



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

Washington Hilton Hotel
Washington, D.C.

March 22, 1978

5:00 p.m.	Business Meeting	Chevy Chase Room
7:30 p.m.	Cocktails	Dupont Room
8:30 p.m.	Dinner	Chevy Chase Room

Guest: Carl D. Douglass, Ph.D.,
Director, Division of Research
Grants, NIH

March 23, 1978

9:00 a.m.	Business Meeting (Coffee and Danish)	Edison Room
10:30 a.m.	CAS Board Executive Session (Board Members only - Separate Agenda)	
1:00 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon and Executive Council Business Meeting	Conservatory Room
3:00 p.m.	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

March 22-23, 1978

I. Report of the Chairman

II. ACTION ITEMS

1. Approval of Minutes of CAS Administrative Board Meeting
of January 18-19, 1978 1
2. Membership Application
Association of Academic Departments of Otolaryngology . . 10
3. Executive Council Action Items:
 - Endorsement of LCME Accreditation Decisions
 - Election of Provisional Institutional Members
 - CAS Resolution on LCGME
 - HEW Handicapped Regulations and Medical School Admissions
 - AAHC Statement on Accreditation of Educational
Programs in Allied Health
 - AAMC Recommendations on FY 79 Appropriations for VA
Department of Medicine & Surgery Programs
 - Emergency Meeting on Medical Manpower Legislation
 - Withholding of Services by Physicians
 - AAMC Statement on Involvement with Foreign Medical Schools
 - Industry-Sponsored Research and Consultation: Responsi-
bilities of the Institution and the Individual
 - AAMC Biomedical and Behavioral Research Policy

III. DISCUSSION ITEMS

1. Possible Revision of Payback Provision for Research
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3. Executive Council Discussion Item:
 - Discharge in Bankruptcy of Student Loans

IV. INFORMATION ITEMS

1. Group on Medical Education 1977-78 Membership Roster
(Separate Attachment)

V. Old Business

VI. New Business

VII. Adjournment

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 18-19, 1978

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Robert M. Berne,
Chairman (Presiding)
F. Marian Bishop
David M. Brown
G.W.N. Eggers
Daniel X. Freedman*
Samuel O. Thier
Frank C. Wilson

Staff

James Bentley*
John Cooper*
Kat Dolan
James Erdmann*
Rae Erickson*
Thomas Kennedy*
Joseph Keyes*
Mary Littlemeyer
Thomas Morgan
Mignon Sample
John Sherman*
August Swanson

ABSENT: A. Jay Bollet
Carmine D. Clemente
Thomas K. Oliver
James B. Preston
Frank E. Young

Guest: Robert Petersdorf

The CAS Administrative Board Business Meeting convened on January 18, 1978 at 5:05 p.m. and adjourned at 7:30 p.m. A social hour was followed by dinner at 8:30 p.m. The meeting reconvened at 8:30 a.m. on January 19th. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a luncheon meeting at 1:00 p.m.

* For part of the meeting

I. Adoption of Minutes

The Minutes of the CAS Administrative Board Meeting of September 14-15, 1977 were approved.

II. Action Items

A. Appointment of CAS Nominating Committee

According to the change in the CAS Rules and Regulations approved at the Annual Meeting in November, 1977, the CAS Administrative Board now has responsibility for appointment of the CAS Nominating Committee. Dr. Swanson outlined the composition and responsibilities of the Nominating Committee. Dr. Bishop indicated that she had reviewed the attendance of member societies according to records maintained by staff and emphasized that some consideration should be given to those societies or individuals who have regularly attended and contributed to the meetings. Recommendations from the Board members were considered from the viewpoint of society representation, participation in CAS, and awareness of CAS/AAMC activities.

ACTION: The CAS Administrative Board appointed the following individuals to the 1978 CAS Nominating Committee.

Clinical Sciences

G.W.N. Eggers, Jr., M.D., Chairman, Dept. of Anesthesiology,
U. of Missouri

Samuel O. Thier, M.D., Chairman, Dept. of Medicine, Yale U.

Clarence S. Weldon, M.D., Dept. of Surgery, Washington U.

Basic Sciences

Rolla B. Hill, Jr., M.D., Chairman, Dept. of Pathology,
SUNY Upstate

Mary Ellen Jones, Ph.D., Dept. of Biochemistry, USC

Ernst Knobil, Ph.D., Chairman, Dept. of Physiology, U. of
Pittsburgh

Drs. Harry Schwartz (CS) and Thomas Devlin (BS) were designated as alternates; Dr. Robert M. Berne will be Chairman of the Nominating Committee.

B. Reinstatement of American Society of Hematology

The American Society of Hematology, which withdrew from the CAS in 1976, has requested reinstatement as a member of CAS.

ACTION: The CAS Administrative Board voted to approve the reinstatement of the American Society of Hematology without further review. It will be necessary, however, for the Assembly to vote on its membership status at the 1978 Annual Meeting.

C. American Gynecological Society

Dr. Swanson reported that this society had originally applied for membership in November of 1975 and had been rejected because of their 501(c)6 tax status. Since then they have requested a reappraisal of their application and advice was sought from the Association's legal counsel. The response from counsel indicated that it might not now be as necessary for the AAMC to be so cautious in admitting 501(c)6 societies as it previously has been. However, it was the general consensus of the CAS Board that they should not set a precedent for admitting other than 501(c)3 societies.

ACTION: The CAS Administrative Board recommended that the American Gynecological Society be advised to review their tax status and be offered any assistance in defining their academic status before being reconsidered for membership in CAS.

D. Appointment of a Secretary-Treasurer

ACTION: The CAS Administrative Board endorsed the appointment of Mr. David Everhart as AAMC Secretary-Treasurer.

E. Appointment of the Executive Committee

ACTION: The CAS Administrative Board endorsed the appointment of the Executive Committee as shown on page 23 of the Executive Council Agenda.

F. Election of COTH Members

ACTION: The CAS Administrative Board concurred with the recommendation on page 24 of the Executive Council Agenda.

G. Approval of Subscriber

ACTION: The CAS Administrative Board concurred with approval of the East Tennessee State University for Subscriber status.

H. Endorsement of LCME Accreditation Decisions

Dr. Berne gave a brief explanation of the LCME process and the route by which Executive Council representatives can provide input. It was noted that action on the U. of Oklahoma had been deferred a second time pending further investigation. Dr. Bishop raised a question regarding participation by CAS representatives on site visit teams. A list of volunteers was established three years ago and, because usually only one faculty type is on each site team, that list is still being utilized.

ACTION: The CAS Administrative Board endorsed the LCME accreditation decisions

I. Student Representation on the LCME

ACTION: The CAS Administrative Board endorsed the recommendation that the Executive Council appoint a student as a non-voting observer participant on the LCME.

J. OSR Resolution on Graduate Medical Education Directory

Joe Keyes reported on deliberations which had taken place earlier at the OSR Administrative Board Meeting regarding this resolution. The students decided that the original proposal was infeasible and developed a three-part project as an alternative. The first step would be to specify objectives and information of importance to students and work with the NIRMP to improve their survey. The second step would involve working with the GSA to stimulate schools to collect subjective information and maintain files at their institutions. The third step is review and publication of a report on how students should select residencies.

ACTION: The CAS Administrative Board concurred with the recommendation that the original OSR proposal be disapproved.

K. Committee on Future Staffing

Dr. Swanson reported on recent discussions regarding how the CCME and particularly the LCGME might be improved. Three of the five parent organizations (ABMS, CMSS, AAMC) are definitely in favor of separate staffing, and the general consensus of these organizations seems to be that no progress can be made as long as the staffing of LCGME remains with the AMA. A real problem is the staffing of RRCs. There is a great deal

of paranoia among the RRCs and specialty societies regarding the potential of institutional accreditation taking away from the specialty societies and boards oversight of their particular areas of interest. However, it has been suggested that RRC/LCGME accreditation might be linked to LCME site visits to accredit graduate programs on an institutional as well as on an individual basis and the duration between site visits lengthened. Dr. Brown commented that this would add credibility to LCGME accreditation. The objective of the Association is to develop a two-fold movement: 1) to establish separate staffing and 2) to link LCGME accreditation to LCME accreditation.

ACTION: The CAS Administrative Board concurred with the recommendation of independent staffing for the LCGME under Option #4 of the report of the Committee on Future Staffing

L. Report of the Committee on Physician Distribution

Dr. Swanson gave a brief background report on the history of the Committee and its deliberations. The Committee's final report was submitted to the CCME on December 12, 1977 and referred to the parent organizations for consideration. The general consensus of the Board was that the final report, although still lengthy, was much less onerous than the original version.

ACTION: The CAS Administrative Board concurred with the recommendation that the Executive Council approve the Report, "The Specialty and Geographic Distribution of Physicians."

M. Ethical Practices Governing Privately Sponsored Research in Academic Settings

Dr. Berne discussed the ethical issues raised by Congressman Rogers in his letter of December 6th, particularly concerning whether scientists have an obligation to reveal information to government or other officials on research conducted under contract, or if they are bound by the contract to withhold information. Dr. Thier related a recent experience Yale U. had in negotiating with private industry for a contract on testing new products. Built into the contract was a routine clause requiring delay of publication of information regarding any material researched that is not yet patented. Dr. Thier expressed the feeling that institutions should not accept research unless there is a reasonable time limit placed on delay of publication for all types of research, including classified.

Joe Keyes reported on the responses received to date regarding the question of how much classified research is engaged in outside of the cognizance of the university. Twenty-seven schools responded, and many of these included with their response materials pertaining to the conduct of research at their institution. (Attachment I)

The CAS Board generally agreed that academic scientists have an obligation and a right to do independent, investigative research; however, there was a great deal of discussion concerning the process under which research results would be revealed. Dr. Thier noted that the first step is the company's responsibility to have any new products tested, and Dr. Wilson emphasized that the investigator's primary responsibility is to report any results to the company. In response to a question by Dr. Cooper as to whether investigators have an ethical responsibility to follow-up on their report to the company, several Board members commented that it was unfair to place the onus on the investigator since the investigator cannot depend on having his results published. Dr. Thier suggested that a simple system for ensuring accountability is to require that all contracts be filed with the EPA for any substances being tested. It would be the company's and EPA's responsibility to obtain and report results.

In response to Rogers' question regarding whether the AAMC prescribes an ethical code, Dr. Cooper stated that we do not have a code of ethics governing the conduct of research, but that the Association might provide guidelines for the schools to use in developing their code.

ACTION: The CAS Administrative Board discussed thoroughly the letter from Congressman Rogers and the nature of the response the AAMC should make. The general consensus of the Board was that investigators have a responsibility to report research findings to the Company under which they have a contract; however, it was felt that academic medical centers and their faculties should not enter into contracts or agreements to conduct research if there are limitations set on the publication of the results of such research beyond a reasonable time. In addition, the Board agreed that institutions should be urged to develop their own suitable code of ethics governing the terms and conditions under which research is conducted. The Board also suggested that every contract for testing of any substance should be registered with the EPA and the results ultimately reported by EPA.

N. Cost Containment Program of the National Steering Committee on Voluntary Cost Containment

Dr. Bentley joined the CAS Board for a background report and discussion of the issues involved in the recommendation proposed by the National Steering Committee in their fifteen point program for hospital cost containment. Dr. Bentley expressed the view of staff that the Association should endorse the program in general, if a program of voluntary cost containment can be supported; however, specific issues such as health manpower costs should be addressed. Dr. Brown commented that it was reasonable to cooperate with a voluntary cost containment program, but that the Association should be forthright in expressing feasible guidelines.

ACTION: The CAS Administrative Board approved the recommendations as outlined in the Executive Council Agenda, pages 62-64.

O. American College of Surgeon's Letter

Dr. Swanson summarized the history behind this letter, which included an earlier letter from the American College of Surgeons questioning the role of the LCGME and CCME in reviewing graduate medical education programs. The ACS was thought to have been pacified on the issue of separate staffing, but apparently this letter was sent because they felt that not enough progress had been made. The ACS does not seem to want to operate under the umbrella of the CMSS, which is their route into the LCGME.

ACTION: The CAS Administrative Board concurred with the recommendation that the Association suggest that the December 5, 1977 letter from the American College of Surgeons be presented by the CMSS representative to the LCGME for its consideration.

III. Discussion Items

1. Recommendations of the AMA Commission on the Cost of Medical Care

Dr. Bentley reviewed the recommendations of the AMA Commission and the background of these developments (Executive Council Agenda, pages 79-95). The staff is asking that the Boards review the document carefully and communicate any concerns to Dr. Bentley, who will be responsible for preparing a draft response for review at the March meetings. These recommendations are not an official AMA statement at this time, but they will be considered for endorsement at the AMA's June meeting. It was noted that recommendations 44 and 45 would be of particular interest to the AAMC in addition to those listed on page 79.

2. Application Process for Graduate Medical Education

Dr. Swanson reported on the deliberations by the task force appointed to review the application process. A Working Group on the Transition from Undergraduate to Graduate Medical Education (established by the Task Force on Graduate Medical Education) is expected to thoroughly explore the problems and feasible solutions in the GME application process. Dr. Petersdorf joined the CAS Board in a discussion of the issues and some possible solutions were offered, such as uniform application forms, date guidelines, and specified interview periods.

3. CAS Interim Meeting of January 18, 1978

Dr. Berne reported on the CAS Interim Meeting held the day before at AAMC Headquarters at which the primary objective was to gain input from members of CAS on the Biomedical Research Task Force paper. There was a great deal of active discussion and input and it was considered to be a very productive meeting. The representatives had obviously given the paper a great deal of thought and were interested in participating in its review. The Task Force will be meeting to prepare a final document for consideration at the March Executive Council meeting. The document is not intended for use solely as a set-piece for AAMC testimony, but rather as a base from which specific points for individual issues can be extracted.

4. Plans for a June Public Affairs Meeting

Tentative plans were made for another Interim Meeting to be held in June, the day of the Administrative Board meeting. A preliminary announcement will be sent to the CAS members.

The possibility of a legislative workshop similar to the one held in Palm Beach in 1976 was also discussed. The timing for this type of meeting would have to be scheduled around Congress in order to invite key staff as faculty for the workshop. Possible sites for the meeting will also have to be investigated.

5. CAS Services Program

Kat Dolan gave a brief status report on the Program. In addition to the APM, a consortia of three neurology societies has requested a limited service program for legislative tracking. A proposed letter of agreement has been forwarded to the consortia.

6. Response to Dr. Kennedy of the FDA

At the CAS Annual Meeting in November, Dr. Donald Kennedy of the FDA expressed his desire that the academic community and the Administration strengthen their relationship. Dr. Kennedy is generally felt to be a sincere, dynamic individual who is likely to be on the scene for a long time. It was suggested that Dr. Kennedy be asked what missions of the FDA he feels specifically fall within the realm of academic medical centers. It was further suggested that the possibility of having Dr. Kennedy meet with the CAS Board at its March meeting be explored.

7. Communication with CAS Members

Dr. Bishop raised a question regarding how the CAS Board could more effectively interact and communicate with member societies. Some suggestions for improving communications included having Board members be identified as a liaison for a certain number of societies each, distribute the Agenda for each Board meeting to CAS so that individuals interested in a specific issue could follow-up on that issue with their liaison Board member, and list the Board meeting dates in the CAS Directory.

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: Ms. Mignon Sample

NAME OF SOCIETY: Association of Academic Departments of Otolaryngology

MAILING ADDRESS: c/o James B. Snow, Jr., M.D.
3400 Spruce Street
Philadelphia, PA 19104

PURPOSE: To promote in cooperation with educational institutions, other educational associations, government agencies and other non-profit organizations the common interests of departments and divisions of otolaryngology in medical schools in the United States and elsewhere through publications, research and discussion of problems of mutual interest and concern. To further the efficient and effective operation of departments and divisions of otolaryngology for the benefit of faculty, students, and administrators.

MEMBERSHIP CRITERIA: SEE ATTACHED PAGE

NUMBER OF MEMBERS: 113

NUMBER OF FACULTY MEMBERS: 113

DATE ORGANIZED: January 10, 1977

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

May 10, 1977 1. Constitution & Bylaws

May 10, 1977 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

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MEMBERSHIP CRITERIA: Regular Members shall be educational institutions which include a medical school department of otolaryngology (or where there is no such department, a division or section in a medical school having interests, functions and purposes similar to departments of otolaryngology) and which are either (a) organizations exempt from Federal income taxation under Section 115(a) of the Internal Revenue Code of 1954 or (b) organizations exempt from Federal income tax under Section 501(a) as organizations described in Section 501(c)(3) which also are not private foundations under Section 509(a)(1), (2) or (3) of said Code (or the corresponding provisions of any future United States internal revenue law).

Associate Members shall be individuals and organizations having an interest in the purposes and activities of the Association. Associate Members shall not be eligible to vote and shall not be able to hold office in the Association.

QUESTIONNAIRE FOR TAX STATUS

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

 X 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?

 X 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.

James B. Snow, Jr.
(Completed by - please sign)

1-13-78
(Date)

POSSIBLE REVISION OF PAYBACK PROVISION
FOR RESEARCH TRAINING AWARDS

As members of the CAS Administrative Board are aware, the Association has been revising its biomedical and behavioral research policy since September, 1977. At that time an ad hoc Committee was convened to advise the AAMC on this policy. At the CAS interim meeting in January their draft statement was considered at length. Both the Committee and the CAS representatives expressed concern about the impact of the "payback" provision on research training, particularly in the clinical sciences.

It was hoped that the final draft research policy (which appears on the agenda at this meeting) would have been approved before Congressional hearings on research this Spring. However, on March 3 the House Subcommittee on Health and the Environment held hearings on expiring health research authorities. The AAMC, guided by the Committee's opinions and the strong opposition to payback voiced by CAS representatives, testified that payback was a detriment and that a fresh look at the problem should be taken by Congress. We recommended that alternates to payback be considered to assure that adequate numbers of research scientists were trained while preventing abuses of the system.

Congressman Maguire (D-N.J.) expressed interest in the proposal and wanted more details of such an alternate plan. The following is a possible plan on which advice of the Board is being sought:

(1) The payback provision (section 472(c)) for institutional training grant awards should be replaced by the following plan.

Discussion: As will become clear below, payback should continue to be required for direct fellowships since the alternative mechanism proposed below cannot be put in place for direct fellowships.

(a) The program director of each institutional training grant must choose trainees and their training curricula very carefully to assure that at least 50% of graduates of each program engage in research or teaching activities for a period at least equal to that for which federal research training support was received under NRSA. ("Research or teaching activities" are now defined in the laws as "health research or teaching or any combination thereof in accordance with usual patterns of academic employment" (sec. 472.(c)(1)(A)(i)).

Revision of Payback Provision
Page Two

(b) The program director of each institutional training grant shall furnish to the NIH on July 15 of each year the name, address and current activities (e.g., research, practice, teaching) of each program graduate for the previous 5 years.

(c) The NIH shall monitor very carefully the information furnished to it to assure that each program places at least 50% of its graduates on the average in research or teaching.

Discussion: The phrase "on the average" is intended to provide a buffer should a program fail to meet its goal in one year of a series.

(d) If a program fails to place at least 50% of trainees in research or teaching, NIH shall reduce the number of trainees supported for the remainder of the award period. The grant will not be renewed if the average number of graduates entering research or teaching for the life of the award is less than 50%.

(e) For new training grant awards only, the payback provision shall continue for the first three years of the award. Then the alternate proposal may be elected by the training program director.

PUBLIC AFFAIRS WORKSHOP

At the January meeting of the Administrative Board there was agreement that we should plan a legislative workshop for 1978. It is essential that such a workshop be held at a time when Congress is not in session so that we may obtain the services of key Congressional and Executive branch staffers as faculty. An assessment of the 1978 calendar suggests that the best time for such a workshop would be in conjunction with the AAMC Annual Meeting in New Orleans. New Orleans is a sufficiently attractive city that it should be possible to obtain participation of the invited faculty and, with a significant number of CAS societies already meeting at the Annual Meeting, the savings in money and time by avoiding travelling to a separate meeting could be attractive to potential participants. It is recommended that the legislative workshop be planned for October 25th and 26th. These dates are the Wednesday and Thursday of the Annual Meeting. The CAS Business Meeting will be on Monday afternoon and the major plenary sessions will be on Monday morning and Tuesday morning and afternoon. Those attending the workshop would be able to schedule their departure for Thursday afternoon.