MEETING SCHEDULE
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 29, 1983

5:00 p.m.	CAS Administrative Board Meeting	Farragut Room
7:00 p.m.	CAS Reception	Edison Room
7:45 p.m.	CAS Dinner	Farragut Room

June 30, 1983

9:00 a.m.	CAS Administrative Board Meeting Guests: William F. Raub, Ph.D., Director for Extramural Research and Training, NIH Thomas E. Malone, M.D., Deputy Director, NIH S. Stephen Schiafino, Ph.D., Deputy Director, Division of Research Grants, NIH "The Peer Review System"	Edison Room
1:00 p.m.	Joint Administrative Boards Luncheon	Monroe West
2:30 p.m.	Adjournment	

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

April 20-21, 1983
Washington Hilton Hotel
Washington, D.C.

PRESENT:

Board Members	Staff
Frank C. Wilson, Chairman Presiding	Robert Beran*
David M. Brown	John A.D. Cooper*
David H. Cohen	James Erdmann*
William F. Ganong	Paul Jolly*
Lowell M. Greenbaum	Thomas Kennedy*
Robert L. Hill	Mary McGrane*
Joseph E. Johnson III	Lynn Morrison
Douglas E. Kelly	John Sherman*
Frank G. Moody	August Swanson
Virginia V. Weldon	Lucy Theilheimer
	Kat Turner*

ABSENT: John B. Lynch

GUESTS: John Graettinger*
Leonard Heller*
Donald Langsley
Thomas K. Oliver*

The CAS Administrative Board convened on April 20 at 5:30 p.m. for an update regarding current legislative issues. Leonard Heller, Ph.D., Robert Wood Johnson Foundation Policy Fellow working with Representative Edward Madigan (R-Il), joined the Administrative Board for an informal discussion. The meeting adjourned at 7:00 p.m. for a social hour followed by dinner at 7:45 p.m. The CAS Board reconvened at 9:00 a.m. on April 21 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.

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* present for part of the meeting

I. APPROVAL OF MINUTES

The minutes of the January 19-20, 1983 CAS Administrative Board meeting were approved as submitted.

II. ACTION ITEM - CAS Board

A. CAS Brief

The CAS Brief was established in 1975 as a quarterly publication to address issues of interest to medical school faculty. Dr. Swanson reported that in the past year, subscriptions had dropped from 11 member societies (distributing 5200 copies) to 5 societies (distributing 1300 copies). It was felt that this was due largely to the changing pace and complexity of legislative activity which can no longer be addressed adequately in a quarterly publication. The Board agreed that the publication of the CAS Brief should be discontinued. CAS Presidents will be apprised of the availability of the AAMC Weekly Activities Report in bulk quantities for distribution to their members.

ACTION: The CAS Administrative Board voted to discontinue publication of the CAS Brief.

III. ACTION ITEMS - Executive Council

A. Criteria for Entry Into Graduate Medical Education in the U.S.

At its February meeting, the ACGME adopted a policy statement on criteria for entry into graduate medical education in the United States. The statement was derived from a set of consensus statements previously endorsed by the AAMC. In summary, the ACGME policy states that:

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

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

3. graduates of other medical schools should be required to pass an examination comparable to NBME Parts I and II; and

4. when evaluation mechanisms are in place, individuals described in #2 and 3 above should also be assessed in terms of clinical skills.

Dr. Swanson stated that the ACGME parent organizations must approve the policy statement before it is finally ratified by the ACGME.

ACTION: The CAS Administrative Board endorsed the ACGME policy statement.

B. Elaboration of Transitional Year Special Requirements

At its May Meeting, the ACGME would consider the current rules regarding transitional year programs for physicians who desire first post-graduate

year training in several specialties. Impetus for expanding the language rose from a perceived need to provide more guidance than currently available to hospitals which sponsor or wish to establish such programs. The revised rules do not include additional requirements, but rather delineate the existing requirements within the following categories: 1) administration, 2) faculty resources, 3) curriculum, 4) support services and departments, and 5) assessment.

ACTION: The CAS Administrative Board reviewed and endorsed the elaboration of the special requirements for the transitional year residency.

C. President's Commission on Ethics in Medicine and Research

Authority for the President's Commission for the Study of Ethics in Medicine and Biomedical and Behavioral Research will expire on March 31, 1984. Since its inception in 1978, the Commission has addressed such issues as genetic screening, whistle blowing in biomedical research, defining death, and the adequacy and uniformity of regulations to protect human subjects in research. Senator Edward Kennedy (D-Ma) was seeking renewal of the Commission's authority and the CAS Board discussed the pros and cons of supporting this position. It was agreed that it would be inadvisable to oppose the maintenance of an organization charged to study ethics in medicine. However, it was agreed that rather than a President's Commission, an organization outside of government (such as the National Academy of Sciences) should be responsible for this activity.

ACTION: The CAS Administrative Board voted to recommend that the Executive Council support continuation of the study of ethics in medicine and research under the auspices of a nongovernmental agency.

D. MCAT Related Projects

Dr. James Erdmann of the AAMC staff reported on two initiatives related to the Medical College Admission Test:

1. The feasibility of requiring an essay from MCAT examinees had been considered. This would provide admission committees with information about candidates' abilities to express themselves in writing. It was noted that faculty perceive a progresssive loss of writing skills among medical students. In developing this mechanism, AAMC staff are investigating topic selection, essay administration procedures, evaluation and scoring, dissemination of the essays to the medical schools, and guidelines for using the essays in evaluating candidates.

2. The MCAT Diagnostic Services Program (DSP) is being developed as a means to help students determine their strengths and weaknesses in the areas of knowledge tested in the MCAT. The assessments will be conducted through a series of test questions in each of the MCAT areas.

ACTION: The CAS Administrative Board endorsed the continuation of staff efforts to develop these projects.

E. Loan Forgiveness for Physicians in Research Careers

Over the past decade, it has become apparent that fewer young physicians have been attracted to careers in research. Dr. Thomas K. Oliver, immediate past chairman of AAMC, was present to provide background information on a proposal to establish a Federal program to forgive the indebtedness of young physicians who pursue research careers. The program would be limited to MDs and MD/PhDs who had: 1) completed "core" residency training in their respective specialties; 2) completed fellowship training with at least one year in research; and 3) been recruited by academic institutions in their tenure tracks at the level of assistant professor. The loans would be forgiven at the rate of 20% per year for five years.

During discussion of the proposal, the Board expressed concern that a program designed to assist physicians might create a negative reaction among PhDs. However, it was agreed that extenuating circumstances exist as most of the research community is aware of the sharp decline in the clinical research manpower pool. It was suggested that a compromise position might be to require a longer period of active participation in research. It was also suggested that a minimum of two years of formal research training be required.

ACTION: The CAS Board endorsed the proposal for a loan forgiveness program for physicians entering research careers with the modifications noted above.

IV. DISCUSSION ITEMS - CAS Board

A. Annual Meeting Plans

The Board discussed possible topics for the CAS Fall Meeting. It was noted that there are currently a number of divisive issues confronting the academic community relating to the direction of the NIH--specifically regarding the allocation of funds. It was suggested that a program be organized which would highlight these issues while emphasizing the importance of maintaining unity within the academic community.

B. Follow-up on CAS Interim Meeting

As in the previous year, the 1983 CAS Interim Meeting had been organized to provide the opportunity for CAS Representatives and Congressional staff and Executive Branch officials to discuss informally issues relevant to the conduct of research. Unfortunately, a major snow storm just prior to the meeting had resulted in reduced attendance. In addition, however, staff had perceived frustration on the part of CAS Representatives regarding the attitudes of some of the Congressional staff and the difficulties encountered in trying to convince them to attend. Members of the Board also noted that CAS Representatives seemed less enthusiastic about this year's meeting. It was agreed that a different format or theme should be developed for next year's interim meeting. The possibility of not having an interim meeting in 1984 was also discussed.

V. DISCUSSION ITEMS - Executive Council

A. Regulation on "Nondiscrimination on the Basis of Handicap"

Considerable publicity had surrounded an incident in Bloomington, Indiana in which an infant with Downs syndrome and multiple other disorders

was permitted to die. In response, the Department of Health and Human Services had issued an interim final regulation requiring that hospitals post in prominent places a notice that "..no otherwise qualified individual...shall solely by reason of his handicap, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any programs or activity receiving Federal financial assistance." The rule also established a toll free number for anonymous reporting of potential violations of this rule.

A number of organizations including the American Academy of Pediatrics had opposed the regulation and on April 14, 1983 a district court judge had struck down the regulation in response to a suit filed by the Academy and other interested organizations. The organizations had objected to the rule as it: 1) implied that hospitals and physicians are currently mistreating handicapped infants, and 2) would interfere with medical decision making. The organizations had also objected to the fact that insufficient time had been allowed for comment prior to implementation of the rule. The AAMC had also written to Secretary Heckler protesting the implementation date and expressing concern regarding the potential negative impact on the quality of medical care. The Board agreed that the procedures proposed in the regulation would not effectively address this sensitive ethical issue. There was consensus that the Association should continue to oppose implementation of the regulation.

B. Trends in Graduate Medical Education Positions

Dr. Swanson reviewed data for 1982 from the National Resident Matching Plan. The data indicated a narrowing of the ratio between the number of graduate medical education positions available and the number of graduates from U.S. medical schools. It was noted that the number of FMG and USFMG applicants was increasing although the match rate for these applicants had decreased. A related issue which was discussed was the practice of program directors in some specialties of selecting students into PGY-2 positions. It was noted that this arrangement was incompatible with the NRMP match and also forced students to make premature decisions regarding specialty choice. It was agreed that these issues should be discussed further at the June meeting.

C. NIH Renewal Legislation

Dr. Thomas Kennedy of the AAMC staff reported on legislation to renew the expiring authorities of the NCI, NHLBI, NRSA program, and the National Library of Medicine. It was noted that once again, the legislation was being used as a vehicle for special interests and both the House and Senate versions contain numerous set asides and disease-specific provisions. In addition, the bill contains extensive revision of Title IV of the Public Health Service Act which would obviate the need for the open-ended authority provided under Section 301. It was rumored that with the encouragement and support of the research community, Representative Edward Madigan might offer a substitute bill which would eliminate many of the troublesome provisions.

The Board discussed the Association's position on this issue in light of discussions which had taken place the previous evening with Dr. Leonard Heller of Mr. Madigan's staff. Dr. Heller had stressed the importance of the unqualified support of the academic community

if a substitute bill is to succeed. However, it was also noted that aggressive support for a Madigan substitute would most likely further alienate Representative Waxman, sponsor of the current bill. The Board agreed that the Association should not support either bill for the moment. Instead, it was suggested that staff develop a position paper which outlines the broad principles which should govern the direction of the NIH. It was agreed that such a statement should emphasize the past effective operation of the NIH under its current legislative authority. The statement will be reviewed at the June Board meeting for subsequent wide distribution.

D. Indirect Costs

Dr. John Sherman, AAMC vice president, briefed the CAS Board on activities related to the issue of indirect cost reimbursement. In response to a request by the appropriations subcommittees, the NIH had drafted a proposal including a series of options for controlling indirect costs. The proposal had been the subject of a meeting convened by officials of the NIH and the Department of HHS with representatives from higher education and biomedical research. There had been strong disagreement among the attendees as to the purpose of the request by the appropriations committees and the meeting had ended without any consensus regarding how indirect costs could be controlled.

Dr. Sherman noted that of immediate concern is the proposal in the Administration's FY 1984 budget for NIH that indirect cost reimbursement be reduced across-the-board by 10%. It was agreed that the AAMC and CAS member societies should be encouraged to vigorously advocate the $487 million increase over FY 1983 proposed by a coalition of 130 organizations. (The proposal includes the restoration of cuts in indirect cost reimbursement.) For the long-term, it was agreed that NIH should be encouraged to call a series of meetings on this topic with appropriate representatives of the research community.

The Board discussed the faculty perspective regarding the indirect cost issue. It was noted that indirect costs are real costs of research but that there is a degree of misunderstanding between faculty and administrators regarding how these funds are allocated--especially at a time when investigators must contend with across-the-board reductions in the budgets for their grants. It was agreed that the Association should strongly support the proposed $487 million increase. However, the Board agreed that the Executive Council should be encouraged to take a formal position that any funding deficit should be shared between the direct and indirect costs of research with priority given to fully funding direct costs.

E. Regional Seminars on Medicare Prospective Payment

Dr. Cooper reported that the AAMC is planning four regional seminars in order to provide an understanding of the new Medicare prospective payment system and its implications for medical schools and teaching hospitals. Each medical school dean will be invited and asked to encourage the attendance of appropriate departmental chairmen and hospital administrators.

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 Psychiatric Association

MAILING ADDRESS: 1400 K Street, N.W., Washington, DC 20005

PURPOSE: The American Psychiatric Association is a society of medical specialists brought together by a common interest in the continuing study of psychiatry, the search for more effective application of psychiatric knowledge to combat mental illness, and the promotion of mental health for all citizens. The objectives of the Association are stated succinctly in its Constitution: to improve the treatment, rehabilitation, and care of the mentally retarded and the emotionally disturbed; to promote research, professional education in psychiatry and allied fields, and the prevention of psychiatric disabilities; to advance the standards of all psychiatric services and facilities; to foster the cooperation of all who are concerned with the medical, psychological, social, and legal aspects of mental health and illness; to make psychiatric knowledge available to other practitioners of medicine, to scientists in other fields of knowledge and to the public; and to promote the best interests of patients and those actually or potentially making use of mental health services.
MEMBERSHIP CRITERIA: Please refer to the Constitution and Bylaws and brochure attached.

NUMBER OF MEMBERS: 27,604

NUMBER OF FACULTY *MEMBERS:* @ 12,000

DATE ORGANIZED: October 16, 1844

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

April, 1980 1. Constitution & Bylaws

May, 1982 2. Program & Minutes of Annual Meeting

DISTINGUISHED SERVICE MEMBERSHIP NOMINATIONS

In June, 1980 the CAS Administrative Board established the policy that an individual would automatically be considered for nomination to the category of distinguished service membership in the AAMC if he/she had served as chairman of the CAS, chairman of the AAMC representing the CAS, or as a member of the CAS Board for two consecutive terms. Accordingly, the CAS Board should consider the following individuals:

Daniel X. Freedman	CAS Chairman, 1980-81
Thomas K. Oliver	CAS Chairman, 1978-79 AAMC Chairman, 1981-82

As background for the discussion, the sections of the AAMC bylaws pertaining to distinguished service membership and the current list of distinguished service members from CAS are shown below.

AAMC Bylaws

- Section 2B - "Distinguished Service Members - Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who have made major contributions to the Association and its programs."
- Section 3E - "Distinguished Service Members shall be recommended to the Executive Committee by either the Council of Deans, the Council of Academic Societies, or the Council of Teaching Hospitals. The Executive Committee shall present Distinguished Service Member nominations to the Executive Council."

CAS Distinguished Service Members

Robert M. Berne
F. Marian Bishop
A. Jay Bollet
Samuel L. Clark, Jr.
Carmine D. Clemente
Jack W. Cole
Ludwig W. Eichna
Ronald W. Estabrook
Harry A. Feldman
Patrick J. Fitzgerald
Robert E. Forster, II
Rolla B. Hill, Jr.
John I. Nurnberger
Hiram C. Polk
Jonathan E. Rhoads
James V. Warren
Ralph J. Wedgwood
William B. Weil, Jr.

THE PEER REVIEW SYSTEM

The following individuals have been invited to address the CAS Administrative Board on Thursday morning regarding the NIH peer review system and how the work of study sections is fairing under current fiscal pressures:

- William F. Raub, Ph.D., Director for Extramural Research and Training, NIH
- Thomas E. Malone, M.D., Deputy Director, NIH
- S. Stephen Schiafino, Ph.D., Deputy Director, Division of Research Grants, NIH

The intent is that through a mutual exploration, some possible answers may emerge with respect to the problems related to the review of research proposals.

As background for the discussion, the following excerpt from the report language accompanying the Senate NIH reauthorization legislation contains some interesting data.

> The peer review system has responded to unprecedented demands by the scientific community by processing and reviewing increased numbers of applications over the period of the seventies and early eighties. The Division of Research Grants (DRG) has central operational responsibility for most of the system. The DRG currently operates 63 regularly chartered study sections comprised of more than 1100 members. In addition, it manages the Special Study Section, which conducts customized reviews of applications not appropriately reviewed in regular study sections.
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> As resources necessary to award grants in proportion to the application rate have dwindled, changes have occurred in the behavior of the peer review system, as well as in the applicant community, although a cause and effect relationship remains to be proven. Some of these changes are:
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> (a) The rate of recommendations for approval for new research project applications increased from 62 percent in 1972 to 80 percent in 1982. The comparable rate for competing continuation applications has increased from 86 percent to 96 percent over the same period.
>
> (b) The award rate for these applications has decreased over the same period from 52 percent to 28 percent in the case of new applications and from 68 percent to 48 percent in the case of competing continuation applications.
>
> (c) Median priority scores for all competing research project applications recommended for approval have increased (become poorer) from 217 in 1972 to 225 in 1982, while those for applications actually awarded have decreased (improved) from 186 in 1972 to 159 in 1982.
>
> (d) The number of investigators seeking R01 grant support for the first time continues to increase. For instance, in 1980, there were 3081 first-time applicants as compared to 1744 in 1970.
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> As the number of unfunded applicants has mounted, criticisms leveled at the peer review system have intensified. The two principal criticisms are that the same people continue to serve as study section members and that study section members are not as well qualified as they were in the past. Actually, about 85 percent of all study section members are serving their first appointment at any one time. Further, priority scores and approval rates for study section members' applications are both very much better than those of the general applicant population.

New prinicpal investigators (PIs) on NIH R01 projects continue to enter into the NIH research grant support system at an average annual rate greater than 10%. In the past five years the entry rate has averaged over 12%. Nearly a third of all competing PIs awarded each year are new; more than half of all new projects awarded each year are to scientists supported for the first time as principal investigators on NIH research grants. In fact, new applicants seeking support for their research as PIs on new research projects succeed at rates greater than other applicants who have applied previously.

These statistics belie the argument that the peer review system perpetuates the continued support of a select group of repeat investigators. Indeed, the facts substantiate that the system is coping very effectively with an increasing number of applications. However, despite all precautions, some inequities may occur. For this reason, in 1980 NIH established a formal procedure for handling commentaries and rebuttals to peer reviewers' evaluations. Another procedure used to strengthen the system is to convene a special review group for the occasional application that concerns an area of science not well represented on any study section.

CAS ANNUAL MEETING

The annual meeting of the Council of Academic Societies will be held November 6-8, 1983 at the Washington Hilton Hotel. The program portion of the meeting (Sunday, November 6, 1:30-5:00 p.m.) is being planned around the theme of "Research Support: A Consensus Is Needed." Current plans involve a panel discussion as follows:

- Research Funding Priorities of the NIH

  Dr. William F. Raub, Director for Extramural Research and Training, NIH

- A Statement of Basic Principles for the Nation's Medical Research Program

  Dr. John F. Sherman, Vice President, AAMC

- Congressional "Micromanagement" of the NIH

  Mr. John Walsh, Senior Reporter for News and Comment, Science

- The Science of Politics and the Politics of Science

  Dr. Leonard Heller, Robert Wood Johnson Foundation Policy Fellow

Each presentation will run about twenty minutes with fifteen minutes for questions and discussion. It is hoped that this session will highlight the importance of unity within the research community regarding issues related to NIH including the allocation of funding. (To conclude the program, Dr. Sherman Mellinkoff has been invited to present his views on the subject.)

The Sunday program will be followed by a CAS reception, 5:00-7:00 p.m. The annual business meeting will be held on Monday, November 7, 1:30-5:00 p.m. and the CAS Presidents' Breakfast has been scheduled for Tuesday, November 8, 7:00-8:15 a.m.

EXTENSION OF CLINICAL EVALUATION PROJECT

The AAMC Clinical Evaluation Project in Phase I, the data gathering phase, had available for study information from over 500 departments regarding the evaluation of medical students in their clinical clerkships and from over 300 concerning the evaluation of residents. In Phase II, the implementation phase, it is becoming increasingly evident that in order to improve the evaluation system in our institutions, the clinical education continuum under study cannot be arbitrarily cut at the granting of the M.D. degree but must be viewed as extending through at least the first three years of graduate medical education. A resident conference in 1981 on evaluation in graduate medical education identified many problem areas in the evaluation of residents. In Phase II, AAMC staff will work with selected institutions to develop approaches to the evaluation of students in clinical settings. This will result in self-study materials that can serve as guides for faculties to develop improved approaches to evaluation in their schools. Of necessity, this effort has already involved the graduate medical education program directors in these institutions. Accordingly, it is feasible and reasonable to expand the objectives of the Clincial Evaluation Project to include the evaluation of residents.

The CAS Board should discuss the extension of the project to the evaluation of residents.

MINUTES
NOMINATING COMMITTEE
COUNCIL OF ACADEMIC SOCIETIES

May 9, 1983

PRESENT:

Committee Members

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

Staff

Lynn Morrison
August Swanson
Lucy Theilheimer

The CAS Nominating Committee met by conference call on May 9, 1983 to select the slate of nominees to be presented at the fall CAS Business meeting. Prior to the conference call, background materials had been circulated for review by the members.

As a result of the customary rotation of Board members, three basic science positions will become vacant and tne Chairman-Elect position is to be filled by a clinical scientist.

Potential nominees were chosen from among the official Representatives and Public Affairs Representatives of the 73 member societies. They were nominated on the basis of their stature as well as past experience in CAS/AAMC activities. In addition, the Committee strived to maintain a broad representation of disciplines on the Board.

The slate developed and alternates considered follows:

CHAIRMAN-ELECT

Virginia V. Weldon, M.D., Society for Pediatric Research and Endocrine Society, St. Louis, Missouri

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

CLINICAL SCIENCES

To complete the term of Dr. Weldon:

Phillip C. Anderson, M.D., Association of Professors of Dermatology, Inc., Columbia, Missouri

Alternate: Frank M. Yatsu, M.D., American Neurological Association, Houston, Texas

BASIC SCIENCES

For three year term:

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

Harold S. Ginsberg, M.D., Association of Medical School Microbiology Chairmen, New York, New York

John W. Littlefield, M.D., American Society of Human Genetics, Baltimore, Maryland

Alternates: Jack L. Kostyo, Ph.D., American Physiological Society, Ann Arbor, Michigan

Evan G. Pattishall, Jr., M.D., Association for the Behavioral Sciences and Medical Education, University Park, Pennsylvania

Joseph Bianchine, Ph.D., Association for Medical School Pharmacology, Columbus, Ohio

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

As its final order of business, the CAS Nominating Committee recommended that Dr. William H. Luginbuhl, a past chairman of the Council of Deans, be nominated for Chairman-Elect of the AAMC Assembly.