



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

Washington Hilton Hotel

September 12, 1979

5:00 p.m.	Business Meeting	Edison Room
7:30 p.m.	Cocktails	Independence Room
8:15 p.m.	Dinner	Edison Room

September 13, 1979

9:00 a.m.	Business Meeting (Coffee and Danish)	Jackson Room
1:00 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon	Conservatory
2:30	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 12-13, 1979

I. Report of the Chairman

II. ACTION ITEMS

1. Approval of the Minutes of the June 13-14, 1979 CAS
Administrative Board Meeting 1
2. Election of CAS Member 9
3. Executive Council Action Items with Particular Emphasis on:
 - Final Report--Specialty Distribution Working Group 75
 - Final Report--Working Group on Quality 105
 - Final Report--Working Group on Financing (Separate Attachment)

III. DISCUSSION ITEMS

1. Executive Council Discussion Items with Particular Emphasis on:
 - Report of the Ad Hoc Committee on Clinical
Research Training 135
 - Health Sciences Promotion Act of 1979 149

IV. INFORMATION ITEMS

1. Minutes - CAS Nominating Committee 12
2. Executive Council Information Items with Particular Emphasis on:
 - AMA Reports I and JJ re: Accreditation of
Medical Education 201

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 13 - 14, 1979

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Thomas K. Oliver, Jr.
Chairman (Presiding)
F. Marian Bishop
David M. Brown
Carmine D. Clemente
Daniel X. Freedman
T. R. Johns
James B. Preston
Samuel O. Thier
Virginia V. Weldon
Frank C. Wilson, Jr.
Frank E. Young

Staff

Janet Bickel*
John A. D. Cooper*
James Erdmann*
Lynn Gumm
Thomas Kennedy*
Joseph Keyes*
Mary Littlemeyer*
Thomas Morgan
Diane Plumb
Emanuel Suter*
August Swanson
Xenia Tonesk*

ABSENT: Robert M. Berne
G. W. N. Eggers, Jr.

Guest: William D. Mayer

The CAS Administrative Board Business Meeting convened on June 13, 1979 at 5:00 pm. and adjourned at 6:30 pm. A joint boards social hour and dinner were held in honor of Dr. John A. D. Cooper's tenth anniversary as AAMC President. The Business Meeting reconvened at 9:00 am on June 14, 1979. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 1:00 pm.

*present for part of the meeting

I. Adoption of Minutes

The minutes of the March 28-29, 1979 CAS Administrative Board Meeting were approved without change.

II. Action Items

A. Membership Applications

- 1) At the March CAS Board Meeting, the application of the American Academy of Child Psychiatry was assigned to Drs. Johns and Freedman for review. After reviewing the application, both indicated their support for this society's membership in CAS.
- 2) At the March CAS Board Meeting, the application of the Society for Health and Human Values was assigned to Drs. Oliver and Bishop for review. In a letter of April 16, 1979 Dr. Oliver indicated his support for the society's membership in CAS as did Dr. Bishop in her letter of April 30, 1979.

ACTION:

The CAS Administrative Board voted to approve the applications of the American Academy of Child Psychiatry and the Society for Health and Human Values for membership in CAS.

B. Clinical Laboratory Improvement Act

Dr. Morgan provided background information on the Clinical Laboratory Improvement Act (CLIA) of 1979. He stated that on April 25, 1979, the AAMC had convened an ad hoc committee to study the legislation in an effort to determine the best policy for the Association to adopt regarding CLIA 1979. The recommendations which resulted from the Committee's deliberations were included in the Executive Council agenda for review and possible approval as the official AAMC position.

The ad hoc Committee's recommended position was that the AAMC not support the new CLIA bill for four basic reasons: 1) that DHEW already has sufficient authority to control fraud and abuse in disreputable clinical laboratories, 2) that the estimates of errors in clinical laboratories used to justify the legislation are probably erroneously high, 3) that significant improvement has voluntarily taken place in clinical laboratories in the past five years, and 4) that CLIA in its present form would require an enormous regulatory bureaucracy which would escalate the cost of health care rather than ensure improvement in clinical laboratories. In addition, it was felt that if blanket opposition to CLIA becomes a politically untenable position, the AAMC should have an alternate position to rely on if passage of CLIA appears imminent. The fallback position recommended by the Committee consisted of a list of 14 principles which were also included in the Executive Council agenda for review.

The recommendations of the ad hoc Committee were discussed and the reaction of the Board was favorable. The Board agreed that AAMC should oppose CLIA outright but should have an alternative position to work with in the event that CLIA is given serious consideration in the House.

ACTION: The CAS Administrative Board approved the recommendations of the AAMC ad hoc Committee on Clinical Laboratory Improvement.

C. CAS Representative to the AAMC Executive Council

Because the term of Dr. Daniel X. Freedman as CAS Representative to the Executive Council expires this year, the Board was asked to recommend to the Executive Council a successor for Dr. Freedman. The nominees for the position were Dr. F. Marian Bishop and Dr. David M. Brown, and the Board voted by written ballot.

ACTION: The board voted in favor of recommending Dr. Brown as the next CAS Representative to the Executive Council.

D. CAS Nominations for Distinguished Service Members

The Board reviewed the background material in the agenda which described the Distinguished Service membership criteria and recommended several possible actions the Board might take. The CAS had not favored the establishment of this category of membership in 1973 and had not nominated individuals to become Distinguished Service members since 1974. After discussion, the Board reached agreement to continue its moratorium on CAS nominations for Distinguished Service Members because of the perfunctory and inactive nature of this category of membership.

E. Final Report of the Working Group on National Standards Formulation and Accreditation

The Final Report of the Working Group on National Standards Formulation and Accreditation was included in the Executive Council agenda for action. Dr. Swanson reported that this Report as well as the other reports of the Task Force on Graduate Medical Education were scheduled to be considered by the Assembly in November. The Board reviewed the recommendations included in the Report and discussed the probability that the recommendations will be accepted by the LCGME and all of its parent organizations and eventually implemented. Dr. Swanson stated that if the proposed Revision of the General Requirements for Graduate Medical Education is accepted by the LCGME, that would pave the way for many of the recommendations of the Accreditation Working Group. Questions were raised about the consistency of the data included in the Report, and Dr. Swanson indicated that he would follow-up on the Board's concerns about specific citations.

ACTION: The CAS Administrative Board endorsed the Final Report of the Working Group on National Standards Formulation and Accreditation.

F. ATPM Legislative Proposal

Dr. Morgan briefly reviewed the Association of Teachers of Preventive Medicine's proposed changes to the next Health Manpower Act pertaining to Preventive and Community Medicine (Addendum 1). The present Health Manpower Act authorizes grants to Departments of Community and Preventive Medicine in Schools of Public Health, and ATPM is contending that the Departments of Community and Preventive Medicine in medical schools should be eligible for

these grants. The Board had reviewed the proposal briefly at the March meeting and had raised some questions about implications of the proposal for cooperative programs within medical schools between Departments of Preventive Medicine and other clinical departments. The Board's concerns were communicated to Dr. David Rabin, ATPM's Public Affairs Representative, and his letter of response to the Board's questions was circulated for review. Dr. Bishop stated that it was her understanding that both the American College of Preventive Medicine and the Association of Schools of Public Health were in support of the changes in the legislation. In view of this, and because Dr. Rabin's letter had favorably answered the concerns raised previously, it was the sense of the Board that the proposal should be supported.

ACTION: The CAS Administrative Board voted to endorse the Association of Teachers of Preventive Medicine's proposed changes in the next Health Manpower Act.

III. Discussion Items

A. Golden Fleece Award Suit

Dr. Bishop had requested that the Board discuss a suit now pending against Senator Proxmire brought by a researcher who had been given the dubious honor of receiving the Senator's Golden Fleece Award. The researcher, a psychologist by the name of Hutchinson, brought the suit on the grounds that his research had been impuned as a result of Proxmire's caustic remarks and allegations. A lower court ruled in Proxmire's favor, stating that because Hutchinson is receiving federal funds to support his research, he is a public figure and is therefore open to the criticism of Senator Proxmire or anyone else in the public or private sector. Mr. Keyes, AAMC Staff Counsel was present for this discussion and offered comments on this litigation. He indicated that the Supreme Court will probably uphold the lower Court's decision that Proxmire could not be sued for slanderous statements made on the floor of the Senate. He stated the opinion that Proxmire's immunity in this instance probably is justified by the right of an elected federal official to question the expenditure of federal funds. Mr. Keyes stated that whether Hutchinson is or is not a public figure because he has received federal funds is probably not the crucial legal question in this case. He noted that because of the complex issues associated with this case, it would be extremely difficult to predict the outcome of the Supreme Court's deliberations.

The Board discussed the issue at length and concurred that while they may not agree with the "public-figure" designation of a researcher supported by federal funds, they did agree that the validity and productivity of research is a subject open for comment and/or criticism by the public. Because of the complexities of the case and since the time for filing opinions with the Court had passed, the CAS Board decided not to take a position on the issue.

B. General Clinical Research Centers

Dr. Weldon had requested that trends in the General Clinical Research Center's Program be a topic for discussion by the CAS Administrative Board.

A GCRC Advisory Committee draft document entitled, "Long Range Plans for the General Clinical Research Centers Program, 1982-1987" was distributed to the Board members for review. Dr. Weldon gave background information on the program which was founded in 1959 as part of the Division of Research Resources of NIH. She stated that unfortunately the program's budget had declined substantially over the last ten years and in fact funded 690 research beds this year as opposed to over 11000 in 1969. The GCRC Advisory Committee was interested in bringing this matter to the attention of Dr. Fredrickson and in urging him to support a budget increase for the program at least commensurate with the rate of inflation. The Advisory Committee requested that the CAS Administrative Board bring the problem to the attention of the AAMC and request that a letter be written by Dr. Cooper to Dr. Fredrickson.

Problems related to GCRC funding were discussed as well as factors which may have contributed to a decline in support for the program at NIH. It was agreed that Dr. Oliver should bring this problem to the attention of the Executive Council and urge AAMC to communicate concerns about support of the GCRC program to Dr. Fredrickson.

C. Clinical Research Manpower

Dr. Morgan reported on the increasingly evident trend of reduced interest on the part of students and physicians to prepare for and pursue careers in clinical research and academic medicine. He stated that in May, 1979 Dr. James Wyngaarden, President of the Association of American Physicians, had reported data which documented this alarming trend. The Board discussed the data that is available in the area of clinical research manpower as well as probable causes and potential implications of the trend. This problem also came to the attention of the AAMC Assembly at the 1978 Annual Meeting when a resolution was introduced by OSR and subsequently adopted urging the development of more student research opportunities and more extensive announcement of available opportunities.

Dr. Morgan explained that this expression of concern over the decreasing number of physicians entering research prompted an AAMC survey of medical students at the regional spring meetings of the Group on Student Affairs. Basically, the survey was an effort to ascertain the extent of availability of research opportunities for medical students, the sources of funding for student laboratory projects, the availability of counselling for students considering research careers, and the attitudes of admissions committees and faculty towards students preparing for research careers as opposed to students preparing to pursue careers in primary care. The results of the survey were included in the Executive Council agenda for review. Dr. Morgan stated that the AAMC staff is in the process of developing recommendations based on the results of the survey for inclusion in the September Executive Council agenda.

The subject of student research opportunities prompted a broad discussion of the current state and the future of clinical research training and

manpower. Dr. Young described some preliminary efforts to bring this issue to the attention of Congress. Dr. Thier expressed the concern that efforts to address limited and singular aspects of the problem may be counter-productive in view of the magnitude and complexity of reasons for the decline in student and physician interest in research careers. The Board agreed that AAMC should begin to look at the total picture in order to design a strategy which might effectively reverse the current trends in clinical research manpower. There was agreement that the Executive Council should discuss this issue and recommend a course of action AAMC might take to address problems in the support of research experience and training at all levels along the continuum of medical education.

D. Clinical Evaluation Project

Dr. Xenia Tonesk was present to supply background information on the AAMC Clinical Evaluation Project which she is directing. The initial aim of the project was to collect information about the evaluation practices currently used to assess the performance of clerks rotating through core clerkships and, if possible, to identify and endorse the most effective method. The survey instrument was not a questionnaire but rather was an open-ended request for a copy of the evaluation form being used by each department and any comments or additional information which could be provided. The information was requested from Departments of Medicine, Pediatrics, Psychiatry, Surgery, Obstetrics and Gynecology, and Family Medicine. Dr. Tonesk stated that responses had been received from over 450 departments.

Dr. Tonesk stated that virtually all departments indicated dissatisfaction with present methods of evaluating clerks. The conclusion was also reached that the design of a universally superior evaluation form would not be feasible due to variations in specialties, locations, people evaluating the students, roles in which the students are cast, and unique goals of departments and schools. Prevalent complaints voiced by respondents included the lack of an adequate information base from which to judge students and the lack of familiarity with each student being evaluated.

Dr. Tonesk stated that the data collected will be analyzed further and a report of the findings and conclusions will be discussed at a special session at the Annual Meeting.

E. Health Sciences Promotion Act of 1979 - S.988

Dr. Morgan supplied background information on the Health Sciences Promotion Act of 1979. He explained that the bill was divided into three parts: Title I authorizes a "President's Council of the Health Sciences" which would annually develop a five-year health plan and a one-year budget for all the health sciences within the purview of DHEW; Title II enshrines each of the National Institutes of Health in statute and also modifies language in Title IV of the PHS which contains the statutory base for most of the Institutes; Title III authorizes the Director of NIH to experiment with possible means of reducing the paperwork now inherent in applying for and administering research grants.

Dr. Morgan stated that while the bill's intention to provide more advice and information about the health sciences to Congress is praiseworthy, the suggested means certainly elicit mixed feelings. He stated that both NIH and DHEW officials have serious concerns about the bill. The AAMC is opposed to certain provisions of the bill included in Titles I and II but supports the reduction of paperwork advocated in Title III. Dr. Richard S. Ross testified on behalf of AAMC before Senator Kennedy's Subcommittee and outlined a number of concerns with this legislation. One of the main contentions in Dr. Ross' testimony was the inclusion of sunset provisions which would automatically terminate the authority for most of the Institutes in 1983. Dr. Morgan stated that the future course of this legislation is unknown but that all members of the biomedical research community should continue to observe the bill closely.

F. CAS Annual Meeting

The arrangements for the CAS Annual Meeting which were agreed upon at the March Board meeting have been made and were again discussed. The tentative plan is to hold a plenary session on November 4 followed by group discussions. Cocktails and dinner are planned for Sunday evening outside the hotel if staff can identify a restaurant capable of accommodating the entire group.

The Board discussed topics for the discussion groups and agreed that the following topics would be most desirable:

- Competency Testing
- The Decline in Clinical Researchers
- Accreditation of Graduate Medical Education Programs
- Specialty Distribution
- Research Support Strategies

The CAS Business Meeting is scheduled for Monday, November 5 following the usual format of a meeting from 1:30-5:00 p.m. and a speaker from 5:00-6:00 p.m. Possible speakers for Monday evening were briefly discussed.

G. Review of AAMC Position on Health Planning Legislation

Dr. Cooper reported that during a discussion at the Council of Deans Spring Meeting, several questions were raised regarding the AAMC's position on the health planning legislation. A summary of the AAMC position on health planning and the comments and concerns of Dr. Robert Stone, who had initiated the Spring Meeting discussion, were summarized in the Executive Council agenda. The CAS Board felt that many of the concerns with health planning legislation which were articulated by Dr. Stone were valid but that total opposition to health planning legislation would be an unrealistic and unwise position for the Association to take. The Board suggested that AAMC conduct a survey of deans and other medical school officials who interact with HSAs to determine whether inadequate and incompetent staffing of HSAs is a universal phenomenon since it was felt that poor HSA staffing may be the cause of many problems medical schools encounter in connection with health planning.

H. Report of the Ad Hoc Committee on Continuing Medical Education

Dr. William Mayer, Chairman of the Ad Hoc Committee on Continuing Medical Education, was present to discuss the Committee's Report. He noted that

the Report which appeared in the Executive Council agenda was still undergoing modification by the Committee and that the CAS Board was being asked to approve the Report in principle. He indicated that a final Report would be submitted to the Executive Council in September. The Board discussed at length the various complex issues related to continuing medical education which were addressed in the Ad Hoc Committee's Report. The Board commented specifically on the importance of upgrading the planning effort in continuing medical education so that, at the very least, all continuing education courses would be registered with a central data base. It was acknowledged that this is an area of increasing importance to AAMC in terms of quality control and effective utilization of resources.

ACTION: The CAS Board endorsed in principle the Report of the Ad Hoc Committee on Continuing Medical Education with the understanding that a final report would be submitted for review at a future meeting.

I. Educational Commission for Foreign Medical Graduates

Dr. Suter reviewed the recommended AAMC position on the present activities and future directions of the ECFMG. He reported that there was some sentiment among members of the ECFMG Board of Trustees in favor of working for specific changes in legislation dealing with the criteria for the admission into the U.S. of foreign medical graduates. The CAS Board agreed with the recommended position that legislative activity of this type would be inappropriate for the ECFMG to undertake. The Board supported the position statement but requested that the reference to the Senate Subcommittee on Health and Scientific Research in the background statement be amended to refer to the Committee Report on P.L. 94-484.

ACTION: The CAS Board endorsed the recommended position statement on the Educational Commission for Foreign Medical Graduates.

IV. The CAS Administrative Board adjourned at 1:00 p.m.

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. Lynn Gumm

NAME OF SOCIETY: Association of Departments of Family Medicine

MAILING ADDRESS: %Williams Myers and Quiggle
888 17th Street, NW
Washington, DC 20006

PURPOSE: Promote, in cooperation with educational institutions, other educational associations, government agencies, and other non-profit organizations, the common interests of department of family medicine in medical schools and teaching hospitals (or when there is no such department, a division or section in a medical school or teaching hospital having interests, functions and purposes similar to departments of family medicine) located in the United States and elsewhere, through publications, research and discussion of problems of mutual interest and concern, and to further the efficient and effective operation of departments, divisions and sections of family medicine for the benefit of faculty, students and administrators.

MEMBERSHIP CRITERIA: Regular members shall be educational institutions (which includes a medical school or teaching hospital department, division or section family medicine) which are either (a) organizations exempt from Federal income taxation under Section 115(a) of the Internal Revenue Code of 1954 or (b) organizations described in section (over)

NUMBER OF MEMBERS: approximately 70

NUMBER OF FACULTY MEMBERS: Same

DATE ORGANIZED: May 1978

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

X May 1978 1. Constitution & Bylaws

x 10/25/78 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

Members Criteria (cont): 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).

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.

David C. Young, Jr.
(Completed by - please sign)

 June 4, 1979
(Date)

MINUTES
NOMINATING COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES

June 13, 1979

PRESENT: Committee Members

Staff

Thomas K. Oliver, Jr., M.D.,
Chairman, Presiding
Philip C. Anderson, M.D. *
Carmine D. Clemente, Ph.D.
David H. Cohen, Ph.D.
William F. Ganong, M.D. *

Lynn Gumm

ABSENT: Daniel D. Federman, M.D.
Frank C. Wilson, Jr., M.D.

The CAS Nominating Committee met in Washington, D.C. on June 13, 1979 to select the slate to be presented at the fall CAS Business Meeting. Prior to the meeting, background materials had been circulated for review by the members.

As a result of the normal rotation of Board members, one basic and two clinical science positions will become vacant and the Chairman-Elect position is to be filled by a clinical scientist. In addition, the position left open by the resignation of Dr. Frank Young is to be filled by a basic scientist. It was the consensus of the Committee that nominees for Chairman-Elect should be individuals currently or previously on the CAS Administrative Board as it was felt that experience in CAS/AAMC activities was a prerequisite for this position.

Potential nominees were chosen from among the official representatives of the 67 member societies. They were nominated on the basis of their stature and the evidence of their interest in the activities of the Council of Academic Societies. In addition, a substantial amount of effort was made toward maintaining a broad representation of disciplines on the Board.

* participated by conference call

For each vacancy to be filled, one individual was designated with one or more alternates in the event that they are needed. The slate developed and the alternates considered are as follows:

CHAIRMAN-ELECT

Daniel X. Freedman, M.D., American Association of Chairmen of Departments of Psychiatry, Chicago, Illinois

Alternate:

Samuel O. Thier, M.D., Association of Professors of Medicine, New Haven, Connecticut

BASIC SCIENCES

Lowell M. Greenbaum, Ph.D., American Society for Pharmacology and Experimental Therapeutics, Augusta, Georgia

Alternate:

William F. Ganong, M.D., Association of Chairmen of Departments of Physiology, San Francisco, California

To complete the term of Dr. Frank Young:

Robert L. Hill, Ph.D., Association of Medical School Departments of Biochemistry, Durham, North Carolina

Alternate:

Robert M. Bock, Ph.D., American Society of Biological Chemists, Madison, Wisconsin

CLINICAL SCIENCES

Frank C. Wilson, Jr., M.D., American Academy of Orthopaedic Surgeons, Chapel Hill, North Carolina

Lloyd H. Smith, Jr., M.D., Association of Professors of Medicine, San Francisco, California

Alternates:

Joseph E. Johnson, III, M.D., Association of Professors of Medicine, Winston-Salem, North Carolina

Frank P. Brooks, M.D., American Gastroenterological Association, Philadelphia, Pennsylvania

Minutes - CAS Nominating Committee
Page Three - June 13, 1979

Suzanne Oparil, M.D., American Federation for Clinical Research,
Birmingham, Alabama

Before the nominations can be made final, the willingness of the potential nominees to serve must be determined. It is also important to ensure that the academic society involved will agree that, for the duration of the individual's term of office on the CAS Board, he or she will continue to serve as an official representative of the society.

As its final order of business, the CAS Nominating Committee recommended that Dr. Julius R. Krevans, Dean of the University of California, San Francisco School of Medicine, be nominated for Chairman-Elect of the Assembly.