AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

April 3, 1985

5:30 - 7:00 p.m. Caucus Room	CAS/COD JOINT ADMINISTRATIVE BOARDS MEETING GPEP Follow-up
7:00 - 9:00 p.m. Conservatory Room	CAS/COD JOINT ADMINISTRATIVE BOARDS MEETING AND RECEPTION

April 4, 1985

8:00 a.m. - Noon Grant Room	CAS ADMINISTRATIVE BOARD MEETING
Noon - 1:00 p.m. Hemisphere Room	JOINT ADMINISTRATIVE BOARDS LUNCHEON

AGENDA
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ADMINISTRATIVE BOARD

April 3-4, 1985

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 23-24, 1985
Washington Hilton Hotel
Washington, D.C.

PRESENT:

Board Members

Virginia V. Weldon, Chairman
Philip C. Anderson
David H. Cohen
William F. Ganong
Robert L. Hill
A. Everette James, Jr.
Joseph E. Johnson, III
Douglas E. Kelly
Jack L. Kostyo
Frank G. Moody
Frank M. Yatsu

Staff

David Baime
Christine Burris
John A.D. Cooper*
Carolyn Demorest
James Erdmann
Thomas J. Kennedy*
David B. Moore
John F. Sherman
Elizabeth M. Short
Xenia Tonesk*
Kat Turner*

Guests

Richard Janeway*
Donald G. Langsley

I. FINANCING GRADUATE MEDICAL EDUCATION

The CAS Administrative Board met in joint session with the COD, COTH and OSR Administrative Boards at 5:30 p.m. on Wednesday, January 23, 1985, to hear an update on the activities of the AAMC Committee on Financing Graduate Medical Education from the committee's chairman, Dr. J. Robert Buchanan. Dr. Buchanan, who is director of Massachusetts General Hospital, began by reiterating the reasons for the committee's formation. Foremost was the concern that under the current payment system, teaching hospitals would not be able to continue to offer the same quality of graduate medical education (house staff training) and still remain price competitive with non-teaching hospitals. Dr. Buchanan also pointed out recent initiatives that would seriously alter the current funding system, including:

--the report by the Commission on the Future of the Medicare Part A Trust Fund;
--the report of the Inspector General of the Department of Health and Human Services, which recommended that Medicare fund only one year of graduate medical education; and
--Senator Durenberger's proposal to establish a state matching fund for graduate medical education.

* Present for part of the meeting

Dr. Buchanan noted that the increasing reluctance of both public and private payers to continue to include graduate medical education in their payments has moved the AAMC to explore alternative methods of funding for housestaff training.

According to Dr. Buchanan, the committee has agreed in principle on several points:

-- Funding for graduate medical education should be broadly financed.
-- Funding should be provided for graduates of LCME-accredited schools only.
-- Teaching and overhead costs should be provided for by a fixed percentage add-on.
-- The system should be closed; i.e., funding should be provided for a fixed number of years.

He noted, however, there are a number of issues that remain unresolved:

-- How many years of residency training should be funded?
-- How should such a system be set-up and governed?
-- Why should society finance graduate medical education?
-- What is the role of the VA and the military in such a system?
-- What about the geographic and specialty distributions of residents?

The last point, specialty distribution, has been the source of strong disagreement among the committee. Some members believe that it is time to redistribute manpower among the various specialties, particularly toward the primary care disciplines.

Dr. Buchanan concluded his remarks by stating that staff will draft an interim report that will attempt to delineate the open issues and available options facing the committee. Dr. Buchanan will then take this report to the individual Councils for discussion at their respective Spring meetings.

II. BUSINESS MEETING

A. ACTION ITEMS - CAS Board

1. The minutes of the September 12-13, 1984 meeting were corrected to note that Drs. Kelly and Ganong were discussion leaders for Conclusion 3 and Drs. Johnson and Moody of Conclusion 4 of the GPEP Report. The minutes were then approved as corrected.

2. Appointment of the 1985 CAS Nominating Committee

The CAS Administrative Board appointed the following individuals to the CAS Nominating Committee:

Chair: Virginia V. Weldon, M.D., Endocrine Society
Basic Scientists:
Daniel Branton, Ph.D., American Society for Cell Biology
David H. Cohen, Ph.D., Society for Neuroscience
George A. Hedge, Ph.D., American Physiological Society

Clinical Scientists:
John M. Bissonnette, M.D., Society for Gynecologic Investigation
William R. Drucker, M.D., American Association for the Surgery of Trauma
Joseph L. Goldstein, M.D., American Society for Clinical Investigation

Alternate for Basic Scientists:
David Rimoin, M.D., American Society for Human Genetics

Alternates for Clinical Scientists:
Hal G. Bingham, M.D., American Association of Plastic Surgeons
Louis M. Sherwood, M.D., Association of Program Directors in Internal Medicine

Dr. Weldon, as Chairman of the CAS Nominating Committee, will represent the CAS on the AAMC Nominating Committee.

3. Dr. Weldon welcomed the new members of the CAS Administrative Board -- Frank M. Yatsu, M.D., representing the American Neurology Association, and A. Everette James, Jr., M.D., representing the Association of University Radiologists. Dr. Weldon also noted that Douglas E. Kelly, Ph.D., representing the Association of Anatomy Chairmen, is beginning a second term on the Board.

4. Membership Applications

Dr. Ganong and Ginsberg recommended that the American Society for Clinical Nutrition be readmitted to membership in the Council. Drs. Hill and Johnson recommended that the American Geriatrics Society be admitted to membership in the Council.

ACTION: The CAS Administrative Board voted to approve the applications of the American Society for Clinical Nutrition and the American Geriatrics Society for membership in the Council of Academic Societies and to forward these applications to the Executive Council.

5. CAS "Future Challenges" Paper

Dr. Weldon reviewed the origins of the CAS "Future Challenges" paper and the results of the survey of CAS society representatives to determine the priority of the various issues identified within the paper. The Board discussed current and planned CAS/AAMC activities with regard to those issues designated as having a high priority for the Council.

Dr. Short outlined the program for the CAS Spring Meeting, noting that it is a continuation of the Council's efforts to examine policies and initiatives for support of junior research faculty and new investigators. The Board decided that it would be appropriate to appoint a committee to look at the current federal policy activities related to research funding and training, with particular emphasis on the development of research faculty. Dr. Short stressed that such a committee should look at various faculty career stages, not only entry levels.

ACTION: The Board requested staff to prepare a charge and a list of possible members for this committee to be discussed by the entire Council at the Spring Meeting and forwarded to the Executive Council in April.

Dr. Weldon reiterated the activities of the ad hoc Group on Medical Research Funding in regard to the appropriations process. Dr. John Sherman commented on possible responses by the Group to the recent OMB cutbacks in the fiscal 1985 budgets for the NIH and ADAMHA. He noted that a legal challenge ordinarily would be the most immediate recourse, but that one seems highly doubtful given the current circumstances. Dr. Sherman also pointed out that the overriding concern about the deficit appears to be the determinant factor in terms of any congressional action to correct what is obviously a violation of the intent of Congress.

Dr. Sherman stressed the need for continued protests to the Congress and the Administration that the OMB's actions could conceivably establish a precedent for "a continuing diminuition of the commitment base" on which the budget for research is constructed. He also said that the AAMC was actively seeking from Congress an instrument with which to challenge the OMB. Such a challenge will likely involve a request to the Comptroller General of the United States to rule on the legality of the OMB's actions.

With respect to continued support for the use of animals in laboratory research, Dr. Weldon reminded the Board that this issue would be addressed in part by an exhibit of educational materials and videotapes at the Spring Meeting. Dr. Weldon also noted the role the AAMC played in the merger of the National Society for Medical Research and the Association for Biomedical Research, a move that will allow activities and resources to be used more productively to assist schools and organizations nationwide. Dr. Sherman briefly described the efforts to involve voluntary health organizations in the support of animal research. He also discussed the need for individual scientists to interact with the media and described the media-training program sponsored by the Foundation for Biomedical Research.

The Board also discussed the testimony presented by Christine Stevens before Rep. Brown's subcommittee last fall. It was pointed out that the veracity of the responses by institutions incriminated by Ms. Stevens' testimony has been challenged. Dr. Sherman emphasized that Ms. Stevens' allegations have placed both the NIH assurance system and the AAALAC accreditation system under suspicion. Board members stressed the need for and difficulty of getting the presidents of the various institutions involved in this issue. It was also suggested in some cases that the medical school deans who responded to this testimony may not be aware of infractions that have occurred at undergraduate or satellite facilities.

Faculty practice survey efforts and post-GPEP issues were discussed later in the meeting.

6. GPEP Follow-up

The Board discussed the role of the CAS in the Association's follow-up to the GPEP report. Dr. Short initiated the discussion by outlining three underlying themes for the Board to consider in addressing GPEP. First, the Council has given the Board a mandate to act in four areas related to medical student education that were identified in the "Future Challenges" paper:

-- The CAS should work with departmental chairmen to increase the institutional priority for medical student education.

-- The CAS should undertake an examination of how medical student education programs are supported.

-- 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.

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

Second, can the CAS Board interact with the COD Working Group on GPEP, thereby eliminating the need for a separate AAMC task force on GPEP? Third, Dr. Swanson has drafted an agenda of issues from the GPEP report on which consensus might be developed rapidly, followed by implementation of an action plan.

One of the Board's primary concerns was what would be the purpose of the post-GPEP activity. Various members emphasized that the goal should not be a rewrite of the GPEP report, but rather the development of a CAS response to the report that would stimulate action by the academic community. The report itself was characterized as an agenda of issues, which allows for a framework for response.

Dr. Weldon suggested that the five Board members who had served as group discussion leaders at the Annual Meeting for a CAS working group on GPEP and that they convene during the Spring Meeting. It was further suggested that both the CAS and COD Boards should meet in April to identify areas of consensus from the reports by the individual working groups.

Dr. Weldon stressed that the CAS working group should be viewed as part of the ongoing discussion on how the AAMC can and should assist schools and faculty that want to try new teaching methods. She also noted that the working group should work to resolve some of the paradoxes present in the GPEP report (e.g., the increasingly scientific basis of clinical practice versus increasing encroachments on the time needed to teach science). Dr. Weldon stated that she believes that the CAS working group will allow an opportunity for those areas of serious disagreement that threaten to keep GPEP on the shelf to be thoughtfully discussed and possibly resolved.

Dr. Kelly added that some of the issues addressed by GPEP need to be done at the local level by the institutions, while other issues -- such as premed requirements -- need a national consensus. He sees the working group functioning to sort out these issues and begin to make constructive suggestions, with particular attention to the national recommendations.

ACTION: The Board appointed Drs. Anderson, Cohen, Kelly, Kostyo, and Moody as the CAS Working Group on GPEP, with Dr. Kelly as chairman. The group is to meet prior to the Spring Meeting and report its recommendations to the Council during the Spring Meeting. The Board also agreed to meet with the COD Board prior to the April Board meetings.

7. IOM Report on the Organization of the NIH

Dr. Thomas Kennedy reviewed the activity of the AAMC committee that was organized to comment on the Institute of Medicine's report on the NIH. That committee, which was chaired by Dr. Robert Berliner, met on January 7 and concurred with a number of the IOM's conclusions. These areas of agreement included a strong presumption against new institutes, the requirement that proposals for new institutes be judged against rigid and demanding criteria, that the authority of the NIH Director should be substantially strengthened, and that some oversight mechanism should exist to assure the Congress and the general public that the NIH is appropriately structured to meet the current opportunities presented by biomedical research.

Dr. Kennedy noted that the committee, however, did have reservations about some of the specific proposals advanced by the IOM to accomplish these recommendations. In addition, several Board members commented on what they perceived to be serious omissions from the report. In particular, the Board was disturbed by the fact that the issue that had prompted this study in the first place -- the increasing micromanagement of the NIH by Congress -- was never addressed in the report.

ACTION: The Board recommended that the AAMC response to the IOM Report on the Organization of the NIH should be generally complimentary, but that it point out what the AAMC believes should have been emphasized in the report.

8. Low Level Radioactive Waste

Dr. Kennedy reviewed the impending crisis surrounding the formation of regional systems (compacts) for the disposal of low level radioactive waste. In September the Executive Council discussed the legislative stalemate that has developed over these compacts, and requested that staff formulate an action plan for the AAMC.

The Board discussed the proposed action plan, with particular emphasis on institutional involvement in this issue. It was agreed that this issue should also be discussed by the Council at the Spring Meeting.

ACTION: The Board recommended that the Executive Council consider the proposed action plan that was developed by the staff. The Board also requested that staff prepare background materials and a brief analysis of this issue for the CAS Spring Meeting. This analysis was to include a discussion of institutional alternatives to existing methods of radioactive waste disposal.

9. Vaccine Injury Compensation

The Board discussed the creation of an administrative award system to compensate victims of adverse reactions to childhood vaccination. Staff provided background on this issue, as well as the AMA recommendations on the establishment of a vaccine-injury compensation

system. Discussion centered on whether this system would block patient access to the tort system and if such a system would be constitutional.

ACTION: The Board recommended that the Executive Council endorse legislative proposals for the creation of a vaccine-injury compensation program similar to that proposed by the AMA and other health professional organizations.

B. DISCUSSION ITEMS

1. CAS Spring Meeting

Dr. Short outlined the program for the Spring Meeting on March 14 and 15. The Council will hear a report from Dr. J. Robert Buchanan, chairman of the AAMC Committee on Financing Graduate Medical Education. In addition, Drs. Moody, Wilson, Perkoff, and Sherwood -- the faculty members on this committee -- will be present for the Council's discussion of this issue.

The CAS GPEP Working Group will report to the Council at Friday's Business Meeting.

2. NIH Extramural Awards System

Dr. Short briefed the Board on several of the policy issues being considered by NIH in this area. These issues will form the basis of the charge for the Task Force on Research Policy. She noted that such policy changes will have fiscal implications that must be considered.

3. Survey of Faculty Practice Plans

The Board discussed this survey, which had been proposed originally by the COD. The Deans provided a series of proposed mailings and questions for consideration. The CAS Board discussed the potential target groups for this survey. It was stressed that faculty members would be asked to respond from the institution, rather than the specialty perspective. The Board agreed that the survey should be sent to the chairmen of medicine and surgery at each institution, as well as two other chairmen from other disciplines.

C. INFORMATION ITEMS

1. Indirect Costs of Research

Dr. Short outlined five various proposals to deal with the issue of the indirect costs of research. She noted that attention has been focused on the administrative component of these costs. Staff will continue to monitor policy development on this issue, particularly with respect to the Office of Science and Technology Policy, and will evaluate the impact of these proposals on AAMC member institutions.

2. MCAT Essay Pilot Project

Dr. Short briefly reviewed the plan for the MCAT Essay Pilot Project during 1985.

3. AAMC Animal Statement

Dr. Short informed the Board that the statement in support of animals in research, which was endorsed by the Board last September, will be submitted to the Executive Council for approval.

D. NEW BUSINESS

1. California License Requirements

Dr. Weldon noted that California is now requiring one-and-a-half years of clinical rotation before a medical graduate is eligible for a license. This requirement cannot be made up by the internship.

1985 CAS FALL MEETING

The 1985 AAMC Annual Meeting will be held October 26-31 in Washington, D.C. The Council of Academic Societies is scheduled to meet on Sunday, October 27 and Monday, October 28. As in previous years, the Sunday afternoon meeting will be devoted to a theme chosen by the Administrative Board. The program for this meeting must be decided at this Board meeting so that it can be included in the preliminary program for the Annual Meeting. It is recommended that possible speakers also be identified at this time.

The Monday afternoon session will include the business meeting, a discussion of current issues and directions for the CAS, and a legislative update. The program for Monday's meeting will be discussed at a future Board meeting.

CAS WORKING GROUP ON SELECTED ISSUES IN FEDERAL RESEARCH POLICY

In January and again at the Spring Meeting, the Board discussed the formation of a working group to review various aspects of the federal policies governing the award of research grants. The Board has tentatively agreed that this group should have approximately eight members, primarily research intensive faculty, but with some representation from the Council of Deans. The group will meet in May, June, and possibly August; report to the Executive Council in September; and publish its report prior to the 1985 Annual Meeting in late October.

A general charge for the group would be to prepare a series of recommended changes in federal research policy to enhance the career development and productivity of research faculty in the biomedical and biobehavioral sciences. However, the Board must refine the charge and scope of this working group. The following are some key questions to consider in defining the mission of this working group:

1. Should granting agencies follow a procurement or an investment approach to research funding? Should the award of grants be based on projects (ideas) or individuals ("track records")? What are the practical implications of these differing approaches?

2. Should the working group address recommendations to all granting sources, i.e., NIH, ADAMHA, NSF, HRSA, VA, etc.? Or should the group limit itself to comments on the NIH extramural award policy only? (NIH deliberations did stimulate the formation of this working group.)

3. What types of funding mechanisms are needed in the next ten years to ensure a proper cadre of trained researchers for careers in the year 2000?

   predoctoral Ph.D.
   postdoctoral Ph.D.
   M.D. -- Ph.D.
   research M.D. postdoctoral
   career development programs

4. Within NIH research training and funding policies:

   -- What effect has the stabilization policy had on extramural awards programs?

   -- How should funds be distributed among mechanisms for training? For research?

   -- How can the number of M.D. principle investigators be increased?

   -- How can clinical research projects compete more successfully for funding?

-- How can first-time applicants compete more successfully for funding? Should such applicants be reviewed as a separate cohort?

-- Should there be different types of awards for different career stages?

4 to 5 year awards for first-time PIs
interim funding for midcareer investigators who just miss the payline
longer grant cycles for established investigators
applications based on track record more than on methods sections for established investigators

5. If longer grant cycles are more desirable to support research more appropriately, what are the risks, given the federal budget deficits and yearly budgeting cycles, of having more money tied up in outyear commitments?

6. Should science be funded by other mechanisms than a yearly appropriation? Should the NIH establish multiyear funding?