section with the following exceptions:
Recommendation 1: Endorsed only the deletion of the phrase:
"to serve in an advisory capacity to the AAMC Office of Minority Affairs in setting programmatic goals, objectives, and priorities, as well as"
Recommendations 4-9: Abstained from taking action until recommendation of the GSA Minority Affairs Committee is received.
Recommendations 11-15: Not endorsed
Recommendation 17: The OSR Administrative Board endorsed this recommendation but urged the Executive Council to provide some level of funding to support the Section.

REGENTS OF THE UNIVERSITY OF CALIFORNIA V. BAKKE

ACTION: On motion, seconded, and carried, the OSR endorsed the recommendation that AAMC seek permission to file an amicus curiae brief if the Supreme Court agrees to review the Bakke case.

SPECIALTY RECOGNITION OF EMERGENCY MEDICINE

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed not to adopt a position on whether emergency medicine should be recognized as a specialty. They agreed to support AAMC's previous position that prospective specialties be required to conduct an impact study assessing how its establishment would affect the nation's total health expenditures as well as the overall quality of patient care.

UNIFORM APPLICATION PROCESS FOR GRADUATE MEDICAL EDUCATION

ACTION: On motion, seconded, and carried, the OSR Administrative Board reaffirmed its support of a uniform application process for graduate medical education programs and endorsed the creation of a task force to develop a pilot application form.

STUDENT NOMINEES TO AAMC COMMITTEES

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed to forward the following nominations to Dr. Bennett, Chairman of the Association, for appointment to AAMC committees:

Health Services Advisory Committee--Daniel Miller
Data Development Liaison Committee--David Diamond
Journal of Medical Education Editorial Board--Richard Harper
Resolutions Committee--Richard Seigle
Flexner Award Committee--Donald Widder
GSA Committee on Financial Problems of Medical Students--Robert Tomchik
GSA Committee on Medical Education of Minority Group Students--Richard Gomez
GSA Committee on Professional Development and Advising--William Meade/Joan Kishel
GSA Medical Student Information Systems--Nancy Hardt/
Barbara Carpenter

APPROVAL OF RECOMMENDATIONS OF WORKING GROUP ON STRESS

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the recommendations of the working group on stress.

HOUSESTAFF COLLECTIVE BARGAINING

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the following resolution:

The graduate medical experience is inextricably tied to both education and service. The experience is educational in that it is a voluntary means for specialty training and attainment of licensure. It is service because housestaff provide patient care and participate significantly in the training of medical students.

The means which presently exist for the resolution of problems and inequities in graduate educational programs are less than perfect. The mechanisms available for resolving issues related to housestaff employment are generally unsatisfactory. Past experience has shown that there is no clear motivation for the voluntary development of a satisfactory mechanism. Inclusion of housestaff under the NLRA would accomplish this end.

The OSR Administrative Board resolves that:

1. The AAMC should continue its laudable efforts to improve the educational component of the housestaff experience, particularly through its participation in LCGME, and further resolves that
2. The AAMC should actively support the passage of the Thompson Amendment to ensure protection of housestaff under NLRA.



association of american medical colleges

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ACTIONS

TAKEN AT MEETINGS OF:

<i>Executive Council (March 31-April 1, 1977)</i>	7
<i>COD Administrative Board (March 31, 1977)</i>	6
<i>CAS Administrative Board (March 30-31, 1977)</i>	12
<i>COTH Administrative Board (March 31, 1977)</i>	15
<i>OSR Administrative Board (March 29-30, 1977)</i>	20

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EXECUTIVE COUNCIL ACTIONS

March 31-April 1, 1977

ENDORSEMENT OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council endorsed the accreditation decisions acted upon by the Liaison Committee on Medical Education at its February 9-10, 1977, meeting.

ELECTION OF COTH MEMBERS

ACTION: The Executive Council recommended to the Assembly the election of the following institutions to Teaching Hospital membership:

The Children's Hospital
Birmingham, Alabama

Veterans Administration Hospital
Northport, New York

Veterans Administration Hospital
Hampton, Virginia

APPROVAL OF SUBSCRIBERS

ACTION: The Executive Council approved the following schools as Subscribers:

University of Alaska
Fairbanks, Alaska
Dr. Wayne Myers, WAMI Coordinator

University of Wyoming
College of Human Medicine
Laramie, Wyoming
Robert M. Daugherty, Jr., M.D., Dean

1977 LCCME INTERIM BUDGET

ACTION: The Executive Council approved the proposed interim budget of the Liaison Committee on Continuing Medical Education in the amount of \$13,5000, with the request that a final budget be submitted as soon as possible.

PLANNING COORDINATORS' GROUP RULES AND REGULATIONS

ACTION: The Executive Council approved a revised version of the Rules and Regulations of the Planning Coordinators' Group.

KOUNTZ V. STATE UNIVERSITY OF NEW YORK

ACTION: The Executive Council agreed to join with the State University of New York in the case of Kountz v. State University of New York by filing an amicus curiae brief or otherwise participating as recommended by counsel.

REDUCED-SCHEDULE RESIDENCIES

ACTION: The Executive Council tabled the motion to endorse the development of reduced-residency positions.

COORDINATION OF APPLICATION CYCLES FOR PROGRAMS RECRUITING MEDICAL STUDENTS FOR GME-II POSITIONS

ACTION: The Executive Council approved the following statement to be forwarded to the Liaison Committee on Graduate Medical Education, the American Board of Medical Specialties, the Council on Medical Specialty Societies, and organizations of program directors:

The AAMC is concerned that uncoordinated efforts to fill positions in graduate programs which normally begin after one year of graduate medical education are resulting in inappropriate and premature requests for student evaluations, often before medical students have completed their basic clinical clerkships. The Association requests that program directors for specialties which predominantly admit students after completion of a first graduate year of education coordinate their application cycle so that students and medical schools are not imposed upon to provide letters of evaluation prematurely. A cycle which does not permit acceptance of applications prior to the late fall of the students' senior year is recommended.

Deans' offices and faculty are urged to respond to requests for premature evaluation by pointing out that the information being supplied is not based upon adequate observation of the student and that students are being denied an opportunity to explore the full range of options for their professional career development.

In the case of programs admitting students directly after graduation from medical school, the application rules and guidelines of the NIRMP should be followed.

REPORT OF THE CCME COMMITTEE ON PHYSICIAN DISTRIBUTION: THE
SPECIALTY AND GEOGRAPHIC DISTRIBUTION OF PHYSICIANS

ACTION: The Executive Council recommended to the CCME that:

1. the report on The Specialty and Geographic Distribution of Physicians not be approved;
2. The CCME implement the recommendation of the Committee on Physician Distribution that a short preamble be prepared along with a planning statement identifying what data need to be collected before policy statements can be made. Phase II of this effort would then be to prepare a concise report containing policy recommendations only after the required information became available.

LETTER FROM THE AMERICAN COLLEGE OF SURGEONS

ACTION: The Executive Council reendorsed the following principles to form the basis of the Association's response to the American College of Surgeons:

1. The Association supports the ACS recommendation that there be a free-standing, independent staff for the LCGME and the Residency Review Committees, not related in any particular way to a single parent organization.
2. The LCGME serves and should continue to serve as the private sector accrediting agency for programs of graduate medical education. The RRC's should continue to review the on-site evaluations of each particular program and to initiate modifications in the recognized "essentials" for each particular specialty. However, it is the ultimate responsibility of the LCGME to approve these essentials and to review the accreditation recommendations of the RRC's.
3. The LCGME should have the authority to appoint one member to each RRC in place of the member currently appointed by the AMA Council on Medical Education. This member would be appointed from a roster of specialist educators developed by the AMA, the AAMC, and the AHA. The other two members of the LCGME (American Board of Medical Specialties and the Council on Medical Specialty Societies) are responsible for appointing the remaining members of the Residency Review Committee.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

ACTION: The Executive Council reaffirmed the position taken in 1975 that the Association only speak to the quality of the educational program at the USUHS. It was also agreed that the Association members and staff should work to help place currently enrolled USUHS students in other U.S. medical schools and should assist displaced faculty in finding new positions if the Congress should decide to close the school.

RECOGNITION OF EMERGENCY MEDICINE AS A NEW SPECIALTY

ACTION: The Executive Council agreed that a small group should assess the substantive arguments for and against establishing a specialty board in emergency medicine and should report their recommendations to the Executive Council in June.

REPORT OF THE AD HOC COMMITTEE TO REVIEW THE TALMADGE BILL

ACTION: The Executive Council approved as modified the Report of the Ad Hoc Committee to Review the Talmadge Bill.

ELIGIBILITY REQUIREMENTS FOR ENTERING GRADUATE MEDICAL EDUCATION

ACTION: The Executive Council requested that the Liaison Committee on Graduate Medical Education withdraw recognition of ECFMG certification based upon passing the ECFMG examination, and require that after July 1, 1978, all physicians educated in medical schools not accredited by the LCME be required to have ECFMG certification based either on passing Parts I & II of the NBME exam or an equivalent exam prepared by the NBME.

IMPLEMENTATION OF TITLE VI OF THE HEALTH MANPOWER LAW

ACTION: The Executive Council authorized the staff to press for speedy implementation of the provisions contained in Title VI of the health manpower law regarding the issuance of J-visas and waivers.

ADMISSION OF FMGs AS EXCHANGE VISITORS

ACTION: With one dissenting vote, the Executive Council approved the following statement on the role of the AAMC:

The AAMC, on behalf of the medical schools and their affiliated hospitals, should seek sponsorship of the P-II Programs of the Exchange Visitor Program. In this capacity, the AAMC would facilitate the initiation of contacts and the negotiation of agreements between foreign governments or institutions and U.S. institutions for specified clinical training programs for exchange visitor physicians. The AAMC would issue the DSP-66 to alien physicians for whom programs have been arranged. Support for this program would be obtained through charges to foreign institutions and/or governmental agencies. Such charges would serve to emphasize their commitment to the individual for whom these agencies seek training.

ACTION: The Executive Council approved the following statement on the role of the ECFMG:

The ECFMG should retain the certifying function for all graduates of foreign medical schools not accredited by the LCME. Certification should take place only after the conditions required by law have been fulfilled. It should further maintain records on all candidates for the examination, on those who passed and failed and on recipients of the ECFMG certificate, as well as those who subsequently enter U.S. graduate programs.

COUNCIL OF DEANS
ADMINISTRATIVE BOARD

March 31, 1977

APPROVAL OF SUBSCRIBERS

ACTION: The Board endorsed Executive Council approval of the following as subscribers:

University of Alaska
Fairbanks, Alaska
Dr. Wayne Myers
WAMI Coordinator

University of Wyoming
College of Human Medicine
Laramie, Wyoming
Robert M. Daugherty, Jr., M.D., Déan

COORDINATION OF THE APPLICATION CYCLES FOR GME PROGRAMS RECRUITING
MEDICAL STUDENTS FOR GME II POSITIONS

ACTION: The Board endorsed Executive Council adoption of the following statement to be forwarded to the LCGME, the American Board of Medical Specialties, the Council of Medical Specialty Societies and organizations of program directors:

"The AAMC is concerned that uncoordinated efforts to fill positions in graduate programs which normally begin after one year of graduate medical education are resulting in inappropriate and premature requests for student evaluations, often before medical students have completed their basic clinical clerkships. The Association requests that program directors for specialties which predominantly admit students after completion of a first graduate year of education coordinate their application cycle so that students and medical schools are not imposed upon to provide letters of evaluation prematurely. A cycle which does not permit acceptance of applications prior to the late fall of the students' senior year is recommended.

Deans' offices and faculty are urged to respond to requests for premature evaluation by pointing out that the information being supplied is not based upon adequate observation of the student and that students are being denied an opportunity to explore the full range of options for their professional career development.

In the case of programs admitting students directly after graduation from medical school, the application rules and guidelines of the NIRMP should be followed."

KOUNTZ VS. STATE UNIVERSITY OF NEW YORK

ACTION: The Board favored the submission of an AAMC brief amicus curiae in the above captioned case but wished to have any decision to do so take into account the judgments of the CAS Board.

CCME COMMITTEE ON PHYSICIAN DISTRIBUTION REPORT: THE SPECIALTY AND GEOGRAPHIC DISTRIBUTION OF PHYSICIANS

ACTION: The Board recommended:

- 1) That the AAMC not approve the committee report;
- 2) That the AAMC endorse, instead, the committee recommendation that a new report be drafted which a) was short, b) lay out the existing data and its limitations very briefly, c) emphasized the rapidly changing situation, d) identified new information which is likely to become available in the near future, and e) deferred major policy recommendations until the data is available and the situation is somewhat clarified.
- 3) That the AAMC correspondence relating this decision be more moderate in tone than the analysis in the agenda book.

PROBLEMS REGARDING FOREIGN MEDICAL GRADUATES

Re Distinguished Visitors: the current regulations limit the functions which can be undertaken by physician visitors solely to teaching and research if admitted under the H-1 visa.

ACTION: The Board endorsed Executive Council direction to staff to pursue the following alternative approaches as appropriate:

- 1) Request the Department of Justice to amend the regulation, striking the word solely.
- 2) Request the chairpersons of the appropriate Congressional Committees to inform the Department of Justice that the present regulations fail to reflect Congressional intent.
- 3) Seek an appropriate technical amendment to the statute to clarify this issue.
- 4) Seek new legislation to authorize the Secretary DHEW to waive upon application and on the advice of an appropriately constituted advisory body, the examination requirement and thus enable the continuation of a highly desirable distinguished physician visitor program.

Re Immigrants:

ACTION: The Board endorsed a proposal that the Secretary DHEW be empowered by statute to waive the examination requirement upon a determination that a candidate (for immigration to accept a position on a U.S. medical school faculty) has competence equivalent to those embodied in U.S. faculty members.

Re Foreign Graduate Exchange Visitors:

ACTION: The Board endorsed Executive Council authorization of staff to press for speedy implementation of the provisions contained in Title VI of P.L. 94-484 regarding J-visa waivers.

ADMISSION OF FOREIGN MEDICAL GRADUATES AS EXCHANGE VISITORS

ACTION: The Board recommended that the Executive Council approve the following policy setting forth the roles of the AAMC and the ECFMG to take effect at the termination of the blanket waiver issued by the HEW Secretary and upon the availability of the Visa Qualifying Examination abroad.

1. The AAMC, on behalf of the medical schools and their affiliated hospitals, should seek sponsorship of the P-II Programs of the Exchange Visitor Program. In this capacity, the AAMC would facilitate the initiation of contacts and the negotiation of

agreements between foreign governments or institutions and U.S. institutions for specified clinical training programs for exchange visitor physicians. The AAMC would issue the DSP-66 to alien physicians for whom programs have been arranged. Support for this program would be obtained through charges to foreign institutions and/or governmental agencies. Such charges would serve to emphasize their commitment to the individual for whom these agencies seek training.

2. The ECFMG should retain the certifying function for all graduates of foreign medical schools not accredited by the LCME after the requirements listed under B/1 above have been fulfilled. It should further maintain records on all candidates for the examination, on those who passed and failed and on recipients of the ECFMG certificate as well as those who subsequently enter U.S. graduate programs.

ELIGIBILITY REQUIREMENTS FOR ENTRY INTO GRADUATE MEDICAL EDUCATION

ACTION: The Board recommended that the Executive Council request that the LCGME withdraw recognition of ECFMG certification based upon passing the ECFMG examination, and require that after July 1, 1978 all physicians educated in medical schools not accredited by the LCME be required to have ECFMG certification based either on passing Parts I and II of the NBME exam or the exam determined as equivalent by the Secretary of HEW.

AAMC INVOLVEMENT IN THE USFMS TRANSFER PROGRAM

ACTION: The Board urged that the AAMC not accept any responsibility for administering the USFMS transfer provisions, but rather offer whatever advice to the BHM as might be helpful. We should refer the Bureau to other agencies such as the ECFMG, with the skills for validating foreign credentials, or preferably, an agency linked with academic enterprises but unlinked from medicine.

LETTER FROM THE AMERICAN COLLEGE OF SURGEONS

ACTION: The Board recommended that the Executive Council endorse responding to the American College of Surgeons by supporting the following principles (each of which represents previously expressed Executive Council recommendations concerning the accreditation of graduate medical education):

1. The Association supports the ACS recommendation that there be a free-standing, independent staff for the LCGME and the Residency Review Committees, not related in any particular way to a single parent organization.
2. The LCGME serves and should continue to serve as the private sector accrediting agency for programs of graduate medical education. The RRC's should continue to review the on-site evaluations of each particular program and to initiate modifications in the recognized "essentials" for each particular specialty. However, it is the ultimate responsibility of the LCGME to approve these essentials and to review the accreditation recommendations of the RRC's.
3. The LCGME should have the authority to appoint one member to each RRC in place of the member currently appointed by the AMA Council on Medical Education. This member would be appointed from a roster of specialist educators developed by the AMA, the AAMC, and the AHA. The other two members of the LCGME (American Board of Medical Specialties and the Council on Medical Specialty Societies) are responsible for appointing the remaining members of the Residency Review Committees.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

ACTION: The Board recommended that the Executive Council reaffirm its position as represented in Dr. Cooper's letter of June 25, 1975. It also recommended that the Executive Council agree that the Association members and staff work to help place the currently enrolled USUHS students in other U.S. medical schools and assist displaced faculty in finding new positions in the event that the Congress decides to close the school.

AAMC MEDICAL LIBRARIANS GROUP

ACTION: The Board declined to forward to the Executive Council a proposal that a Medical Librarians Group be formed. Instead, it recommended that the appropriate response be to suggest that the group consider organizing to become a constituent member of the CAS and to meet in conjunction with the AAMC Annual Meeting.

AAMC/GPR LEGISLATIVE ALERT TELEPHONE NETWORK

ACTION: The Board suggested that this matter be addressed at the COD Spring Meeting with the following points emphasized:

- 1) It is important for the deans to contact congressmen in response to AAMC alerts.
- 2) The AAMC should be notified of contacts made and receive feedback on them.
- 3) The AAMC needs to develop an appropriate mechanism for rapid alerting of deans on short notice issues.

PROPOSED OSR NEWSLETTER

ACTION: The Board endorsed the expenditure of a modest amount of funds to develop and test a pilot newsletter for the OSR.

ACTIONS
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

March 30-31, 1977

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The CAS Administrative Board accepted the accreditation recommendations (as set forth in the Executive Council Agenda on pages 20-21).

ELECTION OF COTH MEMBERS

ACTION: The CAS Administrative Board accepted the recommendations for COTH members pending review by the COTH Administrative Board (as set forth in the Executive Council Agenda on page 22).

APPROVAL OF SUBSCRIBERS

ACTION: The CAS Administrative Board accepted the recommendations for subscribers (as set forth in the Executive Council Agenda on page 23).

LCCME 1977 BUDGET

ACTION: The CAS Administrative Board approved the 1977 LCCME Budget (as recommended in the Executive Council Agenda on page 24).

RULES AND REGULATIONS OF THE PLANNING COORDINATORS' GROUP

ACTION: The CAS Administrative Board approved the modifications to the Rules and Regulations of the Planning Coordinators' Group (as recommended in the Executive Council Agenda on pages 25-34).

KOUNTZ v. STATE UNIVERSITY OF NEW YORK

ACTION: The CAS Administrative Board approved the recommendation that the AAMC file an amicus curiae brief in this case (as set forth in the Executive Council Agenda on page 35).

REDUCED-SCHEDULE RESIDENCIES

ACTION: The CAS Administrative Board approved the recommendations (as set forth in the Executive Council Agenda on page 36) with one correction in the wording of the second paragraph, last sentence, where "reduced" should be "increased."

ACTIONS
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

March 30-31, 1977

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: The CAS Administrative Board accepted the accreditation recommendations (as set forth in the Executive Council Agenda on pages 20-21).

ELECTION OF COTH MEMBERS

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LCCME 1977 BUDGET

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RULES AND REGULATIONS OF THE PLANNING COORDINATORS' GROUP

ACTION: The CAS Administrative Board approved the modifications to the Rules and Regulations of the Planning Coordinators' Group (as recommended in the Executive Council Agenda on pages 25-34).

KOUNTZ v. STATE UNIVERSITY OF NEW YORK

ACTION: The CAS Administrative Board approved the recommendation that the AAMC file an amicus curiae brief in this case (as set forth in the Executive Council Agenda on page 35).

REDUCED-SCHEDULE RESIDENCIES

ACTION: The CAS Administrative Board approved the recommendations (as set forth in the Executive Council Agenda on page 36) with one correction in the wording of the second paragraph, last sentence, where "reduced" should be "increased."

RECOMMENDATIONS FOR COORDINATION OF THE APPLICATION CYCLES FOR GME PROGRAMS RECRUITING MEDICAL STUDENTS FOR GME-II POSITIONS

ACTION: The CAS Administrative Board agreed with the objectives of this recommendation; however, the need for a stronger statement was felt, and it was agreed that further exploration of ways to enforce this would be pursued.

CCME COMMITTEE ON PHYSICIAN DISTRIBUTION REPORT: THE SPECIALTY AND GEOGRAPHIC DISTRIBUTION OF PHYSICIANS

ACTION: The CAS Administrative Board agreed with the recommendation to transmit the summary of responses as set forth in the Executive Council Agenda on pages 42-47.

ADMISSION OF FMGs AS EXCHANGE VISITORS

ACTION: The CAS Administrative Board approved the policy statement as set forth in the recommendation on page 50 of the Executive Council Agenda.

ELIGIBILITY REQUIREMENTS FOR ENTRY INTO GRADUATE MEDICAL EDUCATION

ACTION: The CAS Administrative Board approved the recommendation on ECFMG certification as set forth in the Executive Council Agenda on page 52.

LETTER FROM THE AMERICAN COLLEGE OF SURGEONS

ACTION: The CAS Administrative Board agreed with responding to the American College of Surgeons by supporting the principles as set forth in the recommendation on page 53 of the Executive Council Agenda.

TALMADGE COMMITTEE REPORT

ACTION: The CAS Administrative Board endorsed the Talmadge Committee Report as a very lucid and helpful document.

LIAISON COMMITTEE ON SPECIALTY BOARDS RECOMMENDATIONS ON EMERGENCY MEDICINE

ACTION: The CAS Administrative Board reaffirmed its position that emergency medicine does not represent a body of knowledge or a discipline, but rather that it is an occupation, and requested an opportunity to review the materials supporting the application.

AAMC INVOLVEMENT IN THE USFMS TRANSFER PROGRAM

ACTION: The consensus of the CAS Administrative Board was that the AAMC should not take on the additional responsibility of administering this program, but that AAMC staff should continue to assist the Division of Medicine in developing regulations for implementation of P.L. 94-484 without taking on any contractual obligations.

COUNCIL OF MEDICAL SPECIALTY SOCIETIES LIAISON

ACTION: The CAS Administrative Board agreed that Richard Wilbur, Executive Vice President of the CMSS, be invited to attend one of the sessions (dependent upon the agenda) of the next CAS Board meeting; and subsequent meetings on an individual basis.

MEMBERSHIP APPLICATION

ACTION: The CAS Administrative Board voted unanimously to recommend to the Executive Council that the American Society for Clinical Pharmacology be elected to membership in the Council of Academic Societies.

CLINICAL FELLOWS TRAINING STUDY

ACTION: It was agreed that a small committee would be formed (with individuals outside the CAS Administrative Board as well) to review the findings of this study and develop a position paper. It was the consensus of the Board that this would good opportunity to assess policy matters in this area.

Although no specific actions were taken, the following items were discussed and guidance and direction were provided to the staff for development of these issues: Biomedical Research, Health Manpower Legislation, Health Planning Act, and Communication with Administration Officials.

COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

March 31, 1977

MEMBERSHIP

ACTION: It was moved, seconded and carried that the following applications for Regular Members in the Association of American Medical Colleges be recommended for approval to the Executive Council:

The Children's Hospital
Birmingham, Alabama

Veterans Administration Hospital
Northport, New York

Veterans Administration Hospital
Hampton, Virginia

TALMADGE COMMITTEE REPORT

ACTION: It was moved, seconded and carried that the present AAMC recommendation be revised to read:

"It is recommended that the AAMC strongly support federal payment standards for the Medicare and Medicaid programs based upon the full financial requirements of hospitals. This recommendation should not be interpreted to preclude support of state level administration of rate review systems, established either voluntarily or by statute, providing such systems meet federal standards."

ACTION: It was moved, seconded and carried that the present AAMC recommendation be amended to read:

"It is recommended that the AAMC's position on payment categories for the tertiary care/teaching hospital be retained and strengthened by advocating the development of a flexible classification system providing due consideration for case mix, intensity of care, and health science education."

- ACTION: It was moved, seconded, and carried that the Ad Hoc Committee recommendation be approved as reported (as presented on page 63 of the Executive Council agenda), changing only the word "reimbursement" to "payment."
- ACTION: It was moved, seconded, and carried that the Ad Hoc Committee recommendation be approved as reported (as presented on page 64 of the Executive Council agenda), changing only the phrase "the segment" to "those segments."
- ACTION: It was moved, seconded, and carried that the six Ad Hoc Committee recommendations pertaining to Section 22 be approved as reported (as presented on pages 64-68 of the Executive Council agenda), substituting the word "payment" wherever the word "reimbursement" appears.
- ACTION: It was moved, seconded, and carried that the Ad Hoc Committee recommendation be approved as reported (as presented on page 68 of the Executive Council agenda).
- ACTION: It was moved, seconded, and carried that the Ad Hoc Committee recommendation be approved as reported (as presented on page 69 of the Executive Council agenda).
- ACTION: It was moved, seconded, and carried that the AAMC retain its present opposition to the provisions of Section 40.

GUIDELINES FOR THE APPLICATIONS OF HOSPITAL ACCREDITATION STANDARDS IN SURVEYING UNIVERSITY HOSPITALS

- ACTION: It was moved, seconded, and carried that the "Guidelines for the Application of Hospital Accreditation Program Standards in Surveying University Hospitals" be approved and forwarded to the JCAH with a cover letter that summarizes the most salient of the unique characteristics of university hospitals upon which the guidelines focus.

LETTER TO HEW SECRETARY CALIFANO

- ACTION: It was moved, seconded, and carried that the letter to Secretary HEW Joseph A. Califano, Jr., concerning the treatment of federal and state grants (i.e., "seed money" grants) for medical education in computing allowable costs for providers under the Medicare program, be approved and sent to him as drafted.

ADMISSION OF FMGs AS EXCHANGE VISITORS

ELIGIBILITY REQUIREMENTS FOR ENTRY INTO GRADUATE MEDICAL EDUCATION

- ACTION: It was moved, seconded, and carried that the Executive Council be recommended to approve the policy statements presented on page 50 of the Executive Council Agenda, which set forth the roles of the AAMC and the ECFMG to take effect at the termination of the blanket waiver issued by the HEW Secretary and upon the availability of the Visa Qualifying Examination abroad.
- ACTION: It was moved, seconded, and carried that the Executive Council be recommended to request that the LCGME withdraw recognition of ECFMG certification based upon passing the ECFMG examination, and require that after July 1, 1978 all physicians educated in medical schools not accredited by the LCME be required to have ECFMG certification based either on passing Parts I and II of the NBME exam or the exam determined as equivalent by the Secretary of HEW.
- ACTION: It was moved, seconded, and carried that the Executive Council be recommended to authorize staff to press for speedy implementation of the provisions contained in Title VI of P.L. 94-484 regarding J-visas and waivers.
- ACTION: It was moved, seconded, and carried that the AAMC should negotiate with the Department of State on arrangements under which FMGs with characteristics qualifying them for graduate medical education can be admitted under student (F1) visas, with the option to change to J-visa status as soon as the individual has met the J-visa requirements and is acceptable as a participant in an American graduate medical education program.
- ACTION: It was moved, seconded, and carried that no special provisions need to be made at this time for advanced graduate medical education students being trained in the U.S. for faculty positions in foreign medical schools, or for other comparable responsibilities, but that remedial steps could be taken at a later date if necessary.
- ACTION: It was moved, seconded, and carried that the AAMC request that the Department of Justice amend the regulation for distinguished physician visitors, striking the word solely and that the AAMC request that the chairpersons of the appropriate Congressional Committees inform the Department of Justice that the present regulations fail to reflect Congressional intent.

ACTION: It was moved, seconded, and carried that the AAMC recommend that a technical amendment to P.L. 94-484 or new legislation be formulated and enacted, under which the Secretary of HEW, upon application, could, on the advice of an appropriately constituted body determine whether the alien FMG candidate sought by U.S. medical institutions for a faculty position has competences equivalent to those embodied in U.S. faculty members. If the Secretary makes such a determination, he should be empowered to waive the examination requirement for issuance of a visa.

CCME COMMITTEE ON PHYSICIAN DISTRIBUTION REPORT: THE SPECIALTY AND GEOGRAPHIC DISTRIBUTION OF PHYSICIANS

ACTION: It was moved, seconded, and carried that the Executive Council be strongly recommended to transmit to the Coordinating Council on Medical Education the summary of responses to the report which are set forth on pages 43-47 of the Executive Council Agenda.

LETTER FROM THE AMERICAN COLLEGE OF SURGEONS

ACTION: It was moved, seconded, and carried that the Executive Council be recommended to endorse responding to the American College of Surgeons by supporting the three principles presented on page 53 of the Executive Council Agenda.

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

ACTION: It was moved, seconded, and carried that the Executive Council be recommended to reaffirm its position as presented in Dr. Cooper's letter of June 25, 1975 to Dr. Anthony Curreri, President of the Uniformed Services University of the Health Sciences. It was also recommended that the Executive Council agree that the Association members and staff work to help place the currently enrolled USUHS students in other U.S. medical schools and assist displaced faculty in finding new positions in the event that the Congress decides to close the school.

AAMC INVOLVEMENT IN THE USFMS TRANSFER PROGRAM

ACTION: It was moved, seconded, and carried that the AAMC should not undertake the task of verifying the documents submitted by USFMS transfer applicants.

LCCME 1977 BUDGET

ACTION: It was moved, seconded, and carried that the proposed interim LCCME budget for 1977 be approved with the request that a final budget be submitted as soon as possible.

RULES AND REGULATIONS OF THE PLANNING COORDINATORS' GROUP

ACTION: It was moved, seconded, and carried that the Rules and Regulations of the Planning Coordinators' Group be approved as modified.

KOUNTZ v. STATE UNIVERSITY OF NEW YORK (SUNY)

ACTION: It was moved, seconded, and carried that the Association be recommended to join with the State University of New York in filing an amicus curiae brief in the case of Kountz v. State University of New York.

REDUCED-SCHEDULE RESIDENCIES

ACTION: It was moved, seconded, and carried that the Executive Council be recommended to "recognize the need for" (instead of "both endorse encouraging," as stated in the recommendation on page 36 of the Executive Council Agenda) the development of reduced - schedule positions and to ask the LCGME to establish policies and mechanisms to permit their identification so that they may be listed in the NIRMP Directory.

RECOMMENDATION FOR COORDINATION OF THE APPLICATION CYCLES FOR GME PROGRAMS RECRUITING MEDICAL STUDENTS FOR GME-II POSITIONS

ACTION: It was moved, seconded, and carried that the Executive Council be recommended to approve the statement presented on page 37 of the Executive Council Agenda, which will be forwarded to the LCGME, the American Board of Medical Specialties, the Council of Medical Specialty Societies, and organizations of program directors.

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD ACTIONS

RATIFICATION OF LCME ACCREDITATION DECISIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the LCME Accreditation decisions.

LIAISON COMMITTEE ON CONTINUING MEDICAL EDUCATION, 1977 BUDGET

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the proposed interim budget of the LCME.

KOUNTZ V. STATE UNIVERSITY OF NEW YORK

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that AAMC join with the State University of New York in filing an amicus curiae in the case of Kountz v. State University of New York.

REDUCED-SCHEDULE RESIDENCIES

ACTION: On motion, seconded, and carried, the OSR Administrative Board strongly supported the recommendation that AAMC endorse the development of reduced-schedule residency programs and ask that LCGME establish policies which would facilitate their identification for listing in the NIRHP Directory.

COORDINATION OF APPLICATION CYCLES FOR GME PROGRAMS RECRUITING MEDICAL STUDENTS FOR GME-II POSITIONS

ACTION: On motion, seconded, and carried, the OSR Administrative Board approved the recommendation regarding coordination of the application cycles for PGY-2 positions.

REPORT OF THE CCME COMMITTEE ON PHYSICIAN DISTRIBUTION: THE SPECIALTY AND GEOGRAPHIC DISTRIBUTION OF PHYSICIANS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the CCME Committee be asked to prepare a new and more concise statement on the specialty and geographic distribution of physicians.

ADMISSION OF FOREIGN MEDICAL GRADUATES AS EXCHANGE VISITORS

ACTION: On motion, seconded, and carried, the OSR Administrative Board endorsed the recommendation that the AAMC should seek sponsorship of the P-II Programs of the Exchange

Visitor Program and that the ECFMG should retain the documentation responsibilities involved in issuance of Visa Qualification Certificates.

ELIGIBILITY REQUIREMENTS FOR ENTRY INTO GRADUATE MEDICAL EDUCATION

ACTION: On motion, seconded, and carried, the OSR Administrative Board recommended that LCGME be requested to withdraw recognition of ECFMG certification based upon passing the ECFMG examination, and require that after July 1, 1978 all physicians educated in foreign medical schools not accredited by the LCME required to have ECFMG certification based either on passing Parts I and II of the NBME exam or the exam determined as equivalent by the Secretary of HEW.

UNIFORMED SERVICE UNIVERSITY OF THE HEALTH SCIENCES

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed that while it did not support the concept of a military medical school, it would support efforts by AAMC to assist students in finding places and faculty in finding positions in other U.S. medical schools in the event that Congress decides to close the Uniformed Services University of the Health Sciences.

OSR NEWSLETTER

ACTION: On motion, seconded, and carried, the OSR Administrative Board agreed to request the Executive Council to allocate funds to support an OSR newsletter for all medical students.



**association of american
medical colleges**

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ACTIONS

TAKEN AT MEETINGS OF:

<i>Executive Council (June 23-24, 1977)</i>	1
<i>COD Administrative Board (June 23, 1977)</i>	5
<i>CAS Administrative Board (June 22-23, 1977)</i>	8
<i>COTH Administrative Board (June 23, 1977)</i>	10
<i>OSR Administrative Board (June 21-22, 1977)</i>	11

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EXECUTIVE COUNCIL ACTIONS

June 23-24, 1977

FY 1978 GENERAL FUNDS BUDGET

ACTION: The Executive Council, meeting in Executive Session, approved a general funds budget for the Association for FY 1978 of \$5,800,000. The Executive Council also authorized the funding from FY 1977 operating income of several fund reserves.

OSR REPORT

ACTION: The Executive Council authorized the continuation of an OSR report for two additional issues at a cost of approximately \$3,500, and asked the staff to present an evaluation of the report following publication of these two issues.

ENDORSEMENT OF LCME ACCREDITATION DECISIONS

ACTION: The Executive Council endorsed the accreditation decisions acted upon by the Liaison Committee on Medical Education at its April 5, 1977 meeting.

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

ACTION: The Executive Council recommended to the Assembly the election of the following schools to Provisional Institutional membership:

Texas A & M University
College of Medicine

East Carolina University
School of Medicine

ELECTION OF COTH MEMBER

ACTION: The Executive Council recommended to the Assembly the election of the following institution to Teaching Hospital membership:

Rancho Los Amigos Hospital
Downey, California

APPROVAL OF SUBSCRIBERS

ACTION: The Executive Council approved the following schools as Subscribers:

University of Oklahoma
Tulsa Medical College
Tulsa, Oklahoma
James E. Lewis, Ph.D., Interim Dean

Morehouse College
School of Medicine
Atlanta, Georgia
Louis W. Sullivan, M.D., Dean

WITHHOLDING OF PROFESSIONAL SERVICES BY PHYSICIANS

ACTION: The Executive Council authorized the Chairman to appoint a small working group to produce a policy statement on the withholding of professional services by physicians. This group was asked to report to the Executive Council at its September meeting.

ESTABLISHMENT OF A SPECIALTY BOARD ON EMERGENCY MEDICINE

ACTION: The Executive Council, by split vote, supported the establishment of a Conjoint Board in Emergency Medicine with mandatory representation of the following primary boards:

Family Practice
Internal Medicine
Pediatrics
Surgery

and representation from the following areas:

Emergency Medicine
Psychiatry
Obstetrics and Gynecology

RESPONSE TO THE GAO REPORT: "PROBLEMS IN TRAINING AN APPROPRIATE MIX OF PHYSICIAN SPECIALISTS"

ACTION: The Executive Council approved the following principles of AAMC policy to form a basis of a response to the GAO Report:

1. Support the proposal in the GAO Report that the CCME accept the responsibility for recommending the appropriate distribution of residencies among the specialties of medicine, but not for

carrying out or enforcing these recommendations;

2. Recommend to the Secretary, DHEW, that the Graduate Medical Education National Advisory Council (GMENAC) be abolished when and if the CCME accepts the proposal;
3. Recommend that the development of regulatory apparatus be deferred until obviously needed;
4. Recommend that, should regulatory apparatus be required, the CCME be invited to participate in its design; and
5. Recommend that, should regulatory apparatus be required, it be effected by mechanisms that are completely separate from the LCGME accreditation process.

COUNCIL OF DEANS
ADMINISTRATIVE BOARD

June 23, 1977

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

ACTION: The Board recommended, subject to ratification by the full Council of Deans, that the Executive Council recommend to the Assembly the election of the following schools to Provisional Institutional Membership in the AAMC:

Texas A & M University
College of Medicine

East Carolina University
School of Medicine

APPROVAL OF SUBSCRIBERS

ACTION: The Board recommended that the Executive Council approve the following schools for Subscriber status:

University of Oklahoma
Tulsa Medical College
Tulsa, Oklahoma
James E. Lewis, Ph.D., Interim Dean

Morehouse College
School of Medicine
Atlanta, Georgia
Louis W. Sullivan, M.D., Dean

AAMC POSITION ON THE WITHHOLDING OF PROFESSIONAL SERVICES BY PHYSICIANS

ACTION: The Board recommended that the Executive Council consider the appointment of a small working group to produce a policy statement on the withholding of professional services by physicians.

SPECIALTY RECOGNITION OF EMERGENCY MEDICINE

ACTION: The Board endorsed the recommendation of the ad hoc committee that the AAMC support the establishment of a Conjoint Board in Emergency Medicine with mandatory representation of the following primary boards: Family Practice, Internal Medicine, Pediatrics and Surgery, and with representation from Emergency Medicine, Psychiatry, Obstetrics and Gynecology.

DRAFT RESPONSE TO THE GAO REPORT

ACTION: The Board recommended that the Executive Council review the position of the AAMC on the question of private sector regulation of the number of specialists trained by graduate medical education programs, and

- Support the proposal in the GAO Report that the CCME accept the responsibility for recommending the appropriate distribution of residencies among the specialties of medicine, but not for carrying out or enforcing these recommendations;
- Recommend to the Secretary, DHEW that the Graduate Medical Education National Advisory Council (GMENAC) be abolished when and if the CCME accepts the proposal;
- Recommend that the development of regulatory apparatus be deferred until obviously needed;
- Recommend that, should regulatory apparatus be required, the CCME be invited to participate in its design;
- Recommend that, should regulatory apparatus be required, it be effected by mechanisms that are completely separate from the LCGME accreditation process.

AAMC POSITION ON THE MODIFICATION OF THE CAPITATION CONDITIONS IN P.L. 94-484

ACTION: The Board urged that the AAMC endorse the proposal under consideration in the Senate that the USFMS transfer provision in 94-484 be eliminated and that in its place a new program of special project grants to support such transfers be enacted.

NOMINATING COMMITTEE FOR DISTINGUISHED SERVICE MEMBERS

ACTION: The Board authorized its chairman to establish a committee to solicit nominations from the Council of Deans for election to Distinguished Service Membership in the AAMC. The committee, as appointed, will include Drs. Van Citters and Luginbuhl.

DEDICATION OF THE 1977 COD SPRING MEETING PROCEEDINGS

ACTION: In gratitude for his service to the Council of Deans and in recognition of his many contributions to the profession of medicine as physician, scholar, teacher and administrator, the Proceedings of the 1977 Spring Meeting are dedicated to Chandler A. Stetson, M.D.

His warmth and sensitivity profoundly affected both the personal and professional lives of all with whom he worked. The Association of American Medical Colleges will be poorer for the loss of his keen insight, wise judgment and selfless dedication to the Council of Deans, its Administrative Board and the Executive Council.

1978 COUNCIL OF DEANS SPRING MEETING

ACTION: The Board selected Snowbird, Utah as the site for the next COD Spring Meeting to be held April 23-26, 1978.

ACTIONS
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 22-23, 1977

ENDORSEMENT OF LCME ACCREDITATION DECISIONS

ACTION: The CAS Administrative Board voted unanimously to endorse the LCME accreditation decisions.

AAMC POSITION ON WITHHOLDING PROFESSIONAL SERVICES BY PHYSICIANS

ACTION: The CAS Administrative Board approved the recommendation to appoint a small working group to produce a policy statement on the withholding of professional services by physicians.

SPECIALTY RECOGNITION OF EMERGENCY MEDICINE

ACTION: On motion, seconded, and carried, the CAS Administrative Board recommended that the AAMC oppose establishment of any type of Emergency Medicine Board; however, the Executive Council should instruct the representatives to the ABMS that should this position fail, the next alternative is to support the establishment of a Conjoint Board; and the third alternative would be establishment of a Representative Board. This motion was approved by five Board members, opposed by one, and one abstained.

DRAFT RESPONSE TO THE GAO REPORT

ACTION: The CAS Administrative Board concurred with the recommendation that the Executive Council review the position of the AAMC and make the recommendations as outlined on page 34 of the Executive Council Agenda.

IMPLEMENTATION STEPS FOR CAS SERVICES PROGRAM

ACTION: After a thorough discussion of many concerns raised by the Board members, it was the consensus of the CAS Administrative Board that if this experiment is to be successful, and in order to dispel the perception that the AAMC is an internal medicine group, the services program should be extended to other societies (particularly a basic science society) as rapidly as possible.

AMENDMENT TO THE RULES AND REGULATIONS OF THE COUNCIL OF ACADEMIC SOCIETIES

ACTION: On motion, seconded, and carried, the CAS Administrative Board revised Paragraph 1, Section V. Committees, of the CAS Rules and Regulations to amend the selection of the Nominating Committee, which will now be appointed by the CAS Administrative Board.

RESOLUTION CONCERNING THE DEATH OF THOMAS KINNEY

ACTION: On motion, seconded, and carried, the CAS Administrative Board concurred that a resolution be forwarded expressing the AAMC's regret on the death of Thomas Kinney, who played a major role in the formation of the CAS and the activities of the AAMC.

CAS INTERIM MEETING

ACTION: A discussion of the CAS Interim Meeting, which was held on Wednesday, June 22nd at AAMC Headquarters, indicated that the meeting was a success (43 societies were represented); and it is planned to continue to hold this type of meeting.

COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

June 23, 1977

MEMBERSHIP

ACTION: It was moved, seconded and carried that the following application for Regular Membership in the Association of American Medical Colleges be recommended for approval to the Executive Council:

Rancho Los Amigos Hospital
Downey, California

DRAFT RESPONSE TO THE GAO REPORT

ACTION: It was moved, seconded and carried that the Executive Council be recommended to review the position of the AAMC on the question of private sector regulation of the numbers of specialists trained by graduate medical education programs and carry out the five recommendations listed on page 34 of the Executive Council agenda.

AAMC POSITION ON THE WITHHOLDING OF PROFESSIONAL SERVICES BY PHYSICIANS

ACTION: It was moved, seconded and carried that the recommendation that the Administrative Boards and the Executive Council consider the appointment of a small working group to produce a policy statement on the withholding of professional services by physicians be passively approved.

SPECIALTY RECOGNITION OF EMERGENCY MEDICINE

ACTION: It was moved, seconded and carried that the report and recommendations of the Ad Hoc Group on Emergency Medicine be approved by the Executive Council.

ORGANIZATION OF STUDENT REPRESENTATIVES
ADMINISTRATIVE BOARD ACTIONS

June 21-22, 1977

LCME ACCREDITATION DECISIONS

ACTION: The OSR board recommended that the Executive Council ratify the LCME Accreditation Decisions.

AAMC POSITIONS ON THE WITHHOLDING OF PROFESSIONAL SERVICE BY PHYSICIANS

ACTION: The OSR board supported the appointment of a working group on the withholding of professional services by physicians and recommended that a student be included as a member of the group.

DRAFT RESPONSE TO THE GAO REPORT

ACTION: The OSR board endorsed the staff recommendations with regard to the GAO Report, "Problems in Training an Appropriate Mix of Physician Specialists."

INTERIM REPORT OF THE TASK FORCE ON STUDENT FINANCING

ACTION: The OSR board supported the recommendations included in the Task Force's Interim Report with the suggestion that the maximum debt levels of the proposed loan program be increased.

TASK FORCE ON GRADUATE MEDICAL EDUCATION MEMBERSHIP

ACTION: The OSR board approved a resolution expressing dissatisfaction with the housestaff appointments to the Task Force on Graduate Medical Education. Since the OSR had recommended several individuals for the two housestaff positions, the resolution requested the Chairman of AAMC to appoint an additional housestaff member from the list of nominations offered by OSR.

CONSORTIUM OF MEDICAL STUDENT GROUPS DOCUMENT OF UNDERSTANDING

ACTION: The OSR board reviewed several proposed changes to the Consortium's Document of Understanding and concurred with all of the revisions with the exception of a new section regarding formulation of Consortium policy. The OSR recommended a substitute section specifying that the Consortium will not develop its own policy but will facilitate the input of participating groups to the development of positions and testimony of those groups within the Consortium that choose to develop policy or testify independently.

EDUCATION RELATED TO HOSPITAL COST CONTAINMENT

ACTION: The OSR board approved two resolutions regarding the teaching of cost containment techniques to medical students.