

AGENDA
FOR
COUNCIL OF ACADEMIC SOCIETIES

ADMINISTRATIVE BOARD

Thursday, September 14, 1972

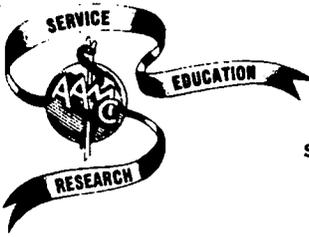
9:30 a.m. - 3:30 p.m.

Room 827, 8th Floor
One Dupont Circle
Washington, D.C.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

One Dupont Circle

Washington, D. C.



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

CAS ADMINISTRATIVE BOARD

AGENDA

September 14, 1972
9:30 a.m. - 3:30 p.m.

Room 827, 8th Floor
One Dupont Circle
Washington, D.C.

	<u>Page</u>
I. Approval of Minutes of Administrative Board Meeting of May 18, 1972	1
II. Chairman's Report	
III. <u>Action Items:</u>	
1. Finalize Dues Schedule for submission to CAS Business Meeting, November 3, 1972	10
2. Submission of Resolution on Basic Sciences in Medicine to the Council for action	11
3. Membership Applications:	
a. Central Society for Clinical Research	12
b. American College of Psychiatrists - Dr. Eichna and Dr. Forster	14
c. Biophysical Society - Dr. Estabrook and Dr. Knobil	16
d. American College of Radiology - Dr. Warren	18
4. Policy Statement of the AAMC On the Protection of Human Subjects	20
IV. <u>Information Items:</u>	
1. Report on COD-CAS Joint Meeting, Sunday, November 5, Miami Beach	21
2. Report on CAS Workshop on Individualized Medical Curricula	23

(over)

Document from the collections of the AAMC. Not to be reproduced without permission.

3. Report on Current Activities of LCME in the Accreditation of Medical Schools - Dr. Schofield and Dr. Wilson 32
 4. Report on the Development of a Contract with the National Library of Medicine to facilitate educational technological development
 5. Resolution of the Association of Medical School Microbiology Chairmen on Basic Sciences in Medicine 34
 6. Report on recent Internal Revenue Service rulings regarding taxability of Research Fellowship Stipends - Dr. Ball 36
 7. Graduate Medical Education Committee
 8. NLM Committee
 9. Report on Committee on Financing Medical Education - Mr. Murtaugh
 10. Legislation Report (to include report on the status of the development of VA-National Science Foundation controversy) - Dr. Ball
 11. List of Societies meeting in conjunction with the AAMC Annual Meeting 45
 12. Ballot for positions on Administrative Board for 1972-73 year 46
- V. Discussion Items:
1. The National Intern and Resident Matching Program
 2. CAS Agenda for Fall Meeting

MINUTES
ADMINISTRATIVE BOARD
COUNCIL OF ACADEMIC SOCIETIES

May 18, 1972

Cosmos Club
Washington, D.C.

PRESENT: Board Members

Sam L. Clark, Jr., Chairman (Presiding)
Ludwig Eichna
Ronald W. Estabrook
Robert E. Forster, II
Charles F. Gregory
Ernst Knobil
Robert G. Petersdorf
*Jonathan Rhoads
*James V. Warren
William B. Weil, Jr.

Staff

Michael F. Ball
L. Thompson Bowles
Connie Choate
John A.D. Cooper
Mary H. Littlemeyer
Joseph M. Murtaugh
August G. Swanson
Marjorie P. Wilson

ABSENT: Board Members

Louis G. Welt

I. Adoption of Minutes.

The minutes of the CAS Administrative Board meeting held February 3, 1972 were adopted as circulated.

II. Introduction of Staff.

Dr. Swanson introduced new staff in the AAMC Department of Academic Affairs.

1. Michael F. Ball, M.D., an endocrinologist, currently at the Georgetown University School of Medicine, will join the staff on August 1 as Assistant Director for Biomedical Research and Faculty Development. Dr. Ball has been elected President of the American Federation of Clinical Research.

* Ex Officio

2. L. Thompson Bowles, M.D., Ph.D., a thoracic surgeon with a doctorate in higher education. Previously Assistant Director of the AAMC Division of International Medical Education, Dr. Bowles joined AAMC in April 1970.

III. CAS Dues Increase.

In response to the action of the Council of Academic Societies in February to support a dues increase for member societies, a schedule was developed that would yield \$68,000 in dues. This was summarized in the following table:

<u>Membership</u>	<u>No. of Soc.</u>	<u>Dues</u>	<u>Yield</u>
Less than 300	28	\$ 750	\$21,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	<u>6</u>	3,500	<u>21,000</u>
TOTALS	52		\$68,000

During an extended discussion of this proposal, a number of points were raised. Dr. Eichna asked if the programs of the Council of Academic Societies could be supported by the \$68,000 proposed yield. Dr. Swanson estimated that the cost of programs of the AAMC in behalf of the CAS would be in excess of the \$68,000 proposed dues. Because he thought that the amounts would be difficult for some of the societies, Dr. Warren preferred an escalation over a three-year period. It was pointed out that dues are annual on a fiscal year basis with March billing and that societies would have a one-year lead time before the dues increase. Dr. Eichna and Dr. Rhoads felt the dues schedule for the small organizations was too high; Dr. Petersdorf felt it was too low. Dr. Rhoads reminded the group that the dues emanating from the schools should not be restricted to programs

involving the deans because the faculty also represents the medical schools. Dr. Ball said the AFCR would have to withdraw its membership if its assessment were \$3,500 as proposed. He added that the number of members listed in the agenda was not based on active members, which would lower the figure to a reasonable assessment. It was decided that in every case, dues should be based on the number of the society's active members. The extent to which this will reduce the estimated yield on the proposed schedule remains to be seen. Dr. Weil suggested that the dues increase include the provision to pay travel expenses of one of the society's two official representatives to the CAS annual meeting. This would more likely assure representation of the society and continuity in representation. Based on preliminary exploration with executive staff, Dr. Swanson was not optimistic that the Executive Council could endorse such a proposal. Dr. Estabrook emphasized the need to better inform the societies of CAS activities before a dues increase be recommended. Dr. Clark and Dr. Swanson had appeared in national meetings of 15 societies where they had been invited to discuss CAS programs. In response to this information, Dr. Gregory wondered why the CAS official representatives could not tell their societies about CAS programs. Sending staff to do this costs both travel and other expenses and staff time. Under Dr. Weil's proposal, the cost would be limited to travel expenses for one official representative.

ACTION: The motion was made, duly seconded, and passed to recommend the following alternatives to the Council of Academic Societies:

1. The dues schedule as listed before for active members with the authorization that travel expenses to the CAS annual meeting be reimbursed for one of the two official representatives of each society; or

2. A revised dues schedule to be:

Less than 300 members	\$ 500
300 - 999	1,000
1,000 - 4,999	2,000
5,000 or more	3,000

Dr. Warren favored the second alternative, whereas Dr. Estabrook chose the first. Dr. Estabrook felt the first plan would assure continuity of attendance at meetings with improved communication resulting.

IV. Resolution on the representation of basic and clinical scientists in academic health centers.

The Board discussed the resolution presented on page 14 in the agenda.

ACTION: On motion made, duly seconded, and passed, the Board recognized the need for some kind of resolution on the role of basic science in medical school.

Dr. Wilson indicated that the Liaison Committee on Medical Education will not accredit new two-year schools that do not have a definite pathway to the M.D. Dr. Petersdorf remarked that the CAS was discussing the need for the basic sciences to be rooted in medical education in close integration with the clinical sciences; otherwise, basic sciences could be taught in the university and clinical sciences in the community hospitals, each isolated from the medical school.

Dr. Forster was highly critical of the Carnegie Report and urged that the AAMC do a careful study in response to the current criticism of medical education. Dr. Clark remarked that accreditation was a matter of

joint action of AAMC and AMA through the Liaison Committee on Medical Education.

ACTION: The motion was made, duly seconded, and passed to recommend adoption of the following resolution:

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

Dr. Clark was authorized to deliver the above resolution to the Executive Council meeting on May 19, 1972.

V. Information Items.

Management Advancement Program.--The first seminar is scheduled to accommodate 24 deans the first week in September at the Endicott House, according to Dr. Wilson.

Dr. Estabrook raised the question of the possibility of junior faculty fellowships for the purpose of studying AAMC operations, the

legislative process, etc. Dr. Wilson said that such a provision, in the original proposal had been taken out, but perhaps it should go back in. Dr. Petersdorf felt the idea was good enough to be for a separate project. There was no action in this regard.

Guidelines for Sub-Council Organization.--The Board reviewed the guidelines for sub-council organization and informally indicated its unanimous support for the guidelines as proposed.

Committee Reports.--Dr. Swanson briefed the Board on the following activities:

1. The Primary Care Committee met only once early this year.

Dr. Swanson hopes to get it reactivated.

2. The Committee on Educational Technology for Medicine: Academic Institutions and Program Management expects to have a draft report prepared by July. The final report of the committee is due December 31, 1972.

3. The Nominating Committee met on March 19 to select the CAS slate. A number of problems point to the limitations imposed by having the Nominating Committee elected and charged to present a dual slate. The Nominating Committee is to be instructed to nominate for the position of Chairman-Elect, an individual who either presently serves or has previously served on the Administrative Board.

The Board did not wish to deal with a Bylaws change to revise the Nominating Committee section at this time but agreed to send forward their suggestions so that they can be put on the next agenda.

- VI. Developments in a new accreditation system for graduate medical education.

Dr. Swanson reviewed the composition, purposes, and functions of the proposed Liaison Committee on Graduate Medical Education and the proposed Coordinating Council on Medical Education as included in the Agenda Book, pages 24-28.

ACTION: On motion, duly seconded, the CAS Administrative Board unanimously endorsed both statements, A Proposal for the Establishment of a Liaison Committee on Graduate Medical Education and a Proposal for the Establishment of a Coordinating Council on Medical Education (both dated 3/30/72).

VII. Membership Applications.

ACTION: On motion, duly seconded, applications for membership in the Council of Academic Societies were approved for the following societies:

1. American Academy of Neurology
2. Association of Orthopaedic Chairmen

NOTE: Some societies have had problems receiving a 501(c)3 ruling which is mandatory for CAS membership. CAS representatives of member societies that are not eligible for 501(c)3 status could relate to CAS as members-at-large or members without vote. Organizations currently seeking a 501(c)3 ruling are advised to await action that is currently pending for the Society of University Surgeons which will be a test case.

The American Association of Immunologists, which was elected to CAS membership by action of the Assembly on October 29, 1971, declined membership.

VIII. Fall CAS Meeting.

ACTION: On motion, duly seconded, the Board unanimously approved as the theme for the CAS fall meeting, "The Interface Between Premedical and Medical Education."

The Council of Deans will be invited to join this meeting if they wish.

IX. Formula for estimating research component for education.

The Board reached no consensus on the merits of the formula presented in the agenda. They agreed to send their ideas to Drs. Petersdorf, Estabrook, and Weil.

X. Spring Workshop.

An invitational workshop on "Individualization of Medical Education" for 150 participants (CAS, Deans, GSA), is being planned for spring. The curriculum survey Dr. Bowles currently has underway will provide a data base for the workshop. Source materials will be available to participants ahead of the workshop. Outside funding will be sought to support this effort.

XI. Future Meetings.

The Board reviewed the policy of the Cosmos Club that requires women to enter through a side door.

ACTION: On motion, duly seconded, the Administrative Board voted unanimously to discontinue meeting at the Cosmos Club.

XII. Adjournment.

The Administrative Board stood adjourned at 3:30 p.m.

MHL:smc
5/25/72

III. Action Items:

1. Finalize Dues Schedule for submission to CAS Business Meeting, November 3, 1972.

Below are the two options for a dues structure voted on by the Administrative Board at its May 18th meeting (see Page 2 of Minutes). The dues schedule was presented to the Executive Council at its May 19th meeting. The Executive Council made the recommendation that the CAS implement a variation of Option A to avoid having the Business Affairs Office of the AAMC handle reimbursement procedures for transportation of representatives.

CAS Dues Increase

Option A

<u>Membership</u>	<u># of Soc.</u>	<u>Dues</u>	<u>Yield</u>
Less than 300	28	\$ 750	\$21,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	<u>5</u>	3,500	<u>17,500</u>
TOTALS	51		\$64,500

Utilizing the above schedule, one representative from each member society will be provided coach class transportation (no accommodations) to the Annual Meeting of the AAMC. Reimbursement for this transportation would be by the Business Office of the AAMC.

Option B

<u>Membership</u>	<u># of Soc.</u>	<u>Dues</u>	<u>Yield</u>
Less than 300	28	\$ 500	\$14,000
300; less than 1,000	10	1,000	10,000
1,000; less than 5,000	8	2,000	16,000
5,000 or more	<u>5</u>	3,000	<u>15,000</u>
TOTALS	51		\$55,000

Under this option no transportation services would be provided.

2. Submission of Resolution on Basic Sciences in Medicine to the Council for action.

RESOLUTION

Modern education of both undergraduate and graduate medical students requires an academic environment which provides close day-to-day interaction between basic medical scientists and clinicians. Only in such an environment can those skilled in teaching and research in the basic biomedical sciences maintain an acute awareness of the relevance of their disciplines to clinical problems. Such an environment is equally important for clinicians, for from the basic biomedical sciences comes new knowledge which can be applied to clinical problems. By providing a setting wherein clinical and basic scientists work closely together in teaching, research and health delivery, academic health centers uniquely serve to disseminate existing knowledge and to generate new knowledge of importance to the health and welfare of mankind.

Schools of medicine and their parent universities should promote the development of health science faculties composed of both basic and clinical scientists. It is recommended that organizational patterns be adopted which reduce the isolation of biomedical disciplines from each other and assure close interaction between them.

The Association of American Medical Colleges should vigorously pursue this principle in developing criteria for the accreditation of medical schools.

MEMBERSHIP APPLICATION
 COUNCIL OF ACADEMIC SOCIETIES
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
 Attn: ~~Mary Kay Dwyer~~ Connie Choate

NAME OF SOCIETY: The Central Society for Clinical Research, Inc.

MAILING ADDRESS: R 4669 Kresge I, University of Michigan, Ann Arbor, Mich. 48104

PURPOSE: The objectives of the Corporation are the advancement of medical science; the cultivation of clinical research by the methods of the natural and behavioral sciences; the correlation of science with the art of medical practice; the encouragement of scientific investigation by the medical practitioner; the diffusion of a scientific spirit among the members of the Corporation; the sponsorship of scientific meetings; and the publication, without profit to the Society, for national and international distribution, of papers on the methods and results of clinical research.

MEMBERSHIP CRITERIA: Members may be elected from residents of the following states of the United States of America: Alabama, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Texas, West Virginia, Wisconsin, Western New York and Western Pennsylvania; and from the following provinces of Canada: Alberta, Manitoba, Ontario and Saskatchewan. Any resident in the territory set out in the above, who has accomplished a meritorious original investigation in the clinical or allied sciences of medicine and who enjoys an unimpeachable moral standing in his profession is eligible for active membership. Except in unusual circumstances, no one shall be admitted to active membership who is over the age of forty-five years.

NUMBER OF MEMBERS: 829 active members, 386 emeritus members = 1,215 total membership.

DATE ORGANIZED: First Annual Meeting held in November, 1928. Society was incorporated in November, 1966.

SUPPORTING DOCUMENTS REQUIRED (Indicate in blank date of each document):

November, 1966 1. Constitution & Bylaws

November, 1971 2. Program & Minutes of Annual Meeting

QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

YES

NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested:
Section 101(6).

Section 101(6)

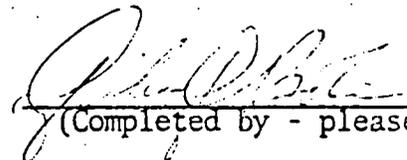
3. If request for exemption has been made, what is its current status?

a. Approved by IRS

b. Denied by IRS

c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.


(Completed by - please sign)

May 12, 1972

(Date)

Secretary - Treasurer, USA

MEMBERSHIP APPLICATION
 COUNCIL OF ACADEMIC SOCIETIES
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
 Attn: ~~Mary H. McClellan~~ Connie Choate

NAME OF SOCIETY: The American College of Psychiatrists

MAILING ADDRESS: c/o Peter A. Martin, M.D., Secretary-General
 16300 North Park Drive Suite 115
 Southfield, Michigan 48075

PURPOSE: To provide professional leadership and promote, maintain, and support the highest standards in psychiatry through teaching, training and research.

To provide a forum for the discussion of subjects pertaining to the field of Psychiatry, leading to the best application and utilization of psychiatric knowledge, principles, and therapy and to the development of increased public understanding and support. The College strive to advance national and international acceptance of eclecticism in various areas of psychiatric knowledge. To participate in programs of education, of service to the public, and foster the highest level of ethics in the practice of psychiatry.

MEMBERSHIP CRITERIA:

Evidence of outstanding performance in teaching, research, publications, therapy, administration or community activity. Evidence of leadership in such areas for Fellows and promise of leadership for members.

NUMBER OF MEMBERS: 1100

DATE ORGANIZED: May 8, 1963

SUPPORTING DOCUMENTS REQUIRED (Indicate in blank date of each document):

1971 1. Constitution & Bylaws

May 1, 1971 Program & Minutes of Annual Meeting

(CONTINUED - OVER)

15
QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

YES NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested:

501 (c) 3

3. If request for exemption has been made, what is its current status?

a. Approved by IRS
 b. Denied by IRS
 c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

Peter A. M... M...
(Completed by - please sign)

5-4-72
(Date)

MEMBERSHIP APPLICATION
 COUNCIL OF ACADEMIC SOCIETIES
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
 Attn: ~~Mary Elizabeth~~ Connie Choate

NAME OF SOCIETY: BIOPHYSICAL SOCIETY

MAILING ADDRESS: Dr. Margaret O. Dayhoff, Secretary
 Biophysical Society
 National Biomedical Research Foundation
 Georgetown University Medical Center
 3900 Reservoir Road, N.W.
 Washington, D. C. 20007

PURPOSE:

The purpose of the BIOPHYSICAL SOCIETY is to encourage development and dissemination of knowledge in biophysics.

MEMBERSHIP CRITERIA:

Membership in the BIOPHYSICAL SOCIETY shall be open to scientists who share the stated purpose of the society and who have educational, research, or practical experience in biophysics or in an allied scientific field.

NUMBER OF MEMBERS: 2,211

DATE ORGANIZED: Feb. 1958

SUPPORTING DOCUMENTS REQUIRED (Indicate in blank date of each document):

Oct. 29, 1971 1. Constitution & Bylaws

Feb. 24-27, 1972 2. Program & Minutes of Annual Meeting

} Sent under separate cover.

(CONTINUED - OVER)

17
QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

YES NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested:

501(c)(3)

3. If request for exemption has been made, what is its current status?

- a. Approved by IRS
 b. Denied by IRS
 c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

(Completed by - please sign)

(Date)

MEMBERSHIP APPLICATION
 COUNCIL OF ACADEMIC SOCIETIES
 ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
 Attn: ~~Mary H. Decker~~ Connie Choate

NAME OF SOCIETY: American College of Radiology

MAILING ADDRESS: 20 N. Wacker Drive
 Chicago, Illinois 60606

PURPOSE: Professional organization composed of physicians certified by the American Board of Radiology. The American College of Radiology was incorporated in 1924 under the laws of the State of California to make available to American radiologists continuing education programs and study socio-economic developments as they affect radiology.

MEMBERSHIP CRITERIA: Completion of residency in radiology, certification by the American Board of Radiology in radiology by the Royal College of Physicians and Surgeons (Canada); membership in State Chapter of the College.

NUMBER OF MEMBERS: 8,000

DATE ORGANIZED: 1923

SUPPORTING DOCUMENTS REQUIRED (Indicate in blank date of each document):

- June, 1972 1. Constitution & Bylaws
April 3, 1972 and June 14, 1972 2. Program & Minutes of Annual Meeting

(CONTINUED - OVER)

QUESTIONNAIRE FOR TAX STATUS

1. Has your society applied for a tax exemption ruling from the Internal Revenue Service?

YES

NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested:

501 (c) (3)

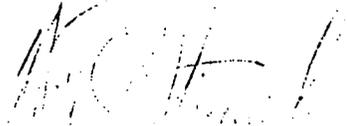
3. If request for exemption has been made, what is its current status?

a. Approved by IRS

b. Denied by IRS

c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.


(Completed by - please sign)
Executive Director

July 27, 1972

(Date)

4. Policy Statement of the AAMC on the Protection of Human Subjects.

There have been a number of widely publicized incidents recently concerning major health research projects (the Tuskegee Syphilis Experiment, for example) which have raised serious questions about the ethics of certain kinds of research and the adequacy of government supervision of Federally-supported research. This is not a new issue but recent newspaper articles have created new interest in it. This interest is being reflected in an increasing number of Congressional proposals to study the ethics of biomedical research and to extend tighter Federal control over the kinds of research receiving Federal support. Bills have been introduced to establish study commissions on the ethics of research, to earmark a percentage of Federal research funds to the study of the implications of the research, to prohibit Federal research support unless the human subjects of the research are fully informed of the implications and dangers of the project, and most recently Mr. Javits has introduced a bill to amend the Public Health Service Act by inserting a new section concerned with the protection of human subjects.

RECOMMENDATION

It is recommended that the Executive Council review and approve the policy statement listed below:

For moral, ethical, and legal reasons, it is essential to protect the rights and welfare of human subjects involved in biomedical research. The Association of American Medical Colleges believes that the primary responsibility for safeguarding the rights and welfare of human subjects properly lies with the individuals and institutions conducting the research.

Accordingly, the AAMC supports the view that a review procedure designed to carefully monitor the moral, ethical, and legal aspects of human experimentation is an integral part of all biomedical research, both Federally and non-Federally funded. This review should apply as a minimum standard the NIH Guidelines for the Protection of Human Subjects and would best be accomplished by a diversified group representing basic science and clinical faculty, students, and appropriate members of the community (including ministers and lawyers).

ANNUAL MEETING - ASSOCIATION OF AMERICAN MEDICAL COLLEGES

CAS-COD JOINT PROGRAM

Sunday, November 5, 1972

Miami Beach, Florida

"Colleges and Medical Schools - Approaches to Accomplishing
Their Joint Mission"

9:00 a.m. - Introduction

9:05 a.m. - "Human Biology" - A New Undergraduate Major for
the Liberal Arts.

The fundamental knowledge of life processes and the integration of this knowledge into an understanding of human life and human interaction has reached a point where a major in Human Biology can be developed for college students. Such a major is appropriate for students with a variety of career plans and need not solely be directed towards those interested in the biomedical sciences or health professions. Experience with the development and implementation of a major in Human Biology will be reported.

9:25 a.m. - Discussion

9:40 a.m. - Direct Alignments of College Programs with Medi-
cal Schools.

Several experimental programs in which colleges provide portions of medical curricula in collaboration with medical school faculties have developed. A report on the experience with one or more of these is intended.

10:00 a.m. - Discussion

10:15 a.m. - Coffee

10:30 a.m. - Medical School Academic Entrance Requirements
and the Realities of the Usual College Curriculum.

Medical school requirements for college preparation in chemistry, physics and biology often appear to limit competitive opportunities for students who are not chemistry or biology majors. What is being done and what can be done to provide optimal preparation in these subjects for a broader range of students will be presented.

CAS-COD JOINT PROGRAM
Page Two

This presentation should also touch upon the "implicit" requirements which sometimes cause students to extend their studies beyond what is explicitly stated by the medical schools. For example, "Applicants are encouraged to take more than the minimum science requirements".

10:50 a.m. - Discussion

11:05 a.m. - Experiences With A.B.-M.D. Programs Which Select Students for Medicine from High School or the First College Year.

Choosing students for medicine at the time of college entrance has been carried out in a few institutions for a number of years. The experience of one or more of these institutions will be presented with special emphasis on selection criteria, instructional program, attrition and final outcome performance of the students.

11:25 a.m. - Discussion

11:40 a.m. - Experiences With Encouraging Medical Students to Take Courses for Credit in Other Colleges in the University.

Medical students tend to be walled into their curriculum and their schools. What is the experience when they are given the opportunity and strongly encouraged to range across the entire university during their medical school years. A presentation from one school which provides a significant opportunity for students to take course work in other colleges within the university will be presented.

12:00 N - Discussion

12:15 p.m. - Adjourn

COUNCIL OF ACADEMIC SOCIETIES
INDIVIDUALIZED MEDICAL EDUCATION

Flexibility in academic programming for undergraduate medical students is becoming the rule rather than the exception. This movement toward tailoring education and training to the needs of the students is also spreading into graduate medical education. Absolute course requirements are diminishing as elective opportunities increase. Some schools are allowing students to arrange individual programs to suit their own pace of learning. The flexibility provided by these changes enhances genuine individualization of medical education and training.

The Council of Academic Societies, representing a membership responsible for the education and training of American physicians, is holding a workshop to assess the current state of individualized programming for undergraduate and graduate medical students. Major goals of the workshop include the exploration of methods for evaluating student achievement, and the development of ideas and recommendations which will insure that meaningful individualization will not compromise the quality of students' preparation for a medical career.

What are the advantages and disadvantages of individualization to both students and faculties?

Does individualization potentiate selection and graduation of students from a wider range of applicant pool (e.g. minorities and women)?

Do advance-placement programs really work? If so, for what categories of students? Are they predominantly successful only with bioscience majors or can students who have pursued other majors take advantage of this kind of acceleration? Can advance placement be facilitated by national achievement exams in specific subject areas?

What methods of evaluation can be employed to assure that the overall objectives of education for medicine have been fulfilled?

Does individualization promote greater diversity, or do students and faculty continue in conservative patterns and reproduce traditional curricula?

Can individualization be made more cost-effective if schools promote exchange-student programs, thus providing

additional enrichment of student opportunities without excessive course development in each institution?

Do self-instructional and computer-assisted programs prove effective in facilitating individualization?

Can individualization be carried across the boundary between undergraduate and graduate medical education? If students' undergraduate programs are correlated with their graduate programs, does this lead to a narrowing of experience or can reasonable breadth be assured?

These are only a few of the questions raised by current trends toward increased flexibility in American medical education. The workshop will bring together representatives from 51 member societies of the CAS and representatives from the medical schools, particularly those charged with the administration and management of innovative programs.

To accomplish the goals of the workshop, the attached format and topics will be used. It should be noted that the descriptors are directed toward insuring that speakers and workshop chairmen concentrate on the current experiences and outcomes of experiments in individualization. It is intended that the workshop attendees should carry away a greater understanding of both the advantages and the problems of curriculum flexibility and individualization.

It is anticipated that the workshop will provide an opportunity to identify the real problems created by individualization. Special studies and services to solve these problems can be then planned.

It is expected that 150 or 175 individuals will attend the conference which is presently planned for the Monte Leone Hotel in New Orleans, Louisiana, in late March 1973.

Authorized signature:

John A. D. Cooper, M.D.
President
Association of American Medical Colleges

CAS WORKSHOP

Preliminary agenda

Thursday

- 6:00 p.m. Reception
- 7:00 p.m. Dinner
- 8:00 p.m. Keynote speaker and discussion of workshop format.

The keynote speaker will be a distinguished educator who can discuss concepts of individualized education both from the standpoint of students and their varied learning styles and institutions with their concrete limitations. The societal value of individualization for medical education extending from high school through certification by a specialty board will be explored.

Friday

- 8:30 a.m. "The Range of Individualization Now Provided in Medical School Curricula" L. Thompson Bowles
AAMC

A detailed survey of all medical curricula in the U.S. and Canada has been completed. Copies of the survey will have been distributed to all participants. Dr. Bowles will have investigated the various types of flexible programming now provided and collated the experiences in general terms. For example, the average proportion of total academic programs set aside for electives with high and low ranges will be available. In selected schools, the distribution of elective choices by departments and disciplines can be developed to demonstrate the impact of elective programming on segments of the faculty. The proportion of schools which allow flexible timing of progress through medical school can also be reported. Several other parameters related to individualization will be presented.

- 9:00 a.m. Discussion

Friday, cont.

9:15 a.m. "An Evaluation of Experiences at the Ohio State Pilot Medical School" _____ - Ohio State

For three years, a self-selected group of students at Ohio State have been enrolled in a special program which permits their learning medicine outside the conventional classroom and at their own pace. The particular usefulness of the computer and the problems attendant on the development of the computer programs will be presented. How the students, the faculty and the computer interact will be described. The effect of this experimental model on students' behavior with particular concentration on their rate of progress and the opportunities provided for either accelerated or decelerated academic programs will be detailed.

9:45 a.m. Discussion

10:00 a.m. "An Evaluation of Experiences With An All-Elective Curriculum at Stanford" _____ Stanford

Stanford students plan their entire undergraduate medical education individually. The range of programmatic variation which has resulted at Stanford will be of special interest. The response of the faculty in providing increased numbers of elective courses to meet students' needs will be reported. The way in which students budget their time when no courses are required is also of significance and will be described. The opportunities which an all-elective program provides for students with unusual backgrounds will be considered.

10:30 a.m. Discussion

10:45 a.m. Coffee break

11:00 a.m. "An Evaluation of Experiences With Early Career Tracking at _____"

A few schools have provided students with the opportunity to tailor their undergraduate

Document from the collections of the AAMC Not to be reproduced without permission

Friday, cont.

curricula to their perceived career plans. Early tracking has been criticized by those who believe students should be permitted a prolonged, broad experience before making a decision regarding specialty choice and career direction. A school will be identified which has a sufficient length of experience to provide answers to the following questions:

1. Does early tracking make students unduly anxious?
2. What portion of students can make sufficiently discriminatory decisions by the end of their introductory clerkships and thus select a career track?
3. Do students who change their minds after starting down a career track pay a significant penalty in lost time?
4. Can early tracking be coordinated with graduate clinical training programs and thus hasten the entrance of well-prepared students into practice?
5. Can early tracking be programmed to insure breadth or is narrowness of experience always the outcome?

11:30 a.m. Discussion

11:45 a.m. "Individualization for Students With Unusual Backgrounds at _____"

Minorities, women with family responsibilities and students from the humanities and behavioral and social sciences may particularly benefit from individualized programming. The experience of a school which provides individualized programs for these types of students will be reported. The value of prolongation of education for these individuals will be considered in the context of the ultimate social value of the effort.

12:15 p.m. Discussion

12:20 p.m. Lunch

Friday, cont.

2:00 p.m. Workshops Convene

Each workshop will be limited to 1/6 of the total participants. Participants will be permitted to rank their order of interest in the workshops in advance and will be assigned to the workshop of their highest priority within the limits imposed by the 1/6 rule.

Workshop co-chairmen and recorders will be asked to develop further the questions raised in the descriptors and where possible, find and provide data in advance to the workshop participants. Every effort will be made to utilize the real experiences of individuals and institutions.

WORKSHOP #1

Developing An Array of Electives Which Meet Student Needs

A representative from Stanford

A representative from _____

L. Thompson Bowles, M.D., Recorder

Elective course demands can place a heavy teaching load on the faculty and exceed the clinical teaching facilities available in the institution. What are the experiences with elective planning? How do the periods of time available for electives jibe with accomplishing the objectives of the educational experience? Are there definable minimums of time for effective elective teaching? How can effective, high-quality electives be developed utilizing physician-teachers and clinical resources outside the conventional medical center? How can basic science electives be developed which are relevant, of high quality and attractive to students who are already in their clinical years? Are clinical electives, in the first months of medical school, academically sound; or are they "show and tell" experiences designed to satisfy student curiosity?

WORKSHOP #2

Academic and Career Counselling

A representative from _____

A representative from _____

Roy K. Jarecky, Ed.D., Recorder

Individualization requires that students be provided with sound advice regarding their career goals and know-

WORKSHOP #2, contd.

ledgeable counselling regarding their educational program planning. How can institutions develop a cadre of experienced faculty advisors? How can students be brought to respect the advice and counsel available? Are there formal test instruments which can be employed to determine whether students are making appropriate career decisions? Should advisors participate in the evaluation of their advisees and write letters of recommendation?

WORKSHOP #3

The Present Need and Future Means for Assessment of Achievement

A representative from NBME

A representative from _____

James B. Erdmann, Ph.D. - Recorder

When all students were required to take essentially the same courses, great dependence was placed on course-by-course grade compilation and rank ordering in assessing student achievement. With individualization, there are fewer constants, and evaluation of achievement through comparison of students within their own class is impossible. How can achievement be evaluated to insure that each student has met standards of optimal preparation? Do educational objectives have to be more specifically defined? What is the optimal timing of evaluation--at the completion of the academic program, or at particular intervals before completion? Are learning exams useful? What about pretesting? Does the National Board exam prove useful? Is the inter-institutional sharing of test items desirable? How can adequate written evaluation of students' knowledge, skills and attitudes be obtained from the faculty? Without class ranking, can accurate letters of recommendation be written?

WORKSHOP #4

Self-Instructional Program Development

A representative from Southern Consortium

A representative from _____

William G. Cooper, Ph.D. - Recorder

WORKSHOP #4 contd.

Self-instruction would appear to provide opportunities for maximizing independent student learning and thus permit greater individualization. Can self-instruction be utilized in lieu of formally-scheduled classes? How does one develop a self-instructional package? Are multimedia needed? How complex must they be? Can self-instructional material be used to augment the learning of students whose learning styles are more dependent on voice and graphics? What facilities are needed to utilize self-instructional materials? How can a faculty member locate self-instructional materials available nationally? At what costs?

WORKSHOP #5

Articulation With The Undergraduate College Experience

A representative from _____

A representative from _____

Davis G. Johnson, Ph.D. - Recorder

Students are coming to medical school with varying types of preparation. By individualizing, can students from a broader variety of disciplines be brought into medicine? Can students with specific preparation in the biomedical sciences be allowed a more rapid rate of progress? What are the communication barriers between college and medical school faculties which inhibit adequate advice and counselling of students intent on medicine? Should American medical education move toward greater flexibility in timing of entrance into medical school? If so, what additional data is needed to permit selection out of high school, or during the first or second year of college?

WORKSHOP #6

Extending Individualization Across The Boundary Between Medical School and Graduate Medical Education

A representative from orthopedics or ob.-gyn.

A representative from _____

Michael F. Ball, M.D. - Recorder

Individualized educational programming will be of little value and personally frustrating if students find that gradu-

ate clinical
WORKSHOP #6 contd.

ate clinical programs are rigid and unyielding. What is occurring in graduate medical education? Are training program directors developing their plans in order to take advantage of early tracking? How are graduate programs assessing levels of student achievement? How will they provide for makeup of deficiencies? Can graduate program directors be given a responsibility to certify that students have achieved optimal skills? How must Board requirements and examinations be modified to achieve optimal flexibility in academic programming?

5:30 p.m. Workshops adjourn

6:30 p.m. Reception

7:30 p.m. Free evening

Saturday

8:30 a.m. Workshops reconvene for summary discussion and preparation of final reports.

10:00 a.m. Coffee

10:15 a.m. Plenary session, recorders' reports on Workshops

11:45 a.m. General discussion

12:30 p.m. Adjourn

32
LIAISON COMMITTEE ON MEDICAL EDUCATION

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Executive Council
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

The Liaison Committee on Medical Education, since 1942, has combined efforts in medical school accreditation which had been exercised separately by the AAMC and the AMA Council of Medical Education, starting in the 1890's.

Each of the two parent institutions nominates six members; these plus one federal member and two public members (as of July 12, 1972) constitute the voting strength of the LCME. The Chairmanship alternates between a nominee of the AMA and the AAMC as of January 1; the Secretariat alternates on July 1 annually. Expenses of operation are shared equally by the two sponsors.

Each medical school is thoroughly surveyed at least every seven years and more frequently if circumstances indicate. A typical survey team consists of four members who are usually medical deans, faculty members of both scientific and clinical disciplines and/or hospital directors. A roster of several hundred surveyors is maintained and is revised annually. A survey usually extends over four days; the visit is preceded by a faculty self-study which produces extensive documentation for survey team use in preparation for the visit.

Each site visit survey team makes judgements of the quality of the education program at the school visited and establishes an optimum class size commensurate with the school's constellation of necessary resources such as faculty, physical facilities, clinical resources, etc. The recommendation of the team is acted upon by the LCME which receives a comprehensive report drafted by the team Secretary - a staff member at either the AAMC or AMA - and corrected by the team members.

The LCME funds the cost of each survey; in addition, consultation visits can be arranged by request of a university which is exploring the feasibility of developing a new medical school.

Each year the LCME surveys 30-35 schools; (developing schools require an annual visit until the first class is graduated) several additional consultation-special purpose visits by staff may occur.

An M.D. graduate of an LCME accredited School of Medicine becomes eligible to sit for the medical practice licensure examination held each year by each of the fifty states. The LCME is listed by the Office of Education, Department of Health, Education and Welfare and by the National Commission on Accreditation as the authorized accrediting agent for medical schools in the U.S.A. Additionally, the LCME is recognized in Canada as the official agency for medical school accreditation in collaboration with the Canadian Association of Medical Colleges.

LIAISON COMMITTEE ON MEDICAL EDUCATIONAMA - Council on Medical Education

Bland W. Cannon, M.D.
 Medical Center Plaza, Suite 609
 910 Madison Avenue
 Memphis, TN 38103

E. Bryce Robinson, M.D.
 Lloyd Noland Hospital
 P.O. Box 538
 Fairfield, AL 35064

William A. Sodeman, M.D.
 Executive Director
 Commission on Foreign Medical
 Graduates
 116 South 7th Street
 Philadelphia, PA 19106

Joseph M. White, M.D.
 Dean & VP for Academic Affairs
 University of Texas
 Medical Branch at Galveston
 Galveston, TX 77550

Francis L. Land, M.D.
 University of Nebraska
 College of Medicine
 42nd and Dewey Avenues
 Omaha, NE 68105

Warren L. Bostick, M.D.
 Dean
 University of California, Irvine
 California College of Medicine
 Irvine, CA 92664

Public Member

Nathan J. Stark
 Vice President
 Hallmark Cards, Inc.
 Kansas City, MO 64141

Association of American Medical Colleges

Kenneth R. Crispell, M.D.
 Vice President for Health Affairs
 University of Virginia
 School of Medicine
 Charlottesville, VA 22901

T. Stewart Hamilton, M.D.
 Executive Director
 Hartford Hospital
 80 Seymour Street
 Hartford, CT 06115

Thomas D. Kinney, M.D.
 Director of Medical Education
 Duke University Medical School
 Durham, NC 27706

Ernst Knobil, M.D.
 Chairman, Dept. of Physiology
 University of Pittsburgh
 School of Medicine
 Pittsburgh, PA 15213

Ralph J. Cazort, M.D.
 Dean
 Meharry Medical College
 School of Medicine
 1005 - 18th Avenue North
 Nashville, TN 37208

C. John Tupper, M.D.
 Dean
 University of California, Davis
 School of Medicine
 Davis, CA 95616

Federal Member

Merlin K. DuVal, M.D.
 Assistant Secretary for Health and
 Scientific Affairs
 Department of Health, Education and
 Welfare
 Washington, D. C. 20201

ASSOCIATION OF MEDICAL SCHOOL MICROBIOLOGY CHAIRMEN

President: Dr. Harold S. Ginsberg

Department of Microbiology, School of Medicine, The University of Pennsylvania, Philadelphia, Pa. 19104, (215) 594-8011

Secretary-Treasurer: Dr. Leroy C. McLaren

Department of Microbiology, School of Medicine, The University of New Mexico, Albuquerque, N.M. 87106, (505) 277-2609

July 21, 1972

Dr. August G. Swanson
Director of Academic Affairs
Association of American
Medical Colleges
Suite 200
One Dupont Circle, NW
Washington, D.C. 20036

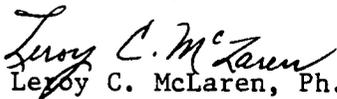
Dear Doctor Swanson:

After considerable discussion at the Annual Meeting of the Association of Medical School Microbiology Chairmen the Resolutions Committee was charged with drafting a resolution concerning the importance of continuing basic science representation in future medical school curriculum planning (attached).

We sincerely appreciate your participation at this meeting.

With best regards,

Sincerely yours,


Leroy C. McLaren, Ph.D.
Secretary-Treasurer

LCM:dzt
att: resolution
air mail

RESOLUTION

The Association of Medical School Microbiology Chairmen appreciates that early exposure to problems of human biology in non-medical school settings contributes significantly to the medical education process, and encourages further exploration along these lines.

However, the Association is convinced that microbiology and the other basic medical sciences play an essential role in the education of physicians, and that the demonstration of their relevance to clinical medicine requires the setting of a medical center. We further believe that the impact of microbiology and the other basic medical sciences on medical education and research cannot be felt without extensive interaction with clinical colleagues within a medical center.

We therefore resolve that the Council of Academic Societies be requested to endorse the concept that schools of medicine continue to include appropriately designated basic medical science units so as to ensure their adequate representation in the medical curriculum.

We further resolve that this Resolution be communicated to the other representatives of basic science disciplines in the Council of Academic Societies, with the hope that similar Resolutions will be adopted by them.

Part I. Rulings and Decisions Under the Internal Revenue Code of 1954, Except Those Pertaining to Alcohol, Tobacco, and Firearms

Section 61.—Gross Income Defined

25 CFR 1.61-2: Compensation for services, including fees, commissions, and similar items.

Whether a stipend received by a physician for research training under a grant from the National Institutes of Health is excludable from gross income. See Rev. Rul. 72-253, below.

Section 117.—Scholarships and Fellowship Grants

25 CFR 1.117-4: Items not considered as scholarships or fellowship grants. (Also Section 61; 1.61-2.)

A stipend paid by the National Institutes of Health (NIH) to a physician for postdoctoral research training at a medical school is not excludable from gross income as a scholarship or fellowship.

Rev. Rul. 72-253

Advice has been requested whether, under the circumstances described below, stipends paid under a grant by the National Institutes of Health are excludable from the recipient's gross income under the provisions of section 117(a) of the Internal Revenue Code of 1954.

The taxpayer, a physician engaged in postdoctoral research training at a medical school, received a grant from the National Institutes of Health (NIH) of the Department of Health, Education, and Welfare. Under the grant NIH paid a stipend directly to the taxpayer for research training purposes. In addition, the taxpayer signed a contract with a local hospital as a nonremunerative resident and spends approximately two to three hours per week at a clinic examining patients with lung diseases. The rest of his time, in an approximately 80-hour week, is spent in various research activities studying the same lung diseases produced in rats.

The purpose of the NIH grant is to support postdoctoral research training in health and health-related areas. An applicant, prior to formal application, must arrange for admission to an appropriate institution and must be accepted by a sponsor who will supervise

his training. An application is then submitted emphasizing the training experience and the broadening of scientific competence to be gained. Applications are reviewed initially by committees composed of consultants from appropriate scientific fields, primarily from the academic community. Evaluation of the application is based upon the qualifications of the applicant and his potential for research as evidenced by academic records, reference reports, publications, and other relevant information. The recommendations of the committees are the primary criterion in awarding the grant.

The amount of the stipend paid under the grant depends upon the relevant postdoctoral experience of the recipient at the time of the grant. Research experience, teaching, internship, and residence are considered relevant experience and increase the amount of the stipend paid the recipient. An additional specified amount is provided for each dependent. NIH make no deductions from the stipends for any purpose such as income tax or social security.

Grant recipients are required to pursue research training on a "full-time basis" and the sponsoring institution interprets "full-time basis" in accordance with its own policies. Recipients are not entitled to a vacation but are entitled to normal institutional holidays in addition to sick leave and military leave. Moreover, recipients are not allowed to retain any fees from clinical practice, professional consultation or other comparable activities performed pursuant to the purpose of the grant. These fees must be assigned to the sponsoring institution.

Any invention arising from work to which the recipient contributes during the tenure of his grant must be reported to NIH for disposition of patent rights. The recipient is free to publish or otherwise make public the results of work performed during the grant. He must, however, indicate that the work was supported by NIH. Also, except as otherwise provided in the conditions of the grant, when publications, films,

or similar materials are developed from work supported by NIH, the author is free to arrange for copyright without approval. Any such copyrighted materials are subject to a royalty-free, nonexclusive and irrevocable license to the Government to reproduce, translate, publish, use, and dispose of them and to authorize others to do so.

Section 61 of the Code provides that unless otherwise excluded by law, gross income means all income from whatever source derived including, but not limited to, compensation for services. Subject to certain limitations and qualifications, section 117(a) of the Code provides that gross income of an individual does not include any amount received as a scholarship at an educational institution or as a fellowship grant.

Whether an amount received by an individual is excludable from his gross income under section 117 of the Code depends upon the facts and circumstances under which the payment is made. The exclusion provision applies only to scholarships or fellowship grants. A scholarship or fellowship grant is an amount paid or allowed to an individual for the primary purpose of furthering the education and training of the recipient in his individual capacity.

Section 1.117-4(c) of the Income Tax Regulations provides, in pertinent part, that any amount or amounts paid or allowed to, or on behalf of, an individual to enable him to pursue studies or research shall not be considered to be an amount received as a scholarship or fellowship grant if such amount represents compensation for past, present, or future employment services, if such amount represents payment for services which are subject to the direction or supervision of the grantor, or if such studies or research are primarily for the benefit of the grantor. Any of these conditions will negate the existence of a scholarship or fellowship grant as defined in these regulations.

The Supreme Court of the United States in the case of *John H. Bingle v.*

Michael F. Johnson, et al., 391 U.S. 741 (1969), Ct. D. 1926, C.B. 1959-2, 17, upheld the validity of section 1.117-4(e) of the regulations, referred to above. In support of its view that, under the provisions of those regulations, a stipend is not a scholarship or a fellowship within the meaning of section 117 of the Code if the grantor requires a *quid pro quo* from the recipient in the form of rendition of services for the grantor, the Court stated: "The thrust of the provision dealing with compensation is that bargained-for payments, given only as a *quid pro quo* in return for the *quid* of services rendered—whether past, present, or future—should not be excludable from income as 'scholarship' funds."

The Tax Court of the United States in referring to the *Johnson* case stated "The regulations are thus designed, at least in part, to distinguish relatively disinterested payments made primarily for the purpose of furthering the education of the recipient from payments made primarily to reward or induce the recipient's performance of services for the benefit of the payor." *Jerry S. Turem v. Commissioner*, 54 T.C. 1494, at 1505 (1970); cf., *Elmer L. Reese, Jr. v. Commissioner*, 45 T.C. 407, at 411 (1966), affirmed per curiam 373 F. 2d 742 (1967).

The facts in the instant case indicate that NIH is bargaining for research services and a research product rather than seeking to primarily benefit the education and training of the recipient in his individual capacity. For example, his selection was based on his potential for research and the amount of the stipend under the program is determined in relation to his relevant experience. Presumably, a person with such experience is more likely to engage in productive research and NIH sought to reward him for that experience. In addition, NIH reserved the rights to make royalty-free use of any copyrighted material produced as a result of the research and also reserved the patent rights to any invention arising from the research. These facts indicate that NIH made the payments as a "quid" in return for the "quid" of research services and a research product.

Accordingly, in the instant case, the amounts paid by NIH under the grant are not excludable from the recipient's gross income under the provisions of section 117(a) of the Code, but are includible in his gross income under section 61 of the Code as compensation for services.

Section 453.—Installment Method

26 CFR 1.453-9: Gain or loss on disposition of installment obligations.
(Also Section 1001; 1.1001-1.)

Illustration of the computation of gain on the sale of stock for cash and deferred installments evidenced by convertible debentures and the subsequent disposition of the installment obligations by conversion into cash and stock, and transfer by gift.

Rev. Rul. 72-264

Advice has been requested as to certain of the Federal income tax consequences following, from the sale of corporate stock for cash and convertible debentures and from the conversion of such convertible debentures and the transmission of such debentures otherwise than by sale or exchange. The following illustrates the situations with respect to which advice has been requested.

In 1955, Z corporation offered to purchase all of the outstanding stock of Y corporation at \$110 per share. This offer was accepted by A, an individual, who owned 20 shares of Y stock that he had purchased for investment in 1963 at \$55 per share.

The agreed price of \$110 per share was to be paid as follows: \$10 in cash on April 1, 1965, followed by two installments of \$50 each on April 1, 1970 and April 1, 1975.

Each of the deferred installments was evidenced by two separate \$500 Z debentures in registered form and bearing interest at 6 percent. A therefore received four Z debentures, each with a face amount of \$500. Each of the debentures was convertible into common stock of Z, at the option of the holder, upon terms specified in the debenture.

A received \$200 in cash on April 1, 1965 and elected on his income tax return for that calendar year to report

his gain on the installment method. A received an additional \$1000 in cash when the first two debentures came due on April 1, 1970. On June 1, 1971, A exercised his right to convert one of the \$500 debentures due April 1, 1975 into common stock of Z. A received 10 shares of Z stock with a fair market value of \$80 per share in exchange for the debenture.

On the same day A transferred the other \$500 debenture without consideration to his son, B. On June 1, 1971, the fair market value of each \$500 debenture due April 1, 1975, was \$200.

Section 453(b)(1) of the Internal Revenue Code of 1954 provides, in general, that income from a casual sale or other casual disposition of personal property for a price exceeding \$1000 may be returned under the installment method of accounting.

Section 453(d)(1) of the Code provides, in part, that if an installment obligation is satisfied at other than its face value or distributed, transmitted, sold, or otherwise disposed of, gain or loss shall result. In the case of satisfaction at other than face value or a sale or exchange, the measure of gain or loss is the difference between the basis of the obligation and the amount realized. In the case of a disposition, transmission, or disposition otherwise than by sale or exchange, the measure of gain or loss is the difference between the basis of the obligation and the fair market value of the obligation at the time of the distribution, transmission, or disposition.

Section 1.453-9(a) of the Income Tax Regulations provides, in part, that the entire amount of gain or loss resulting from any distribution or satisfaction of installment obligations, computed in accordance with section 453(d) of the Code, is recognized in the taxable year of such disposition or satisfaction and shall be considered as resulting from the sale or exchange of the property in respect of which the installment obligation was received by the taxpayer.

A's election to convert one of the Z debentures that he received on the sale of the Y stock accomplished satisfaction of an installment obligation at other than its face value under section 453(d)(1)(A) of the Code. A will

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Sidney Edelman, OS, GC

DATE:

FROM : Director, NIH

SUBJECT: Internal Revenue Service Ruling on Fellowship Stipends

A recent Internal Revenue Service (IRS) ruling, IRS Rev. Rul. 72-263, concerning NIH extramural fellowship support has such serious implications for NIH fellowship and training programs that we wish to bring it to your attention for consideration of suitable approaches to the problems it poses for present and future biomedical manpower training needs.

From time to time NIH has been asked to comment or otherwise enter into disputes between the IRS and individuals who receive stipends from NIH Institute extramural fellowships or training grants. To avoid intrusion into matters of another Federal agency, however, the NIH position, presented in various program policy documents, has stated: "Determination of the tax status of an individual receiving compensation in any form from a Public Health Service grant is the responsibility of the Internal Revenue Service." The recent ruling, however, not only creates problems for the individual involved in the case, but also challenges our long-standing expressions of the purposes of NIH stipend support, and has serious implications for understandings established over many years of NIH fellowship and training grant activity.

The ruling states that "A stipend paid by the National Institutes of Health (NIH) to a physician for postdoctoral research training at a medical school is not excludable from gross income as a scholarship or fellowship." (Rev. Rul. 72-263, Internal Revenue Bulletin, No. 1972-22, p. 6, May 30, 1972) Since the bases for this decision seem to us to be contrary to PHS regulations and NIH policy statements, careful consideration of the situation seems warranted, with the hope that pertinent factors might be brought to the attention of the IRS towards a re-interpretation of the situation.

BACKGROUND

The present as well as previous situations involve fellows or trainees who receive stipends in the course of their training in health research and are supported by fellowships or training grants awarded by NIH Institutes under authority of Sections 301.(c) and (d), Title III, Public



Health Service Act (42 U.S.C. 241). Regulations governing such programs appear in the Code of Federal Regulations, Title 42-Public Health: Part 61 relates to fellowships; Part 64 covers training grants. Conditions for fellowships and training grants are described further in various NIH-DHEW program announcements and policy publications (See DHEW Grants Administration Manual, Chapter 3-140, Pre-Doctoral and Post-Doctoral Student Support, October 6, 1969), and also in the 1972 Catalog of Federal Domestic Assistance, published by the Office of Management and Budget.

NIH extramural postdoctoral and special fellowships are awarded directly to the individual recipients and are provided to encourage and promote research training. Applicants must have been accepted by the sponsor institution and compete for available NIH funds on the basis of their professional qualifications and the merits of their proposals (42 CFR 61.5 and 61.7). Awards include stipends to support the recipients during the training period, which is directed by the sponsor institution.

Most significant is the definition of a "regular fellowship," applicable to the NIH extramural program situation, as "an award to support activity not requiring performance of services for the Public Health Service." (42 CFR 61.1(c)) This contrasts with the PHS "service fellowship," "which requires the performance of services...for the Public Health Service." (42 CFR 61.30(a)) These provisions are amplified in NIH extramural information brochures, which emphasize that "a fellowship is regarded as an educational benefit, and does not require the performance of services for the NIH." (See Information for Postdoctoral Research Fellows, September 1, 1970, PHS Publication No. 1438 (Revised), p.14; also Information for Special Research Fellows, September 1, 1970, PHS Publication No. 1405 (Revised), p. 12).

Postdoctoral and special fellows, being not candidates for degrees, are advised of information in IRS Publication No. 17, "Your Federal Income Tax," 1970 Edition for Individuals, that "the amount you receive as a scholarship or fellowship...may be excluded from gross income up to the amount of \$300 times the number of months you are under the grant during the tax year." (See also NIH Research Fellowships Program Administrative Guide, January 1972, U.S. Department of HEW Pub. No. NIH 72-98, Rev. 1/72)

NIH training grants are awarded to institutions to enable them to improve their resources and programs for training of increased numbers of personnel with specialized competence for health research careers. Institutions compete for available NIH funds based on their established competence to conduct such programs. Awards generally include stipends to enable the institutions to make payments to individuals receiving

training. It is important to note, "The funds awarded may be expended solely for the training and instruction program set forth in the application...and for such other related purposes as are determined... to be necessary to such programs." (42 CFR 64.5(a)) Further, "No part of the amount awarded may be used as remuneration for employment or for the performance of personal services by the individuals receiving the training and instruction." (42 CFR 64.6(b))

Section 117(a) of the IRS Code of 1954 provides that gross income does not include an amount received as a scholarship at an educational institution or as a fellowship grant. Section 117 further limits such exclusion to scholarships or fellowship grants "paid or allowed to an individual for the primary purpose of furthering the education and training of the recipient in his individual capacity." A stipend does not qualify as a scholarship or fellowship under Section 117 of the Internal Revenue Code, however, "if the grantor requires a quid pro quo from the recipient in the form of rendition of services for the grantor." Section 1.117-4(c) provides that such payments or allowances are not considered as scholarship or fellowship grants if they (1) represent compensation for employment services, (2) represent payment for services subject to the direction or supervision of the grantor, or (3) are primarily for the benefit of the grantor. The documents and references cited above demonstrate that NIH fellowship and training stipends constitute none of the three listed exclusions and do not establish a quid pro quo relationship between NIH and the recipient.

PROBLEM

The case cited in Rev. Rul. 72-263 is that of a physician receiving post-doctoral research training, to whom "NIH paid a stipend directly for research training purposes." Over 95 percent of his professional time was spent in research activities, with an additional two or three hours weekly in nonremunerative clinical activity at a local hospital, under separate arrangements. The purpose of the grant is stated as being "to support postdoctoral research training," for which the applicant is required to arrange for admission to the training institution and to submit his application to the NIH detailing the training program involved. He is evaluated on the basis of this proposal plus his professional qualifications and research potential. The successful recipient is required to pursue research training on a "full-time basis," according to the policies of the sponsoring institution. Certain conditions are applied also regarding inventions, publication, and copyrights, consistent with other DHEW requirements to protect the Government's interests. (Compare, e.g., 42 CFR 61.18 to 61.20; 42 CFR 52.22 and 52.23; and 45 CFR, Subtitle A, Parts 6 and 8.)

IRS judges that this situation does not justify the exclusion of stipend payments from the income of the recipient. The ruling states, "The facts in the instant case indicate that NIH is bargaining for research services and a research product rather than seeking to primarily benefit the

education and training of the recipient in his individual capacity." This conclusion is apparently based on (a) selection of the recipient on the basis of his research potential, (b) determination of his stipend in relation to his established experience, and (c) reservation of copyright and patent rights by NIH.

Such a judgment seems to neglect, however, the long-established intents and purposes of NIH fellowship and training programs, as published in PHS regulations and NIH policy statements and announcements. As noted above, stipends in these programs are awarded to support recipients during the training experience, and without any expectation or "bargaining", as claimed by IRS, for research services or research products. Such a quid pro quo arrangement is fundamentally inconsistent with the concept of grants for training or fellowships, inasmuch as such awards are made to provide immediate educational benefit to the individuals being trained. Longer-range benefits do accrue to the Nation, which receives increased numbers of better-trained manpower in health research fields. Contrary to the IRS conclusion, NIH fellowship and training programs do seek primarily to benefit the education and training of the recipient. They do not provide for return of research services or products to the NIH.

IRS concludes quite correctly that an individual with superior qualifications and experience "is more likely to engage in productive research," and that he is thus rewarded. This is only consistent with the expectation that greater good will derive to the national health research effort by assuring that superior individuals are given the opportunity to develop their research abilities. The setting of stipends in accord with the recipient's experience is again the only reasonable approach to such payments, which are established under NIH-DHEW policies which do not seek in return any research services or products from the recipient. Finally, reservation by NIH of certain rights in patent and copyright arrangements follows broad Federal policies regarding these matters and has no relation whatsoever to services or products expected from the stipend recipient.

It should be noted that the NIH appreciates and does not question the prerogative of the IRS to establish any appropriate and lawful regulations concerning the taxability of any kind of income. We cannot fail to note with concern, however, that Rev. Rul. 72-263 seems to have been arrived at through an apparent misinterpretation and misstatement of NIH program purposes.

CONCLUSION

The sections above seek to outline and clarify the NIH position regarding the rationale for award and the purposes served by payment of stipends to individuals receiving training in health fields under support by NIH fellowships and training grants. The fundamental disagreement between

NIH regulations and policies and the IRS interpretation may be summarized as follows: Contrary to the IRS ruling, (a) NIH is not bargaining for a research service or a research product; (2) NIH does seek primarily to benefit the education and training of the recipient; and (3) NIH neither seeks nor expects a quid pro quo relationship with the recipient of stipend support. We view the NIH position thus as consistent with that of the Tax Court of the United States, quoted on page 7 of the IRS Bulletin of May 30, 1972, in that NIH views such stipends as "relatively disinterested payments made primarily for the purpose of furthering the education of the recipient," as contrasted with "payments made primarily to reward or induce the recipient's performance of services for the benefit of the payor."

While NIH would certainly not consider itself totally "disinterested" in the outcome of its stipend support to fellows and trainees, its real interests lie in future progress in health sciences research, teaching, and service. We would hope that such progress may continue, unhindered by the disincentive which faces fellows and trainees if the IRS Rev. Rul. 72-263 be allowed to stand. We trust that this communication may contribute helpful thought toward those ends and towards productive dialogue between NIH-DHEW and the IRS. We will be pleased to provide any assistance you may wish in further discussions.

Robert Q. Marston, M.D.



43
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

INTER-OFFICE MEMO

Retain - 6 mos.	<input type="checkbox"/>
1 yr.	<input type="checkbox"/>
5 yrs.	<input type="checkbox"/>
_____	<input type="checkbox"/>
Permanently Follow-up Date	<input type="checkbox"/>

DATE August 24, 1972

TO: August G. Swanson, M. D.
FROM: Michael F. Ball, M. D. *MB*
SUBJECT: Taxability of Fellowship Stipends

I have referred the entire group of documents that were accumulated regarding the recent IRS ruling on the taxability of fellowship stipends to Mr. Oppenheimer for review and requested a legal opinion regarding the effect of this ruling on training programs conducted in academic health centers.

Following his review of the documents, Mr. Oppenheimer indicated the following:

1. That effective immediately, training stipends must be treated as salary and wages and are not excludable from income tax or social security.
2. He felt that in light of the Supreme Court ruling in the 1969 case of Bingler vs. Johnson which allowed the Internal Revenue Service to take a broader approach in the area of scholarships and fellowships, it is extremely unlikely that a court case will be decided in the favor of the trainee. Furthermore, if a taxpayer carried his case to a specific Court of Appeals, there is no reason to believe that other Courts of Appeals will rule in a similar manner, and that the only way that this matter could be resolved using the courts would be to again carry the matter to the Supreme Court on the hope that they would be willing to review the specific case.
3. Mr. Oppenheimer recommended that if an effort were to be made to retain the \$3600 exception, that traditionally has been granted by the IRS code, that it be done through a legislative means and specifically noted that it is likely that the IRS code will be reviewed by the next Congress. He felt that this might be a suitable time to attempt to clarify the issue legislatively.

COPIES TO:

Continued...

AUG 25 1972

MEMORANDUM

August G. Swanson, M. D.

Page two

4. Lastly, Mr. Oppenheimer indicated that it was remotely possible that the IRS might change its position on this matter following receipt of Dr. Marston's strong memorandum to the Office of the General Counsel of the NIH.

In summary, we must treat the recent IRS ruling as law and all academic health centers must abide by this ruling until it is successfully challenged in court or changed by legislative action.

MFB:vlb

The following member societies of the CAS will be holding some kind of separate meetings in conjunction with the AAMC Annual Meeting in November:

Association of Orthopaedic Chairmen
Society of University Urologists
Society of University Otolaryngologists
Association of Professors of Dermatology
Association of Pathology Chairmen
Association of Chairmen of Departments of Psychiatry
Association of Anatomy Chairmen
Association of Chairmen of Departments of Physiology
Society of Teachers of Family Medicine
Association of Professors of Medicine
Society of Academic Chairmen of Otolaryngology

The Council of Academic Societies Nominating Committee,
1972-73 (chaired by Dr. Lloyd H. Smith, Univ. of Cal. - SF)
has made the following nominations:

COUNCIL OF ACADEMIC SOCIETIES
Nominees for New Officers
to begin terms at
conclusion of CAS
meeting in fall, 1972

BALLOTING WILL BE BY WRITTEN BALLOT AT THE CAS BUSINESS MEETING

Chairman-Elect, CAS (One to be elected)
One-year term

Carmine D. Clemente

Ronald W. Estabrook

Administrative Board (One to be elected)
Two-year term

Rolla B. Hill, Jr.

R. Walter Schlesinger

Administrative Board (Two to be elected)
Two-year term

Robert M. Blizzard

David R. Challoner

Howard Hiatt

William P. Longmire, Jr.



[Handouts]

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

September 8, 1972

WASHINGTON: 202: 466-5175

Edward C. Creutz, Ph. D.
Assistant Director for Research
National Science Foundation
Washington, D. C. 20550

Dear Dr. Creutz,

I am writing to express our concern with the recent change in National Science Foundation policy with respect to participation of Veterans Administration Scientists in the NSF grant program for scientific research support as promulgated in NSF Circular #108, July 7, 1972.

In 1946, public law 293 created Deans Committee Veterans Administration Hospitals which permitted these hospitals to function as an integral component of academic health centers. Professional staff working in Deans Committee Veterans Administration Hospitals may hold faculty appointments at an affiliated academic health center and are considered to have the same status as faculty having professional staff appointments in the other components of the academic health center complex. This arrangement has proved mutually beneficial and has allowed the Veterans Administration and the university health centers to establish close relationships which provide quality professional care for veterans hospitalized in these facilities. In addition, the Veterans Administration Hospitals provide teaching and research facilities for the university which are essential for a high quality medical school faculty.

The previous policy of the National Science Foundation facilitated a close intergration of VA hospital physician scientists with the health science faculty of universities. The new NSF policy promulgated in policy memorandum #108 will deny support to those VA scientists receiving more than 50% of their academic salary from the VA and deprives these scientists of a source of research support which is available to other medical school faculty. The new policy selectively discriminates against medical school faculty because they are supported by the Veterans Administration. This can only function to the detriment of both the Veterans Administration and the university health center complex. This new policy will significantly impede recruitment of high quality personnel by Dean's Committee VA hospitals.

Edward C. Creutz, M. D.
September 8, 1972
Page two

For these reasons, I urge you to reinstate the previous NSF policy whereby Veterans Administration personnel with bonafide university faculty appointments can apply for National Science Foundation scientific research project support via their affiliated university irrespective of what portion of their academic salary is derived from Veterans Administration funds.

Sincerely,

John A. D. Cooper, M. D.

NATIONAL SCIENCE FOUNDATION

Office of the Assistant Director for Administration

WASHINGTON, D.C. 20550

July 7, 1972

NSF CIRCULAR NO. 108

ADMINISTRATION AND MANAGEMENT

Subject: Support of Research, Education, and Related Activities Performed by Other Agencies

1. **Purpose.** This Circular establishes general rules to govern the use of NSF funds for the support of research, education, and other related activities to be performed by other Federal agencies.

2. **Cancellation.** None.

3. **Scope.** The term "Federal Agency" as used herein refers to all elements of the Federal Government, as well as the Smithsonian Institution, and federally-funded research centers, such as the Oak Ridge National Laboratory, and others.

4. **Policy.** It is the Foundation's assumption that each agency in pursuit of its own mission, and with due regard for the provisions of Executive Order 10521 relating to the support of basic research, requests appropriations for the support of research appropriate and necessary to that mission. In carrying out its statutory purposes, the Foundation is expressly authorized by its own statutory authority to support research performed by other Federal agencies. However, it presently is Foundation policy not to encourage research proposals from other Federal agencies except in pursuit of specific NSF objectives. Moreover, where a request to the Congress to provide funds for particular activities of a given agency has not been approved, the Foundation will not subvert the intent of Congress by making funds available to that agency to support those activities. However, when the possible establishment of major new facilities or research capabilities is being considered, either in pursuit of a specific (research) objective of an NSF program or to serve the general instrumentation, observing or logistic needs of U.S. science, full consideration should be given to the use of capabilities or facilities in existing Federal laboratories and federally-funded research and development centers prior to the creation of new or additional capabilities.

The following paragraphs discuss the Foundation's policies more specifically:

a. *Scientific Research Project Support.* The Foundation's program of Scientific Research Project

Support has very broad objectives relating to the general progress of science. In pursuit of those objectives it is generally not possible to specify within a single discipline a unique set of research projects which would constitute the optimum approach to agency goals. For this reason, competitive evaluation of unsolicited proposals and a very strong bias towards support of research in academic and academically related non-profit institutions has been deemed appropriate for this program.

Scientists employed by other Federal agencies should not be encouraged under normal circumstances to submit proposals to the National Science Foundation for competition in the program for scientific research project support. However, research projects from Federal scientists that enable the NSF to serve more efficiently the research needs of scientists from academic or related non-profit institutions may, on occasion, be recommended for support. Such projects must be presented to the Assistant Director for Research for prior concurrence before the negotiations are developed to the formal proposal stage.

While the foregoing rules out individual scientists of other Federal agencies from normal participation in the Foundation's competition for scientific research project support, it is not intended to bar the occasional action of program directors in the National Science Foundation in conjunction with laboratory chiefs or program directors of other agencies jointly to support other scientific activities, such as research projects performed by third parties, conferences, and symposia that are of mutual interest. The best method for pooling funds should be determined in each individual case. However, Foundation funds are not to be used to pay for rental or use charge for auditoria, projection facilities, etc., owned and operated by other Federal agencies.

A special situation exists in the cases of research projects proposed by faculty members of the various military service academies such as the U.S. Military Academy at

West Point, the U.S. Coast Guard Academy, the U.S. Naval Post-graduate School, etc. Research project proposals submitted on behalf of research to be performed by such faculty members should be accepted and subjected to competitive review and evaluation in the same way as proposals from other academic institutions. However, it is considered inappropriate to include major capital facilities in awards to such institutions.

The Veterans Administration operates a number of hospitals in which important scientific research is performed. A few of these are managed and operated on behalf of the V.A. by universities or are operated in close collaboration with university medical schools. In such cases, where the investigator is a bona fide faculty member of the responsible university -- that is, receives more than half of his academic year salary from the university, though some other part of his salary may be provided by the V.A. -- participation in the Foundation's research project support competition is considered appropriate. In this case, proposals should be submitted via the university. Scientists employed in other V.A. hospitals, which do not have formal affiliation with a university, are not eligible to compete for NSF support. The same policy would be applied to cooperative appointments between universities and any other Federal agency.

b. *International Travel Grants.* Under certain conditions, staff scientists of other Federal agencies are eligible for international travel grants for attendance at international conferences and visits to laboratories. The conditions under which such support may be offered are described in NSF Circular #50.

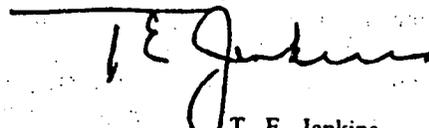
c. *Research Applied to National Needs.* Federal laboratories are recognized to have capabilities and resources that may enhance the achievement of

RANN program goals. Awards to Federal laboratories may be made when it is determined that the resources available offer the best solution to a problem, or when the unique capabilities of such laboratories can be used to reduce costs or expedite applications in the civilian sector.

d. *National and International Programs.* The Foundation provides funds for research and logistic support activities at other Government agencies as appropriate to the objectives and goals of the specific national, international, or specific research programs from which the support funds are to be derived. For example, the Foundation bears special responsibilities for certain programs such as the United States Antarctic Research Program, the Arctic Research Program, and the International Decade of Ocean Exploration. Proposals for research by personnel in Government laboratories are considered in competition for support on an equal basis with university laboratories. Furthermore, funds for special services, including logistic support to several of these programs, are provided under memoranda of agreement to various Government agencies.

e. *Office of Government and Public Programs.* In special instances, proposals received from Federal agencies and federally-funded research facilities may be considered for support. Each such instance will be considered separately.

f. *Education Programs.* Proposals received from Federal agencies and federally-funded facilities may be considered in equal competition with all other proposals received in a given program area, except that, in the case of service academies, awards solely for the benefit of the academy will not be made when such awards would entail commitment by them of funds to be derived from their future appropriations.



T. E. Jenkins
*Acting Assistant Director
for Administration*



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

September 7, 1972

TO: Administrative Officers Responsible for Student Affairs (GSA Code #2)
in U.S. Medical Schools with Senior Students During 1971-72

FROM: Davis G. Johnson, Ph.D., National GSA Secretary

SUBJECT: GSA Survey Concerning the NIRMP

This is a) to inform you concerning recent GSA and other actions on the National Intern and Resident Matching Program (NIRMP) and b) to request your cooperation in completing the enclosed questionnaire on this topic.

As indicated in the enclosed "Summary of Recent Actions," there has been a widespread concern during the past two years that the NIRMP is being jeopardized, primarily by those program directors who are operating outside of the NIRMP guidelines. It is noteworthy that the American Board of Medical Specialities motion reported in Section F of this summary was passed by a vote of only 28 to 21. Thus, although the majority of the Specialty Boards supported the maintenance of the full integrity of the NIRMP, a significant number were opposed to requiring their graduate programs to participate in the Matching Plan.

From the program directors' point of view, it is understandable that they may be having difficulty using one system for selecting students coming directly into residency training from medical school and another system for those coming into residency training from an internship. This problem, caused in large part by the recent moves to eliminate the freestanding internship, will probably continue until approximately 1975, when the vast majority of residency applicants are expected to be senior medical students.

Because of its advantages to the student, we assume that most, if not all, GSA members agree that the NIRMP should be maintained as fully as possible and that we should do everything we can to assist the NIRMP in achieving this objective. To better evaluate the extent of these difficulties with the NIRMP and to help the NIRMP plan ways of strengthening the program, the accompanying questionnaire seeks information and ideas from each of you, based primarily on your local situation.

So that the results of the survey can be reported not only to the NIRMP but also to the GSA at its annual meeting this fall, it would be greatly appreciated if you could complete and return the questionnaire so it will reach me by no later than September 25, 1972.

Your cooperation on this project is greatly appreciated. If you should have questions concerning the completion of the questionnaire, please don't hesitate to contact either Roy Jarecky or me at the AAMC or Dr. Joseph Ceithaml, the GSA representative to the NIRMP Board of Directors.

DGJ/sg

Enclosures: 1) Summary of Recent Actions Concerning the NIRMP
2) Questionnaires

CC: Dr. Nunemaker
Selected AAMC Staff

W#8299

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Summary of Recent GSA and Other Actions Concerning the NIRMP

A. April 9, 1971 Action by the Council of Academic Societies Administrative Board

The CAS Administrative Board went on record as supporting continuation of the matching program for graduating medical students for all disciplines. Dr. Swanson was asked to communicate this action to all CAS members and to the NIRMP.

B. May 8, 1971 Recommendation to NIRMP from Central GSA

According to the minutes of this GSA meeting, "It was moved and seconded that the Mid-West - Great Plains GSA urge the NIRMP Board of Directors to resist very strongly the option of hospital program directors deciding whether or not they will participate in the NIRMP. A teaching hospital should participate in NIRMP on an all or nothing basis. The motion carried with only one opposing vote. The students attending the meeting were unanimously in favor of this motion. Dr. Jack Caughey, Jr., recommended that this issue should be placed on the agenda of the Council of Deans."

C. May 20, 1971 Action by Council of Deans

According to the minutes of this COD meeting, "The future of the National Internship and Residency Matching Program--NIRMP--was the topic of discussion and concern to the GSA which requested COD support for its position. As a consequence the following motion was adopted:

"Every medical student deserves all of the advantages inherent in the National Internship and Resident Matching Program. In order to assure them this advantage, the first hospital based graduate training appointment after the awarding of the M.D. degree should be through the National Internship and Resident Matching Program."

D. May 5, 1972 Recommendation to the NIRMP Board of Directors from the Central Regional Group on Student Affairs (GSA)

In the interest of the applicants to the NIRMP, it is recommended that the "all or none principle" be reconfirmed for 1973 and that hospitals and Medical Centers be notified that their continued participation in the NIRMP requires adherence to the NIRMP guidelines. One of these guidelines specifies that if an institution offers any of its first year clinical appointments (internships or first year residencies) to medical students, it may not offer any such appointments to any medical students (with the exception of married couples) outside the NIRMP prior to the announcements of the NIRMP results.

Psychiatry as a specialty was conspicuous in 1972 in abusing the NIRMP guidelines. Students quickly became aware of this as did the Associate Deans in charge of Student Affairs at many of the medical schools. Thus unfortunately, the activities of a relatively small number of Directors of Psychiatry Residency Programs cast a poor reflection on the entire specialty. It is the responsibility of every hospital and Medical Center

(over, please)

W#8299 R/1

as a corporate body which wishes to participate in the NIRMP to make certain that every clinical unit at that institution, including Psychiatry, offering first year appointments to medical students, adheres to the NIRMP guidelines. Failure to do so will result in the loss of the privilege to participate in the NIRMP by the entire corporate body.

E. May 19, 1971 Action by AAMC Executive Council

Approved previous action by COD (see item C above).

F. May 31, 1972 Action by American Board of Medical Specialties

Approved by a vote of 28 to 21 the following motion:

"The American Board of Medical Specialties affirms its support of the NIRMP. By this affirmation the ABMS supports the requirement that all graduate training programs recruiting students immediately after being granted their M.D. degree must utilize the Matching Plan in selecting such students. The ABMS strongly urges that all of its member agencies join in supporting this affirmation."

G. June 22, 1972 Action by Northeast Regional GSA

Strongly and unanimously endorsed paragraph 1 of Central GSA recommendation of May 5, 1972 (see item D above) and moved that their action be conveyed to the national officers of GSA and to the AAMC representatives to the NIRMP.

H. June, 1972 NIRMP Memo to Deans of Student Affairs Concerning "Period of Applications and Letters of Recommendation"

Indicated that "it was appropriate for program directors to determine their own closing dates for receipt of applications for residency appointments, and it was appropriate for students to apply and for Deans of Student Affairs to write letters of recommendation to meet those dates" even though the applications and the letters would be activated before the usual NIRMP date of October 1. Confirmed, however, that students participating in the NIRMP cannot be forced to sign such residency contracts prematurely but "reserve the right to determine their own rank order of choices at the time they forward their list to NIRMP on or before January 10."

Summarized the overall policy situation for 1972-73 as follows:

"The NIRMP Policies as enunciated last year have been reaffirmed, with respect to participation of the hospital as a corporate entity, participation of each approved training program if it intends to offer positions to medical students, and disqualification of a hospital if any program director intends to offer positions to students without regard to the provisions required for other NIRMP participants. This does not prevent program directors establishing an early deadline date for application for residency candidates whether they are students or interns, but it does not authorize such program directors to negotiate hospital contracts with medical students in advance of the established NIRMP dates and procedures."

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Questionnaire to Student Affairs Officers Concerning the
National Intern and Resident Matching Program (NIRMP)

Name of Medical School _____

A. Information Concerning Your Students

- 1) How many of your 1971-72 seniors went on to internship training? _____
- 2) How many of your 1971-72 seniors went on to residency training? _____
- Total number of individuals _____

3) Of these, how many obtained their appointment to the first year of graduate training outside of the NIRMP by the following means? (Indicate estimated numbers with an "e").

Means of Appointment Outside of Usual NIRMP Channels

No.

- a) Married to classmate and took option of negotiating directly with program directors. _____
- b) Started graduate training during January- March, 1972 and thus officially exempted from NIRMP participation. _____
- c) Didn't sign up for NIRMP for other reasons. (Please specify -- e.g. applied only for Canadian internships) _____
- _____
- d) Made a private advance agreement with the director of a U.S. graduate training program so withdrew from the NIRMP. _____
- e) Made a private advance agreement but "went through the motions" of staying in the NIRMP. _____
- f) Other (please specify) _____
- _____

Total number of individuals _____

4) To what extent do you feel the above methods of "bypassing" the NIRMP have weakened the program at your school?

Means of "Bypassing" the NIRMP	Extent weakened NIRMP			
	None	Some	Greatly	Very Greatly
a) Married to classmate				
b) Started training early				
c) Not signing up for other reasons				
d) Signed up but withdrew				
e) "Sham" use of NIRMP				
f) Other				

Comments: _____

(over, please)

W#8299 R/2

- 5) How many of your 1971-72 seniors went directly into residency programs? _____
Of these, how many did so outside of the NIRMP? _____
- 6) Which disciplines, if any, have put pressure on your students during the past year to make a private advance agreement rather than adhering to the NIRMP guidelines? _____

- 7) In order to help maintain the NIRMP, what proportion of your student body do you estimate would be willing to refrain from applying to and/or from signing an agreement with any training program not abiding by the NIRMP rules?
all ; a majority ; a minority ; none ;
other (specify) _____

Comments: _____

B. Information Concerning Your Institution

Background

The NIRMP "Hospital Agreement" specifies that the institution agrees to a) participate in the NIRMP as a "corporate entity" and b) "list with NIRMP all programs and positions which are being made available to students." (This is known as the "all or none" principle.)

- 1) At your institution, which of the following are considered to be a part of your "corporate entity" as far as the above specified participation in NIRMP is concerned? Check all that apply. a) university hospital ;
b) all major affiliated hospitals ; all minor affiliated hospitals ;
other (specify) _____
- 2) Are there any hospitals and/or training programs, ordinarily considered to be a part of your "corporate institutional entity," that are not participating in the NIRMP even though they make positions available to newly graduated medical students?
Yes ; No If yes, please specify (e.g. State Psychiatric Institute, City Children's Hospital, Straight Surgery Program at V.A Hospital) _____

- 3) How is the above "all or none" principle monitored and enforced at your institution? _____

- 4) What could be done, if necessary, to strengthen adherence to this principle at your institution or elsewhere? _____

C. Information and Ideas Concerning the NIRMP Timetable

- 1) Do you think it would help preserve the NIRMP if the matching results were announced earlier? Yes No
- a) If yes, when would be the optimum matching announcement date for all concerned (i.e. students, program directors and deans)? February 1 ; February 15 ; Other (specify) _____
- b) Would you be willing to move up the entire process (including letters of recommendation) if necessary to allow for an earlier match? Yes No

Comments: _____

- 2) To what extent do early application deadlines and/or accelerated programs at your school make it difficult to have enough knowledge of a student's clinical ability before writing letters of recommendation? No problem ; Slight problem ; Serious Problem

Comments: _____

- 3) What is your reaction to the newly announced NIRMP policy of earlier deadlines for applications and letters of recommendation for medical students seeking first-year residencies at some hospitals? (See Section H of "Summary of Recent Actions"). No problem ; Slight problem ; Serious problem

Comments: _____

- 4) Are you aware of program directors having contacted your potentially unmatched students prior to the 11 A.M. deadline on April 14, 1972? Yes No
If yes, to what extent was this a problem? No problem ; Slight problem ; Serious problem

Comments: _____

- 5) Are you aware of any student affairs officers having contacted program directors before the above deadline in order to place unmatched students? Yes ; No

Comments: _____

D. Other Information and Ideas

1) What other significant problems, if any, have you or your students encountered with the NIRMP in recent years?

2) What ideas or suggestions do you have for solving any of the significant problems faced by the NIRMP, particularly during the transitional period from now to 1975?

3) Since part of the problem during the transitional period may be related to the number of individuals graduating at different times of the year, please also provide the following information:

<u>Year</u>	<u>Actual or Estimated Number of M.D. Graduates</u>		
	<u>Spring</u>	<u>Fall</u>	<u>Winter</u>
1972	_____	_____	_____
1973	_____	_____	_____
1974	_____	_____	_____
1975	_____	_____	_____

Above information provided by: _____ (Signature)
 on _____ (Name)
 (date) _____ (Title)
 _____ (School)

* * * * *

Please return completed questionnaire to Dr. Davis G. Johnson, Director, AAMC Division of Student Affairs, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036 so it will reach the AAMC by no later than September 25, 1972. Thank you.

DGJ/sg

Document from the collections of the AAMC Not to be reproduced without permission

RESOLUTION ON VA POLICY RELATING TO DUAL PAYMENT OF HOUSE STAFF

The Executive Council of the AAMC considered Policy Circular #10-72-184 at its meeting on September 15, 1972. This policy, permitting dual payment to medical residents for performing duties normally expected of house officers, will have an impact upon institutional policies far beyond the limited interests of the affiliated VA Dean's Committee Hospitals. The Executive Council is disturbed that there was no prior consultation with the AAMC staff or the members of the VA-AAMC Liaison Committee prior to the formulation and promulgation of this policy. The Council requests that implementation be delayed until there has been an opportunity for a thorough discussion of this matter.

Veterans Administration
Department of Medicine and Surgery
Washington, D. C. 20420

CIRCULAR 10-72-184

August 15, 1972

SUBJECT: COVERAGE IN THE ADMITTING AREA

TO : Directors of VA Hospitals, Domiciliary, VA Outpatient Clinics,
and Regional Offices with Outpatient Clinics

In order to meet the critical problem faced by some VA hospitals in staffing the admitting office, Central Office will consider granting authority to appoint medical residents presently on VA rolls as fee basis physicians for coverage during nights, weekends, and holidays. Approval can be granted only on an individual station basis when the following conditions are met and certified to the appropriate Regional Medical Director; (1) the Deans Committee has determined that admitting office duty is not a valid training experience in the VA and (2) no other means of providing medical coverage in the admitting office is available to station management. Medical residents appointed on this basis will be paid the fee per tour established by the Regional Medical Director in addition to their regular resident stipend.

Requests for this exception will be submitted to the appropriate Regional Medical Director (052A) and will contain the following information: (1) description of index and community hospital practices and rates for similar duty, (2) statement that Deans Committee has officially determined that admitting office duty in the VA is not a valid training experience for residents and that they concur in the proposal being submitted, (3) number and duration of tours to be established per week, and (4) explanation and justification why station management has determined that this method of coverage is necessary instead of using staff physicians and/or non-VA fee basis physicians.

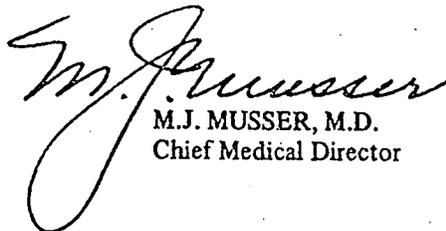
Dual appointment and pay of residents on VA rolls for any purpose other than performing an established tour of admitting office duty is prohibited. Existing RMD authorities for fee basis admitting office tours of duty are not to be construed as authorities for the dual appointment and compensation of residents on VA rolls; separate authority is required for this purpose. If the station is requesting authority for fee basis admitting office tours of duty in which private physicians and residents on VA rolls will be utilized, this should be so indicated in the submission.

If the appropriate RMD approves fee basis tours of duty for admitting office coverage and the utilization of residents on VA rolls for such tours, then stations so authorized must keep a record of the names of all such residents given dual appointments for this purpose, the number, type and duration of each tour performed, and the total amount paid each resident under his fee basis appointment. This information is required to be reported annually to Central Office. Reports will be due August 1 of each year covering the preceding fiscal year, and will be submitted to the

CIRCULAR EXPIRES AUGUST 14, 1973

appropriate Regional Medical Director (052A). A format for this report will be prescribed in a forthcoming issuance.

The appointment of a fee basis physician under 38 U.S.C. 4114(a)(1)(B) who is also appointed as a resident under 38 U.S.C. 4114(b) does not require the submission of additional data into the PAID System to reflect the fee basis appointment.



M.J. MUSSER, M.D.
Chief Medical Director

Distribution: COB: (10)(05) only, (052A)25, (054D)25, (152)25
SS (101B12) FSB: HA, DO, OC, OCRO

Document from the collections of the AAMC Not to be reproduced without permission

POLICY STATEMENT OF THE AAMC ON THE PROTECTION OF HUMAN SUBJECTS

The Association of American Medical Colleges asserts that academic medical centers have the responsibility for ensuring that all biomedical investigations involving human subjects are moral, ethical and legal. The centers must have rigorous and effective procedures for reviewing prospectively all investigations involving human subjects based on the DHEW Guidelines for the Protection of Human Subjects as amended December 1, 1971. Those faculty charged with this responsibility should be assisted by individuals from the community with special concern for these matters. Insuring respect for human rights and dignity are integral to the educational responsibility of the institutions and their faculties.

ACTION OF THE COTH ADMINISTRATIVE BOARD ON THE
"RESOLUTION ON THE REPRESENTATION OF BASIC AND CLINICAL
SCIENTISTS IN ACADEMIC HEALTH CENTERS"

The Administrative Board of the Council of Teaching Hospitals enthusiastically supports this resolution.

Participation by basic scientists in hospital activities has been increasing steadily. Their contribution to hospital laboratories and radiology departments have been long-lasting and of increasing importance. Newer developments in both diagnostic and therapeutic units, such as nuclear medicine, hemodialysis, patient monitoring and cardiac surgery, have involved substantial participation on the part of basic scientists. In addition, basic scientists play an essential role in the function of committees which monitor certain professional activities of hospitals, such as the Infections Committee, the Radiation Safety Committee, and the Committee on Human Investigations.

Since the teaching hospital will gain in increased capability of its clinical, teaching, and investigative functions through further integration of the basic medical scientists into the hospital program, the Council of Teaching Hospitals welcomes the actions contemplated in the resolution which will further this result.

September 1972