



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

Washington Hilton Hotel

January 23, 1980

5:00 p.m.	Business Meeting	Hamilton Room
7:30 p.m.	Cocktails	Grant Room
8:15 p.m.	Dinner	Hamilton Room

January 24, 1980

9:00 a.m.	Business Meeting (Coffee and Danish)	Independence Room
12:30 p.m.	Joint CAS/COD/COTH/OSR Administrative Boards Luncheon	Map Room
1:30 p.m.	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 23 - 24, 1980

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MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 12-13, 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
G.W.N. Eggers, Jr.
Daniel X. Freedman
T.R. Johns
James B. Preston
Samuel O. Thier
Virginia V. Weldon
Frank C. Wilson

Staff

Martha Anderson*
John A. D. Cooper*
James B. Erdmann*
Lynn Gumm
Paul Jolly*
Thomas Kennedy*
Thomas Morgan
Diane Plumb
John Sherman*
Emanuel Suter*
August Swanson

ABSENT: Robert M. Berne

Guests: Spencer Foreman
William D. Mayer
Richard S. Wilbur

The CAS Administrative Board Business Meeting convened on September 12, 1979 at 5:00 p.m. and adjourned at 7:30 p.m. A social hour was followed by dinner at 8:15 p.m. The meeting reconvened at 8:00 a.m. on September 13, 1979. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 1:00 p.m.

*present for part of the meeting

I. Adoption of Minutes

The minutes of the June 13-14, 1979 CAS Administrative Board Meeting were approved without change.

II. Action Items - CAS Administrative Board

A. Membership Applications

- 1) The application of the Association of Program Directors in Internal Medicine for membership in CAS had been assigned to Drs. Thier and Oliver for review. Dr. Thier provided information about the membership and activities of the organization, and both he and Dr. Oliver indicated their support for this society's membership in CAS.
- 2) At the June Board meeting, the application of the Association of Departments of Family Medicine was assigned to Drs. Thier and Bishop for review. Dr. Thier reported that he and Dr. Bishop had discussed the application and had agreed that the purpose and interests of the organization were consistent with those of CAS societies. However, the fact that their bylaws had not been officially approved and that they had not yet held a formal meeting or program prompted Drs. Thier and Bishop to recommend a temporary deferral of the application. Dr. Thier indicated that when these two requirements had been met, he would strongly support this society's membership in CAS, and Dr. Bishop voiced concurrence.

ACTION:

The CAS Administrative Board voted to approve the application of the Association of Program Directors in Internal Medicine. The Board also voted to defer the application of the Association of Departments of Family Medicine until the bylaws of the organization had been officially approved and a formal meeting or program had been held.

III. Action Items - Executive Council

A. Reports of the Working Groups of the Task Force on Graduate Medical Education

1) Final Report of the Working Group on Specialty Distribution

The Final Report of the Working Group on Specialty Distribution was included in the Executive Council agenda for action. Dr. Spencer Foreman, Executive Vice President of Sinai Hospital in Baltimore and a member of the Working Group, was present to discuss the report. Dr. Foreman reviewed the recommendations made in the report with particular emphasis on Goal 3 which suggests that academic medical centers should adapt the type and size of their graduate medical education programs to national, regional, and local physician manpower needs. It is suggested that third-party payers and government agencies assist in this process by developing reimbursement

policies consistent with the higher costs which will result from employing trained physicians to replace trainees. In this way, it is hoped that the oversupply in certain specialties will be reduced without jeopardizing the service needs of institutions. Other aspects of the report were discussed, and it was suggested that some acknowledgement should be made of the changes already being made by institutions in these directions. However, the Board agreed that the paper's main emphasis should remain on the possibilities for future improvement.

ACTION: The CAS Administrative Board endorsed in principle the Report of the Working Group on Specialty Distribution of the AAMC Task Force on Graduate Medical Education.

2) Final Report of the Working Group on Quality

Dr. Martha Anderson, staff to the Task Force, was present to provide background information and to discuss the recommendations of the Working Group on Quality. Dr. Anderson stated that the Working Group had attempted to take a broad view of issues related to maintaining and promoting quality by concentrating on the generic issue of quality in all graduate training programs rather than on specific specialties or on isolated segments of graduate medical education. The primary thrust of the Working Group's Report is the establishment of internal rather than external control of quality. During discussion of the mechanisms suggested for ensuring quality at the local institutional level, Dr. Thier expressed concern about the proliferation of review mechanisms. He stated that program directors and institutions are already over-extended in this regard, and the superimposition of yet another structure for reviewing the programs will create an enormous burden for individuals responsible for graduate medical education. Dr. Anderson stated that the Working Group's recommendations were not intended to impose additional, rigid requirements on institutions which have already assumed responsibility for the maintenance and promotion of quality and which already have mechanisms for internal quality control in place.

ACTION: The CAS Board endorsed in principle the Report of the Working Group on Quality of the AAMC Task Force on Graduate Medical Education.

3) Final Report of the Working Group on Financing

Dr. Swanson provided background information on the Report of the Working Group on Financing of the AAMC Task Force on Graduate Medical Education. He summarized the effort as a two part statement regarding the financing of graduate medical education: first, that financing of graduate medical education programs should continue to be tied to reimbursement for health services performed in teaching settings; second, that justification for third-party financing of graduate medical education is its absolute essentiality as a phase of medical education. Dr. Swanson stated that the Working Group concluded that justification of third-party support for Graduate Medical Education as a means of providing low-cost service

is an incorrect approach which should be avoided. Several board members took issue with this concept stating that they questioned the advisability of underplaying the housestaff service role. It was felt that third-party payers may not continue to finance graduate medical education sheerly on the basis of fulfilling their responsibility for making a national investment in medical education. There was also some disagreement as to whether or not a clinic manned by residents does provide as much patient care per unit of time as non-teaching clinics. However, it was felt that the expenditure of any additional time or money where residents were involved should be viewed as a justifiable educational expense. Dr. Swanson stated that he would certainly bring these suggestions and concerns to the attention of the Task Force before the full report is submitted to the Assembly.

During discussion of the Financing Report, concern was raised about the timetable for further review and approval of the Graduate Medical Education Task Force Report. Several board members expressed uneasiness about whether the specific concerns raised about individual Working Group Reports at this meeting would be addressed before the document as a whole is discussed by the Assembly in November. It was also pointed out that the CAS Board has reviewed each segment of the Task Force Report over the past two years, but that it is difficult to evaluate the entire compiled Report in this manner. It was agreed that the Council as a whole should be encouraged to review carefully the full Task Force Report in preparation for the Assembly discussion and to offer final input at that time.

ACTION:

The CAS Administrative Board endorsed in principle the Report of the Working Group on Financing pending clarification of the concerns expressed during its discussion of the Report.

B. Medical Sciences Knowledge Profile

Dr. James Erdmann of the AAMC staff was present to provide background information on the development of the Medical Sciences Knowledge Profile (MSKP). Dr. Erdmann explained that the proposal for this new exam arose from concern over two problems. First, the National Board of Medical Examiners had been concerned about the use of its three-part examination for purposes of evaluating students transferring from foreign medical schools. As a result, the NBME decided to allow only students matriculated in medical schools accredited by the LCME to take Part I of its exam. Second, the AAMC has been reevaluating the COTRANS program because concerns had been raised that it was possibly encouraging students to go abroad on the assumption that through COTRANS they would have a reasonable chance of transferring back to a U.S. school to finish their education. Through discussions with the NBME, the concept of MSKP was developed.

Dr. Erdmann explained that the exam will consist of questions in the same areas now covered by NBME Part I. In addition, a special section will be developed for those who have completed courses in the introduction to clinical diagnosis. Dr. Erdmann stated that there will be a

score for each area, but no average or passing score will be established. Scores will be sent directly to the students and verification of scores will be obtainable from the NBME on request. The test will be sponsored by AAMC, developed and administered by NBME, and open to any U.S. citizen or permanent resident alien. This profile can be used by faculties to assess the knowledge of students in the basic sciences but with the desired disassociation from the certification process. The Board briefly discussed the proposed new testing program and agreed that it would not only be a viable alternative to but also an improvement over COTRANS and would eliminate the current misuse of NBME Part I for purposes of evaluation.

ACTION: The CAS Administrative Board voted to approve the substitution of the MSKP Program for COTRANS and authorized beginning its implementation in 1980.

C. Final Report of the Ad Hoc Committee on Continuing Medical Education

Dr. William Mayer, Chairman of the AAMC Ad Hoc Committee on Continuing Medical Education, was present to discuss the committee's final report. He stated that the Committee had rewritten their preliminary report which he had presented at the June Board meeting to incorporate the changes suggested at those meetings. In June, the Councils had suggested that 1) the report should be more specific about the linkage between continuing medical education and the provision of care, 2) it should make a broader statement regarding the financing of continuing medical education and the funding of research and development, and 3) the specific recommendations of the report should be presented in a more explicit fashion. Dr. Mayer stated that he had taken these suggestions back to the committee which deliberated over them and produced this final report. The Board was satisfied that the desired changes had been made and supported the final report.

ACTION: The CAS Administrative Board endorsed the Final Report of the Ad Hoc Committee on Continuing Medical Education.

D. Liaison Committee on Continuing Medical Education

Dr. Richard Wilbur, Executive Vice President of the Council of Medical Specialty Societies, and Dr. Emanuel Suter of the AAMC staff were present to discuss various issues related to the continuing operation of the LCCME following the AMA's withdrawal. Background information was provided on the probable reasons for the AMA's withdrawal from LCCME, and implications for the future accreditation of continuing medical education were discussed. Concern was expressed by several board members about whether this development would set a precedent for the future withdrawal of AMA from the LCCME. There was consensus that LCCME should continue to function as the accrediting agency for continuing medical education, and several actions were taken with regard to the future operation of LCCME.

ACTION: The CAS Administrative Board endorsed the following policy regarding LCCME:

1. The LCCME should continue as a coordinating and accrediting agency for continuing medical education and should undertake

the necessary reorganization and consider appropriate revision of its membership.

2. The LCCME should develop an accreditation system commensurate with the unique characteristics of continuing medical education and particularly its national, regional and statewide organization.
3. The LCCME should develop a plan for staffing and financing its operations with the understanding that the review system should become financially self-supporting.
4. The CMSS should provide at cost staffing and secretarial services for the LCCME.
5. Each of the parent bodies should contribute \$5,000 per seat to the LCCME in order to establish a working capital.

IV. Discussion Items

A. Report of the Ad Hoc Committee on Clinical Research Manpower

Dr. Thier, Chairman of the Ad Hoc Committee on Clinical Research Manpower, reviewed with the CAS Board the data which substantiates the decline in clinical research manpower, the probable reasons for the decline, and the implications of this situation. He stated that the two problem areas where future clinical researchers are lost and which the Committee identified as having the most potential for change were the medical student phase and the fellowship phase. The CAS Board agreed with this assessment and stressed that medical schools must begin to examine closely the educational environment, faculty attitudes, and curriculum to foster continuing interest in research among those students who have the initial interest and talent for careers in clinical research. The Ad Hoc Committee had concluded and the CAS Board agreed that there are numerous, complex reasons for the dearth of students, graduate physicians, and faculty members who are pursuing clinical research. It was stressed that a broad, concerted approach must be taken by the AAMC, the medical schools, the academic societies, the federal government, and private foundations in order to address this problem effectively. The CAS Board discussed at some length the payback provision and agreed that although it may not be a strong disincentive to pursuit of a research career, it is certainly not an incentive and must be reexamined in view of the current and projected shortage in this area. The CAS Board agreed that the optimal solution would be to eliminate payback entirely for M.D. research trainees. If this is unacceptable to Congress because of their continuing desire to demand some form of accountability, an alternative approach could be suggested whereby the onus is placed on program directors to produce a reasonable number of trainees who actually pursue research careers or forfeit federal support.

The CAS Board supported the Report of the Ad Hoc Committee on Clinical Research Manpower. There was consensus that the problems outlined in the Report and the recommendations for action by all involved organizations and entities should receive very careful attention by the AAMC.

B. Health Sciences Promotion Act of 1979

Dr. Thomas Kennedy of the AAMC staff was present for the discussion of S.988--the Health Sciences Promotion Act of 1979. He and Dr. Morgan provided background information on the bill and the Board also reviewed a staff analysis of the bill which was included in the Executive Council agenda. It was suggested that this analysis be included in the materials for the Research Resource Strategies Workshop at the Fall meeting. Dr. Kennedy stated that Titles II and III of the bill seemed basically acceptable but that Title I, which would establish a "President's Council of the Health Sciences" to develop annually a five-year health plan and a one-year budget for all the health sciences within the purview of DHEW, was seriously flawed. The Board discussed in detail the ramifications of Title I and the problems of dealing with it politically. It was agreed that the AAMC's approach should be to encourage modification of Title I rather than to oppose the entire bill, as the latter might be misconstrued as opposition to the "promotion of health sciences." It was suggested that Senator Kennedy's staff be approached to ascertain how receptive they might be to suggested modifications. If they seem seriously interested in receiving input from the AAMC, the Board agreed that a committee should be formed or that the standing Ad Hoc Committee on Biomedical Research should be charged with further analyzing the bill and developing an alternative proposal, primarily to Title I.

C. CAS Fall Meeting Plans

Ms. Plumb reported on the plans for the CAS Annual Meeting in November. She briefly outlined the schedule for the plenary session and small group discussions on Sunday, November 4 and the topics for the small groups were again discussed. She stated that a CAS dinner had been planned for Sunday night at a restaurant in the Washington area. The plans for the CAS Business Meeting on Monday, November 5 were briefly discussed, and Ms. Plumb stated that Dr. Gerald Klerman, Director of the Alcohol, Drug Abuse, and Mental Health Administration, had agreed to speak immediately after the Business Meeting. Ms. Plumb also mentioned that a breakfast would be held for the presidents of societies meeting in conjunction with the Annual Meeting on Tuesday morning and encouraged board members to attend if at all possible.

D. Clinical Laboratory Improvement Act

Ms. Plumb provided a brief report on the status of current clinical laboratory bills pending in both the House and Senate. The Board discussed the numerous problems posed by these bills for laboratories in academic medical centers and requested that they be kept informed of the status of CLIA legislation.

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

1980 CAS NOMINATING COMMITTEE

CAS Bylaws - Section V. Committees

1. The Nominating Committee shall be comprised of seven members. The Chairman of the Administrative Board shall be the Chairman of the Nominating Committee and shall vote in the case of a tie. Six individuals (three basic science and three clinical science) shall be appointed by the CAS Administrative Board from among representatives of the member societies. Not more than one representative may be appointed from a society and not more than two members may be current members of the Administrative Board. The Nominating Committee shall meet to select a slate of officers prior to June 1st of the year of the election. The Nominating Committee shall nominate not more than two individuals for each office. The Committee will also recommend to the AAMC Nominating Committee candidates for the Association of American Medical Colleges Chairman-Elect.

On the following pages is a current list of CAS Representatives.

BASIC SCIENCES

ANATOMY

American Association of Anatomists
Berta V. Scharrer, Ph.D.
Carmine D. Clemente, Ph.D.
John E. Pauly, Ph.D. (PAR)
Association of Anatomy Chairmen
Dr. Robert D. Yates
Dr. Bryce L. Munger (PAR & Rep)

BEHAVIORAL SCIENCE

Assoc. for Behavioral Sci. & Med. Education
Shirley Nickols Fahey, Ph.D.
Evan G. Pattishall, Jr., M.D. (PAR & Rep)

BIOLOGICAL CHEMISTS

American Society of Biological Chemists, Inc.
Robert E. Olson, M.D.
Dr. Mary Ellen Jones
Dr. Robert M. Bock (PAR)
Assoc. of Med. School Depts. of Biochemistry
Dr. Robert L. Hill
Dr. Harry Rudney
Dr. Eugene Davidson (PAR)

MICROBIOLOGY

Assoc. of Med. School Microbiology Chairmen
William D. Sawyer, M.D.
Kenneth I. Berns, M.D., Ph.D. (PAR)

NEUROSCIENCE

Society for Neuroscience
Dr. Solomon Snyder
Dr. David H. Cohen (PAR & Rep)

PHARMACOLOGY

American Soc. for Clin. Pharm. & Therapeutics
George N. Agaard, M.D.
Arthur H. Hayes, Jr., M.D.
Assoc. for Medical School Pharmacology
Dr. James W. Fisher
Dr. Joel Hardman
Dr. Joseph R. Bianchine (PAR)
Amer. Soc. for Pharm. & Experimental Therapeutics
Dr. Jean McE. Marshall
Dr. Akira E. Takemori
Dr. Lowell M. Greenbaum (PAR)

PHYSIOLOGY

American Physiological Society
Robert M. Berne, M.D.
Franklyn G. Knox, M.D., Ph.D.
Brian Curtis, Ph.D. (PAR)
Assoc. of Chairmen of Depts. of Physiology
Dr. James B. Preston
Dr. William F. Ganong
Dr. Robert K. Crane (PAR)

PREVENTIVE MEDICINE

Assoc. of Teachers of Preventive Medicine
Robert L. Berg, M.D.
Steven Jonas, M.D.
David L. Rabin, M.D. (PAR)

SOCIETY FOR HEALTH AND HUMAN VALUES

Joseph M. White, M.D.
Larry R. Churchill, Ph.D.

PATHOLOGY & CLINICAL LABORATORIES

Amer. Society of Clinical Pathologists

John Bernard Henry, M.D.
Joseph H. Keffer, M.D.
John L. Mormoyle (PAR)
Assoc. of Pathology Chairmen, Inc.
Paul E. Lacy, M.D.
Werner H. Kirsten, M.D.
Rolla B. Hill, M.D. (PAR)
Academy of Clin. Lab. Physicians & Scientists
Alfred Zettner, M.D.
David M. Brown, M.D. (PAR & Rep)

CLINICAL SCIENCES

MEDICAL DISCIPLINES

ALLERGY

American Academy of Allergy
Oscar L. Frick, M.D.
Paul P. Vanarsdel, Jr., M.D.
William A. Howard, M.D. (PAR)

DERMATOLOGY

Phillip C. Anderson, M.D.
Dorinda Loeffel, M.D.
Peyton E. Weary, M.D. (PAR)

ENDOCRINOLOGY

Endocrine Society
Dr. Jo Anne Brasel
Dr. Ernst Knobil
Virginia V. Weldon, M.D. (PAR)

FAMILY MEDICINE

Soc. of Teachers of Family Medicine
F. Marian Bishop, Ph.D.
Frank C. Snope, M.D.
William J. Kane, M.D. (PAR)

INTERNAL MEDICINE

American College of Physicians
Daniel D. Federman, M.D.
David M. Kipnis, M.D.
Association of American Physicians
Leighton E. Cluff, M.D.
A. Jay Bollet, M.D.
Oscar D. Ratnoff, M.D. (PAR)
Association of Professors of Medicine
Alvin R. Tarlov, M.D.
David H. Solomon, M.D.
Joseph E. Johnson, III, M.D. (PAR)
American Gastroenterological Association
Frank P. Brooks, M.D.
Thomas R. Hendrix, M.D.
Association of Program Directors in Internal Med.
David Grob, M.D.
James Curtin, M.D. (PAR & Rep)
American Society of Hematology
Dr. Ralph O. Wallerstein

NEUROLOGY

American Academy of Neurology
T. R. Johns, M.D.
Jerry G. Chutkow, M.D.
John F. Aita, M.D. (PAR)
American Neurological Association
T. R. Johns, M.D.
Frank Yatsu, M.D.
Jack P. Whisnant, M.D. (PAR)
Assoc. of Univ. Professors of Neurology
William M. Landau, M.D.
Lewis P. Rowland, M.D. (PAR & Rep)

PEDIATRICS

American Pediatric Society
Dr. Marvin Cornblath
Dr. Jo Anne Brasel
Assoc. of Med. Sch. Pediatric Dept. Chairmen
Thomas K. Oliver, M.D. (PAR & Rep)
Samuel L. Katz, M.D.

PHYSIATRY

Association of Academic Physiatrists
Alicia Hastings, M.D.
Ian MacLean, M.D.

PSYCHIATRY

American Academy of Child Psychiatry
Robert L. Stubblefield, M.D.
Virginia Q. Bausch
Amer. Assoc. of Chairmen of Depts. of Psychiatry
Daniel X. Freedman, M.D.
Keith Brodie, M.D.
Paul Jay Fink, M.D. (PAR)
Association for Academic Psychiatry
Dr. Layton McCurdy
Paul Jay Fink, M.D.
Thomas G. Webster, M.D. (PAR)

OBSTETRICS AND GYNECOLOGY

Amer. College of Obstetricians & Gynecologists
Martin L. Stone, M.D.
Warren H. Pearce, M.D. (PAR & Rep)
Assoc. of Professors of Gynecology & Obstetrics
Paul D. Bruns, M.D.
Allan B. Weingold, M.D. (PAR & Rep)

SURGICAL DISCIPLINES

GENERAL SURGERY

American Surgical Association
J.W. Cole, M.D.
Association for Academic Surgery
Patricia Numann, M.D.
Wallace P. Ritchie, M.D.
Everett V. Sugarbaker, M.D. (PAR)
Soc. for Surgery of the Alimentary Tract, Inc.
Keith A. Kelly, M.D.
John R. Brooks, M.D.
Paul H. Jordan, Jr., M.D. (PAR)
Society of Surgical Chairmen
Dr. Frank Moody
Dr. David B. Skinner
Society of University Surgeons
Norman M. Rich, M.D.
Wallace P. Ritchie, Jr., M.D.
Bernard M. Jaffe, M.D. (PAR)

NEUROSURGERY

American Assoc. of Neurological Surgeons
Hugo Rizzoli, M.D.
John Shillito, M.D.
Charles Plante (PAR)

OPHTHALMOLOGY

American Academy of Ophthalmology
Joel G. Sacks, M.D.
David J. Noonan (PAR)
Assoc. of Univ. Professors of Ophthalmology
Herbert E. Kaufman, M.D. (PAR & Rep)
Frederick C. Blodi, M.D.

ORTHOPAEDICS

American Academy of Orthopaedic Surgeons
Frank C. Wilson, Jr., M.D.
Charles V. Heck, M.D.
John J. Gartland, M.D. (PAR)
Association of Orthopaedic Chairmen
Donald B. Kettelkamp, M.D.
Warren Stamp, M.D. (PAR & Rep)

OTOLARYNGOLOGY

American Academy of Otolaryngology
Charles J. Krause, M.D.
Harold Vig (PAR)
Assoc. of Academic Depts of Otolaryngology
Robert I. Kohut, M.D.
Robert Cantrell, M.D.
George A. Sisson, M.D. (PAR)
Society of University Otolaryngologists
M. Stuart Strong, M.D.
George Gates, M.D.
Rober Boles, M.D. (PAR)

PLASTIC SURGERY

American Assoc. of Plastic Surgeons
Milton T. Edgerton, M.D.
Robert L. Harding, M.D.
Robert M. Woolf, M.D. (PAR)
Educational Found. of the American Soc. of
Plastic and Reconstructive Surgeons, Inc.
Stephen H. Miller, M.D.
Lois M. Vistnes, M.D.
John B. Lynch, M.D. (PAR)

THORACIC SURGERY

Amer. Assoc. for Thoracic Surgery
Clarence S. Weldon, M.D.
Judson Randolph, M.D.
William T. Maloney (PAR)
Thoracic Surgery Directors Assoc.
Benson R. Wilcox, M.D. (PAR & Rep)

UROLOGY

American Urological Association
Harry C. Miller, M.D. (PAR & Rep)
Soc. of University Urologists
James F. Glenn, M.D.
William L. Parry, M.D.
Robert K. Rhamy, M.D. (PAR)

ANESTHESIOLOGY

Assoc. of University Anesthetists
Nicholas Greene, M.D. (PAR & Rep)
C. Philip Larson, Jr., M.D.
Soc. of Academic Anesthesia Chairmen, Inc.
S. Craighead Alexander, M.D.
Kenneth Sugioka, M.D. (PAR & Rep)

EMERGENCY AND CRITICAL CARE

Society of Critical Care Medicine
Henning Pontoppidan, M.D.
Solomon G. Hershey, M.D. (PAR & Rep)
Society of Teachers of Emergency Medicine
Harvey W. Meislin, M.D.
G. Richard Braen, M.D.
Peter B. Collis, M.D. (PAR)

RADIOLOGY

Association of University Radiologists
Henry Goldberg, M.D.
Lee F. Rogers, M.D.
Mark Mishkin, M.D. (PAR)
Soc. of Chairmen of Academic Radiology Depts.
Harold G. Jacobson, M.D.
James Youker, M.D.
Everett James, Jr., M.D. (PAR)

CLINICAL RESEARCH

Amer. Assoc. for the Study of Liver Diseases
Marcus A. Rothschild, M.D.
Harold Fallon, M.D. (PAR & Rep)
Amer. Federation for Clinical Research
Anthony Fauci, M.D.
William N. Kelley, M.D.
Suzanne Oparil, M.D. (PAR)
Amer. Soc. for Clinical Investigation, Inc.
Dr. Howard H. Hiatt
Arthur Bank, M.D.
French Anderson, M.D. (PAR)
Central Society for Clinical Research
Gilbert M. Schiff, M.D.
Plastic Surgery Research Council
Thomas J. Krizek, M.D.
Jack C. Fisher, M.D.
John E. Hoopes, M.D. (PAR)
Society for Gynecologic Investigation
Lawrence D. Longo, M.D.
Ronald A. Chez, M.D. (PAR & Rep)
Society for Pediatric Research
Virginia V. Weldon, M.D.
Anne A. Gershon, M.D. (PAR & Rep)

STRATEGY ON INTRAMURAL NIH PROGRAMS

ISSUE

In developing a position on the NIH budget, what posture should the AAMC take with respect to appropriations for intramural research activities? Should it: finesse the question by remaining silent; advocate the changes that would be necessary to maintain the present quality of intramural programs; endorse or support proposals for expansion (e.g., the NICHD building); or seek to capture intramural funds for extramural use?

BACKGROUND

Early in 1979 during the frenetic events surrounding the President's request for rescissions in the 1979 budget, Dr. Cooper received a letter from Professor Samuel L. Katz, Chairman of the Department of Pediatrics at Duke University Medical Center, charging him with having traded off \$37 million included in the appropriations for construction of an intramural research laboratory building for the NICHD in order to avoid reductions in appropriations for other extramural activities. Whatever the merits of the specific case were, it brought into sharp focus a problem that the AAMC has not so far faced explicitly, namely "who is going to be the advocate for direct federal operations?" Historically, of course, the NIH existed only as a direct operation for its first 55-60 years. It's most rapid growth phase---symbolized perhaps by the opening of the Clinical Center (Building 10) in 1952, the fruition of a long cherished dream of the Public Health Service---began long before the extramural program had assumed any real significance. In 1949 the intramural program, with its historic antecedents back to 1889, simply was the NIH in the minds of virtually everybody and the burgeoning growth then underway had been on the drawing boards long before the extramural program had even been conceived. For the next fifteen years, research funds flowed in abundance and a reasonable degree of mutual support characterized the relationship between intra-and extra-mural activities---a state that was aided and abetted, to no small extent, by the bi-directional flux of scientists between the two programs. But now, the situation is entirely different. Money is tight and the "game" looks increasingly zero-net-sum in character; one's gain is the other's loss. By and large, intramural scientists have a very limited capacity to make known their needs or to lobby the Congress for them. Particularly since the early days of the Nixon Administration, contact between the Congress and the Director, NIH and his staff has been tightly controlled by the Office of the Secretary, DHEW and the OMB. Thus the staff of the NIH is limited in what it can do for itself and the academic community cuts its own throat, in a sense, by supporting intramural growth.

Some AAMC staff and constituents feel that the intramural research program of the NIH is extremely important to the welfare of the nation. It offers one of the very few situations in which scientists can pursue research on a full time basis, with as little responsibility for teaching, service and administration as they prefer. While such a life style may not be everybody's

"piece of cake", the NIH has been an almost ideal environment for many very productive scientists. In addition, it has been a marvelous training ground for young biomedical scientists and clinical investigators who, upon completion of a two to five year stint, have gone on to illustrious careers in academic medicine and/or other parts of the private sector. It would be a great loss to the nation if this splendid institution should go into eclipse.

But about thirty years has now elapsed since the beginning of the modern era of intramural research. Careers are coming to an end and, with the retirement of senior scientists, it will be necessary to recruit many replacements. However it is not clear that intramural NIH is any longer competitive with the strong programs in the universities that have been built with NIH extramural funds. The state of the physical facilities in Bethesda varies from shabby to obsolete, technical support staff is not exceptional, salary and fringe benefit packages are probably below par and the climate in government service is currently not very attractive. If the NIH is to remain a strong viable biomedical research center it will need an infusion of new blood and new resources. Somehow or another, a coalition to support this kind of development will have to be put together.

It would seem very difficult for the AAMC to get up on the soap box in favor of intramural or other direct federal operations. In the intensely competitive world of today, it is very likely that a dollar gained for intramural NIH is a dollar lost to the medical schools. It would be one thing if the Association were to receive a signal from its constituency, advising staff to adopt the statesmanlike posture to advocate preservation of the excellence of the NIH and, on a reasonable basis, to trade off extramural gains for this intramural quality maintenance. But the Association certainly has no basis for taking such a position at the present time.

QUESTION FOR CONSIDERATION BY CAS BOARD

Is this an issue with which the AAMC should become concerned? If so, how should the AAMC go about developing a sound position on the question?

OUTLOOK FOR FY 1981 BUDGET

On the following pages are selected figures from the President's Budget Request for FY 1981. At the CAS Administrative Board Meeting, we will discuss the outlook for biomedical research and for VA programs in FY 1981 based upon the Administration's budget.

PROJECTED VA BUDGET FOR FY 1981 Based on President's Request

	1979		1980		1981		Increase	%
	\$	FTE	\$	FTE	\$	FTE	\$	
Research, Total	122.8	4416*	126.4	4418	134.8	4418	-8.4	6.6%
- Health Services R & D	3.37		3.09		3.08		- .01	-0.3%
- Med. Res.	113.0		115.4		122.7		+7.3	+6.3%
- Rehab.	6.5		8.0		9.0		+1.0	12.5%

In addition, the VA supports about 2500 MD and 743 PhD faculty who care for patients and do research supported by the VA. The salaries of these faculty are derived from general VA funds allocated to the Department of Medicine and Surgery for patient care. Research funds (for laboratory supplies, technicians, etc.) are allocated from the research budget line. Also included in the research budget are funds for salaries and lab support for the approximately 265 MD research career development awards (young faculty), and 400 Ph.D. researchers.

PRESIDENT'S PROPOSED 1981 BUDGET FOR NIH AND ADAMHA

NATIONAL INSTITUTES OF HEALTH	1980 Budget	President's Request for 1981	\$ Increase	% Increase
National Cancer Institute.....	\$1,001,548*	\$1,007,800*	\$ 6,252*	.6%
National Heart, Lung, and Blood Institute.....	527,668	548,399	20,731	3.9%
National Institute of Dental Research.....	68,684	70,451	1,767	2.5%
Natl. Inst. of Arthritis, Metabolism, and Digestive Diseases.....	341,818	365,711	23,893	6.9%
National Institute of Neurological and Communicative Disorders and Stroke.....	242,330	249,807	7,477	3.0%
Natl. Inst. of Allergy and Infectious Diseases.....	215,683	228,412	12,729	5.9%
Natl. Inst. of General Medical Sciences.....	312,628	331,639	19,011	6.0%
Natl. Inst. of Child Health and Human Development...	209,549	217,531	7,982	3.8%
National Eye Institute.....	112,934	116,562	3,628	3.2%
Natl. Inst. of Environmental Health Sciences.....	84,306	97,269	12,963	15.3%
National Institute on Aging.....	70,228	75,317	5,089	7.2%
Research Resources.....	169,302	184,439	15,137	8.9%
John E. Fogarty International Center.....	9,095	9,181	86	.9%
Subtotal.....	3,365,773	3,502,518	136,745	4.0%
National Library of Medicine.....	\$ 44,657	\$ 44,730	\$ 73	.1%
Buildings and Facilities.....	10,480	11,750	1,270	12.1%
Office of the Director.....	21,969	22,549	580	2.6%
Total NIH.....	3,442,879	3,581,547	138,668	4.0%

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH
ADMINISTRATION - RESEARCH

National Institute of Mental Health.....	\$145,245	\$162,964	\$17,719	12.1%
National Institute of Drug Abuse.....	46,080	50,420	4,340	9.4%
National Institute of Alcohol Abuse.....	22,172	25,168	2,996	13.5%

*Thousands of Dollars

CAS INTERIM MEETING PLANS

The tentative format for the CAS Interim Meeting for 1980 is as follows:

March 18

Plenary Session	2:00 - 3:00 p.m.
Discussion Groups	3:00 - 5:00 p.m.
Dinner	6:30 p.m.

March 19

Business Meeting	9:00 a.m. - 12:30 p.m.
Luncheon	12:30 - 2:00 p.m.
Speaker	2:00 - 3:00 p.m.

Staff is presently working to locate a restaurant in the Washington area for the dinner on March 18 and hopes to have arranged for one by the time of the Board meeting.

A memo will go out to CAS officers and representatives shortly before the Board meets outlining the meeting schedule. They will also be receiving a form listing possible areas for discussion at the small groups on March 18 and requesting that they indicate the areas of most interest and concern to them.