



association of american medical colleges

MEETING SCHEDULE COUNCIL OF ACADEMIC SOCIETIES ADMINISTRATIVE BOARD

April 20, 1983

5:00 p.m.	CAS Administrative Board Meeting Guest: Scott Wilbur, Associate Minority Counsel, House Subcommittee on Health and the Environment, Energy and Commerce Committee	Farragut Room
7:00 p.m.	CAS Reception	Grant Room
7:45 p.m.	CAS Dinner	Farragut Room

April 21, 1983

9:00 a.m.	CAS Administrative Board Meeting	Edison Room
1:00 p.m.	Joint Administrative Boards Luncheon	Map Room
2:30 p.m.	Adjournment	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

April 20-21, 1983

I.	Report of the Chairman	
II.	<u>ACTION ITEMS</u>	
	A. Approval of the Minutes of January 19-20 CAS Administrative Board Meeting.....	1
	B. CAS Brief	7
	C. Executive Council Action Items with Particular Emphasis On:	
	D. Criteria for Entry into Graduate Medical Education in the United States	20
	E. Elaboration of Transitional Year Special Requirements	21
	F. The President's Commission for the Study of Ethics in Medicine and Biomedical and Behavioral Research: AAMC Support for Renewal	29
	G. Regulation on "Nondiscrimination on the Basis of Handicap"	32
	I. Loan Forgiveness for Physicians in Research Careers	41
III.	<u>DISCUSSION ITEMS</u>	
	A. Annual Meeting	8
	B. Follow-up Discussion of CAS Interim Meeting	
	C. Executive Council Discussion Items:	
	1. Trends in Graduate Medical Education Positions	51
	2. Status of Indirect Costs	58
IV.	<u>INFORMATION ITEMS</u>	
	A. 1983 CAS Nominating Committee	9
	B. General Professional Education of the Physician Project	
	C. Revisions to JCAH Accreditation Manual	
	D. Biomedical Research Month	

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 19-20, 1983

Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Frank C. Wilson
(Chairman, Presiding)
David M. Brown
Bernadine H. Bulkley
David H. Cohen
William F. Ganong
Robert L. Hill
Douglas Kelly
John B. Lynch
Frank G. Moody
Virginia V. Weldon

Staff

James Bentley*
Janet Bickel
John A. D. Cooper*
James Erdmann
Lynn Morrison
Anne Scanley
John Sherman*
Emanuel Suter*
Lucy Theilheimer

ABSENT: Lowell M. Greenbaum
Joseph E. Johnson

Guests: Robert M. Heyssel
Manson Meads
Thomas K. Oliver
Richard S. Wilbur

The CAS Administrative Board convened on January 19 at 5:30 p.m. for a joint session with the Council of Deans Administrative Board regarding the proposed "sliding scale" for research grant awards. Presentations were made by Dr. George Mandel, chairman of the department of pharmacology at George Washington University, and Dr. William F. Raub, associate director for extramural research and training at NIH. At 7:00 p.m., the session was adjourned for a social hour followed by dinner at 7:45. The CAS Administrative Board reconvened at 9:00 a.m. on January 20 for a business meeting. 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 September 8-9, 1982 CAS Administrative Board Meeting were approved as submitted.

II. ACTION ITEM - CAS Board

A. Appointment of the 1983 CAS Nominating Committee

Dr. Wilson reviewed the portion of the CAS bylaws relevant to the appointment of the nominating committee. The Board reviewed a list of the representatives and public affairs representatives of member societies.

ACTION: The CAS Board selected six individuals (3 basic scientists and 3 clinical scientists) to serve on the 1983 nominating committee under the chairmanship of Dr. Wilson

III. ACTION ITEMS - Executive Council

A. Geriatrics in Medical Education

AAMC Vice President John F. Sherman reported on the completion of an AAMC document entitled, "Undergraduate Medical Education Preparation for Improved Geriatric Care--A Guideline for Curriculum Assessment." Developed primarily by a steering committee chaired by CAS Board Member Joseph E. Johnson, the document reflects the sense of discussions held at four regional institutes in 1982. These regional meetings were well attended by faculty, teaching hospital representatives, and institutional officials.

Dr. Sherman noted that the document is not intended as a model curriculum but as a series of guidelines for faculty to address the implications of a dramatically increasing elderly population. The intent is not to move toward a separate curriculum but to integrate information regarding geriatrics and gerontology into the current curriculum. He pointed out that the AAMC rarely takes a definitive role in categorical activities relevant to curricula. However, because of rapidly changing demographics, it was deemed appropriate for AAMC to specifically address this area.

The Association was also planning two efforts to stimulate response from the academic community in this area:

- encouraging professorial societies to include discussion of the document or related topics in their meeting programs, and
- arranging "visiting professorships" for recognized leaders in the field to medical schools, teaching hospitals, and society meetings

ACTION: The CAS Administrative Board enthusiastically endorsed the document for publication in the spring issue of the Journal of Medical Education and again as part of the regional institute proceedings. The Board suggested that it be widely distributed to Members of Congress and appropriate specialty societies.

B. Medicare Prospective Pricing Proposals

Dr. James Bentley of the AAMC's Department of Teaching Hospitals provided background information regarding current proposals for prospective payment under Medicare Part A. The Health Care Financing Administration (HCFA) proposal was reviewed as was a counterproposal of the American Hospital Association (AHA).

Rather than drafting an AAMC proposal or choosing between existing proposed plans, staff suggested that AAMC adopt a set of basic principles which should serve as the basis for assessing any prospective payment proposal. The Board reviewed a list of principles which suggested that prospective payment systems should:

- fully recognize the impact of the hospital's approved scope of services, its patient mix, and the intensity of care required on operating costs,
- recognize regional differences in the costs of goods and services purchased by hospitals,
- calculate operating costs on a "going concern" basis with full recognition of hospital capital requirements,
- recognize physician costs for personal medical services and for medical program supervision and administration
- recognize costs resulting from manpower training programs which are accredited by an appropriate organization (Costs recognized should include those for educational instruction and supervision, student stipends where provided, program support and institutional overhead, and the decreased productivity accompanying training in the hospital setting.)
- recognize the costs associated with clinical research to bring advances in biomedical knowledge to the improvement of medical care, and
- recognize increased costs accompanying the use of new diagnostic and treatment technologies.

The CAS Board agreed that the statement of principles should also advocate that prospective payment plans allow for: 1) the billing of patients when the cost of care exceeds the reimbursement level, and 2) an appeals process.

ACTION: The CAS Administrative Board voted to approve the statement of principles regarding prospective payment plans with the additions noted above.

C. AAMC Management Education Programs

The CAS Board reviewed the recommendations of an ad hoc committee regarding future directions for the AAMC's Management Advancement Program. The committee recommended that:

- the AAMC governance assert responsibility for this activity and adopt as one of the primary missions of the AAMC the continuing administrative education of its members; and

- an advisory committee, similar in constitution to the ad-hoc group but with a faculty representative, be appointed and charged with advising on the planning and initiation of new efforts.

Dr. Wilson reported that the recommendations had been endorsed at the recent AAMC officers retreat.

ACTION: The CAS Administrative Board voted to endorse the committee's recommendations as stated above.

D. ACCME Essentials and Guidelines

Dr. Emanuel Suter of the AAMC staff provided background information regarding the development of a set of guidelines as a companion to the ACCME Essentials for Accreditation of Sponsors of Continuing Medical Education. Dr. Suter stated that unfortunately, the guidelines are not as specific as originally intended. Nevertheless, the parent organizations of the ACCME had agreed that they should be approved as soon as possible so that the the implementation of the Essentials (which have already been approved) will not be further delayed.

ACTION: The CAS Administrative Board approved the proposed ACCME guidelines as a supplement to the Essentials.

E. ACCME Protocol

During the past year, a special subcommittee composed of representatives from state medical societies and the ACCME had developed a protocol for delegation of the authority for the accreditation of intra-state continuing medical education programs. Dr. Suter stated that the impetus for the development of the protocol had been the need to assure the uniformity of standards on a state-to-state basis with respect to accreditation. He expressed the opinion that the protocol contained satisfactory criteria for recognizing the quality of the accreditation programs of state medical societies. However, he expressed concern regarding the diminished role of the ACCME in the process. He noted that the members of the Committee for Review and Recognition of State Medical Societies as Accreditors of Continuing Medical Education Providers, while appointed by the ACCME chairman, will be selected only from nominees submitted by the state medical societies. The Committee will elect its own chairman and the ACCME has no authority over its decisions.

ACTION: The CAS Administrative Board recommended that the Executive Council disapprove the proposed protocol for the reasons noted above.

IV. DISCUSSION ITEMS - CAS Board

A. CAS Interim Meeting Plans

Ms. Lynn Morrison of the AAMC staff reported that 80 CAS Representatives and over 60 Executive Branch officials and Congressional staff had pre-registered for the meeting. The Board reviewed the program for the meeting which would have as its theme, "The Effects of Changing Federal Policies on Academic Medical Centers: Implications for Biomedical Research."

The Board agreed that CAS Representatives should be encouraged to focus on general issues (as opposed to specific legislation) during the small group discussions with Federal policymakers.

B. AAMC Awards

In recent years, the AAMC has received only a limited number of nominations for the Flexner Award for Distinguished Service to Medical Education or the award for distinguished research. Both awards are presented at the time of the Annual Meeting. To stimulate a greater number of nominations, the Board suggested that AAMC staff:

- request that the governing councils of member societies submit nominations
- solicit nominations from past award winners
- invite the previous year's winners to serve on the awards committees
- simplify the nominations process by requiring only a brief information sheet on each nominee (Additional information could be requested regarding top candidates.)

C. Proposals for "Stretching" Research Funds

In a letter published in Science in February, 1982, Drs. Elliot Vesell and George Mandel (on behalf of the Association for Medical School Pharmacology) expressed concern regarding a "crisis" in NIH funding. They suggested several options for "stretching" research dollars: 1) a "sliding scale" for research grants, 2) reduction of indirect costs to institutions, 3) greater emphasis on ROIs (and less on centers, research training and contracts), and 4) dollar limits on support to individual laboratories. At the January 19 joint CAS/COD Boards meeting, Dr. Mandel had expanded on these proposals and Dr. William Raub had discussed the NIH perspective.

The CAS Board discussed the presentations and focussed attention on the "sliding scale" concept. Under this system, grant applications with top priority scores would receive 100 percent of the study section approved budgets; others would receive partial funding, depending on the priority scores. Dr. Mandel had presented a table demonstrating the application of a sliding scale to all NIH institutes. In order to achieve a target award rate of 35-50% for all institutes, some study section approved budgets would have to be reduced by as much as 70%. The Board expressed concern about the unavoidable negative impact of such a steep budget curtailment on the ultimate quality of a project. It was noted that Dr. Raub had stated that study sections often reduce the amount of an award by 15% or more below the investigator's original request and frequently, NIH grants management staff further reduces the amount of the award by 5-10%.

The potential problems of implementation of some of the other Vesell/Mandel proposals were also discussed. It was agreed that AAMC staff should develop a position statement which would defend the present grant system and actively endorse the present peer review system.

D. Compensation of Human Subjects

The President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research had prepared a report entitled, "Compensating Research Subjects." The report recommends a "social policy experiment" to determine the need for and feasibility of establishing comprehensive programs to compensate injured subjects. The AAMC had been identified in the report as having argued for instituting such a compensation system.

Dr. Sherman distributed a draft letter to the NIH Office for Protection of Research Risk which: 1) emphasized that AAMC had not argued for such a system, and 2) expressed skepticism regarding the need for such a project. The letter pointed out that the Veterans Administration has attempted to gather data on the number of research subjects and the incidents of injury resulting from VA-sponsored research. Because of the insurmountable definitional problems encountered, the VA has, at least temporarily abandoned the project.

The Board reviewed the letter, suggested minor editorial changes, and agreed that it should be sent to clarify AAMC's position.

CAS BRIEF

In 1975, the CAS Brief was established as a quarterly publication to address issues of interest to medical school faculty. It is circulated to the members of CAS societies who choose to subscribe at a cost of 5¢ per copy. (This is in contrast to the AAMC Weekly Activities Report and Assembly memoranda which are distributed to the officers and representatives of all member societies.)

Until recently, 11 member societies were distributing a total of 5200 copies of each issue of the Brief. However, following a recent billing, 6 of 11 organizations cancelled their subscriptions--substantially reducing circulation. As a result, currently only 5 societies subscribe, distributing a total of 1300 copies. The explanation usually given for cancellation was that the organization could no longer afford to purchase and distribute the Brief. In addition, it may be that a quarterly publication can no longer adequately address the increasing number and complexity of public affairs issues of interest to the academic community. The CAS Board should consider the possibility of discontinuing the publication of the Brief.

CAS FALL MEETING PLANS

The CAS is scheduled to meet on Sunday, November 6 and Monday, November 7, 1983 (at the time of the AAMC Annual Meeting). The Monday afternoon session will include the business meeting, discussion of current issues, and the usual legislative update. The Board should discuss the program for the November 6 meeting.

In the past, CAS Representatives have complained that they do not receive information regarding the content of the fall session far enough in advance. Therefore, the program for the fall meeting should be decided at the April Board Meeting so that it can be included in the preliminary program for the Annual Meeting. It is recommended that the Board decide on a theme for the Sunday afternoon program and that possible speakers be identified.

1983 CAS NOMINATING COMMITTEE

Members of the 1983 CAS Nominating Committee include:

Frank C. Wilson, M.D., Chairman
Robert M. Blizzard, M.D.
Arthur Donovan, M.D.
Robert L. Hill, Ph.D.
Leonard Jarett, M.D.
Thomas Langfitt, M.D.
Howard Morgan, M.D.

The Committee will meet by conference call on May 9 to develop a slate of nominees to fill three basic science positions on the Board. The Committee will also nominate a clinical scientist as Chairman-Elect of CAS and an individual from the Council of Deans to serve as Chairman-Elect of the AAMC.