association of american medical colleges

MEETING SCHEDULE
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

April 12, 1982

4:00 p.m.	CAS Board Meeting	Map Room
5:00 p.m.	CAS/OSR Joint Boards Meeting	Map Room
7:30 p.m.	CAS/OSR Reception and Dinner	Conservatory

April 13, 1982

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

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 828-0400

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 20-21, 1982

Washington Hilton Hotel
Washington, D.C.

	Board Members	Staff
PRESENT:	David M. Brown, Chairman (Presiding)	Janet Bickel *
	Bernadine H. Bulkley	Robert Boerner *
	David H. Cohen	James Erdmann *
	William F. Ganong	Lynn Morrison
	Lowell M. Greenbaum	Seymour Perry *
	Robert L. Hill	Ann Scanley *
	T. R. Johns	John Sherman *
	Joseph E. Johnson	August Swanson
	Douglas Kelly	Xenia Tonesk
	Virginia V. Weldon	
	Frank C. Wilson	
ABSENT:	Daniel X. Freedman	
	John B. Lynch	

Guests: Grady Hughes *
Donald G. Langsley
Thomas K. Oliver *

The CAS Administrative Board Business Meeting convened on January 20 at 5:15 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 9:00 a.m. on January 21. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 12:30 p.m.

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* present for part of the meeting

I. APPROVAL OF MINUTES

The minutes of the September 9, 1981 CAS Administrative Board Meeting were approved as submitted.

II. ACTION ITEM - CAS BOARD

A. CAS Nominations Process

At the June, 1981 CAS Board meeting, Drs. Greenbaum and Wilson had been asked to serve as a subcommittee to address two questions which had been raised regarding the CAS nominations process:

1. How is the pool of nominees determined?

   Drs. Greenbaum and Wilson recommended that only official Representatives and Public Affairs Representatives of member CAS societies should be eligible for nomination to the CAS Administrative Board.

2. Are the basic or clinical science orientations of the representatives determined by that of their society or by the degrees they personally hold?

   Drs. Greenbaum and Wilson recommended that the orientation of the society should be the determining factor.

ACTION: The CAS Administrative Board endorsed the recommendations of Drs. Greenbaum and Wilson regarding the CAS nominations process.

III. ACTION ITEMS - Executive Council

A. Health Planning Legislation

Joe Isaacs of the AAMC Department of Teaching Hospitals provided background information regarding the AAMC position on the National Health Planning Program. The positions of the American Hospital Association and the American Health Planning Association had been placed on the Executive Council agenda for review to determine whether the AAMC should support all or any portion of either of these proposals. In the absence of a strong opinion regarding the proposals, the CAS Board agreed to defer to the judgment of the COTH Administrative Board.

B. Biennial Report of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research

The Board reviewed nine recommendations from the biennial report of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. The recommendations are aimed at improving: 1) the adequacy and uniformity of federal laws and regulations for the protection of human subjects, and 2) institutional and federal

oversight of research and response to reports of misconduct. A proposed AAMC response to the report expressed the following concerns:

1. The recommendation that principal investigators be required to submit to the IRB and the funding agency information about the nature and frequency of adverse effects resulting from research should not be adopted until the problem of defining "adverse effects" is resolved.

2. Until a consensus of opinion is developed within the research community regarding guidelines for research involving the institutionalized mentally disabled, recommendations in this area should be withheld.

3. A recommendation to establish institutional offices responsible for responding to allegations of research misconduct will only serve to compound already onerous administrative demands. Given the diversity of research institutions, each should have the latitude to determine the mechanism for dealing with misconduct which is best suited to its needs and setting.

4. Recommendations regarding government-wide debarment and suspension procedures are premature given the small number of cases and limited previous experience in this area.

ACTION: The CAS Administrative Board endorsed the proposed AAMC response to the Biennial Report of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.

C. ACGME Consensus Statements

Dr. Swanson briefed the Board on recent actions of the Accreditation Council for Graduate Medical Education (ACGME) relative to criteria for entry into accredited U.S. residency training programs. At its September meeting, the ACGME had reviewed four consensus statements:

1. that graduates of LCME and American Osteopathic Association accredited schools may enter ACGME accredited programs without fulfilling additional requirements;

2. that graduates of other medical schools be required to pass an English language skills examination;

3. that passage of an examination, such as the Visa Qualifying Examination, which evaluates cognitive skills be required of the individuals described in statement 2 above; and

4. that faculty responsible for evaluating residents attest to the clinical competence of these individuals no sooner than three months after entry into clinical graduate medical education.

The consensus statements had been disseminated to the ACGME parent organizations (AAMC, ABMS, AHA, AMA and CMSS) for comment before being reconsidered by the ACGME at its February meeting.

In addition to some editorial changes to consensus 1, the CMSS Assembly had recommended substantial modification of consensus 4 such that graduates of non-LCME accredited schools would be required to pass a clinical skills examination before being certified as eligible to enter a residency program accredited by the ACGME. Concern had been expressed that consensus 4, as currently worded, was not likely to accomplish its intended purpose. The CMSS modification would render consensus 4 consistent with the AAMC position adopted in the report of the Ad Hoc Committee on Foreign-Chartered Medical Schools and U.S. Nationals Studying Medicine Aboard. It was therefore recommended that consensus 4, as developed by the CMSS Assembly, be approved as a substitute for the current language.

ACTION: The CAS Administrative Board endorsed the modifications to the ACGME consensus statements recommended by the Assembly of the CMSS.

IV: CAS DISCUSSION ITEMS

A. 1982 CAS Interim Meeting

The Board briefly discussed the 1982 Interim Meeting which had taken place just prior to the Board meeting. It was agreed that the meeting had been an overwhelming success in terms of promoting better communication between CAS Representatives and Congressional staff. The Board was dismayed, however, that many of the staffers had characterized researchers as "arrogant" and "reactive instead of proactive" in terms of public affairs involvement. It was agreed that this type of constructive criticism was indeed useful and should be kept in mind in future communications with Members of Congress or their staffs. The Board concluded that the meeting demonstrated the importance of maintaining a dialogue between the research community and federal policymakers and, toward this end, requested that staff investigate the possibility of holding another legislative session at next year's interim meeting.

B. April Board Meeting Plans

At the September joint Administrative Boards session on "strategies for the future," concern had been expressed regarding a perceived deterioration in the relationship between medical students and faculty. As a possible step towards developing a closer association between students and faculty within AAMC activities, a joint meeting of the CAS and OSR Administrative Boards had been suggested.

OSR Chairman Grady Hughes was present to discuss plans for the joint meeting. He and Janet Bickel, AAMC staff associate for OSR activities, suggested a number of topics on which the discussion might focus. It was agreed that two areas would be addressed: 1) factors which contribute to an apparent decline in the creativity and scientific curiosity of medical students, and 2) circumstances which may be encouraging unethical student behavior (and a review of the results of an OSR survey regarding ethical behavior).

C. Promoting High Ethical Standards in Research

In light of recent revelations of research fraud and the maltreatment of research subjects, the Board discussed steps which might be taken toward assuring adherence to high ethical standards. The need to prevent any erosion of the public's confidence in the honesty and integrity of the research community--an important consideration given its reliance upon federal support--was also discussed. It was agreed that the Executive Council should be encouraged to appoint an ad hoc committee to address these complex issues. Such a committee would be asked to identify appropriate institutional procedures for responding to allegations of misconduct as well as methods of demonstrating the integrity of the research community to the general public.

D. 1982 CAS Nominating Committee

A list of CAS Representatives and Public Affairs Representatives was reviewed by the Board and it was agreed that the following individuals should be asked to serve on the 1982 CAS Nominating Committee: Dr. Joseph Bianchine, Dr. T. R. Johns, Dr. Franklyn Knox, Dr. John Sessions, Dr. Frank Wilson, and Dr. Robert Yates.

EXECUTIVE COUNCIL DISCUSSION ITEMS

A. National Biomedical Research Month

Dr. John Sherman reported that he had received correspondence from a CAS Representative suggesting that the AAMC sponsor a "national biomedical research month." Such an effort would be aimed at educating the public regarding the nation's research activities. Another goal would be to develop a more positive public image for the research community to counteract recent negative publicity regarding incidents of research fraud and the mistreatment of animals used in experimentation.

Dr. Sherman pointed out that this effort would have to be carefully orchestrated and should include medical school and teaching hospital sponsorship of open houses for the public. Optimum utilization of the media would be an important consideration. The President and select Members of Congress would probably be asked to formally declare "the month." The Board agreed that the AAMC staff should proceed to investigate the possibility of sponsoring a "national biomedical research month."

The meeting adjourned at 12:30 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 Morrison

NAME OF SOCIETY: American College of Legal Medicine

MAILING ADDRESS: 213 West Institute Place
Suite 412
Chicago, Illinois 60610

PURPOSE: The purpose of the College is to encourage specialization in this field and to elevate standards of the specialty of legal medicine by fostering and encouraging research and study in the field and to elevate standards of postgraduate education for qualification as a specialist in this area.

MEMBERSHIP CRITERIA: See pages 4-8 of enclosed Articles of Incorporation and Bylaws.

NUMBER OF MEMBERS: 648

NUMBER OF FACULTY MEMBERS: 868

DATE ORGANIZED: September 23, 1960

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

Revised May 12, 1977 1. Constitution & Bylaws

May 13-16, 1981 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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

XX 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.

(Enclosed)

Betty Homma
(Completed by - please sign)

12/30/81
(Date)

*Enclosed - Overall Education Mission Statement of The American College of Legal Medicine.

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 Morrison

NAME OF SOCIETY: American Institute of Ultrasound in Medicine

MAILING ADDRESS: 4405 East-West Highway, Suite 504, Bethesda, Maryland 20814

PURPOSE: The AIUM was founded to advance the art and science of ultrasonics in medicine and research. Its activities are educational, literary and scientific. The full potential of this biomedical tool can be achieved only by coordinating the effors of researchers clinicians, sonographers and engineers. The AIUM is designed to create a multi-disiplinary scientific approach to the diagnostic uses of sonic energy. The AIUM holds annual national meetings which include educational and scientific sessions, and commercial and scientific exhibits. Meetings generally open with an educational session covering current diagnostic techniques, held in conjunction with the Society of Diagnostic Medical Sonographers. Scientific Sessions consist of the presentation of papers concerned with the medical applications of ultrasound and the interaction of ultrasound with tissue. Workshops are available following presentation of scientific papers. AMA Continuing Medical Education Category I credits are on an hour for hour basis.
MEMBERSHIP CRITERIA: General Members should have an academic degree in science or medicine or related fields and one active year of experience in ultrasound - or - equivalent outstanding experience of two years in the field of ultrasound or any closely related field of medicine, biology, physics, or engineering. Senior Members must demonstrate excellence in various areas such as teaching, research, clinical patient care, etc.
NUMBER OF MEMBERS: 5,000

NUMBER OF FACULTY MEMBERS: Not applicable

DATE ORGANIZED: 1955

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

August, 1981 1. Constitution & Bylaws

August, 1981 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

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.

Attached

Ferne Carpousis

(Completed by - please sign)

Ferne Carpousis, Administrative Assistant

December 23, 1981

(Date)

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
Attn: Ms. Lynn Gumm

NAME OF SOCIETY: Society of Medical College Directors of Continuing Medical Education

MAILING ADDRESS: c/o Dr. George J. Race, Secretary/Treasurer
The Univ. of Texas Health Science Center at Dallas
5323 Harry Hines Blvd.
Dallas, Texas 75235

PURPOSE: To establish the national forum for the Society of Medical College Directors of Continuing Medical Education. To improve patient care through continuing medical education. To study the important issues in continuing medical education and to formulate positions on them. To facilitate the exchange of continuing medical education-related knowledge helpful to the membership in their individual roles. To encourage basic research in areas related to continuing medical education and physicians' competance, and to assist in disseminating the results of such research. To aid in establishing linkages with other disciplines of importance to continuing medical education's mature development. To encourage professional exchanges with other institutions and organizations involved in continuing medical education. To engage in such other activities deemed appropriate to fulfill the purposes of the society.

MEMBERSHIP CRITERIA: Any director of C.M.E. of any medical college accredited by the Liaison Committee on Medical Education is eligible for voting membership (Sec. 1, Art. III) Any associate director of Continuing Medical Education of any medical college accredited by the Liaison Committee on Medical Education is eligible for associate membership. (Sec. 2, Art. III)

NUMBER OF MEMBERS: 159

NUMBER OF FACULTY MEMBERS: 125

DATE ORGANIZED: April 2, 1976

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

Adopted April 2, 1976
Revised Oct. 22, 1978
Revised March 17, 1980 1. Constitution & Bylaws

October 26, 1980
March 17, 1980 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

Society of Medical College Directors of Continuing Medical Education

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)(6)

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.

George J. Race MD, PhD
(Completed by - please sign)

December 22, 1980
(Date)

The CAS and OSR Administrative Boards are meeting jointly for the first time. The members of these boards represent medical school faculties and students. Therefore, a logical focus of discussion appears to be on the prevailing relationships between the faculties and students in our constituent medical schools.

The rapid expansion of medical schools, their student bodies, and faculties during the past twenty years has seemingly modified the personal interaction between faculties and students. Faculty members feel that they are unable to become closely acquainted with many students and students express feelings of alienation from the faculties. Clearly, the resolution of problems that engender poor relationships between faculties and students is desirable.

To focus and delineate discussion, two specific areas have been selected:

I. The Role of Student/Faculty Relationships in the Nurturance of Curiosity and Creativity

Among the many qualities that it is desirable for all physicians to possess are curiosity and creativity. Such skills and qualities are clearly essential for those who will pursue careers in research, but they are also necessary for practicing physicians who must apply their knowledge and skills to the solution of the unique problems each patient presents. Without curiosity and creativity, medical practice can devolve to protocol medicine. Students expressed the view that present teaching and evaluation methods encourage the memorization and regurgitation of a large volume of facts rather than the development of analytic skills, synthesizing capabilities, and inquisitiveness.

The following Board members will initiate and lead this portion of the discussion:

Preclinical Phase

Ed Schwager, University of Arizona - OSR
Lowell M. Greenbaum, Medical College of Georgia - CAS

Clinical Phase

Beth Fisher, University of Cincinnati - OSR
Bernadine Healy Bulkley, Johns Hopkins - CAS

II. The Role of Faculty/Student Relationships in Motivating Adherence to High Ethical Standards

Individual adherence to high ethical standards is imperative for physicians and biomedical scientists. Ethical decisions ranging from the generation and interpretation of data through assuring that patients give truly informed consent to caring for dying patients must be made by all physicians. The motivation for students to adhere to or neglect ethical standards is to a significant degree based on their perceptions of how faculty behave when discharging their obligations to make ethical decisions.

Further, excessive competitive pressures on students may tempt them to seek to be evaluated at higher levels than appropriate. High grades and national test scores are perceived by many students as the faculties' sine qua non for competitive success in being admitted to medical school and later for selection for residency positions. Students are concerned that cheating and other unethical behaviors result from excessive competitive pressure. The outcome of a pilot survey by OSR suggests that faculties should be concerned about this problem.

The following Board members will initiate and lead this portion of the discussion:

Preclinical Phase

Ron Voorhees, University of New Mexico	-OSR
Douglas Kelly, University of Southern California	-CAS

Clinical Phase

Paul Organ, Washington University	-OSR
Joseph E. Johnson, III, Bowman Gray	-CAS

OSR SURVEY ON ETHICAL BEHAVIOR OF MEDICAL STUDENTS

Last year's OSR Administrative Board devoted portions of two meetings to discussing the extent and nature of cheating among medical students and designed a survey to gather OSR members' views on a variety of questions regarding ethical behavior. This survey was distributed to the student institutional representatives who attended the 1981 AAMC Annual Meeting with the hope that the responses would guide the OSR Administrative Board in deciding what additional steps might be taken, e.g., sending an appropriately revised version of the suvey to medical school deans, designing a model honor code for schools' use, sponsoring Annual Meeting discussion sessions with other AAMC groups on ethical questions in medicine and medical school. The responses* to the pilot survey are summarized below. A few additional introductory remarks are in order, however, regarding the original imeptus for these endeavors.

The literature on cheating in medical school is very sparse but provides cause for concern. Results of a survey completed by over 400 medical students at two U.S. schools revealed that 88% reported having cheated at least once in college and 58% in medical school (Sierles, J. Med Educ., Feb. 1980). A study of medical students' attitudes toward an honor code showed that support of the honor code concept was high but students' reluctance to report suspected violations and confusion about what constituted a violation were also high (Brooks, J. Med Educ., August 1981). It appears that these subjects are rarely discussed at the institutional level or experiences shared among faculty, deans and students in any broader forum. As the educational process and the practice of medicine are becoming more complex, relationships among cheating in medical school, methods by which students are informed of their ethical responsibilities, pressures of the educational process, and unethical behaviors of practicing physicians need to be explored. The hope is that the results of the pilot survey may provide a starting place for the consideration of some of these interlocking issues.

A total of 39 questionnaires (anonymous but geographical region requested) were completed. Asked if their school had an honor code, 71% responded affirmatively. Of these 67% believe that an honor code is a useful means of instilling awareness of the ethical responsibilities of students and the same percentage believe that students can be expected to abide by the agreements of an honor code. These results indicate some skepticism about the utility of this method. Some comments were submitted regarding the insufficiency of an honor code in the absence of other kinds of reinforcement not to cheat. Students were also asked about student involvement in activities to encourage ethical behavior. Sixty-two percent reported that students are involved in policy formation in this area; 30% said they didn't know whether or not students are at their school. Fifty-six percent reported that students participate in formal hearings of a colleague accused of misconduct; 35% didn't know if this provision existed. These responses indicate a general lack of visibility of such activities on the campuses. The survey also asked about formal or informal activities on the part of the faculty aimed at fostering students' awareness of their ethical responsibilities as students and as physicians. The most frequently mentioned were an elective course in medical ethics (33%), discussions of ethical questions in other courses and on the wards (30%) and no activities (15%). Students were asked if the school uses specific measures to discourage cheating on exams; 54% responded affirmatively. The most frequently mentioned methods were proctors

*tabulated by Steve Phillips (4th year student at Einstein) who served on the 1980-81 OSR Administrative Board and who spearheaded this project.

and seating plans.

Presented in Table I are the averaged responses to the following item: "The activities below may be considered ethical responsibilities of each medical student. Indicate the importance you attach to each and the degree to which it presents a problem at your school".

TABLE 1

	Importance low (1) high (5)	No Problem-Major Problem low (1) high (5)	No basis to judge
Refrain from cheating on course exams	4.6	2.2	7%
Refrain from cheating on NBME	4.4	1.4	23%
Refrain from cheating on lab exercises	4.0	2.0	20%
Refuse to aid another student during exams or exercises	4.4	1.9	12%
Report a peer seen behaving suspiciously	3.4	2.5	23%
Refrain from presenting false data on case presentations, case write-ups and medical records	4.8	2.6	25%
Maintain Patient confidentiality	4.6	2.2	25%

These results indicate that none of these areas is considered to be major problems by the respondents but that problems do exist, it seems, in all but refraining from cheating on the National Boards (perhaps because of the difficulty of achieving this). Refraining from presenting false data on case presentations appears to be the most troublesome area at the same time as it is given the highest importance. These students do not attach as much importance to peer review as to the other responsibilities listed probably because of a natural reluctance to "cast the first stone" and equivocation about what constitutes suspicious behavior; it is thus also not surprising that students note problems with such reporting at their schools.

The final question regarding ethics on campus asked what circumstances contribute most heavily to students' unethical behavior. Following is a frequency listing of the responses, which for the most part fell into a few major categories:

competition among students/pressures for grades	43%
fears of failure/insecurity	28%
volume of the workload	23%
lack of emphasis on ethical behavior at school	15%
questionable ethics of faculty	12%
inappropriate personal philosophy	12%
unwillingness to admit mistakes	7%
belief that a little cheating is okay	5%
desire for placement in a good residency	5%

In another vein, the survey asked students to list the circumstances which contribute most heavily to physicians' unethical behavior. A frequency listing of these follows:

excessive pressures to perform well	30%
greed	17%
fears of lawsuits	15%
confusion of priorities/warped values	12%
competition with other physicians for recognition	12%
lack of peer review	10%
pratices acquired during the educational process	10%
sense of self-importance	7%
seeing situations as win/loss	5%
laziness	5%
unwillingness to admit mistakes	5%

It is clear from the responses to this and the preceeding question that students are concerned about negative influences of pressures to "succeed"; these pressures and incentives are experienced as both internal and external. Their comments also indicate a relationship between lack of peer review and emphasis on ethical behavior and the incidence of unethical practices.

Finally, responders were asked to describe what they believe to be the two or three most critical ethical dilemmas facing individual physicians today:

euthanasia	30%
high medical costs/allocation of medical resources	28%
care of terminally ill patients	25%
being honest with patients	20%
abortion	17%
how to treat patients who can't pay	17%
peer review/whistleblowing	12%
dealing with impaired physicians	7%
humanistic treatment in a technological world	5%
patient experimentation	5%
influence of money on type of medical practice	5%

Also mentioned were: patient confidentiality, physicians as executioners, testing only for legal reasons, and medical genetics experimentation.

It is recommended that the OSR Administrative Board discuss this brief summary of the survey responses with an eye toward identifying additional OSR-sponsored activities regarding the issue of unethical behavior of medical students. Whether or not such activities should be considered in the context of ethical dilemmas of physicians should also be explored.

1983 INTERIM MEETING PLANS

The date (and if possible, the focus) of the 1983 CAS Interim Meeting should be determined at the April board meeting so as to allow ample time for planning. The following options are offered for the board's consideration:

Legislative Sessions - Possible date: February 17-18

Following the 1982 Interim Meeting, CAS Representatives expressed a considerable amount of interest in holding similar sessions in 1983 and future years. It was agreed that continuing to hold such meetings would be one method of maintaining a healthy and ongoing dialogue between federal policymakers and the academic community.

One complicating factor in terms of planning such a meeting in 1983 is the fact that Congressional elections will have been held in the fall of 1982. The complexion of the Congress (and,thereby, the staff) could be substantially altered as it is conceivable, for example, that the Senate majority will return to the Democratic party or that a number of the leading Congressmen and Senators on key health committees will not be reelected. Prior to mid-January, it will be difficult to ascertain who many of the key health aides and committee staffers will be. The optimum time for scheduling an interim meeting similar to last year's would be during the week of February 14 (when the Congress is likely to be in recess), thus allowing only 1 month to plan the meeting. This time constraint does not preclude the possibility of holding the meeting but it could substantially impinge upon its success.

An alternative to the format for the 1982 Interim Meeting would be to focus the small group discussion sessions on specific issues or aspects of the legislative process and invite only 1 or 2 veteran staffers to make brief presentations and participate in discussion. Following these sessions, a reception might be held to which many key Committee staff and executive branch officials would be invited.

Alternate Topics - Possible date: April 19-20

In light of the complicating factors surrounding the planning of legislative sessions, the Board may opt to focus the meeting on other issues:

- Workshops on how academic societies can foster a favorable public view of the research community might be timely if the Association proceeds to organize a "national medical research month" in the spring of 1983.

- CAS society participation in the AAMC General Professional Education of the Physician Project might be orchestrated around the 1983 Interim Meeting.

The Administrative Board may have other suggestions for possible topics. The April 19-20 date is seen as desirable because the CAS Board and AAMC Executive Council meetings will be held on April 20-21.

THE NIH PEER REVIEW PROCESS

There has been a fair amount of debate within the academic community over what is perceived by some to be an inappropriate imbalance in the proposed NIH FY 1983 budget between funds provided for intramural research versus extramural research (see Executive Council item on programmatic implications of the NIH budget). The intramural budget issue as well as provisions relating to intramural peer review contained in Congressman Waxman's proposed NIH legislation (see Executive Council item) have again raised questions about the adequacy of the intramural peer review process. In addition, decreasing funding for extramural competing grants has heightened competitiveness to the extent that the percentage of approved grants funded could fall below 30% in 1983. This situation has placed an enormous strain on the extramural peer review process.

In an attempt to clarify some of these issues, three speakers have been invited to make informal presentations at the Tuesday morning session of the CAS Administrative Board meeting:

- Dr. William F. Raub, Associate Director for Extramural Research and Training at NIH, will discuss the extramural research budget and related issues such as the proposed cap on indirect costs.

- Dr. Joseph Rall, Deputy Director for Science at NIH, will discuss the details of the intramural budget and its formulation as well as the intramural peer review process which Congressman Waxman seeks to improve via statutory provisions included in his legislation.

- Dr. Mary Ellen Jones, Chairman of the Department of Biochemistry at the University of North Carolina, will discuss her experience as a member of a board of scientific counsellors and make general observations about the intramural peer review process.

Following these brief presentations, the floor will be open for discussion.

Background materials for the discussion which appear on the following pages include:

1. A review of intramural research prepared by the NIH Division of Legislative Analysis.

2. An in-depth article on the concept of peer review (particularly as it has been implemented by the NIH and the National Science Foundation) which appeared in the March 15 issue of Chemical and Engineering News.

March 22, 1982
NIH/DLA

REVIEW OF INTRAMURAL RESEARCH

Internal Management and Review

In each Institute, a senior scientist of recognized competence and leadership serves as Scientific Director with responsibility, under the Director, for managing and evaluating the intramural program. The research is organized and managed through a series of basic laboratories and clinical research branches. Within each Institute, Laboratory or Branch Chiefs are responsible for the research activities of their respective laboratories. Organizationally, a laboratory which does clinical research is titled "Branch," and one which does basic research is titled "Laboratory." Laboratories are often subdivided into sections, directed by Section Heads.

While considerable latitude in choice of research activities is given to individual intramural scientists, research accomplishments are critically reviewed by their laboratory and branch chiefs and Scientific Director. This review of in-house research is exerted by intramural supervisors before projects are undertaken and throughout the course of the work. Such review is based on the daily progress made, as well as on formal and detailed written annual reports. This continuing review of intramural research allows quick response to the problems and successes encountered. Resources may be readjusted on an ad hoc basis as the work progresses, so that funds are not wasted on projects that do not fulfill the promise they may have had when first proposed, and may be redirected to support projects that take an unexpectedly productive turn, or to support newly conceived projects.

The NIH Board of Scientific Directors (comprised of the BID Scientific Directors and chaired by the NIH Deputy Director for Science) reviews all proposed promotions and conversions to tenure for intramural scientists and evaluates the scientific accomplishments of the scientist in reaching its recommendations.

External Review

External advisors have for 25 years played a significant role in evaluating NIH intramural research and shaping its future direction. The ten BIDS having an intramural research program--including the three research divisions of the National Cancer Institute--have established Boards of Scientific Counselors to advise on and review the intramural program. These Boards, unlike the BID Advisory Councils, are not established by statute but are governed by the NationalAdvisory Committee Act. The members, however, are similarly chosen to obtain the highest caliber of advice. All nominations for membership on these boards are made by Scientific Directors, concurred in by the Deputy Director for Science and approved by the Director, NIH. Board members serve 4-year terms and may not be immediately reappointed (see attachment). They are advisory to the Scientific Director, the Director of the Institute, and the Deputy Director for Science and the Director, NIH. The Boards meet two or three times a year, depending on workload, and spend their 2-3 day meetings learning about a limited segment (usually 1 or 2 laboratories/branches) of the intramural program, and preparing an evaluation review. The Boards employ a

variety of approaches to investigate the research: presentations to the board by the scientists, visits to laboratories for interviews with individual scientists, and discussions with small groups who are working collaboratively, in addition to reading descriptions of the research and published articles about it. However, all evaluations of research at a minimum must address the following questions: Are good questions being asked, are appropriate approaches being used to obtain answers, and are the resources available to this scientist appropriate to the accomplishments to date?

The written reports by each Board are submitted to the Scientific Director, the Institute Director, the Deputy Director for Science, and the NIH Board of Scientific Directors. Recommendations made in these reports are given very serious consideration by Scientific Directors, and implemented unless there are strong arguments against them. In such cases, they are fully discussed with the Boards. Evaluations by the Boards of the work of individual scientists are provided to those scientists for their guidance, and laboratory and branch chiefs get copies of their reviews, in addition to the opportunity often available to get oral feedback from the counselors. The schedule of the Board of Scientific Counselors meetings is set so that each laboratory and each independent scientist is reviewed not less frequently than every four years. In several Institutes the reviews are held every two or three years.

The reports of each of the Board of Scientific Counselor's meetings are sent to all Scientific Directors and the Deputy Director for Science. These reports are reviewed by the Deputy Director for Science and are discussed (as regular agenda items) at the bi-weekly Scientific Directors' meetings.

The Advisory Councils have traditionally maintained an interest in the intramural program even though there is no specific statutory mandate. Reports by the Scientific Director on the progress of research in the intramural program are standard agenda items of National Advisory Cpouncil meetings. We regard this interest as healthy, and Institute Directors will continue to provide to interested councils reports on progress in the intramural programs.

A reassessment of the modus operandi of the various Boards of Scientific Counselors is currently being conducted by the Office of the Deputy Director for Science. Dr. John C. Eberhart, Senior Advisor to the Deputy Director for Science, is attending meetings of all the Boards as an observer. The objective of the study is to identify particularly appropriate practice which may be more broadly applicable and of benefit to the overall review process. Dr. Eberhart's report will be available at the end of the summer 1982, for discussion and consideration by the Board of Scientific Directors.

BID	Number of Members on Board	Number of Annual Meetings	Scope of Review at Each Meeting	Time Between Reviews of a Laboratory	Review Procedures
NIA	8	2	Lab/Branch	4 years	Formal presentations
NIAID	8	2	1-2 Labs	3 years	a. Formal presentation by Lab Chief and Section Head b. Individual Scientists visited by Board members
NIADDK	8	2	Large Lab or 2 Small Labs	4 years	Formal presentations by all tenured staff and any scientist under consideration for tenure
NCI-DCBD	15	2	3 Labs/Branches	4 years	Average 2 day site visits and "Lab Visits" followed by formal presentations
NCI-DCCP	20	3	1/3 of intra-mural program	3-4 years	Site visit chaired by Board member, then reported back to Board
NCI-DCT	18	3	3 Labs/ Branches	3 1/2-4 years	2-Day site visit by 4-5 (combination of Board members and outside consultants)
NICHD	6	2	1 Branch	2-3 years	Formal presentation by each scientist One reviewer assigned to each senior scientist
NIDR	8	2	1 Lab/Branch or Sections or cross-cut	4 years	Formal presentations by Lab/Section Chief and scientists; site visits may be conducted
NIEHS	5	2	2 Labs	2-3 years	Formal presentation by Lab Chief before full Board--subgroup of Board conducts site visit and in-depth questionning of Section Heads and investigators--full Board reconvenes in executive session with Scientific Director to discuss both individual and overall laboratory review
NEI	6	2	1-2 Sections	2-3 years	Formal presentations by Lab/Section Chief and Scientists. Site visits may be conducted
NHLBI	6	2	3 Labs/ Branches	3-4 years	Formal presentations
NINCDS	8	2	1/6 of intra-mural program	4 years	Formal presentations by scientists. Walk-through of lab includes informal discussion with professionals and support personnel

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

TO : Scientific Directors

DATE: October 1, 1980

FROM : Deputy Director for Science

SUBJECT : Modus Operandi of Boards of Scientific Counselors

During the recent extensive discussions by the Scientific Directors, consensus was reached on a number of issues with respect to conduct of reviews by Boards of Scientific Counselors.

In keeping with this consensus, I am now issuing the following instructions regarding procedures to be followed, effective September 1, 1980.

1. Composition of Boards:

   Every effort should be made to maintain the full complement of Board members. A Board may make use of ad hoc consultants when the Scientific Director deems it necessary. The consultants will be advisory to the Board; they will not be members of the Board and may not vote.

2. Frequency of Review Meetings:

   The Boards of Scientific Counselors should meet often enough to assure that the work of each independent intramural scientist in each Laboratory or Branch is reviewed at least once every four years.

3. Information Supplied to Boards of Scientific Counselors Prior to Meeting:

   Procedures for presentations to the Board of Scientific Counselors will be left to the discretion of the Scientific Director. For each scientist whose work is to be reviewed, the following information should be provided to each reviewer in advance:

   (a) Current CV and Bibliography
   (b) Summary of current research (not to exceed two single-spaced pages)
   (c) Recent relevant reprints

4. Who is to be Reviewed?

Every independent intramural scientist must be reviewed and evaluated. If no evaluation is made of a given scientist, that scientist is not to be considered an "independent investigator," and therefore will derive resources by virtue of his affiliation with his supervisor. The Scientific Director may choose to have the work of some scientists who are not independent investigators reviewed by the Board of Scientific Counselors.

5. Reporting of Results of Reviews:

(a) The report of the Board of Scientific Counselors is to be a narrative critique, following the outline preferred by the Scientific Director, and written by the Chairman of the Board.

(b) Evaluation of each independent investigator must address, at a minimum, the following questions: Are good questions being asked, are appropriate approaches being used to obtain answers, and are the resources available to this scientist appropriate to the accomplishments to date? These evaluations must be written by members of the Board of Scientific Counselors. A form which may be used for this purpose is attached. This two-part form offers certain advantages, which we have discussed, but its use is not required.

(c) Copies of the report and the individual evaluations are to be sent to the Deputy Director for Science, to the Institute Director, and to the Scientific Director.

6. Evaluation of Candidates for Tenure:

The Scientific Director may decide whether to seek the advice of the Board of Scientific Counselors concerning the granting of tenure to particular investigators.

7. Schedule of Reviews:

Each Scientific Director must submit to the Deputy Director for Science, by September 1, 1980, a schedule of the proposed dates of review of each laboratory and branch in his Institute or Division. This schedule must be updated annually and submitted to the Deputy Director for Science by September 1 of each year.

Robert Goldberger, M.D.

Attachment

BOARD OF SCIENTIFIC COUNSELORS

EVALUATION FORM

for

Intramural Independent Investigator

Institute or Division:_____Date of Review:_____

Laboratory or Branch:_____

Section:_____

Name:_____

- Summary of this scientist's research program:

Institute or Division:_____ Name:_____

- Critique:

1. Assess the quality of this scientist's research:

   (Are good questions being asked? Are the approaches being used to obtain answers appropriate?)

2. Are the resources available to this scientist appropriate to the accomplishments to date?

CAS NOMINATING COMMITTEE

The 1982 CAS Nominating Committee will meet by conference call on May 4 to develop a slate of nominees to fill three clinical science positions on the Board. The Committee will also nominate a basic scientist as Chairman-Elect of CAS and an individual from the Council of Teaching Hospitals to serve as Chairman-Elect of the AAMC.

The Committee is composed of the following individuals:

David Brown, M.D., Chairman
T. R. Johns, M.D.
John T. Sessions, Jr., M.D.
Franklyn G. Knox, M.D., Ph.D.
Frank C. Wilson, M.D.
Joseph R. Bianchine, M.D.
Robert Yates, Ph.D.

AD HOC COMMITTEE ON THE PROMOTION OF ETHICAL STANDARDS IN RESEARCH

At its January meeting, the AAMC Executive Council approved a recommendation by the CAS Administrative Board that the Association establish an ad hoc committee to address the multiple and complex issues surrounding research fraud and misconduct. The group will be asked not only to focus on the role of universities and academic societies in promoting high ethical standards but also to examine judicious and efficient mechanisms for responding to instances of misconduct. Dr. Julius Krevans, Dean of the University of California, San Francisco School of Medicine, will chair the ad hoc committee which will hold its first meeting on April 12.

The charge to the committee and a list of members is on the attached page.

Confidence in the personal integrity of scientists and in the quality of their work is imperative if scientific progress is to continue. Revelations of fraudulent research and the maltreatment of animal or human research subjects have recently received wide publicity. Unless accorded serious attention, this may lead to an erosion of public confidence in the honesty and integrity of the biomedical research community. The result might be a reduction of public willingness to invest in research, increased skeptism as to the validity of research results, and governmental efforts to police research.

The ad hoc committee on the promotion of high ethical standards in research should consider:

1. how institutions can assure and promote ethical conduct in laboratory and clinical research.

2. how institutions can effectively respond to suspicions of misconduct in order to ensure prompt action when problems are found to exist and prompt clearance of the scientists in question when suspicions are unfounded.

3. the responsibility of institutions to disseminate information about incidents of misconduct to other institutions, to research sponsors, and to the public at large.

4. the responsibility of senior investigators in assuring the validity of research data reported by junior colleagues.

5. the role of journal editors when the plausibility of findings presented in a paper is in question.

6. the steps that need to be taken to demonstrate to the public that the research community does require adherence to high ethical standards, that an effective system for the detection of misconduct exists, and that it can police itself.

It should be emphasized that the committee is being asked to address the broad ethical issues in the research enterprise and should not deal with the specific instances of misconduct in research.

Ad Hoc Committee on the Promotion of Ethical Standards in Research

Julius R. Krevans, M.D.
Dean
University of California, San Francisco
School of Medicine

James W. Bartlett, M.D.
Medical Director and Associate Dean
for Clinical Affairs
The University of Rochester
School of Medicine and Dentistry

Stuart Bondurant, M.D.
Dean
University of North Carolina
at Chapel Hill School of Medicine

David Brown, M.D.
Professor
Department of Lab. Med./Path./Ped.
University of Minnesota Medical School

Nathan Hershey, Esq.
University of Pittsburg
Health Services Administration

Robert Hill, Ph.D.
Chairman
Department of Biochemistry
Duke University Medical Center

Harold Hines, Jr.
President
Ryan Insurance Group, Inc.

Arnold S. Relman, M.D.
Editor
New England Journal of Medicine

LeRoy Walters, Ph.D.
Director
Center for Bioethics
Kennedy Institute
Georgetown University

Jeffrey Sklar, M.D., Ph.D.
Department of Pathology
Stanford University Medical Center