



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

September 9, 1981

2:00 p.m.	CAS Board Meeting	Kalorama Room
6:00 p.m.	CAS/COD/OSR Joint Meeting Guest Speaker: Dr. Robert Butler, Director National Institute on Aging	Map Room
7:00 p.m.	CAS/COD/OSR Cocktails and Dinner	Conservatory Room

September 10, 1981

9:00 a.m.	Joint Boards Plenary Session "Strategies for the Future"	Georgetown West Room
12:00 noon	Joint Boards Luncheon Reports from Chairman, Boards, and President	Georgetown East Room
1:30 p.m.	Small Group Discussion Sessions	(Rooms to be Assigned)
4:30 p.m.	Joint Boards Meeting	Georgetown East Room
5:30 p.m.	Adjourn	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

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MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 24-25, 1981

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Daniel X. Freedman
Chairman (Presiding)
David M. Brown
Brian A. Curtis
William F. Ganong
Lowell M. Greenbaum
Robert L. Hill
T. R. Johns
Joseph E. Johnson
John B. Lynch
Virginia V. Weldon
Frank C. Wilson

Staff

John A. D. Cooper*
James Erdmann*
Melinda Hatton*
Thomas Kennedy*
Mary McGrane*
Lynn Morrison
Diane Plumb
Ann Scanley*
John Sherman*
August Swanson
Xenia Tonesk*

ABSENT: Carmine D. Clemente

Guest: Julius R. Krevans
Thomas K. Oliver

The CAS Administrative Board Business Meeting convened on June 24 at 5:00 p.m. At 6:30, George A. Keyworth, Director Designate, White House Office of Science and Technology Policy, joined the Board for an informal discussion. A social hour was followed by dinner at 8:30 p.m. The meeting reconvened at 9:00 a.m. on June 25. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 12:30 p.m.

*present for part of the meeting

I. APPROVAL OF MINUTES

The minutes of the June 24-25, 1981 CAS Administrative Board Meeting were approved as submitted.

II. CAS ACTION ITEM

A. Membership Applications

1. Drs. Johnson and Wilson had reviewed the application of the American Academy of Physical Medicine and Rehabilitation and recommended that it be approved for CAS membership.
2. Drs. Weldon and Johns had reviewed the application of the Child Neurology Society and recommended that it be approved for membership.

ACTION: The CAS Administrative Board approved the applications of the American Academy of Physical Medicine and Rehabilitation and the Child Neurology Society for membership in CAS.

III. EXECUTIVE COUNCIL ACTION ITEMS

A. External Examinations Review Committee Report

The Board reviewed the report of the ad hoc External Examinations Review Committee and concurred with the report's recommendations: that the AAMC withdraw its previous conditional endorsement of the concept of a comprehensive qualifying examination; that the National Board of Medical Examiners continue its close collaboration with medical school faculty in the development and improvement of its exams; that the AAMC oppose the implementation by the Federation of State Medical Boards of a single route to licensure (FLEX I-II) and urge the Federation to continue to accept NBME certification and the FLEX exam as criteria for licensure; that the Accreditation Council for Graduate Medical Education be encouraged to ask the ECFMG to adopt more rigorous examination methods for graduates of non-LCME accredited schools consisting of the equivalent of NBME Parts I and II and direct evaluation of clinical and personal skills in prepared testing centers.

The Board suggested that the report was slightly too aggressive in some areas regarding the question of the evaluation methods used by non-LCME accredited medical schools. Consequently, several editorial changes were recommended to modify the tone of the report; otherwise, the Board expressed overwhelming approval of the Committee's efforts to deal with some very complex issues.

ACTION: The CAS Administrative Board approved the report of the ad hoc External Examinations Review Committee and recommended that it be widely distributed.

B. Report of the ad hoc Committee on Foreign-Chartered Medical Schools and U.S. Nationals Studying Medicine Abroad

In November, 1980, the General Accounting Office (GAO) issued a report based on its investigation of six foreign-chartered medical schools that enroll many U.S. citizens. The report concluded that these schools do not provide medical education--particularly in the clinical disciplines--comparable to that obtainable in the United States. Concerned about the level of preparedness of graduates of these schools who attempt to enter graduate medical education programs and subsequently the practice of medicine in the United States, the Executive Council had appointed an ad hoc committee to examine the issue further.

The CAS Board reviewed and strongly endorsed the Committee's final report which agreed with the conclusions reached by the GAO. The report calls attention to the fact that these foreign-chartered schools do not subject themselves to an intense accreditation process comparable to that provided by the LCME. There is, therefore, little information available about the programs, facilities, faculties, and evaluation methods of these schools. So that the knowledge and skills of graduates of non-LCME accredited medical schools seeking to enter U.S. graduate medical education programs can be adequately assessed, the report suggests that a two-phased examination system be implemented. The Committee recommends that such an examination system should consist of: 1) a written exam equivalent to NBME Parts I and II; and, 2) a practical exam conducted in prepared testing centers to evaluate clinical abilities, personal skills, and professional qualifications.

ACTION: The CAS Administrative Board approved and recommended wide distribution of the report of the ad hoc Committee on Foreign-Chartered Medical Schools and U.S. Nationals Studying Medicine Abroad.

C. Due Process for Students and Residents

At its previous two meetings, the Board had discussed the importance of due process procedures for use in making academic and disciplinary decisions regarding students and residents. It had been agreed that information on the issue of due process and recent court challenges should be disseminated to Association constituents. A proposed memorandum to the CAS, COD, and COTH as well as an attached discussion paper were reviewed and approved by the Board.

ACTION: The CAS Administrative Board approved the above-mentioned memorandum and discussion paper for distribution to the CAS, COD, and COTH.

D. Urban Institute Report on the Effects of Reducing Federal Aid to Undergraduate Medical Education

Dr. Swanson provided background information on a report prepared by the Urban Institute, under contract with the Department of Health and Human Services, regarding the probable effects of a reduction in Federal subsidies (capitation, scholarships, student loans) to undergraduate medical education. A summary of the report as well as a possible response to it had been prepared for the Board's review.

The report concludes that the Federal subsidies itemized above constitute only a small fraction of total medical school revenues. It identifies tuition increases as the major potential source of funds to offset any loss of Federal funding. Regarding how students can be expected to cope financially with tuition increases, the report recommends that the Federal government should act to assure unlimited access to subsidized loans for students. There is also considerable emphasis on the "net present value" of an investment in medical education, i.e., that money expended on a medical education is likely to be money well-spent considering the average income of a practicing physician.

The AAMC response expressed basic agreement with many of the report's conclusions. However, the response contends that the assumptions upon which some of the report's conclusions are based are seriously flawed. It suggests that: 1) the report places too little value on the importance of capitation funds to the medical schools; 2) that it fails to consider the special needs of economically disadvantaged, minority, and women students; and 3) that the ability of students to repay large debts may be affected by forces which the report fails to consider.

The CAS Board suggested that the response also point out the report's failure to consider the problem of the shortage of academic physicians and clinical researchers which is likely to be exacerbated as increasingly indebted students opt for more lucrative careers. Several members of the Board also felt that the section of the response dealing with capitation should be restructured, if not altogether deleted.

ACTION: The CAS Board approved the basic thrust of the proposed AAMC response to the Urban Institute Report on the Effects of Reducing Federal Aid to Undergraduate Medical Education. Several editorial changes were recommended as stated above.

IV. CAS DISCUSSION ITEMS

A. CAS Fall Meeting

A possible format for the fall meeting using the theme "Basic Science Education as the Foundation for Advanced Medical Practice" was distributed for the Board's review. Speakers and discussion group topics were considered and leaders for the discussion groups were assigned.

B. CAS Nominations Process

Dr. Freedman reported that a member of the 1981 CAS Nominating Committee has raised two questions about the nominations process and suggested that they be discussed by the Board: 1) How is the pool of nominees determined? The Nominating Committee had briefly discussed whether only the official representatives (as opposed to the public affairs representatives, officers, or other members) of CAS societies are eligible to serve on the Board. 2) Are the basic or clinical science orientations of the representatives determined by that of their society or by the degrees they hold?

The Board agreed that these questions merited further discussion. Drs. Wilson and Greenbaum were asked to serve as a committee to consider these questions and report back to the Board with recommendations which might resolve any confusion in the nominations process.

V. EXECUTIVE COUNCIL DISCUSSION ITEMS

A. Institutional Support Components of National Research Service Awards

The viability of the institutional support component of the National Research Service Award (NRSA) program--funds used to enhance the quality of the academic environment in institutions where bioscientists are trained--had been jeopardized during recent budget deliberations. AAMC Vice President John Sherman reported that several scientific societies, including several CAS societies, had recently taken the position that the elimination of the institutional allowances and indirect cost reimbursement would be preferable to a reduction in the number of trainees supported by the program. The AAMC has always contended that these funds are essential for maintenance of the quality of research training programs, but because this conflicting position had arisen in the scientific community, it was introduced for discussion.

Even as an Association fallback position, the Board viewed the sacrifice of institutional allowances to allow for a larger number of trainees as undesirable. It was pointed out that once eliminated from the NIH budget, the allowances were not likely to be restored. The possibility of a trade-off for the sake of maintaining support for the institutions was discussed in the form of a *limited* reduction in the number of trainees or the reallocation of funds from other NIH research programs (other than ROIs and POIs). The Board acknowledged the difficulty in resolving this issue since both quantity and quality are indispensable if research training is to remain a viable national program. Either the loss of institutional allowances or the substantial reduction in numbers of trainees would seriously jeopardize the research training program. Therefore, the Board concluded that the AAMC must continue to support the principle that institutional allowances are essential components of NRSAs.

B. Federal Support for Biomedical and Behavioral Research Resources

In a time of uncertainty regarding federal support for biomedical and behavioral research, questions had arisen regarding research resource needs for the future: Can resource needs be precisely anticipated? How can research resources be most effectively managed and financed? Can institutions further cooperate with one another in the sharing of research resources? The Board briefly discussed these questions and endorsed a recommendation that an ad hoc committee be appointed to examine them in greater detail.

C. Strategies for the Future

AAMC Chairman, Julius Krevans was present to discuss the possibility of a special joint session of the Administrative Boards to consider strategies for coping with major changes which are apt to occur in the 1980s and beyond in the environment of medical schools and teaching hospitals. The session would be centered around consideration of economic factors which may impact upon medical schools (changes in the level of federal support, the movement towards price competition for medical services, the commercialization of medical center activities) as well as anticipated environ-

mental and societal changes (the projected oversupply of physicians, changes in the applicant pool). Dr. Krevans stated that the important role which faculty will assume in working with hospital and medical school administrators to deal with these challenges would also be discussed.

The CAS Board enthusiastically endorsed the concept of a special meeting to discuss these issues. Rather than a full day of presentations by speakers, it was suggested that the afternoon session be devoted to small group discussions, intermingling members of all the Administrative Boards, for open discussion of specific issues.

VI. ADJOURNMENT

The CAS Administrative Board adjourned at 12:00 noon.

DISTINGUISHED SERVICE MEMBERSHIP NOMINATIONS

At its June, 1980 meeting, the CAS Administrative Board voted that an individual would automatically be nominated as a distinguished service member of the AAMC if he/she had served as Chairman of the AAMC Assembly representing the Council of Academic Societies, as Chairman of the CAS Administrative Board, or on the CAS Board for two consecutive terms. The AAMC bylaws currently state that another condition for nomination to distinguished service membership is that an individual no longer serve as a representative to his/her respective Council.* Under the guidelines set by the Board and in accordance with the AAMC bylaws, Dr. F. Marian Bishop should now be nominated by the Board to distinguished service membership. In addition, the Board determined that CAS Representatives who had served on AAMC Task Forces or Committees in a particularly meritorious fashion should also be nominated. Listed below for the Board's consideration are former CAS Representatives who have recently served on AAMC committees:

William N. Kelley, M.D.
Chairman, Department of Medicine
University of Michigan Medical School
American Federation for Clinical Research

ad hoc Committee on Medicare
Section 227

F. Gilbert McMahon
Head, Therapeutics Section
Tulane University School of Medicine
American Society for Clinical Pharmacology
and Therapeutics

ad hoc FDA Liaison Committee

Hiram C. Polk, Jr., M.D.
Chairman, Department of Surgery
University of Louisville School of Medicine
Association for Academic Surgery

Chairman, ad hoc Committee on
Medicare Section 227
ad hoc Committee on Competition

*A change in the bylaws to eliminate this requirement for distinguished service membership will be considered by the Assembly at the November, 1981 meeting.

CAS LEGISLATIVE STRATEGIES

During the last several years, the CAS membership has been playing an increasingly active role in AAMC public affairs initiatives. During consideration by the Congress last year of H.R. 7036, Representative Waxman's NIH bill, and more recently during the budget reconciliation battle between the House and Senate, CAS Representatives have exhibited a great willingness and enthusiasm to become involved on behalf of their societies. However, in responding to proposed budget cutbacks which may be expected in the future as well as to other legislative and regulatory issues, CAS Public Affairs Representatives should be prepared to devote an even greater degree of time and effort if their societies are to be effective. The CAS Board should consider methods of assuring optimum involvement of member societies in these matters.

Public Affairs Representatives

At the special meeting of Public Affairs Representatives in March, only 16 of the 44 individuals present were the actual, designated Public Affairs Representatives of their respective societies. In fact, many societies would not have been represented at all if their presidents had not been contacted by phone and encouraged to ensure that a representative attend the meeting on behalf of their respective society. This might indicate the need for many societies to appoint Public Affairs Representatives who would agree to play a more vigorous role in such activities.

CAS Public Affairs Workshops were last held in 1978. These were aimed at clarifying the legislative process surrounding health manpower programs; in 1976, similar workshops were organized around the topic of National Research Service Awards. In view of the drastic changes in the Congressional Budget Process since that time and changes in the roles of certain key health agencies in the executive branch, it might be timely to organize another public affairs meeting--emphasizing the importance of attendance by Public Affairs Representatives but planned in such a way as to be of interest to all CAS Representatives. After discussions targetted specifically at the legislative process and future CAS legislative strategies and initiatives, the program might be expanded for a consideration of overall strategies for the future, based in part on the outcome of the September 10 joint boards sessions. A possible meeting format is as follows:

First Day

Morning Session

Plenary Session

Presentation by Congressional staff members and Federal health agency officials

Luncheon

Afternoon Session

Rotation of Three or Four Discussion Groups

These could be approximately 1 hour in length with the intent being that all representatives would attend each discussion group. Topics could be: (1) The relationship of the budget reconciliation process to the authorization and appropriations processes; (2) The OMB role in executive branch initiatives; or (3) Views of Congressional staff on effective constituent input.

First Day (cont'd)

Social Function

Second Day

Morning Session

Brief reports on discussion groups

Discussion of general strategies for the future

Business Meeting

Adjournment (mid-afternoon)

The CAS Interim Meeting in 1982 might be a good opportunity to hold such a meeting. The Board should consider the timing and site for the meeting.

GENERAL PROFESSIONAL EDUCATION OF THE PHYSICIAN AND
COLLEGE PREPARATION FOR MEDICINE PROJECT

The General Professional Education of the Physician and College Preparation for Medicine project is getting underway. Steven C. Muller, President of Johns Hopkins University, has accepted the chairmanship of the project panel. The first panel meeting is scheduled for January 7-8, 1982.

One of the major strategies of the project is to generate discussion within the national, academic, disciplinary societies for the purpose of having them provide formal presentations to the panel on their views of the essential content and teaching strategies for each discipline. The 1982 Interim Meeting could be directed to a discussion of the current status of undergraduate medical education and college preparation with small group discussions focused on clinical education, basic science education and college preparation.

The Council of Academic Society officers will receive a request from the panel for their participation in the project in November 1981. Present plans are to ask for a response from each society that desires to participate no later than November, 1982. Were the 1982 CAS Interim Meeting to be held in late February, the exchange of information and ideas between disciplines could substantially enhance the responses from the separate disciplines. A particular effort would have to be made to get the societies to send to the meeting those individuals who have been assigned to develop the society's response.

A possible format is:

First Day

10:00 am - 12:00 pm

Plenary Session with presentations on:

1. The scope and purpose of the project
2. Data on the current status of undergraduate medical education, admissions requirements and the characteristics of applicants and matriculants.
3. The range of knowledge and skills needed to enter graduate medical education. This would be a presentation by an individual for the purpose of stimulating ideas.

Luncheon

1:30 - 5:30 pm

Small Group Discussions:

1. Basic clinical science skills that all future physicians must acquire during their general professional education in order to proceed into graduate medical education. This group would be composed mainly of representatives of clinical disciplines with a few basic scientists.

2. Fundamental scientific concepts that must be mastered by all future physicians during their general professional education before they proceed to graduate medical education. This group would be composed mainly of representatives of basic science disciplines with a few clinicians.
3. College course admission requirements-- can they be reduced? This group would be composed of both clinical and basic scientists.

Second Day

8:30 - 10:00 am

Reports and Discussion

10:00 am - 12:00 noon

Business Meeting

A major advantage of having interdisciplinary discussion of these topics is that the likelihood that each discipline will inflate its contributions to the general professional education of the physician will be reduced.

Regardless of whether a meeting in the spring is focused on this topic, the Board should consider ways of assuring optimum involvement of CAS member societies in the project.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
WASHINGTON, D.C. 20500

July 29, 1981

Daniel X. Freedman, M.D.
Chairman
Council of Academic Societies
Association of American
Medical Colleges
Suite 200, One Dupont Circle, N.W.
Washington, D. C. 20036

Dear Dr. Freedman:

Thank you very much for your letter of July 2, 1981. I am pleased that the members of the Administrative Board of the Council of Academic Societies thought my discussion was useful. I enjoyed having the opportunity to learn of their concerns.

I was most serious about my statement on valuing the advice and counsel of organizations such as the AAMC. I hope that you and your colleagues will make a special effort to keep me and my staff abreast of those issues about which you feel the strongest. Dr. Denis J. Prager, my Associate Director responsible for health and biomedical research issues, works closely with AAMC staff and would welcome the opportunity to develop a dialogue with you and your colleagues.

Again, many thanks for your letter.

Sincerely,

G. A. Keyworth
G. A. Keyworth
Director

cc: Denis J. Prager, OSTP

