



**association of american  
medical colleges**

**AGENDA**  
**FOR**  
**COUNCIL OF ACADEMIC SOCIETIES**

**WEDNESDAY, SEPTEMBER 9, 1987**

**JOINT BOARDS SESSION - 6:30 P.M.**  
**GEORGETOWN ROOM WEST**

**JOINT BOARDS RECEPTION AND DINNER - 7:00 P.M.**  
**JEFFERSON ROOM**

**THURSDAY, SEPTEMBER 10, 1987**

**CAS ADMINISTRATIVE BOARD MEETING**  
**8:00 A.M.**  
**EDISON ROOM**

**JOINT BOARDS LUNCHEON**  
**12:30 P.M.**  
**HEMISPHERE ROOM**

**WASHINGTON HILTON HOTEL**  
**WASHINGTON, D. C.**

COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

SCHEDULE  
September 9-10, 1987

Wednesday, September 9, 1987

6:30 p.m.	Georgetown Room West
Joint Boards Session Guest Speaker: The Honorable Fortney H. Stark	
7:00 p.m.	Jefferson Room (East and West)
Joint Boards Reception and Dinner	
9:30 p.m.	Farragut Room
CAS Administrative Board Meeting	

Thursday, September 10, 1987

8:00 a.m.	Edison Room
CAS Administrative Board Meeting	
12:30 p.m.	Hemisphere Room
Joint Boards Luncheon	
1:30 - 3:30 p.m.	Military Room
Executive Council Business Meeting	

DATES TO REMEMBER

November 7-12, 1987	AAMC Annual Meeting
November 9, 1987	CAS Meeting
	Washington, D. C.
February 24-25, 1988	Administrative Board/
June 22-23, 1988	Executive Council Meetings
September 7-8, 1988	Washington, D. C.
April 13-15, 1988	CAS Spring Meeting
	San Diego, California

COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD MEETING

June 18, 1987  
Hamilton Room  
Washington Hilton  
Washington, D. C.  
9:30 a.m. - 12:30 p.m.

PRESENT:

Board Members

Frank G. Moody, M.D.  
Douglas E. Kelly, Ph.D.  
David H. Cohen, Ph.D.  
S. Craighead Alexander, M.D.  
Lewis Aronow, Ph.D.  
Joe Dan Coulter, Ph.D.  
William F. Ganong, M.D.  
Ernst R. Jaffe', M.D.  
A. Everette James, Jr., M.D.  
Herbert Pardes, M.D.  
Frank M. Yatsu, M.D.

Staff

David Baime\*  
James Bentley, Ph.D.\*  
Robert Beran, Ph.D.\*  
Jane Donovan  
Richard Knapp, Ph.D.\*  
Dorothy Lehrman  
Robert G. Petersdorf, M.D.\*  
John Sherman, Ph.D.\*  
Allan Shipp  
Elizabeth M. Short, M.D.  
Carl Taylor  
Kathleen Turner\*

Guests

Michael Gonzalez-Campoy (OSR)  
Sarah Johansen (OSR)  
Donald Langsley, M.D.  
Kirk Murphy, M.D. (OSR)  
Edward Stemmler M.D., Ph.D.

A. The minutes of the April meeting were approved as submitted.

B. The report of the Nominating Committee was noted. The full Council of Academic Societies will consider this report at the Annual Meeting on November 9.

F. After discussion, the change in AAMC's Statement on Medical Education of Minority Group Students was unanimously approved as submitted.

G. ACGME: Dr. Short reminded the Board that this item had been discussed at the previous Board and Executive Council meeting. The issue had been referred back to the Boards for further consideration because of concern about the effects of the policy on one medical school. That medical school, located in Puerto Rico, is not LCME accredited. Its graduates, under this policy, would have no way of being admitted into ACGME accredited residency programs.

Dr. Langsley further explained that Puerto Rico has granted licenses to the graduates of this school, and that the graduates had been able to get into ACGME approved residency programs by

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way of licensure. However, ACGME wants to remove this pathway because these graduates (1) are not from an LCME accredited school and (2) do not meet ECFMG requirements. His judgement was that the effect of the policy would be to put pressure on the school to gain LCME approval. The Board unanimously agreed that ACGME has no responsibility for the education of physicians who graduate from an unaccredited medical school and that this policy would promote the desired effect of LCME accreditation of all US schools.

ACTION: On motion, seconded, and carried the Board again unanimously approved the policy change.

H. AIDS Legislation: David Baime briefed the Board on legislation introduced by Senator Kennedy in the Senate (S.1220) and Rep. Rangel in the House concerning AIDS. The Board was concerned about a provision in this bill that would require grants, contracts and cooperative agreements to be approved or denied by NIH within 6 months after solicitations are published, unless NIH reports to Congress that the time frame will be extended in specific cases.

The Board questioned whether the requirement would apply to all grant applications, including investigator initiated grant proposals, or only to RFPs (requests for proposals) and RFAs (requests for applications). The bill, however, would permit HHS to take longer than 6 months if the RFP or RFA so specified, or if HHS notified the Congress that the time would be extended on certain applications. The Board discussed the possibility of getting the bill changed to permit 6 months from the time applications are received rather than from the date of solicitation. It was the consensus of the Board that no matter what turnaround time is required by law, it is essential that the peer review process not be compromised. The Board also expressed concern about "micromanagement" of the NIH by the Congress. The Board expressed its hope that the AAMC might act as a broker between the NIH and Congress on this issue.

C. Organizing the Group on Faculty Practice: While the existing Councils of Teaching Hospitals and Academic Societies provide the frameworks for addressing the concerns and problems of hospitals and clinical faculties, no single organization exists within the AAMC to address the needs of faculty practice plans. The AAMC reorganization plan envisions addressing the problem by developing a Group on Faculty Practice as an AAMC membership group for practice plan representatives. The Group on Faculty Practice would be staffed by the Division of Clinical Services.

Dr. Bentley explained to the Board that the Dean of each medical school would name two representatives to the Group on Faculty Practice--the board chairman or president of the plan and the senior administrator or executive director of the plan. The Board agreed with this approach, but expressed the desire that broad representation of medical specialties be represented in the Group.

Dr. Bentley said that the membership in the Group on Faculty Practice would be limited to full-time faculty, so that it could speak on behalf of academic medicine. Exclusively hospital-based practice plans are not envisioned as part of the Group. The Board agreed with this approach, but also expressed the hope that there might be some mechanism whereby the expertise and experience of hospital-based groups could also be utilized.

The Board was asked to reserve any action on group bylaws, rules, or regulations until a staff report on AAMC groups is acted upon and the Group on Faculty Practice has had at least one organizational meeting.

ACTION: On motion, seconded, and carried the Board unanimously approved the staff recommendations for forming a Group on Faculty Practice.

I. Mandatory Health Benefits: Proposals are pending in Congress that would require employers to provide a minimum set of health insurance benefits for their employees. AAMC wants to be on record favoring in principle mandatory benefits in order to position the Association as a player in the coming debate on this issue.

ACTION: On motion, seconded, and carried, the Board unanimously approved this action.

President's Report: Dr. Petersdorf explained to the Board the reasons for changing the Executive Council/Administrative Board meetings from four per year to three per year.

ACTION: On motion, seconded, and carried the Board approved the change to three meetings per year.

Dr. Petersdorf announced to the Board that the issues recently raised in the New York hospital case which led the Health Commission to propose regulation to restrict housestaff working hours had broad implications. He indicated that that he, Dr. Swanson and Dr. Bentley will write a paper this summer on housestaff training--how it came to be the way it is, what the problems are, and the implications of the proposed changes. He said that he would be in contact with officials in New York during the writing of the paper. CAS Board members urged that the paper not treat housestaff training as unitary; different hours on duty and different training approaches might be needed for the different disciplines. The Board unanimously supported this project.

The Board explained to Dr. Petersdorf that it would like to vitalize its role in terms of being a grass-roots constituency for the AAMC, working through the CAS representatives, and developing itself as a clearinghouse for problems related to faculty. The Board asked Dr. Petersdorf how CAS might work more closely with Dr. Knapp and OGR in the governmental relations activities of the AAMC.

Dr. Petersdorf explained that it is hard to be proactive in the legislative process; the AAMC and its constituents almost always must be responsive to governmental actions. Dr. Petersdorf also encouraged the CAS to become more involved in helping the AAMC develop positions on important issues, for example, "How can the quality of the educational process be monitored?"

Dr. Petersdorf expressed the necessity for AAMC to become more involved in issues concerning AIDS, as medical education is being profoundly affected by the AIDS crisis. He asked the Board for support for the formation of a task force to decide what actions AAMC should take on this issue.

ACTION: On motion, seconded, and carried the Board approved the formation of a task force.

Vice President's Report: Dr. Sherman led a discussion about the speech given by Dr. Wyngaarden the previous evening. The Board had found the speech disturbing because it displayed a lack of communication and openness between the NIH and the AAMC. It also displayed a lack of recognition by the NIH leadership of the role of the AAMC in supporting the NIH. The Board reiterated to Dr. Sherman that it wanted to be more involved in AAMC governmental relations activities. Dr. Sherman suggested that senior officials of NIH be invited to the next Board meeting (September) to discuss relationships between the NIH and AAMC. In order to try to pressure the Congress into restoring funds for the BRSO and GCRC programs, an urgent action memorandum will be mailed to the AAMC constituency on June 19, requesting that Congressmen and Senators be contacted immediately, prior to mark-up in the House Appropriations Subcommittee.

K. NIH Research Project Grants Funding: The Board debated whether a specific number of funded grants should continue to be required in the NIH Appropriations bill, or if it would be more effective to eliminate the numerical requirement. Dr. Sherman expressed the view that fixing a number in law has had the detrimental effect of reducing the funding level for each grant. Several Board members argued that using a fixed number is helpful in lobbying the Congress for additional funding for NIH. Basic science members also expressed a belief that such a requirement protected funding to many individual scientists rather than large projects. The Board agreed that no action be taken on this issue at this time, but that it be brought up for discussion again at a future Board meeting.

J. Proposed Dean's letter memorandum: Dr. Beran explained that the purpose of sending a letter to the deans would be to remind them that the November 1 date was their decision and request that they comply with it. Dr. Stemmler expressed the concern that the Association not be too rigid about the November 1 date during the first year, the transition year, because those programs in the early match were having difficulty complying this fast. There needs to be some flexibility to encourage early match programs to adjust and comply with a November 1 date the following year.

ACTION: On motion, seconded, and carried, the Board agreed that a letter be sent to the deans urging adherence to the November 1 date for deans letters, but also recognizing flexibility during this transition year, permitting some information to be given out when necessary to assist students involved in early matches.

Dr. Short introduced the four new staff members in the Division of Biomedical Research, Jane Donovan, Dorothy Lehrman, Allan Shipp, and Carl Taylor, and The Board expressed a wish to continue meeting privately after the Joint Boards Dinner on the first evening of Executive Council/Administrative Board meetings. Dr. Short provided handouts on the topic of Ph.D.s in clinical departments, an item briefly mentioned without available data at the April Board meeting.

## CAS NOMINATION FOR DISTINGUISHED SERVICE MEMBER

In June 1980 the CAS Administrative Board established a policy whereby an individual would automatically be considered for nomination to the category of Distinguished Service Member in the AAMC if he or she has served as chairman of the CAS, chairman of the AAMC representing the CAS, or as a member of the CAS Administrative Board for two consecutive terms. Accordingly, the CAS Board should consider:

David H. Cohen, Ph.D.                      CAS Chairman 1985-86

The sections of the AAMC Bylaws pertaining to Distinguished Service Membership and the current list of Distinguished Service Members from the CAS are shown below for reference.

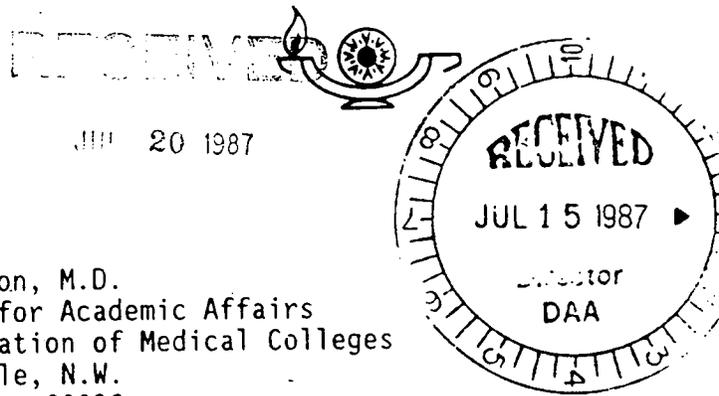
### AAMC Bylaws

- I.2.B - "Distinguished Service Members - Distinguished Service Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section 1."
- I.3.E - "Distinguished Service Members shall be recommended to the Executive Committee by either the Council of Deans, Council of Academic Societies, or Council of Teaching Hospitals."

### CAS Distinguished Service Members

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

# Association of University Professors of Ophthalmology



JUL 20 1987

July 13, 1987

August G. Swanson, M.D.  
Vice President for Academic Affairs  
American Association of Medical Colleges  
One Dupont Circle, N.W.  
Washington, D.C. 20036

**PRESIDENT**  
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**TRUSTEES**  
Steven M. Podos, M.D.  
Richard D. Richards, M.D.  
Morton F. Goldberg, M.D.  
Paul R. Lichter, M.D.  
John L. Keltner, M.D.  
George W. Weinstein, M.D.

Dear Gus:

Shortly after assuming the Presidency of the AUPO in January 1987, I did correspond with you, as well as with every Dean, detailing our concerns. The AUPO, representing ophthalmology and on its own initiative, passed a resolution emphasizing the importance of the integrity of the fourth-year of medical school. Also, the AUPO emphasized to program directors and department chairmen that they must not encourage "interview rotations" and must, specifically, discourage residents from taking excessive time in specialty rotations such as ophthalmology.

From my perspective, I had hoped that we could work together in a positive and cooperative fashion. As I have expressed to you on the telephone on two occasions, the November 1 deadline for Dean's letters not only creates tremendous problems for ophthalmology program directors but also, particularly, for those students applying to ophthalmology programs. In brief, if ophthalmology program directors were to wait for Dean's letters on the November 1 date, we would not be able to meet to review applications until the second week of November. In order to get these applications in by the January 4 Match deadline for ophthalmology, we must complete all interviews by the middle of December. You can see the havoc that this creates in relation to holiday travel and imposition on students. Also, with this short notice, students would not be able to take advantage of low airfares by planning in advance. The students would not have the opportunity to combine multiple programs on their interview cycle in similar areas of the country. You can imagine that students have approached Gus Colenbrander of the OMP, as well as individual programs, in a state of bewilderment, confusion, and sometimes anger.

The AUPO Board of Trustees called a special meeting in July. The resolution passed by the Board of Trustees tries to deal with this situation.

We were particularly disappointed with the letter of Dr. Petersdorf of June 26, 1987. His first paragraph indicating that there are 16 communications objecting to this uniform release date has the potential to be misleading. In ophthalmology, I dare say, the number is in excess of 100 and may well approach the 148 programs in ophthalmology. We have had very major problems.

Please note that the way ophthalmology intends to approach this is to arrange for the interview of students on a more traditional timetable, and certainly to conduct interviews in October. Thus, we will not have the Dean's letter at the time of interview. You can imagine that the group that is penalized by this decision is the bright students who do not have the advantage of having their good record brought to the attention of ophthalmology program directors. We all understand that this is a less than ideal arrangement, but we believe this is the

August G. Swanson, M.D.

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very best we can do for the students so that they do have a chance to plan in advance.

We respectfully request that the AAMC reconsider its position. We understand that the mechanics may well be in position and it may be irrevocable for 1987. We do hope, however, that the deadline for Dean's letters would be October 1, 1988. We would certainly modify our schedule and try to work with the students in this regard. Certainly, we can push back our match date closer to the internship date. As you know, approximately half of the students who would choose ophthalmology do not match. Therefore, they would have a very short time, indeed, to choose an alternate career. We are genuinely concerned by the problems that this has created for some of our students.

I do hope by this letter that I can correct the assumption in the first paragraph of the June 26 letter. We are deeply disappointed in this act of the AAMC and hope that you will reconsider your position for 1988.

The AUPO continues to want to work together with the AAMC.

Please recall that you have called me when some Deans of Student Affairs have had difficulties with Dr. Colenbrander and the OMP. You are aware that within 24 hours, I have attempted to return the calls to such Deans of Student Affairs. I will continue to try to be as responsive, as humanly possible, to your request. I do hope that you will consider this a two-way street, since we have such similar goals. We strongly desire all our future ophthalmologists that we train as residents to be excellent physicians first. We will continue to push for the integrity of the fourth-year of medical school. I do hope that you and the AAMC, as well as individual Deans, feel comfortable to call me directly. If there are issues in which I can respond and, specifically, in which the AUPO Trustees or I may use peer pressure to some of our members who may, inadvertently, not honor our positions, I would be very happy to do so.

I will be pleased to discuss this position. In response to the June 26 letter, I hope that you will count it not as one objection and adding it to the 16, but rather consider it as representative of our entire specialty whose program directors constitute the AUPO. Please understand that this was a special meeting of the AUPO Trustees and that this is a unanimous position by our Trustees. We feel confident by the series of phone calls that we have received that this position is representative of our entire organization.

If I can provide any further information, please do let me know.

Sincerely,

  
Stephen J. Ryan, M.D.

SJR:cc

cc: AUPO Trustees  
Deans, Schools of Medicine  
Program Directors, Ophthalmology  
Enc

AUPO Resolution

Whereas the decision of the AAMC to withhold Dean's letters until November 1987 is, apparently, irrevocable and

Whereas it is impossible for most ophthalmology residency training programs to delay this year their interview process until November and

Whereas the Association of University Professors of Ophthalmology recognizes the predicament in which medical student ophthalmology residency applicants find themselves, be it

Resolved that the Association of University Professors of Ophthalmology recommends that ophthalmology residency training programs not require a Dean's letter prior to November 1987 and make judgments as best they can utilizing other available information.

INFORMAL DISCUSSION OF CHANGES IN  
THE EXAMINATION SEQUENCE FOR LICENSURE

The National Board of Medical Examiners has informally explored with the Federation of State Medical Boards the establishment of an examination sequence for licensure which would replace the present dual examination program. As initially proposed, the sequence would consist of NBME Part I, NBME Part II, and for NBME Part III the substitution of the FLEX examination. Eligibility for the NBME portions of the sequence would no longer be restricted to LCME accredited medical school students.

Tom Bowles, President of the National Board and a member of the COD Administrative Board, has asked that the CAS and COD Boards discuss whether this proposal has merit.

COUNCIL OF ACADEMIC SOCIETIES  
ADMINISTRATIVE BOARD

Thursday, September 10, 1987  
8:00 a.m. - 12:30 p.m.  
Edison Room  
Washington Hilton Hotel  
Washington, D. C.

AGENDA

- I. Chairman's Report -- *Frank G. Moody, M.D.*
- II. President's Report -- *Robert G. Petersdorf, M.D.*
- III. Action Items
  - A. Approval of Minutes.....Y1
  - B. Nomination of Distinguished Service Member.....Y6
  - C. Report of the Ad Hoc Committee on Housestaff Participation.....B17
  - D. Full Funding of Research Project Grants.....B39
  - E. Paper on Housestaff Hours.....attachment
- IV. Discussion Items
  - A. Report on November 1 Dean's Letter Release Date.....B82/Y7
  - B. Informal Discussion of Changes in the Examination Sequence for Licensure.....Y10
  - C. AAMC Inventory of Medical School/Industry Research Relationships.....B94
  - D. Deferment of Student Loans.....B95
- V. Information Items
  - A. Proposed Policies for the Establishment of a Jointly Sponsored AAHC/AAMC Group of Government Relations Representatives.....B34
  - B. ACGME Guidelines for Accrediting Enduring Educational Materials.....B52
  - C. JCAH's Proposed Survey Guidelines for Academic Medical Centers.....B57