

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 23, 1985

5:30 - 7:00 p.m.
Georgetown West Room

JOINT ADMINISTRATIVE BOARDS MEETING

The Executive Council has appointed a Committee on Financing Graduate Medical Education, chaired by J. Robert Buchanan, M.D. The Committee has met twice and will meet again on January 15. Dr. Buchanan will report on the progress of the Committee and lead a joint Administrative Boards meeting in discussing issues and options considered by the Committee.

7:00 - 9:00 p.m.
Georgetown East Room

JOINT ADMINISTRATIVE BOARDS RECEPTION AND DINNER

January 24, 1985

8:00 - Noon
Independence Room

CAS ADMINISTRATIVE BOARD MEETING

Noon - 1:00 p.m.
Conservatory Room

JOINT ADMINISTRATIVE BOARDS LUNCHEON

AGENDA
 COUNCIL OF ACADEMIC SOCIETIES
 ADMINISTRATIVE BOARD

January 23-24, 1985

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MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 12-13, 1984
Washington Hilton Hotel
Washington, D.C.

PRESENT: Board Members

Robert L. Hill, Chairman
Philip C. Anderson
David H. Cohen
William F. Ganong
Harold S. Ginsberg
Joseph E. Johnson, III
Douglas E. Kelly
Jack L. Kostyo
Frank G. Moody
Virginia V. Weldon

Staff

David Baime*
Janet Bickel*
Robert Boerner*
Christine T. Burris
John A. D. Cooper*
Carolyn Demorest
James Erdmann
Thomas J. Kennedy*
Leonard Koch*
David B. Moore
John F. Sherman*
Elizabeth M. Short
August G. Swanson

Guests

Robert M. Heyssel*
Richard Janeway*
Donald G. Langsley
Richard S. Wilbur*

I. FINANCING GRADUATE MEDICAL EDUCATION

The CAS Administrative Board convened jointly with the Boards of the Council of Teaching Hospitals, Council of Deans, and the AAMC Committee on Financing Graduate Medical Education at 1:00 p.m., September 12 for a plenary session on Financing Graduate Medical Education. The session was chaired by Dr. Robert Heyssel, who emphasized that change in funding patterns for house staff is rapidly occurring and urged attendees to evaluate the problem and take action. Paying for graduate medical education from patient care revenues is becoming an issue as hospitals compete for patient care revenues. Health maintenance organizations (HMO) and preferred provider organizations (PPO) emphasize price, which often precludes contracts with the more expensive teaching hospitals. Teaching hospitals are not as cost effective in part because of the amount of money which is spent on graduate medical education. Nationally, the house staff stipends alone are \$2 billion. The key concerns are: how can graduate medical education be funded and by what mechanism should GME funds be distributed?

* present for part of the meeting

Three speakers presented their views on the subject. The first, John W. Colloton of the University of Iowa, described the relationship between patient care services and societal contributions of teaching hospitals. The latter comprises 30 percent of these hospitals' costs and includes development of new technologies (44 percent), charity care (34 percent), and health education programs (22 percent). Payments for societal contributions are shared by government, private health plans, and HMO-PPO payors, each of whom must soon decide who will finance the societal contributions over the long term.

Gerard Anderson of Johns Hopkins emphasized the importance of understanding the problem, defining the products, determining why some products are more expensive at a teaching hospital, and then evaluating policy options. He presented an overview of the massive five-year study funded by HHS and conducted by Arthur Young & Co. This study is examining six questions:

- how is a teaching hospital defined?
- how does teaching status affect the variation in total expenditures (physician and hospital) from hospital to hospital?
- how do case mix measures compare?
- how do funds flow within an academic medical center?
- do residents substitute for physicians and/or hospital staff?
- do alternative physician structures affect output?

The study expects to provide much useful information; unfortunately, there is no provision for extensive data analysis at the present time.

Finally, Dr. Robert Petersdorf of the University of California, San Diego, introduced a provocative proposal for funding housestaff. He proposed to limit the federal support for graduate medical education to funding stipends, benefits, and overhead costs for approximately 54,000 positions annually. This number of positions would provide the equivalent of three years of graduate medical education for all US medical school graduates. Further specialty training would have to be funded from private sources. The 20 percent decrease in residency programs would come at the expense of programs not affiliated with medical schools, programs of poorer quality, and programs of subspecialty training. Elimination of marginal and unaffiliated residency programs would have the effect of reducing training opportunities for graduates of foreign medical schools and thus help to reduce the number of physicians in the US without cutting enrollment in the American medical colleges. He proposed general tax revenues as a source of funds because physicians are a national resource and felt that graduate medical education should be removed from the care reimbursement system.

II. BUSINESS MEETING

A. ACTION ITEMS - CAS Board

1. Approval of Minutes

The minutes of the June 27-28, 1984 CAS Administrative Board meeting were approved as published.

2. Chairman's Report

Dr. Hill reported briefly on the meeting of the Executive Committee earlier that morning with particular emphasis on the philosophy concerning the search for a successor to Dr. Cooper. Dr. Hill indicated that Drs. Janeway and Heyssel would be speaking with each Administrative Board that morning to present the current plan of action and to receive feedback from the Boards.

3. Membership Applications

Drs. Johnson and Kelly had been asked to review the application of the American College of Psychiatrists for membership in the CAS, and Drs. Anderson and Kostyo had been asked to review the application of the American Orthopaedics Association for membership. Their recommendation was that both applications be approved.

ACTION: The CAS Administrative Board voted to approve the applications for CAS membership.

4. Revision of CAS Rules and Regulations

The CAS Administrative Board was asked to consider a proposed revision of the CAS By-Laws pertaining to the composition of the CAS Nominating Committee. After brief discussion a motion was made, seconded, and carried that the proposed revision be approved.

ACTION: The CAS Administrative Board approved the proposed revision with a recommendation that it be considered by the full Council at the Annual Meeting on October 29, 1984.

5. Dr. Robert Heyssel and Dr. Richard Janeway presented the proposed selection process for choosing a suitable successor to Dr. John Cooper. The Executive Council will appoint a Search Committee to be chaired by Dr. Janeway. The committee will consist of six or seven persons, some of whom will be past chairmen of AAMC Councils. The first task of the committee will be to develop a detailed position qualification statement. Committee members will talk with high ranking officials and will examine the 'Future Directions' papers written by each of the Councils to develop an outline of the AAMC's chief executive job. The position qualifications will be shared with the Administrative Boards and will be the basis for selection of the new AAMC president. The Search Committee will then contract with an executive search firm to locate and interview the most highly qualified prospective executives. The Search Committee will maintain utmost confidentiality throughout the process and will negotiate with their final choice(s). The Executive Council will be asked to give the final approval on the Search Committee's decision. The newly formed Search Committee will begin their work in November 1984 in an attempt to complete the effort during 1985.

ACTION: The CAS Administrative Board members are asked to recommend to the Executive Council prospective Presidential Selection Committee members prior to the Annual Meeting.

6. CAS "Future Challenges" Document

The CAS Administrative Board considered a revised draft of the "Future Challenges" paper. Discussion focused on the purpose and use of this document. The utility of presenting a list of issues which some Board members regard as fundamentally without solution, particularly in the area of medical education, was specifically questioned. Dr. Swanson reminded the Board that the primary purpose of the "Future Challenges" document is to present a statement to the full Council and to the Association describing "where we are in the development of the CAS...and what we might do in the future."

Several Board members also stressed the need to regard the document as an agenda for discussion of possible issues of interest to the Council in the future instead of as an implicit promise by the CAS to resolve these issues. It was further suggested that the central theme of the document should not be whether or not these issues have solutions, but rather whether or not such problems are appropriate for consideration by the CAS.

It was also proposed that this document might be instructive in presenting issues to Council members that they perhaps were unaware of, and would be useful in providing Council members with input into the future agenda of the CAS.

Given the breadth and scope of the issues presented in the current draft as well as the Board's disagreement of the particular relevance to the CAS of any individual issue, the Administrative Board requested staff to survey the Council members on the various questions contained within the "Challenges" paper and to make the results of this survey available at the Annual Meeting in October. Council members are to be surveyed as to which individual issues they consider to be highly relevant, relevant, or not relevant to the CAS. Council members also will be asked to rank those issues which they consider highly relevant in the order of their importance.

ACTION: The Council of Academic Societies Administrative Board asked staff to survey the members of the CAS Council on the individual elements of the "Future Challenges" document prior to the discussion of the document at the Annual Meeting.

7. Proposed Statement on Animal Research

Dr. John Sherman recommended that the AAMC adopt a formal statement expressing the Association's position on the use of live animals in biomedical research and education. The CAS Board reviewed the proposed statement on animal research presented in the agenda and agreed that it was timely for AAMC to have such a policy.

ACTION: The CAS Administrative Board approved the statement on animal research and recommended that it be adopted by the Executive Council at the January 1985 meeting.

B. ACTION ITEMS - Executive Council

1. Report of the Project Panel on the General Professional Education of the Physician

The Board renewed its discussion on the report of the Panel on the General Professional Education of the Physician and College Preparation for Medicine. In preparation for the Sunday plenary and workshops on the GPEP Report to be held at the Annual Meeting, Board members reacted to the Report's individual conclusions to which they have been assigned.

The general feeling expressed by the Board is that while the overall aspirations of the Report are laudable, the realities of the issues addressed present difficulties for the implementation of the Report's recommendations.

Several Board members reiterated their uneasiness over the implications of the Report for the basic sciences, particularly what they perceived as a lack of recognition on the part of the Panel of the problems facing the basic sciences in the medical school curriculum.

The Board also expressed concern that faculties might interpret the document as having the full endorsement of the AAMC. However, the Board members were willing to receive the document as a starting point for the consideration of medical education. The discussion concluded with consideration of the COD Administrative Board's proposal for an AAMC statement to accompany the public release of the Report.

ACTION: The CAS Administrative Board voted to approve the COD Administrative Board's proposed statement in response to the GPEP Report with the following modifications:

...It is an ~~extraordinary~~ useful agenda of issues and the AAMC therefore ~~commends it to~~ *suggests that it be considered* by its members and to all of those engaged in the enhancement of education for medicine.

...the AAMC will create a formal mechanism to review the report and to advise on its use in the development of *AAMC* policies and the design of Association programs.

2. Matching Medical Students for Advanced Residency Positions

The resolution urging that all internship and residency programs utilize the National Resident Matching Program, which was passed by the CAS Board at the June Board meeting, is now before the other Councils and the Executive Council. The CAS Board reread the resolution and reaffirmed their approval of the document.

ACTION: The Council of Academic Societies enthusiastically supports the resolution to encourage all internship and residency programs to participate in the National Resident Matching Program for any positions offered to medical students.

3. Paying Capital Costs in COTH Hospitals

ACTION: The CAS Administrative Board approved the report of the COTH Capital Costs Committee including its recommendation that AAMC advocate a choice of cost reimbursement for depreciation and interest or a prospective percentage capital add-on for teaching hospitals during the Medicare transition to full prospective payment of capital costs.

4. DRG Price Blending Proposal

ACTION: The CAS Administrative Board agreed to endorse the DRG-specific price blending proposal of the American Hospital Association.

5. Student Loan Consolidation

Dr. Tom Kennedy summarized the legislative history of the student loan consolidation program whose legislative authority lapsed in November 1983. The original legislation offered students with Title IV (Department of Education) indebtedness greater than \$7,500 the opportunity to consolidate their loans under the authority of Sallie Mae at a 7 percent interest rate over 20 years. In 1983 the House passed a bill which would continue the program in much the same way. The Senate is still considering legislation, which differs from the House bill by inclusion of a needs test to determine eligibility. The AAMC has traditionally supported the notion that subsidy should be based on documented need. The CAS Board considered whether AAMC staff should work to include the Senate provisions in the final program structure and perhaps facilitate the program's reenactment.

ACTION: The Council of Academic Societies supports the concept of "needs analysis" for student loan consolidation eligibility and recommends that the AAMC work to secure the passage of a student loan consolidation program.

C. DISCUSSION ITEMS - CAS Board

1. CAS Annual Meeting Plans

The CAS Board reviewed the plans for the Annual Meeting of the Council of Academic Societies. The Report on the General Professional Education of the Physician (GPEP) will be discussed Sunday afternoon, October 28, 1984 from 1:30-5:00 p.m. There will be a one-hour plenary session with talks by David Alexander, D.Phil. and August Swanson, M.D. The participants will then have the opportunity to discuss one of the GPEP conclusions in a working group led by a CAS Board member. The participants will reconvene for a brief round-up/panel discussion by the working group leaders. The Board members who will lead the groups are as follows:

- Conclusion 1 - Dr. Weldon/Dr. Kostyo
- Conclusion 2 - Dr. Ginsberg/Dr. Cohen
- Conclusion 3 - Dr. Johnson/Dr. Moody
- Conclusion 4 - Dr. Kelly/Dr. Ganong
- Conclusion 5 - Dr. Anderson/Dr. Wilson

The CAS Annual Business meeting will be held Monday afternoon from 1:30-5:00 p.m., October 29, 1984. The agenda will include discussion of the "Future Challenges for CAS" paper.

2. Agenda for the CAS Interim (Spring) 1985 Meeting

The CAS Board members discussed several ideas for the theme of the Spring meeting, including a potpourri of several small topics. The subject of the previous afternoon's plenary, "Financing Graduate Medical School Education", was received with the most enthusiasm. There was a concern that basic scientists might not perceive their role in this topic where the driving force is the changing patterns in clinical services. It was decided that the topic should be broadened to include an examination of support for all graduate education. A suggested title is: Changes in the Environment and Support of Medical and Graduate Education.

D. DISCUSSION ITEMS - Executive Council

1. Low Level Radioactive Waste Disposal

The CAS Board noted the current complacency about this issue, at both the state and national levels. The officials involved appear to assume that the January 1, 1986 deadline to develop regional waste disposal sites will be moved forward. At the same time the public is overly concerned about the effects of nuclear waste and resists actions to dispose of nuclear waste in their home states. Dr. Weldon suggested that the AAMC could go on the offensive with an effective public information campaign. Several Board members inquired about other professional associations, suggesting that the AAMC could increase its impact by joining with likeminded scientists to push for legislative action on both the state and national level.

ACTION: The CAS Board will discuss possible courses of action after staff obtains additional information and reports back to the Board.

APPOINTMENT OF 1985 CAS NOMINATING COMMITTEE

Section V, #1 of the CAS Bylaws reads as follows:

"The Nominating Committee shall be comprised of a Chairman and six members. The Chairman, three basic science, and three clinical science individuals shall be appointed by the CAS Administrative Board from among representatives of the member societies. Not more than one representative may be appointed from a society and not more than two members may be current members of the Administrative Board. The Nominating Committee shall report to the Council at its Annual Meeting a slate of nominees for Administrative Board vacancies. Additional nominations for these positions may be made by any representative to the Council present at the meeting. The Committee will also recommend to the AAMC Nominating Committee candidates for Chairman-Elect of the Association of American Medical Colleges."

On the following pages is a list of all CAS Representatives from which the Board must choose at least three basic scientists and at least three clinical scientists to serve on the CAS Nominating Committee. The Board also must select a chairman for the Nominating Committee. Traditionally, the Chairman and Chairman-Elect of the CAS are members of the Nominating Committee. Several alternates should also be selected. The Committee will meet by conference call some time in May or early June to develop a slate of nominees to fill one basic and two clinical science positions. The Committee will also nominate a clinical scientist as Chairman-Elect of CAS.

The 1981-1984 CAS Nominating Committees are listed below.

1981

Daniel X. Freedman, M.D., Chairman
Robert M. Berne, M.D.
F. Marian Bishop, Ph.D.
David M. Brown, M.D.
David H. Solomon, M.D.
Warren Stamp, M.D.
Frank C. Wilson, M.D.

1982

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

1983

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

1984

Robert L. Hill, Ph.D., Chairman
S. Craighead Alexander, M.D.
Lewis Aronow, Ph.D.
Joe Dan Coulter, Ph.D.
Gordon Kaye, Ph.D.
Virginia V. Weldon, M.D.
Benson R. Wilcox, M.D.

COUNCIL OF ACADEMIC SOCIETIES REPRESENTATIVES

(by society)

BASIC SCIENCES

American Association of Anatomists

Dr. John V. Basmajian
Dr. William P. Jollie

American Society for Cell Biology

Dr. Daniel Branton
Dr. Richard S. Young

Association of Anatomy Chairmen

Dr. Douglas E. Kelly

Association for the Behavioral Sciences
and Medical Education

Evan G. Pattishall, Jr., MD
Shirley Nicholas Fahey, Ph.D.

American Society of Biological Chemists

Dr. Robert L. Hill

Association of Medical School Depts.
of Biochemistry

Dr. Donald B. McCormick
Dr. Rose Johnstone

American Society of Human Genetics

David Rimoin, MD
Frank Ruddle, MD

Association of Medical School
Microbiology Chairmen

Harold S. Ginsberg, MD

Society for Neuroscience

Dr. David H. Cohen
Dr. Joe Dan Coulter

American College of
Neuropsychopharmacology

Arnold Friedhoff, MD
Oakley Ray, Ph.D.

American Society for Clinical
Pharmacology & Therapeutics

Carl C. Peck, MD
George N. Aagaard, MD

American Society for Pharmacology
and Experimental Therapeutics

Dr. Lewis Aronow
Dr. William L. West

Association for Medical School
Pharmacology

Paul C. Bianchi, Ph.D.
William L. West, Ph.D.

American Physiological Society

Jack L. Kostyo, Ph.D.
George A Hedge, Ph.D.

Association of Chairmen of Depts.
of Physiology

Dr. William F. Ganong
Dr. Howard E. Morgan

CLINICAL SCIENCES

American Academy of Allergy

Paul Vanarsdel, MD

Association of University Anesthetists

C. Philip Larson, Jr., MD
Nicholas M. Greene, MD

Society of Academic Anesthesia
Chairmen

S. Craighead Alexander, MD
Robert M. Epstein, MD

American Association for the Study of
Liver Diseases

Dr. David H. Van Thiel
Dr. Paul D. Berk

American Federation for Clinical Research

Benjamin D. Schwartz, MD, Ph.D.
Gary W. Hunninghake, MD

American Society for Clinical
Investigation

Robert Glickman, MD
Joseph L. Goldstein, MD

Central Society for Clinical Research

Murray L. Levin, MD

Plastic Surgery Research Council

Robert L. Ruberg, MD
Jane A. Petro, MD

Society for Gynecologic Investiation

John M. Bissonnette, MD
William Spellacy, MD

Society for Pediatric Research

Lawrence A. Boxer, MD
William F. Balistreri, MD

Association of Professors of
Dermatology, Inc.

Philip C. Anderson, MD

Society of Critical Care Medicine

Solomon G. Hershey, MD

Society of Teachers of Emergency
Medicine

Richard M. Nowak, MD
Glenn C. Hamilton, MD

Endocrine Society

Jo Anne Brasel, MD
Virginia V. Weldon, MD

Association of Departments of
Family Medicine

Thornton Bryan, MD
Ken Goss, MD

Society of Teachers of Family
Medicine

B. Lewis Barnett, Jr., MD
Jack M. Colwill, MD

American Association for the
Surgery of Trauma

Donald S. Gann, MD
William R. Drucker, MD

American Surgical Association

Jerome J. DeCosse, MD, Ph.D.
Walter Lawrence, MD

Association of Academic Surgery

John Clark, MD
Caliann G. Lum, MD

Society for Surgery of the Alimentary
Tract, Inc.

John R. Brooks, MD
John Cameron, MD

Society of Surgical Chairmen

Frank G. Moody, MD
David B. Skinner, MD

Society of University Surgeons

Morris D. Kerstein, MD
John W. Harmon, MD

American College of Physicians

Marvin Turck, MD
Thomas W. Burns, MD

Association of American Physicians

Leighton E. Cluff, MD
Alfred Jay Bollet, MD

Association of Professors of Medicine

Joseph E. Johnson, III, MD
Norman G. Levinsky, MD

Association of Program Directors in
Internal Medicine

Louis M. Sherwood, MD
James Klinenberg, MD

American Gastroenterology Association

James Christensen, MD
Douglas McGill, MD

American Society of Hematology

Paul R. McCurdy, MD
Ernest R. Jaffe, MD

American Academy of Neurology

Jerry G. Chutkow, MD
Rosalie A. Burns, MD

American Neurological Association

Kenneth P. Johnson, MD
Frank M. Yatsu, MD

Association of University Professors
of Neurology

Donald Silberberg, MD
Ludwig Gutmann, MD

Child Neurology Society
Gwendolyn R. Hogan, MD
Samuel Shelburne, MD

American Association of
Neurological Surgeons
Robert Grossman, MD
Nicholas Zervas, MD

American College of Obstetricians
and Gynecologists
Harrison C. Visscher, MD
Harry S. Jonas, MD

Association of Professors of
Gynecology and Obstetrics
Joseph C. Scott, Jr., MD
Douglas R. Knab, MD

American Academy of Ophthalmology
Robert D. Reinecke, MD
Joel G. Sacks, MD

Association of University
Professors of Ophthalmology
George Weinstein, MD
Robert Kalina, MD

American Academy of Orthopaedic
Surgeons
Charles V. Heck, MD
Frank C. Wilson, MD

American Orthopaedic Association
Robert B. Greer, MD
C. McCollister Evarts, MD

Association of Orthopaedic Chairmen
Wilton H. Bunch, MD, Ph.D.
John P. Adams, MD

Association of Academic Departments
of Otolaryngology
Robert I. Kohut, MD
Warren Y. Adkins, MD

Society of University Otolaryngologists
John M. Fredrickson, MD
Jerome Goldstein, MD

American Pediatric Society
Myron Genel, MD
Charles A. Alford, MD

Association of Medical School Pediatric
Department Chairmen, Inc.
Thomas K. Oliver, MD
Robert M. Blizzard, MD

American Academy of Physical Medicine
and Rehabilitation
B. Stanley Cohen, MD
Arthur E. Grant, MD

Association of Academic Physiatriests
William E. Stass, Jr., MD
Theodore M. Cole, MD

American Association of Plastic
Surgeons
Hal G. Bingham, MD
Charles E. Horton, MD

Plastic Surgery Educational Foundation
R. Barrett Noone, MD
Paul N. Manson, MD

American Association of Chairman of
Departments of Psychiatry
Jerry M. Wiener, MD
Robert L. Leon, MD

American College of Psychiatrists
Robert L. Williams, MD
Robert O. Pasnau, MD

American Association of Directors of
Psychiatric Residency Training
Peter B. Henderson, MD
George L. Ginsberg, MD

American Psychiatric Association
Daniel X. Freedman, MD
Herbert Pardes, MD

Association for Academic Psychiatry
Larry Silver, MD
Carolyn Robinowitz, MD

Association of Directors of Medical
Student Education in Psychiatry

Marshall Swartzberg, MD
George U. Balis, MD

Association of University Radiologists

A. Everette James, Jr., MD
Paul J. Friedman, MD

Society of Chairmen of Academic
Radiology Departments

Ralph Alfidi, MD
Larry P. Elliott, MD

American Association for Thoracic
Surgery

Clarence S. Weldon, MD
Judson G. Randolph, MD

Thoracic Surgery Directors Assn.

Benson R. Wilcox, MD
Hermes C. Grillo, MD

Society of University Urologists

William L. Parry, MD
Harry C. Miller, Jr., MD

Society for Health and Human Values

Joel Frader, MD
David C. Thomasma, Ph.D.

Association of Pathology Chairmen

Leonard Jarett, MD
Rolla B. Hill, Jr., MD

Academy of Clinical Laboratory
Physicians and Scientists

Paul E. Strandjord, MD

Association of Teachers of
Preventive Medicine

David L. Rabin, MD
Jay Noren, MD

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: Mr. David Moore

NAME OF SOCIETY: The American Society for Clinical Nutrition

MAILING ADDRESS: 9650 Rockville Pike
Bethesda, MD 20814
USA

PURPOSE: To encourage undergraduate and graduate education and research in human nutrition in health and disease, to provide opportunity for investigators to present and discuss their research in human nutrition, and to provide a journal or journals for publication of meritorious work in experimental and clinical nutrition. A further major aim of the Society is to promote the proper application of the findings of nutrition research to the practice of medicine and related health professions and to provide reliable clinical nutrition information to the professional community and the public.

MEMBERSHIP CRITERIA: Conducted and published meritorious original investigations in clinical nutrition.

NUMBER OF MEMBERS: 630

NUMBER OF FACULTY MEMBERS: -0-

DATE ORGANIZED: September 2, 1959

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

Revised 1984 1. Constitution & Bylaws

May 4-5, 1984 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.

Gmt Knight
(Completed by - please sign)

11-1-84
(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: Mr. David Moore

NAME OF SOCIETY: American Geriatrics Society

MAILING ADDRESS: 10 Columbus Circle Room 1470
New York, NY 10019

PURPOSE: See Article II from the American Geriatrics Society, Inc.
By-Laws

MEMBERSHIP CRITERIA: See back of Membership Brochure

NUMBER OF MEMBERS: 4600 Members

NUMBER OF FACULTY MEMBERS:

DATE ORGANIZED: 1942; Incorporated July 17, 1952

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

April 23, 1976 1. Constitution & Bylaws

May 17, 1984 2. Program & Minutes of Annual Meeting

(Continued on Next Page)

QUESTIONNAIRE FOR TAX STATUS

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

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?

- 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.

Eric H. Hedderman
(Completed by + please sign)

24 Sept 1984
(Date)

FUTURE CHALLENGES FOR THE COUNCIL OF ACADEMIC SOCIETIES

During the past year, the Council of Academic Societies has been engaged in identifying and discussing the future challenges facing medical school faculties in the areas of medical education, research, and patient care. The first stage of this process occurred during the CAS Spring Meeting in April. At that time, following the time-honored faculty tradition of full participatory democracy, the entire Council discussed a variety of issues that it considered important in the areas highlighted above. Subsequent to these discussions, staff prepared a preliminary draft of the issues paper for consideration by the Administrative Board at its June and September meetings. The initial draft of the paper identified a large number of issues of interest without making a serious effort to assign any priorities for action to each. Discussion was guided by the following three questions:

- (1) Have the major issues facing faculties been identified?
- (2) Are there significant issues that have been omitted?
- (3) Are the issues that have been identified germane to the CAS?

At the September meeting, the Board decided to enlist the aid of the Council representatives to answer these questions and to decide the priorities for the issues identified. In late September, the current draft of the paper was forwarded to the representatives from each society. The representatives also received a copy of a survey, which asked them to rate each of twenty-four possible action items identified within the paper on the basis of whether the item had a high, average, or low priority for the CAS. In addition, representatives were asked to rank the top five issues from among those that they considered to have a high priority.

The results of the survey were made available during the Council's discussion of the document at the Annual Meeting of the CAS in Chicago on October 29. Fifty-six percent of the societies responded, with an equal proportion of basic science and clinical societies represented. The following items were given the highest priority most often in the survey:

- (1) The CAS should continue strong advocacy for biomedical research appropriations.
- (2) The CAS should continue efforts to achieve increased funding for research training.
- (3) The CAS should work with departmental chairmen to increase the institutional priority for medical student education.
- (4) The CAS should focus more attention on examining policies and initiatives for support of junior research faculty/new investigators.
- (5) The CAS should provide a forum for discussion and development of policies to balance competing interests in an atmosphere of constrained funding.
- (6) The CAS should undertake an examination of how medical student education programs are supported.
- (7) The CAS and individual academic societies should involve themselves in efforts to limit restrictions on the use of animals in research.

In addition, basic scientists supported the following items:

- (8) The CAS should provide a forum for the presentation and discussion of knowledge and skills that should be shared by all disciplines in the biomedical sciences.

- (9) The CAS should examine how faculty involvement in planning and implementing improvements in medical education can be enhanced.

And clinicians expressed interest in these topics:

- (10) The CAS should become involved in policy issues related to faculty practice efforts and their relation to the overall academic missions of faculty.
- (11) The CAS should support the establishment of an AAMC-wide Task Force to discuss proposed policies and funding for graduate medical education.

During Council discussion it was noted that most of the top priority issues centered on challenges to the faculty in their roles as biomedical investigators. One veteran Council member commented that this emphasis accorded with the role of the CAS in relation to the other two Councils as it had evolved over the last 15 years. He observed that while all members of the academic community were concerned about a wide range of issues, a tradition had developed that the COD took the lead in issues related to medical student education, the COTH led in issues of patient care, and the CAS led in the area of biomedical research.

The Council agreed that the next logical step would be for representatives to review the document and the identified priorities with their respective societies before formulation of any final action agenda. In considering possible agendas in response to issues highlighted by the Council, it is important to be aware of current CAS/AAMC activities in these areas.

- (1) The CAS should continue strong advocacy for biomedical research appropriations.

Both the CAS and the Association have been intimately involved in efforts to unite the research community in advocacy for appropriate budget requests for NIH and ADAMHA research through the Ad Hoc Group on Medical Research Funding. The Ad Hoc Group's strategy of agreement by the research community on a single overall budget request for NIH and ADAMHA has received favorable response from the Appropriations Committees and has contributed significantly to the Congressionally mandated increases for biomedical research appropriations in a time of fiscal austerity.

- (2) The CAS should continue efforts to achieve increased funding for research training.

Within the Ad Hoc Group's "bottom line" budget requests, the CAS and the AAMC have supported proposals for the distribution of additional funding across different types of programs, including research training and research career awards, as well as the provision of funds to meet the National Academy of Science recommended number of research trainees and to expand the research career/scientist award programs. These efforts proved very successful in 1985 when a 33 percent increase in the NIH NRSA budget was approved.

- (5) The CAS should provide a forum for discussion and development of policies to balance competing interests in an atmosphere of constrained funding.

In 1983 the CAS Interim Meeting was devoted to a discussion of the relative balance of funding among various components of the NIH portfolio during an era of constrained funding. At that time attention was focused on the limitations in funding for research training and other components of the grants portfolio because of the squeeze on a fixed budget occasioned by funding 5,000 ROIs.

- (4) The CAS should focus more attention on examining policies and initiatives for

support of junior research faculty/new investigators.

- (11) The CAS should support the establishment of an AAMC-wide Task Force to discuss proposed policies and funding for graduate medical education.

The CAS Spring Meeting in 1985 will be devoted to a discussion of "Supporting Graduate Education in the Biomedical Sciences." This meeting will deal with both pre- and post-doctoral Ph.D. training as well as clinical fellowships and research training for M.D.s. CAS representatives will also have a chance to discuss the progress of the AAMC's Ad Hoc Committee on Funding Graduate Medical Education. The Administrative Board will have an opportunity at the January meeting to review the recent policy discussions of the NIH Director's Advisory Committee concerning the extramural awards program, especially in regard to its support of new investigators.

- (7) The CAS and individual academic societies should involve themselves in efforts to limit restrictions on the use of animals in research.

With regard to efforts to limit restrictions on the use of animals in research, the CAS has been actively involved in the Association's participation in an ad hoc steering committee instrumental in the merger of the NSMR and the ABR. This joining of resources within the scientific community will provide a unified program of educational and legislative activities to both academic institutions and research societies. The AAMC has also been working with the AMA and the APS to raise the level of awareness of this problem among a variety of medical and scientific organizations. In addition, the CAS is planning an exhibit of educational materials at the 1985 CAS Spring Meeting. This exhibit will inform the academic societies about the types of materials currently available for use in public education programs on animal research.

- (10) The CAS should become involved in policy issues related to faculty practice efforts and their relation to the overall academic missions of faculty.

The January Administrative Board agenda includes a discussion of a proposed survey of Deans and faculty which would help to identify and articulate policy concerns related to faculty practice plans. This survey represents the first stage in an Association examination of practice plans occasioned by the high priority assigned to this issue in both the CAS and COD issues papers.

- (3) The CAS should work with departmental chairmen to increase the institutional priority for medical student education.
- (6) The CAS should undertake an examination of how medical student education programs are supported.
- (8) The CAS should provide a forum for the presentation and discussion of knowledge and skills that should be shared by all disciplines in the biomedical sciences.
- (9) The CAS should examine how faculty involvement in planning and implementing improvements in medical education can be enhanced.

These items within the area of medical student education should be considered as part of CAS/AAMC GPEP follow-up activities.

CAS SPRING MEETING
March 14-15, 1985

Supporting Graduate Education in the
Biomedical Sciences

Thursday, March 14

10 a.m. - Noon

Supporting Graduate Doctoral Education

Predocctoral Education of Ph.D.s

Robert M. Bock, Ph.D.
Dean, Graduate School, U. of Wisconsin-Madison
Chair, Basic Biomedical Sciences Panel
IOM Committee on Research Personnel

Postdoctoral Ph.D. Education

Frank G. Standaert, M.D.
Chair, Pharmacology, Georgetown University
Member, Basic Biomedical Sciences Panel

Noon - 1:30 p.m.

LUNCH

1:30 p.m. - 3 p.m.

Supporting Graduate Medical Education

Subspecialty Clinical/Research Training for MDs

Research Training for MDs

James B. Wyngaarden, MD
Director, National Institutes of Health

3 p.m. - 4:30 p.m.

DISCUSSION GROUPS

4:30 p.m. - 5:30 p.m.

Financing Graduate Medical Education

Report from AAMC Ad Hoc Committee on Residency Training

J. Robert Buchanan, MD
General Director, Massachusetts General Hospital
Chairman, AAMC Committee

5:30 p.m. - 7:30 p.m.

RECEPTION

Friday, March 15

8:30 a.m. - Noon

BUSINESS MEETING

'ANIMAL ROOM' AT THE CAS SPRING MEETING.

In the past few years the scientific community has been threatened with federal, state, and local laws which would restrict the use of live animals for biomedical research. For some time it seemed that the 'Animal Lobby' was so patently wrong that the American public would see through their emotional arguments without further comment. Unfortunately, this is not continuing to be the case. In recognition of the need to tell the pro-biomedical research side of the story, several scientific organizations have produced brochures, films, and policy statements about specific proposed political activities. Unfortunately, not enough pro-science organizations have spoken out, and not enough members of the public understand the crucial nature of animal research activities. Therefore, to assist those organizations who might wish to join the pro-science forces in a more active way, a compendium of the available brochures and videotapes will be made available in an "animal room". Meeting attendees who visit the room will have the opportunity to view "A Question of Life" by the California Biomedical Research Association and "Will I Be All Right, Doctor?" by The Foundation for Biomedical Research, to take home copies of brochures, and to review policy statements made by other scientific organizations.

NIH EXTRAMURAL RESEARCH AWARD SYSTEM

In response to continuing concern with and criticism of the current grant awarding mechanism by the scientific community the NIH Director's Advisory Committee (DAC) recently conducted a day-long discussion of the NIH extramural awards system. The meeting, which was held on November 19, 1984, continued a dialogue that began on September 30-October 1 with a retreat for the Director, members of his staff, and the Institute Directors. Both meetings explored the underlying philosophy and structure of the NIH extramural award system and considered possible options to simplify the current peer review system, maintain incentives for new investigators to seek research careers, stabilize the research environment for investigators through longer award periods and increased emphasis on past productivity, and assure an equitable review for all applications including clinical research proposals.

Two central issues emerged from these meetings. Does the current two-tiered system of review by scientific peer groups and institute advisory councils function in an effective and efficient manner in selecting grant recipients? And, are the grants themselves structured to produce maximum benefit, for both the investigator's research career and the scientific enterprise as a whole.

In his opening remarks at the November DAC meeting, Dr. Wyngaarden pointed out that the fundamental principle of the NIH extramural awards system -- to distribute funds through national competition based on scientific merit and technical feasibility -- was formulated at a time when the philosophy was that such funding was an investment. Since then, the competition for funding has dramatically increased. Through the mid-1960s, the NIH budget annually increased by 24 percent in terms of purchasing power. But since 1968, the annual increase in purchasing power has been only two percent, and between 1979 and 1982, the NIH budget lost 12 percent in purchasing power. Meanwhile, the number of applications has tripled during the last decade, and the number of R01 and P01 grants has grown from 9,000 to over 18,000. Extramural research funds accounted for 65 percent of the total NIH budget in 1983, compared with 44 percent in 1972. Still, there has been a continued decrease in the payline for grant applications to the 160-180 range. In 1984, NIH was able to fund only 32 percent of all grant applications.

This increasing competitive pressure has resulted in a shift from a philosophy of investment to one of procurement, which, in turn, has produced increased demands for accountability. Grant applications require much more specification than ever before, run into hundreds of pages, and take from three to six months to prepare. The drive for accountability has also shortened the length of the awards being made; virtually all first-time awards are for three years. Shorter awards require investigators to organize and submit applications for renewal 15 to 18 months after the original award. Thus the trend is increasingly towards safe research with quick pay-offs. Young investigators are particularly pressured by such tight schedules because of the time required to establish laboratories.

Peer Review

The first part of the DAC meeting dealt with the grant review process; both the study sections and the advisory councils. While it was agreed that no alternative to peer review was desired, it also was acknowledged that significant concerns over the mechanics of the review still exist within the scientific community. Dr. Wyngaarden expressed some of the concern of the extramural community by asking whether the system was capable of distinguishing between degrees of excellence in research

proposals. Several other issues were raised, including the "behavior" of the study sections. Dr. Howard Morgan, chairman of the Department of Physiology at The Pennsylvania State University, noted that many study sections replace outgoing members with individuals from the same laboratories or with associates, thus perpetuating a limited set of views within that section. Others criticized the heavy workload of the study sections, stating that some study section members read only those applications assigned specifically to them. It was pointed out that the number and complexity of the grant applications encourages study sections to focus only on what is wrong with the applications -- a practice critics claim discourages submission of valid, but incomplete research ideas. The large number of applications also was blamed for study sections using less experienced reviewers, a charge critics claim is substantiated by "non-germane" critiques in the pinksheets summarizing the study section's review.

The institutes' advisory councils also came under criticism from members of the DAC. The purpose of the review by the councils is unclear to some observers. Critics charged that some councils are not scientifically competent to review decisions made by study sections, that they do not receive adequate staff support from the institutes, and that they only serve as "instant replay" for the peer review. The increasing politicization of appointment to institute advisory councils was also decried. It was suggested that councils might make more use of ad hoc consultants and that councils should become better equipped to perform their oversight function. However, there was no consensus within the committee of specific steps to accomplish these solutions.

Extramural Awards

The second set of issues surrounds the awards themselves, particularly the length of the awards. Concern was expressed that the current system of renewal every three years places extreme constraints on the investigators. Individuals must make a heavy investment to enter a system where only 35 percent of the applicants are funded and where the "half-life" for investigators is only seven years. There was much discussion of the wisdom of a system that loses trained investigators after such a relatively short period of time. It was also noted that the necessity of reapplying after only 15 to 18 months means that some individuals, especially new investigators, may not have an adequate time to demonstrate adequate research performance before renewal.

Discussion focused on what the desirable characteristics of the award system would be for investigators at different career stages: new, mid-career, and established investigator. There was significant sentiment toward extending the length of grant awards beyond three years. It was felt that this would benefit new investigators by providing them more time for startup and allowing them to establish evidence of independent productivity before renewal. Problems identified for mid-career investigators included hiatuses in funding when the competitive renewal score of an excellent investigator just misses the payline cutoff. Possibilities for interim funding were discussed.

Dr. Vernon Mountcastle of Johns Hopkins noted that while peer review has "the power to weed out those who do not have the capacity for sustained discovery throughout an extended career," mistakes do happen in the present system. He proposed a system where an institute could carry an investigator for up to two years, while the investigator applied for a grant. Dr. Mountcastle's system would require that the individual's institution make the decision to extend funding and a significant contribution to that funding.

Established investigators were felt to need a system which acknowledges their exceptional track records and makes awards based upon past performance more than proposed research. Members of the DAC heard from both the NCI and the NINCDS about their newly instituted programs to support established investigators at the "peak" of their careers. Dr. Vincent DeVita, director of the NCI, noted that his institute's Outstanding Investigator Awards will provide stability to proven researchers by consolidating their research support and providing it for a longer period of time. The premise of the awards is to support the investigator, not a specific project. Dr. Murray Goldstein, director of the NINCDS, described the Javits Awards program. Like the NCI award, the Javits Award is intended to provide support for seven years. Unlike the NCI award, however, the applicant cannot specifically apply for these awards. NINCDS staff examines applications for regular grants to identify those individuals whose records might warrant a seven year commitment.

The tenor of the meeting was toward the support of longer award cycles for investigators at each "life stage." It was felt that this change would increase stability, enhance creativity and research productivity, diminish unproductive stress, and reduce the aura of futility that surrounds the awards system, discouraging young people from seeking research careers.

Caution was urged by Dr. Wyngaarden, who pointed out that extending the commitment base would cost more money in the long run, which would mean fewer new grants if the current tight budget situation continues. Another criticism was heard from Dr. Mountcastle who disagreed with the concept of stability and characterized research as "a Darwinian system where peer review selects those best able to continue." He emphasized that extensive efforts to support investigators, as opposed to projects, were not warranted.

No final policy conclusions were reached at the meeting, but it is clear from both this last meeting of the DAC and its December 1983 meeting devoted to Research Training that the NIH is considering changes in research policy in areas of key interest to members of CAS. There has not been a systematic review of these aspects of biomedical science policy by CAS/AAMC in recent years. The NIH is actively seeking the advice of the science community in regard to its research and training policies.

Recommendation

That CAS consider establishing a Working Group or urging the establishment of an AAMC ad hoc committee on federal research training and career development policies.