

ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES



AGENDA
FOR
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 27-28, 1989
Washington, D. C.

DATES TO REMEMBER

**AAMC Annual Meeting
Washington, D. C.**

October 27-November 2, 1989

**CAS Administrative Board/Executive Council Meeting
Washington, D. C.**

February 21-22, 1990

**CAS Spring Meeting
San Antonio, Texas**

March 14-16, 1990

**CAS Administrative Board/Executive Council Meetings
Washington, D. C.**

**June 27-28, 1990
September 26-27, 1990**

**AAMC Annual Meeting
San Francisco**

October 19-25, 1990



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel
Washington, D. C.

September 27-28, 1989

SCHEDULE

Wednesday, September 27, 1989

1:00 - 2:00 p.m.
Monroe Room West

Joint Boards Session
AAMC Governance and Structure Committee

2:00 - 5:00 p.m.
Military Room

CAS Administrative Board
Governance and Structure Issues

6:00 - 9:00 p.m.
Jackson Room

CAS Administrative Board Dinner

Thursday, September 28, 1989

8:30 a.m. - 12:30 p.m.
Caucus Room

CAS Administrative Board

12:30 - 1:30 p.m.
Thoroughbred Room

Joint Boards Luncheon

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

Executive Council

COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

Thursday, September 28, 1989
8:30 a.m. - 12:30 p.m.
Caucus Room

AGENDA

- I. Chairman's Report - Ernst R. Jaffe', M.D.
- II. President's Report - Robert G. Petersdorf, M.D.
- III. Action and Discussion Items
- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------|------|
| A. | Consideration of Minutes | Y1 |
| B. | Membership Application
Council of Emergency Medicine Residency Directors
Ernst R. Jaffe', M.D.
Joe Dan Coulter, Ph.D. | Y11 |
| C. | AAU Draft Report on Indirect Costs
Douglas E. Kelly, Ph.D. | B65 |
| D. | Proposal for CAS Standing Committee on Ethics
Joe D. Coulter, Ph.D. | Y23 |
| E. | Report on AAMC study on space
Douglas E. Kelly, Ph.D. | Y26 |
| F. | Report of the Task Force on Physician Supply
Joseph A. Keyes, Jr., J.D. | B104 |
| G. | A Single Examination for Medical Licensure
Louis J. Kettel, M.D. | B24 |
| H. | Draft Revision of the General Requirements of the Essentials
of Accredited Residencies and GME
August G. Swanson, M.D. | B85 |
| I. | NIH Research Facilities Construction Authorization
Richard Knapp, Ph.D. | B72 |
| J. | Waxman Amendment on Medicare Payments for GME
Richard Knapp, Ph.D. | B76 |
| K. | Proposed Revision of the Rules and Regulations
of the Group on Medical Education
M. Brownell Anderson | B98 |

IV. Information Items

A.	CAS Subscriptions to <u>Academic Medicine</u>	Y28
B.	AAMC Governance and Structure Committee	Y29
C.	Annual Meeting Program	Y30
D.	Spring Meeting Program	Y32
E.	Report on 1991 Spring Meeting site selection and survey	Y34
F.	LCME Accreditation Decisions	B11
G.	Group Progress Reports	B105
H.	AAMC Award Recipients	B112
I.	Issues Update	handout

COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

June 14-15, 1989
Washington Hilton Hotel
Washington, D. C.

PRESENT:

Board Members

Ernst R. Jaffe', M.D.
Joe Dan Coulter, Ph.D.
Douglas E. Kelly, Ph.D.
S. Craighead Alexander, M.D.
Lewis Aronow, Ph.D.
Kenneth I. Berns, M.D., Ph.D.
Myron Genel, M.D.
Glenn C. Hamilton, M.D.
Herbert Pardes, M.D.*
Vivian W. Pinn-Wiggins, M.D.
Joel G. Sacks, M.D.

Staff

Janet Bickel*
Sarah Carr*
Daria Chapelsky*
Jane Donovan
Donald G. Kassebaum, M.D.*
Thomas Kennedy, M.D.*
Thomas E. Malone, Ph.D.
David B. Moore*
Herbert Nickens, M.D.*
Robert G. Petersdorf, M.D.*
John F. Sherman, Ph.D.*
Allan C. Shipp*
Kathleen Turner*

Guests

Rosemary Chalk*
D. Kay Clawson, M.D.*
David H. Cohen, Ph.D.*
Paul J. Friedman, M.D.*
Richard S. Wilbur, M.D.*

*Attended a portion of the meeting

III. A. Minutes. The minutes were approved as submitted.

I. Chairman's Report. Dr. Jaffe' thanked Dr. Kelly for his service to the CAS as a volunteer, and noted that this would be the last Board meeting before Dr. Kelly joins the AAMC staff in July. Dr. Jaffe's report on the Council of Deans Spring Meeting has been mailed to the CAS Representatives, and his report on the Council of Teaching Hospitals Spring Meeting will be out shortly. He also represented the CAS at the Johns Hopkins School of Medicine Centennial, at which Secretary of Health and Human Services Louis Sullivan, M.D. spoke and was awarded an honorary degree, and a one dollar stamp in memory of Johns Hopkins was unveiled by the U. S. Postal Service.

III. B. Membership Applications. Drs. Alexander and Berns reported on their review of the Society for Education in Anesthesia. SEA was formed 4 to 5 years ago by junior faculty with special interests in their role as teachers. About two-thirds of the members are academic medical faculty, and the remaining third are non-university-based teaching faculty (e.g., residency programs in teaching hospitals). This group appears to be flourishing, with strong programs, including faculty development in the teaching role. SEA was encouraged by Dr. Alexander to apply for CAS membership, as this is a previously untapped group of anesthesiology faculty. Dr. Berns noted that two of SEA's officers hold advanced degrees in education as well as medicine.

ACTION: The Board unanimously approved the membership application of the Society for Education in Anesthesia.

Drs. Coulter and Hamilton reported on the Society of Medical College Directors of Continuing Medical Education. Although this is not a traditional match for the CAS, SMCDCME is active in areas of great interest to the Council, and address a part of the educational system not presently represented. This group has been active in the Group on Medical Education in the past, and they want to join a more structured part of the AAMC. Dr. Coulter noted that SMCDCME should be considered a clinical society for purposes of CAS administration.

ACTION: The Board unanimously approved the membership application of the Society of Medical College Directors of Continuing Medical Education.

III. C. Report from the CAS Nominating Committee. Dr. Coulter expressed appreciation for the work of the Nominating Committee and noted the proposed slate. He stated that Dr. McLaughlin removed herself from the conference call during the discussion of her nomination. Nominations can be accepted from the floor during the Business Meeting in October.

The Committee's nominations are:

Chair-Elect - Myron Genel, M.D.
Yale University School of Medicine
American Pediatric Society

Administrative Board - 3 year terms
Harold J. Fallon, M.D., Medical College of Virginia
Association of Professors of Medicine

George A. Hedge, Ph.D., West Virginia University
American Physiological Society

Barbara J. McLaughlin, Ph.D., University of Louisville
American Society for Cell Biology

Administrative Board - 1 year term
Thomas C. King, M.D., Columbia University
American Association for Thoracic Surgery

III. D. CAS Representation at the AAMC Assembly. Dr. Jaffe' explained that although it has 87 member societies, only 63 votes at the Assembly are allotted to the CAS. Distribution of Assembly votes is under consideration by the AAMC Committee on Governance and Structure, but until their deliberations are complete and revisions made in the Bylaws, the CAS must agree on a way to distribute its 63 votes. Discussion regarding the Governance and Structure Committee ensued with retention of the academic character of the AAMC and interest in slowing the process emerging as the major themes of Board concern. Dr. Malone stated that the letter of comment submitted by the CAS Administrative Board was an important factor in the Committee's decision to reconsider its original timetable. Drs. Jaffe' and Coulter agreed to report to the Board after their meeting with the Governance and Structure Committee later in the day.

ACTION: The Board unanimously voted to retain the policy for designating CAS Representatives to the AAMC Assembly in the chronological order that their registration is received by the CAS office.

III. E. 1989 CAS Spring Meeting Review. The Board was questioned whether the schedule for the 3 day meeting should be revised, as attendance at the Friday morning business meeting has suffered due to its placement on the program. Some thoughts were expressed that the business meeting should be divided into sections, and informational presentations should not be on the business meeting agenda.

ACTION: CAS staff were instructed to survey CAS Representatives about whether they would prefer a Wednesday through Friday meeting as currently scheduled, or a Thursday through Saturday meeting. The survey should list the comparative advantages of each system.

The Board discussed the use of identification signs for CAS Representatives at the business meeting. It was pointed out that the signs are a substantial expense to the CAS budget and greatly slow registration for the business meeting.

ACTION: The CAS Administrative Board unanimously voted to discontinue use of the society signs and instructed the Chair to encourage Representatives to identify themselves and their constituent society when speaking from the floor.

New Business. A writing campaign is needed in support of the Biomedical Research Support Grant program, which is critical in recruitment of new personnel. An AAMC pink memo has been distributed to the constituency on this issue.

The plan for reprogramming of NIH funds to support research training programs was discussed. The Office of Management and Budget has approved moving \$2.5 million from non-basic research R01s (i.e., grants in aging, child development, etc.), and the rest of the \$9.97 million which was requested will come from contracts and other grant mechanisms. Although the medical research community was hopeful that sufficient funding for research training could be established in the FY 1990 budget, OMB has already requested a reprogramming plan for that year as well.

Dr. Alexander has been contacted by Dr. Henry Pitt, a member of his Liaison Group and CAS Representative from the Society for Surgery of the Alimentary Tract, to express continuing concerns of the surgical community about the AAMC's position on housestaff hours. Dr. Pitt and his colleagues do not believe that the 80 hour work week is adequate for the training of surgeons. CAS staff is following up with Dr. Pitt, and it was the consensus of the Board that a forum for the surgeons to express their views should be provided. It was pointed out that the AAMC position is advisory, not mandatory, and the Board questioned the number of surgical programs which have actually been impacted by the report.

Dr. Jaffe' introduced Daria Chapelsky, the new staff associate in AAMC's Division of Biomedical Research.

III. G. APHIS Proposed Animal Welfare Regulations. Allan Shipp presented a summary of the AAMC response to the U. S. Department of Agriculture Animal and Plant Health Inspection Service (APHIS) regulations. Two years after they were first proposed, Parts 1 and 2 of the regulations were issued March 15, as was an entirely new Part 3, detailing exacting design specifications and operating standards for facilities, promulgating exercise and socialization requirements for dogs, and outlining enclosure specifications to assure the "psychological well-being" of non-human primates. Overall, APHIS adhered to the approach it used in 1987, despite literally hundreds of objecting comments.

Comments on Parts 1 and 2 were due May 15. APHIS stated in its notice that it would only consider comments on the interrelationship of these two parts of the proposal with Part 3. The AAMC responded in its comment letter that restricting public input to the interrelationship issue was inappropriate, given the persistence of many features widely objected to when the rule was last proposed in 1987, and the number of newly introduced provisions. In fact, all aspects of the first two parts have some bearing on Part 3,

compelling the Association to consider these components of the regulation in their entirety. The Association also reiterated its general concerns over the extent to which the proposal exceeds the statutory intent of the Animal Welfare Act, its excessively prescriptive approach, and continued inconsistencies with the Public Health Service requirements.

Of great concern to AAMC member institutions are the costs associated with complying with the proposed regulations. The AAMC, in conjunction with the National Association for Biomedical Research, surveyed member institutions in order to assess the financial impact. The survey revealed that the regulations would be far more costly than APHIS has estimated. APHIS projected total annual costs of approximately \$76 million for regulated research facilities to comply with all three parts of the regulation. The NABR/AAMC data indicated that this figure will instead approach \$325 million. APHIS estimated \$481 million in capital investments necessary for research facilities, but NABR/AAMC finds that this will be closer to \$1.196 billion. The survey results suggest that APHIS underestimated the total impact by 100%.

The Association is in the process of developing separate comments on the complex housing and handling standards set forth in Part 3, which are due July 13. The AAMC finds the design and engineering standards inappropriate and believes performance standards based on end results would be imminently more practical. Regulatory requirements attempting to assure the "psychological well-being" of non-human primates are untenable, since psychological well-being is extremely hard to define in humans, much less in animals who cannot articulate their frame of mind.

Senator Heflin's legislation imposing criminal penalties for laboratory break-ins and related activities has four cosponsors, and Rep. Waxman is introducing a companion bill in the House today. Dr. Pardes encouraged writing letters to Members of Congress on the animal issue, and Dr. Cohen stated that Steve Carroll and the members of Incurably Ill for Animal Research have been extremely effective in citizen action campaigns. Dr. Malone reviewed the plans of the American Medical Association and various other groups on this issue. The goal of animal rights organizations is to make the cost of animal research prohibitively high. To combat their strategy, the medical research community must form a more organized, crisis management-style campaign strategy. Dr. Clawson pointed out that two issues are most difficult for moderates in the animal rights camp: the use of animals which are perceived as pets (e.g., dogs and cats) rather than shifting the emphasis to non-pets, and frustration with the apparent lack of punitive damages for proven instances of maltreatment of laboratory animals.

ACTION: The Board instructed CAS staff to survey CAS member societies to determine what action, if any, they are taking on the animal issue.

III.F. Indirect Costs Associated with Federal Support of Research on University Campuses: Some Suggestions for Change. Following the breakfast meeting with Cornelius Pings, who presented the Association of American Universities report, Dr. Sherman asked the Board to consider distribution in the AAMC constituency for this report. Dr. Malone pointed out that Association staff need to collect the responses of the Council of Deans and CAS members in order to form an Association position. Individual societies would also be welcome to present their own views to AAU independently of the AAMC letter.

ACTION: Administrative Board members will be responsible for mailing a copy of the Executive Summary, including the 13 recommendations, to the members of their Liaison Group, with a cover letter asking for responses no later than September 15. This item will appear on the agenda of the September Administrative Board meeting, and on the agenda for the full CAS Business Meeting in late October. The CAS staff was instructed to send out copies of the full report to all CAS Representatives as soon as it is available.

ACTION: The Board unanimously accepted the AAMC staff recommendations.

III. J. A Single Examination for Medical Licensure. Dr. Kassebaum presented a summary of the issues related to the single pathway proposal. Medical licensure is under the authority of individual state medical boards, and is based on education, examination of proficiency, and post-graduate experience. Presently, there are three examination routes to licensure: the NBME series, which is available to graduates of LCME-accredited medical schools; the FLEX examination, available to the same group; and ECFMG certification for graduates of non-LCME accredited schools, followed by FMGEMS and NBME Parts 1 and 2 or FLEX.

The question of why the system should be changed when it appears to be working well has been raised. The change is necessary in order to achieve a common evaluation system for all applicants; to maintain equity, particularly among classes of candidates; and for political reasons. Some state legislatures, including New York, have already mandated the change. If the medical community makes the changes on its own initiative, it may have greater opportunity to maintain academic standards.

The proposal attempts to maintain the best features of the current system and improve the rest. A single, 3-step train of examinations is being developed, with intent to avoid any cultural biases. Steps I and II are essentially the same as NBME Parts 1 and 2. Licensing authorities will have some input into these exams, but the academic medical community will write the examinations. Step III attempts to assess clinical proficiency, using problem-solving to measure clinical skills and understanding.

Dangers in the new system will include the possibility of co-opting the NBME exams, putting NBME out of business, lessening the value of LCME accreditation, losing other values of NBME, and degrading clinical practice standards. Board members were reminded that state licensing boards can still take whatever actions they deem necessary to maintain the quality of licensed physicians, and can change their licensing criteria. The examination will remain only one-third of the licensing requirement, and education and experience will still matter.

Safeguards to protect the integrity of the licensing process include Steps I and II remaining in the hands of NBME and medical faculty who write the test; the existence of a composite committee, including FSMB, NBME, and ECFMG, to approve the exams; the universal goal of competency-based clinical examinations; and the evolutionary nature of this process guarantees that it will progress slowly.

The consensus of the Administrative Board was that oversight will remain crucial. It was pointed out that a major purpose of the new pathway is provide equal opportunity for all who wish to become licensed physicians, leaving the system open to fewer charges of bias. The logical outcome of such an action may be to considerably increase the failure rate, which could lead to political attempts to lower standards. The AAMC should be a voice for maintaining standards of quality.

Dr. Kassebaum stated that a single examination pathway will not reduce the necessity for LCME accreditation because the U. S. Department of Education requires it for students to participate in loan programs and for institutions to receive federal funding.

III. H. Conflict of Interest. Allan Shipp briefed the Board on activities of the AAMC on conflict of interest. The Association solicited conflict of interest policies from its medical schools and teaching hospitals last winter to discern how institutions have dealt with specific components of the issue. It is clear that some form of AAMC guidance is necessary. Institutions appear to need greatest assistance relative to identifying potentially conflicting situations and in developing effective procedures to handle and resolve conflicts once they are disclosed.

On February 24, the AAMC Ad Hoc Committee on Misconduct and Conflict of Interest in Research, chaired by Dr. Cohen, convened to formulate an effective means of helping member institutions manage and prevent conflicts of interest among scientists. Guest speakers Dr. Eleanor Shore, Associate Dean for Faculty

Affairs, and Mr. Stephen Atkinson, Executive Director of the Office of Technology Licensing, both at Harvard Medical School, shared their institutional experiences in dealing with this issue. The Committee asked AAMC staff to draft a document providing guidance on issues member institutions should consider when developing or reviewing conflict of interest policies. The Committee asked that special attention be given to issues unique to research institutions. Since then, the AAMC has been working with other higher education associations and professional societies to further define the structure and content of such a document. An inventory of potentially conflicting situations and institutional procedures has been prepared as an initial step.

In addition, the Association has been in close communication with NIH as the Institutes prepare to develop guidance for PHS grantees. Dr. Malone has worked with NIH in the development of conflict of interest guidelines for its intramural scientists and will speak at an NIH Conflict of Interest Forum June 28 on the issue of institutional oversight. He will also participate in a roundtable discussion on Conflicts of Interest Among Scientists and Engineers on June 21, sponsored by the AAAS Committee on Scientific Freedom and Responsibility.

Rep. Weiss's subcommittee held hearings June 13, which dealt largely with an MIT program on technology transfer, particularly technology developed with U.S. government funding which is then sold to foreign companies.

Dr. Genel reported that the Government Relations Representatives met yesterday with Leslie Russell, the microbiologist who staffs Rep. Dingell's Committee. She stated that until they stop hearing anecdotes of misconduct, they will not believe the medical community is adequately policing itself against misconduct and conflict of interest.

The Cohen Committee is expected to meet again in September.

II. President's Report. Dr. Petersdorf reported that final action on the FY 90 AAMC budget will occur today at Executive Council. No deficit appeared in FY 89 because AMCAS and MCAT revenues did not drop as expected, several budgeted positions were not filled, and some investments were sold. In FY 90 a market salary adjustment for mid-level professional staff will be implemented; executive staff salaries were frozen in order to do this.

Dr. Petersdorf reminded the Board of Dr. Kelly's imminent arrival as Associate Vice President for Biomedical Research at the AAMC. Dr. August Swanson will be moving into the Office of the President as Vice President for Graduate Medical Education. He will also direct the National Resident Matching Program and expand AAMC involvement in international issues. Dr. Louis Kettel will be promoted to Vice President for Academic Affairs, and Dr. Karen Mitchell will become Assistant Vice President for Academic Affairs and Director of the newly-formed Section on Educational Research. These changes take place July 1.

Plans continue for a new headquarters building for the AAMC, which will be needed by December 1991. An important feature of the new building will be expanded conference facilities which will enable the Association to hold more meetings on site, thus reducing outside hotel and catering costs. The Association is seeking tax-exempt revenue bonds to finance construction. Two local political problems have arisen, however. A local citizens group has filed a petition for the City to reconsider the zoning for the 2400 block of N Street NW, and "Janitors for Justice" have filed suit against the DC Zoning Commission because of a grievance they have against Boston Properties, the developer.

The Committee considering Distinguished Service and Emeritus Memberships, composed of Drs. Pinn-Wiggins, Clawson, and Everhart, has reported to the Governance and Structure Committee. The CAS

Administrative Board was asked not to submit recommendations for these awards this year, pending final action on the Committee's report.

Drs. Petersdorf, Sherman, Knapp, and Malone met with Assistant Secretary of Health James Mason and his Deputy, Audrey Manley. The Association provided a list of potential nominees for three open jobs, Directors of NIH, HRSA, and the Centers for Disease Control. Action on the NIH Director's job is expected immediately, with the Search Committee expected to submit three names for White House consideration early in July. The searches for HRSA and CDC will proceed more slowly. Several other issues were discussed with Assistant Secretary Mason. Mason believes that the ASH should hold the role of final appeal and oversight in cases of alleged misconduct in science, and that NIH holds primary responsibility for administering the regulations. He supports the AAMC position on the APHIS regulations on animal welfare, and has scheduled a meeting with the Secretary of Agriculture and appropriate OMB officials to attempt to persuade them to accept the DHHS guidelines. Mason requested information on research which has been unable to proceed due to the absence of an Ethics Advisory Board. He was more cautious, however, on the issue of fetal tissue research, and it appeared that the Administration may bow to the anti-abortion lobby on this topic. Dr. Mason was not certain of the status of the NIH request for reprogramming of funds for research training. Dr. Petersdorf stated that the meeting was very open, candid, and professional.

Legislation has been introduced in the New York State Senate which would virtually preclude offering the MCAT examination in New York State. The legislation, among other things, prohibits pretesting of questions, and hampers the decision-making process by admissions officials. Dr. Petersdorf is asking the New York Deans and the Associated Medical Schools of New York to actively support AAMC opposition to this legislation.

The Association has historically taken public positions only on those issues with a direct relation to academic medical education. In recent weeks, however, the Association has been asked to take positions on issues from smoking to apartheid. A request was also received to join an amicus brief on the proven medical effects of abortion as the Missouri case was heard before the U.S. Supreme Court. Dr. Petersdorf is looking for advice on whether to consider such public policy matters, and will revisit this topic for discussion at the Board and Council meetings in September.

Dr. Jaffe' advised Dr. Petersdorf that the CAS has received a request from some of the surgical societies to reconsider the AAMC position on housestaff hours, and will be responding to those constituents in the near future.

III. K. The Responsible Conduct of Research. Paul J. Friedman, M.D. and Rosemary Chalk presented the Institute of Medicine's report on the responsible conduct of research. Ms. Chalk was the staff director of the study, and Dr. Friedman served on the Committee.

Dr. Friedman briefed the Board on how he became so involved in the issue of misconduct in science. As Associate Dean for Academic Affairs at the University of California, San Diego, he was responsible for setting up procedures to prepare UCSD to deal with future allegations of misconduct after the Darsee case. UCSD then was presented with the Slutsky case, and Dr. Friedman was very involved in bringing that to resolution.

Ms. Chalk provided the Board with copies of the summary of the IOM report which appeared in Clinical Research. She has been meeting with various groups in the research community to distribute and explain the findings of the study. The charge given to the IOM Committee by NIH was to develop an agenda to address professional norms that affect standards of conduct. Among the issues considered by the committee were the proper conduct of research to discourage misconduct, peer review, and data retention. Prevention, not treatment, was the focus. No evaluation was done of procedures for handling cases of alleged

misconduct, as the IOM felt enough attention to that part of the issue was being provided elsewhere. The IOM Committee hoped it could "raise the ceiling" and strengthen the focus on integrity.

The Committee was chaired by Arthur Rubenstein, Chairman of Medicine at the University of Chicago. Three members of the Committee had experience in dealing with cases of misconduct: Howard Morgan with the Darsee case, Paul Friedman with the Slutsky case, and Joseph Davy with the Baltimore case. Additionally, the Committee included a journal editor, two attorneys, an ethicist, and one Ethics Committee Chair from a professional society. The major methodology used by the Committee was the convening of a two day workshop that was held last September, with AAMC participation. Two background papers were commissioned for the workshop, one on the Food and Drug Administration's Good Laboratory Practices regulations and the other on scientific authorship and publication practices. The meeting included six panel discussions. Each developed a series of proposals to encourage standards of conduct and foster integrity. Sixty proposals were produced, and from these, the IOM Committee published its 16 final recommendations.

During the life of the Committee, much activity on the issue of misconduct occurred, including 3 Congressional hearings and an investigation by the Inspector General of the Department of Health and Human Services. This activity clearly influenced the Committee, but did not shift its original focus. The political visibility of misconduct did, however, cause the Committee to shift its model from one of self-regulation to one with a role for the government. The institutional assurances in the final report draw on the human subjects and animal welfare regulations already in place.

It was found that very few academic institutions have explicit standards of professional conduct, which allows a small number of people to not meet generally accepted procedures. Very few courses of instruction are provided in ethics or professional integrity for students or scientists. Academic culture stresses individuality, so deviant behavior has an atmosphere of excessive independence in which to play itself out. The Committee believes there is a great need for institutional standards to define and uphold standards of conduct.

There are three target audiences for the IOM report: NIH, university and research centers, and the professional community, including professional societies.

The 16 final recommendations in the report are listed below.

1. The National Institutes of Health should establish an office to promote responsible research practices. This office should be coordinated with an expanded NIH effort to evaluate institutional investigations of misconduct in scientific research. The primary function of the office should be to foster and monitor the development of high professional standards of research practice by all grantee and applicant institutions. (NIH has accepted.)
2. By 1992, NIH should require all grantee and applicant institutions to provide assurances that they have adopted policies and procedures to encourage responsible research practices. Research applicants should affirm their familiarity with these policies and procedures and should also propose how they plan to store research data in the course of their study. (NIH is considering.)
3. NIH should not implement random data audits as a mechanism for ensuring the responsible conduct of investigator-initiated research. (NIH agrees.)
4. NIH should adopt professional standards to ensure responsible research practices by its intramural scientists. (NIH agrees.)

5. NIH should adopt policies to limit the number of publications that can be considered as part of any grant applications, in order to emphasize quality over quantity. (NIH does not believe they need to take any further action on this issue.)
6. Universities, medical schools, and other research organizations should adopt guidelines to clarify the expectations of each institution about the professional standards to be observed by investigators in the conduct of research.
7. Universities should provide formal instruction in good research practices. This instruction should not be limited to formal courses, but should be incorporated into various places in the undergraduate and graduate curricula for all science students.
8. Universities should designate one or more administrative officers or faculty members to promote responsible research practices within the institution. The institution should also provide mediation and counseling services for faculty, staff, and students who wish to express concerns about professionally questionable training or research practices.
9. Universities and other research institutions should strengthen the integrity and quality of research by modifying incentives and academic guidelines in order to reduce the pressure for excessive publication.
10. Academic departments and research units should monitor the supervisory and training practices of their faculty and research staff to ensure that adequate oversight is provided for young scientists.
11. Academic departments and research units should adopt authorship policies to improve the publication practices of their faculty, staff, and students.
12. Professional and scientific organizations representing the research community should develop educational and training activities and materials to improve the integrity of research. These organizations should assist universities in identifying substandard research and training practices that compromise the integrity or quality of research.
13. Scientific journals should develop policies to promote responsible authorship practices, including procedures for responding to allegations or indications of misconduct in published research or reports submitted for publication.
14. The National Academy of Sciences should pursue the issues and findings developed by the Institute of Medicine in this report and examine their relevance and application to other fields of scientific research. (COSEPP has endorsed a project to do this.)
15. An interdisciplinary committee should be convened to study the issue of rights and responsibilities of all relevant parties to research data and to prepare model guidelines for data sharing and data access.
16. There are many issues that deserve further analysis to enhance institutional and policy efforts to discourage scientific misconduct and to improve the integrity and quality of research. The committee recommends that professional and scientific organizations initiate studies to understand and encourage responsible research practices.

Dr. Friedman stated that it is important to make certain people agree on what the rules are, tell students, and teach them to work in such a manner. Sanctions should be clear. The question was raised about what happens when standard practices differ from accepted rules of conduct, but no conclusive answer arose.

Dr. Friedman asked the CAS Administrative Board to consider establishing a standing committee on professional ethics. It would provide a framework for documenting activities of professional societies and communicating those to the government. Such a committee should focus on education and guidelines, and stay away from dealing with specific allegations of misconduct.

ACTION: The Board voted to consider Dr. Friedman's proposal at its September meeting, with full CAS discussion at the Annual Meeting.

Dr. Malone noted that the Ad Hoc Committee on Misconduct and Conflict of Interest will review the IOM report and recommend that the AAMC take a position on it.

III. L. CAS Annual Meeting Program. The CAS will hold a plenary session entitled, "In Defense of Animal Research: Models for Effective Action" on Sunday, October 29 at 2:00 p.m. Speakers will include Larry Horton, Dr. Genel, Dr. Charles Clark, Frankie Trull, and Dr. Jaffe'. The business meeting will be October 30 from 1:00 - 4:30 p.m., and the CAS reception will be 6:00 - 7:00 p.m.

New Business. Drs. Jaffe' and Coulter reported to the Board about their meeting with the Governance and Structure Committee. The Committee's activity has been slowed. A mission statement and overview will be prepared before moving on to details of a reorganization. Three hours will be set aside on September 27 for the Administrative Boards to discuss the governance and structure of the AAMC, including a keynote address. The three Boards will then each meet with two members of the Committee. The CAS Board will meet with Dr. Cohen and Dr. Richard Janeway. This subject will be discussed at the Annual Meeting in October. If the Committee develops recommendations, they will be voted upon by the Assembly in 1990.

Dr. Sacks reported that the American Academy of Ophthalmology has passed a resolution encouraging a required course of study in ophthalmology in medical school. Many primary care physicians do not know enough ophthalmology to make appropriate referrals, and only 60% of U. S. medical schools have a beginning clinical course in ophthalmology. The Board was urged to consider what every competent medical student should know about visual systems. Dr. Sacks provided each member of the Board with three textbooks which contain a designed one to two week course for medical students. He asked in what forum this issue could be discussed, if not the AAMC, and whether ophthalmology has found the tip of an iceberg, i.e., how well are a variety of smaller specialties being taught in medical schools. Board members pointed out that the clinical pharmacologists and pathologists are experiencing similar concerns in their own disciplines, and it was suggested that this could provide a topic for a future CAS Spring Meeting.

ACTION: The Board instructed CAS staff to contact the Group on Medical Education to consider joint action on this issue.

634 Lowell Avenue
Palo Alto, California 94301
September 1, 1989

Dear Jane,

Thank you for the opportunity to review the application to the Council of Academic Societies of the Council of Emergency Medicine Residency Directors. It is my understanding they are applying for inclusion under the condition they become a government-approved (IRS) 501(c)(3) tax status organization.

I am well acquainted with the evolution of this society, and actively participated in its development. It is a pre-planned organization within Emergency Medicine and its establishment is supported in principle by the new Society for Academic Emergency Medicine.


As its name implies, its membership consists of program directors and/or designees of accredited emergency medicine training programs. It is modeled after a number of other program director societies represented in the CAS. Essentially, all are tenure-track or clinical-track faculty in medical schools. There are no more than 5 to 10 programs without medical school arrangements.

A few comments about the application:

1. The Bylaws state a program may have up to 2 representatives. Therefore, the total membership would be potentially 156 (78 x 2). The number of Emergency Medicine programs continues to rise at the rate of 2 to 3 per year. Still, I would anticipate a levelling out between 80 to 90 programs due to the stringency of the RRC-EM.
2. Though Dr. Jorden may have thought the "Council" was required to have an "Annual Meeting" as a separate entity, I am aware that this group has been meeting twice a year, at the American College of Emergency Physicians Scientific Assembly (fall) and the former University Association for Emergency Medicine (spring), for at least five years.
3. Applying before 501(c)(3) tax status is probably a rare event, but not unprecedented by my understanding. Perhaps the high interest among the Program Directors in joining the CAS reflects some success on my part in conveying both the necessity and opportunity of representation. This is a young, energetic, and talented group who view participation in the CAS and AAMC as a means of expanding their education, and contributing to the academic growth of Emergency Medicine and Medicine in general.

I believe the Council of Emergency Medicine Residency Directors has the interest, experience, and resources to serve an active and positive role in the CAS, and recommend to the CAS Administrative Board that their application be approved.

Sincerely,


Glenn C. Hamilton, M.D.
Member, CAS Administrative Board

**MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES**

MAIL TO: Association of American Medical Colleges
One Dupont Circle NW, Suite 200
Washington, D. C. 20036
Attention: Jane Donovan

NAME OF SOCIETY: Council of Emergency Medicine Residency Directors
Attn: Robert C. Jorden, M.D.
MAILING ADDRESS: 2500 North State Street
Jackson, Mississippi 39216-4505

PURPOSE: The purpose of the council is to improve the quality of emergency care by maintaining a high standard of excellence in emergency medicine training programs. Furthermore the council's purpose is to foster communication between faculty of emergency medicine training programs.

MEMBERSHIP CRITERIA: 1. Must be a residency director of an accredited emergency medicine training program.
OR
2. Must be a designated faculty representative of an accredited emergency medicine training program.

NUMBER OF MEMBERS:

78

NUMBER OF FACULTY MEMBERS: 78

DATE ORGANIZED: May 24, 1989

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

<u>Enclosed</u>	1. Constitution and Bylaws
<u>1st meeting September 14th; program to follow</u>	2. Program and Minutes of Annual Meeting
<u>Application in progress</u>	3. Copy of IRS Approval under Sections 501(c)(3) and 509(a) of the Internal Revenue Code.

August 29, 1989

Date Completed

Robert C Jorden
Completed by - Signature

Robert C. Jorden, M.D.

Completed by - Please print

Vice President

Title

BYLAWS OF THE COUNCIL OF EMERGENCY MEDICINE

RESIDENCY DIRECTORS

Article I Name

This organization shall be known as The Council of Emergency Medicine Residency Directors.

Article II Purposes

The purposes of the Council of Emergency Medicine Residency Directors shall be scientific and educational and shall include the following:

- A. To improve the quality of emergency medical care;
- B. To establish and maintain high standards of excellence in emergency medicine training programs;
- C. To maintain and improve the high quality of instruction in emergency medicine training programs;
- D. To improve the high quality of instruction in emergency medicine training programs and other organizations both within and outside the emergency medicine community;
- E. To improve the communications between the faculty of emergency medicine training programs.

Article III Membership

Section 1. Eligibility

All residency training programs in Emergency Medicine who are accredited by the residency review committee for emergency medicine

Page 2

Section 2. Representation

All member programs shall have a maximum of two representatives consisting of the residency director and a designee of the department chairman. Each representative shall be eligible for full participation in the organization's activities and to hold office.

Section 3. Dues

Each member program shall pay annual dues to the Corporation an amount to be determined by the Board of Directors periodically.

Article IV Meetings and Voting

Section 1. Semiannual Meetings

Semiannual meetings of the membership shall be held at such time and places as to be fixed by the Board of Directors. The dates of these meetings shall be set by action of the Board of Directors at least one hundred eighty(180) days prior to the meeting.

Section 2. Special Meetings

Special meetings of the membership shall be called by the President or by the secretary/treasurer upon written request of not less than ten(10) program directors. The President shall fix the time and place of each special meeting.

Section 3. Quorum

A simple majority of the member programs being represented at a given meeting shall constitute a quorum. In the absence of a quorum a meeting may be conducted but no action requiring a vote (except for adjournment) may be undertaken.

Page 3

Section 4. Voting

Each member program shall have a maximum of one vote. All issues shall be decided by a majority vote.

Section 5. Sturgis standard code of parliamentary procedure, except when in conflict with the bylaws of the council shall control all parliamentary procedure of the organization's meetings.

Article V. Officers and their duties

Section 1. Executive Board

a. General Powers

The business and affairs of the organizations shall be managed by its Executive Board (hereinafter the "Board").

- b. The executive board shall consist of six members, the selected officers (president, vice president and secretary/treasurer), the immediate past president and two members at large to be elected from the representatives of the member programs. The executive board shall have the authority to act on behalf of the organization, subject to ratification by the general membership.

Section 2. Offices

- a. The officers of the organization shall be elected from the representatives of the member programs. The officers shall consist of president, vice president and secretary treasurer. Each term of office shall be for one year.

b. Regional Representatives

1. Member programs shall be organized into geographic regions, the purpose being to permit ongoing communication among programs that may share common concerns and interests as a result of that geographic location.

2. There shall be nine geographic regions. With the specific allocation of programs to regions being set annually by the membership. (See Appendix 1).
3. Each Region shall elect a representative to act as spokesman for the region and to serve as liaison between the region and the executive board. The term of office shall be one year.

Section 2. Duties of office

a. President

The president shall have the powers and duties usually pertaining to such office. The president shall conduct the semiannual meetings, preside over meetings of the executive board and oversee all activities of the organization.

b. Vice President

The vice president, in the absence or disability of the president, shall act in the place and stead of the President. The Vice president shall also perform duties assigned to him by the president or the executive board. In the event of death or disability of the President, the Vice president shall succeed to the Presidency for the unexpired term.

c. Secretary/Treasurer

The secretary/treasurer shall keep or cause to be kept, true and accurate accounts of all the financial transactions of the organization. He shall be the custodian of the funds of the organization and of any securities that are the property of the organization. He shall prepare or cause to be prepared an audit of the organization's books and shall present a report of such audit at the annual meeting held in conjunction with the SAEM meeting. He shall keep the minutes for all membership meetings and at meetings of the executive board.

Section 3. Terms of office

All elected officers shall have a one year term of office. Members of the executive committee, elected at large shall also serve a one year term of office.

Section 4. Election of Officers

- a. Annual election of officers, and members at large of the executive committee shall take place during the semiannual meeting that is held in conjunction with the SAEM meeting. Regional representatives will be elected by each region during the same meeting.
- b. Nominations for office and executive committee members at large shall be submitted to the executive board, beginning 30 days prior to the election. Ballots listing the candidate for each office shall be prepared by the executive board and distributed during the election.
- c. Nominations from the floor shall also be entertained prior to the voting for each office.
- d. Voting shall be by secret ballot.
- e. Votes will be tallied and the results of the election announced immediately upon completion of the process.

Article VI Contracts, Checks, Deposits and Funds

Section 1. Offices

The organization shall have and continuously maintain a registered office and a registered agent whose office is identical with such registered office.

Section 2. Contracts

The executive board may authorize upon approval of the membership, any officer or officers, agent or agents of the organization to enter into any specific contract or execute and deliver any specific instrument in the name of and on behalf of the organization and such authority may be general or confined to specific

Section 3. Bonding of Secretary/Treasurer and other offices

At the direction of the organization, the secretary/treasurer, and/or any other officer or employee of the organization shall be bonded.

Section 4. Checks and Drafts

All checks, drafts or other orders of the payment of money, notes, or other evidences of indebtedness shall be issued in the names of the council of Emergency Medicine Residency Directors.

Section 5. Deposits

All funds of the organization shall be deposited to the credit of the Council of Emergency Medicine Residency Directors in such banks, trust companies or other depositories as the organization may select.

Section 6. Gifts

The executive committee may accept, on behalf of the organization, any contribution, gift, bequest or device for general purposes or for any special purpose of the organization.

Article VII Books and Records

The organization shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its executive board and of the general membership meetings. A record giving the names and addresses of the members shall also be kept at the registered office.

Article VIII The executive board shall provide a corporate seal which shall have inscribed thereon the name of the organization and the year of incorporation.

Article IX Whenever any notice whatever is required to be given under the provision of the "General Not For Profit Corporation Act of Michigan" or under the provision of the Articles of Incorporation of Bylaws of the

Board, a waiver thereof in writing signed by the person or person entitled to such notice, whether before or after the time state therein, shall be deemed equivalent to the giving of such notice.

Article X Amendments to Bylaws

These bylaws may be altered and amended at any time in accordance with Article IV Section 3 (a) of these Bylaws at any properly noticed meeting held for that purpose. Proposed amendments shall be submitted in writing 180 days prior to the meeting.

Article XI Indemnification

The organization shall indemnify to the full extent permitted by law any person who by reason of the fact that he is or was a member or designated representative of the organization or is or was serving at the request of the organization as a representative of another corporation, partnership, joint venture, trust or other enterprise, was or is a party or is threatened, to be made a party to any threatened, pending or completed third party or derivative action, suit, or proceeding, whether civil, criminal, administrative or investigative against expenses (including attorneys fees), judgments, fines, and amounts paid in settlement and reasonably incurred by him in connection therewith or in defense thereof.

The organization shall have the power to purchase and maintain insurance on behalf of any person who is or was a representative of the organization or is or was serving at the request of the organization as a representative of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted against him and incurred by him in any such capacity or arising out of his status as such, without regard to whether he may be indemnified by the organization against such liability.

Article XII Dissolution

Upon dissolution of this organization for any reason, the total remaining net assets of the organization shall be conveyed by the Executive Board to the Emergency Medicine Foundation, incorporated under the laws of the State of Michigan; or to an exclusively charitable corporation exempt from the payment of Federal income taxes under Section 501(c)(3) of the Internal Revenue code of 1954. Upon dissolution, no assets shall accrue to any individual Board member past or present.

APPENDIX 1

MEMBER PROGRAMS ORGANIZED BY REGIONS

Northeast

Massachusetts
New York
New Jersey

Middle Atlantic

Delaware
District of Columbia
Maryland
Pennsylvania (except Pittsburgh)
Puerto Rico

Southeast

Alabama
Florida
Georgia
Mississippi
North Carolina
South Carolina
Virginia

Mid East

Kentucky
Ohio (excluding Toledo)
Pittsburgh

East Central

Indiana
Michigan
Toledo

Mid-West

Illinois
Minnesota
Missouri
Wisconsin

Southwest

Arizona
Arkansas
Colorado
Louisiana
New Mexico
Oklahoma
Texas (Civilian)

West Coast

California
Oregon

Federal/Military

California
Texas
Washington

PROPOSAL FOR CAS STANDING COMMITTEE ON ETHICS

At the June CAS Administrative Board meeting, Paul J. Friedman, M.D. and Rosemary Chalk presented the report of the Committee on the Responsible Conduct of Research of the Institute of Medicine. As part of his presentation, Dr. Friedman requested that the Council of Academic Societies establish a standing committee on ethics.

Questions for Discussion:

1. Would the function of such a committee be primarily one of advocacy?
2. Would it become involved in any cases of ethical malfeasance involving CAS members? In what way and to what extent?
3. Would it become involved in helping CAS societies construct and promulgate their own codes of conduct?

Staff Recommendation:

The 1990 CAS Spring Meeting will focus on ethics and principles of conduct. Staff recommends, following Administrative Board consideration, discussion by the full CAS at that meeting.

THE QUESTION: SHOULD CAS HAVE A STANDING ETHICS COMMITTEE?

Notes from the May 9, 1989 meeting of the PSEG of the AAAS.

A. IEEE Ethics Committee Chair Middleton.

The role of a (standing) ethics committee:

1. keeper of the code (a passive role)
2. conscience of the organization
3. resource group when issues arise
4. "actors" in education and other activities

Note: in IEEE the enforcement or disciplinary body is separate.

1. Maintenance of the code requires continuity; standing committee is therefore more effective. Members can keep track of cases, applications of principles, and changes in policy.

2. The presence of the committee itself has an effect on society members. Committee needs both staff and respected volunteers, who are well-motivated active members. Should be pragmatists in implementing ethical goals.

3. Members track cases, press an issue to executive decision when necessary, function as ombudsmen, provide an overview of the ethical dimensions of a variety of issues.

4. Committee members must teach, write, be active; organize conferences, promulgate ethics, sensitize others to the issues.

B. American Chemical Society executive secretary T. Russell

The functions are fulfilled by the committee on public relations; there is no ethics committee as such. ACS has a "creed" of professional behavior; standards of professional behavior apply to chemists and their employers; now defining guidelines for academic employees and their trainees. The committee continually redefines the standards of practice, with recognition of the manifold roles of a professional chemist.

Educational priorities: the membership and the public, including employers, government officials, and the "masses." Develop materials for ethical education directed to graduate students, for either formal or informal curricula. There is a problem in finding time for ethics education for students, but the professional training committee that certifies programs requires evidence that ethical issues are presented.

Sessions are held for practicing professionals at national or

monthly regional meetings. The Committee reviews cases, decides which are important issues to be handled nationally. Uncovering new issues leads to development of new standards (e.g., the academic guidelines). There is much "setting standards through decision-making." Other input is through the professional assistance program. Ethical authorship standards are enforced through their publications committee.

C. American Psychological Society attorney Bersoff.

A society ethics committee should promulgate, adjudicate, and enforce a set of ideals. Note conflict between enforcement of ethical standards and FTC regulations (in court now). Ethical principles should not be too lofty to be enforced. Functions of committee include

1. education: publish cases dealt with each year in their major general professional periodical. Have also published a large casebook of real cases illustrating all the ethical principles, with commentary.

2. rehabilitation: includes ethical training as a discipline. Referrals to "distressed professionals" committee.

3. protect the public

4. general deterrence, e.g., by notifying the membership of all members dropped for ethics violations.

5. punishment, with a wide range of sanctions.

Standards cover the gamut from scientists to practitioners. It is important to keep records and consistency. There should be an independent hearing panel for appeals. Fairness must be guarded.

There is room for discussion on the number of functions for a single committee; ACS sends recommendations for sanctions to its governing board, which appoints an ad hoc panel to approve. The investigative function is difficult, dealing with outside institutions; senior or retired, well-respected people are used. Problems about disclosure of discipline or society judgments; APA is in court on this one now. If used as "involuntary experts" the society is compromised. APA noted that academics have resisted a requirement for the teaching of ethics to students; it can be insisted on only for practitioners. Sound familiar?

AAMC STUDY ON SPACE MANAGEMENT

The AAMC's Group on Institutional Planning and Group on Business Affairs have joined forces to sponsor a study of space management in the academic health science center. The first part of the project will involve a survey of selected institutions aimed at describing existing space and facilities used for research and instructional purposes, systems, and procedures in use for managing space, and models and strategies employed in planning for space needs and acquiring new space. The results of the survey will provide a basis for a guidebook on space planning and management that will serve as a resource for the entire academic health sciences community. The Division of Biomedical Research and CAS are represented on the steering committee by Douglas E. Kelly, Ph.D., Associate Vice President. A list of steering committee members follows.

Space makes one of the greatest demands on an institution's financial resources and requires one of the largest blocks of time in the planning process. The steering committee proposes that a task group attempt to develop, on a pilot basis, information AAMC member institutions can use to evaluate existing space or assess the need for new space. The task group should attempt, but not necessarily limit itself, to:

- o identify and review previous and current projects concerned with collecting information on space utilization and allocation;
- o develop a survey instrument compatible with effective ways for collecting and reporting space information from academic health centers;
- o identify objective measures related to the need for space, including consideration of such data as numbers of students, faculty, employees, research mix, and amount of research funding available at a federal level;
- o conduct a space survey, among at least the institutions represented by task group participants;
- o assess the feasibility of developing standards or estimates of the amount of space required to do research and accomplish other functions, based on data collected; and
- o assess the feasibility of relating variability in space assignments within surveyed schools to medical school departments/disciplines and direct cost dollars awarded by components of the National Institutes of Health. Having the ability to even partially correlate amounts of research space to amounts of NIH funding could prove useful to the AAMC and member institutions, given national priorities involving billions of dollars in such areas as AIDS and human genome research, which may precipitate a need for additional space, or the reassignment of existing space from one programmatic area to another.

GIP/GBA SPACE MANAGEMENT PROJECT
Task Force

Thomas Rolinson (Co-Chair)
Vice Chancellor for Resource Management
and Planning Services
University of California, San Francisco

Robert Winfree (Co-Chair)
Associate Vice President
Duke University Medical Center

Theresa Bischoff
Vice President for Finance
New York University Medical Center

Horace Bomer
Director of Facilities Management
University of Michigan Medical School

Richard Lavery
Institutional Research Analyst
University of Vermont College of Medicine

B. Hoffer Milam
Assistant Dean for Planning
and Resource Management
Bowman Gray School of Medicine

Robert Price
Executive Vice President for Administrative and
Business Affairs
University of Texas Health Sciences Center at
San Antonio

Richard Schimmel
Associate Dean for Fiscal Affairs
and Administration
University of Illinois College of Medicine

UCSF Staff:
Carol Copperud
Manager of Operational Assistance
University of California, San Francisco

AAMC Staff:
Robert F. Jones, Ph.D.
Staff Director
Director for Institutional Studies

Jack Krakower, Ph.D.
Director for Institutional Data Systems

Douglas E. Kelly, Ph.D.
Associate Vice President for Biomedical Research

CAS SUBSCRIPTIONS TO ACADEMIC MEDICINE

Beginning in January 1990, the two officially designated CAS Representatives from each member society will receive a complimentary subscription to Academic Medicine as part of the society's benefits from AAMC dues payments.

For newly-appointed Representatives, free subscriptions will begin the month after the CAS office is notified of a new Representative's term. All complimentary copies will end with the Representative's term.

AAMC GOVERNANCE AND STRUCTURE COMMITTEE

In preparation for the September 27 discussion with the AAMC Governance and Structure Committee, the CAS Chair was asked to prioritize the Committee's goals on behalf of the CAS. Drs. Alexander, Coulter, Genel, and Jaffe' held two discussions via conference call, then submitted their own priority lists. Their four responses were compiled as follows and provided to Richard Janeway, M.D., acting for the Committee.

Combined Priority List

1. #9, Fostering a greater sense of identification with and participation in the Association by members of the Councils and by faculty and administrators of academic medical centers.
2. #2, The participation in the Association by individuals at academic medical centers who are not currently represented on any of the Association's Councils.
3. #1, Membership on each of the Association's three Councils.
4. #4, The role and composition of the Assembly.
5. #5, The composition of the Executive Council.
6. #3, The role of multi-hospital systems and their executives in the Association.
7. #10, The role of housestaff in the Association.
8. #7, The name of the Association and whether it accurately reflects the organization's membership and purposes.
9. #6, The nominating process by which new officers are elected to the Executive Council and Administrative Boards.
10. #12, The Association's existing and possible new Groups and their contributions to the Association's goals.
11. #11, The means through which the Association might involve individuals with specific institutional educational responsibilities.
12. #8, The role in the Association beyond election to distinguished service or emeritus membership for individuals who no longer serve on one of the three Councils.

COUNCIL OF ACADEMIC SOCIETIES
ANNUAL MEETING

October 29-31, 1989
Washington Hilton Hotel
Washington, D. C.

Sunday, October 29, 1989

2:00 - 4:00 p.m.

Council of Academic Societies Plenary Session
"In Defense of Animal Research: Models for Effective Action"

Institutional and State Action

Larry Horton

Associate Vice President for Public Affairs, Stanford University

Professional Society Action

Myron Genel, M.D.

Associate Dean for Government and Community Affairs
Yale University School of Medicine

Voluntary Society Action

Charles M. Clark, Jr., M.D.

Immediate Past President, American Diabetes Association

The Role of the National Association for Biomedical Research

Frankie Trull

President, NABR

Call to Action

Ernst R. Jaffe', M.D.

Senior Associate Dean, Albert Einstein College of Medicine
Chair, Council of Academic Societies

4:00 - 6:00 p.m.

AAMC Plenary Session

Presentation of Research, Flexner, and AOA Awards

AAMC Chairman's and President's Addresses

Alan Gregg Lecture

The Honorable Louis W. Sullivan, M.D.

Secretary of Health and Human Services

6:00 - 7:30 p.m.

AAMC General Reception

Monday, October 30, 1989

9:00 - 11:30 a.m.

AAMC Plenary Session

John A. D. Cooper Lecture
The Honorable Lauro F. Cavazos, Ph.D.
Secretary of Education

"Medical Student Education: Sounds, Alarums, and Excursions"
Daniel D. Federman, M.D.
Dean for Students and Alumni, Harvard Medical School

"Graduate Medical Education: New Initiatives in the Changing
Environment"
Spencer Foreman, M.D.
President, Montefiore Medical Center

11:30 a.m. - 1:00 p.m.

CAS Administrative Board luncheon

1:00 - 4:00 p.m.

Council of Academic Societies Business Meeting

6:00 - 7:00 p.m.

Council of Academic Societies Reception

Tuesday, October 31, 1989

8:00 - 9:00 a.m.

AAMC Assembly

9:00 - 10:30 a.m.

AAMC Special General Session: Physician Supply

10:30 a.m. - 12:00 noon

AAMC Special General Session: Rural Health

COUNCIL OF ACADEMIC SOCIETIES
SPRING MEETING

March 14-16, 1990
Hilton Palacio Del Rio
San Antonio, Texas

PRINCIPLES OF PROFESSIONAL DEPARTMENT IN ACADEME
PRELIMINARY PROGRAM OUTLINE

Wednesday, March 14, 1990

11:00 a.m. - 12:30 p.m.	CAS Administrative Board Meeting
12:30 - 1:30 p.m.	Luncheon
1:30 - 3:30 p.m.	Orientation for new CAS Representatives
6:00 - 7:00 p.m.	Keynote Address Barbara J. Culliton, <u>Science</u> Magazine
7:00 - 7:30 p.m.	Reception
7:30 - 9:30 p.m.	Banquet

Thursday, March 15, 1990

8:00 a.m.	Continental Breakfast
8:30 - 8:45 a.m.	CAS Chairman's Address
8:45 - 10:00 a.m.	"Managing the Mixed Message: Maintaining Academic Values v. Encouraging Entrepreneurism"
10:00 - 10:15 a.m.	Coffee Break
10:15 - 10:30 a.m.	Report from the AAMC Ad Hoc Committee on Misconduct and Conflict of Interest in Research
10:30 - 11:15 a.m.	Charges to the Discussion Groups
11:15 a.m. - 12:30 p.m.	Discussion Groups: "Academic Department in a Competitive Entrepreneurial Clinical Environment" - Myron Genel, M.D. and Thomas King, M.D. "Responsibilities in Training and Education" - Rita Charon, M.D. and Robert O. Kelly, Ph.D. "Department of Department Chairs and Section Chiefs" - S. Craighead Alexander, M.D. and Kenneth Berns, M.D., Ph.D. "The Role of Academic Societies in Developing Codes of Conduct" - Paul Friedman, M.D., and Barbara McLaughlin, Ph.D.
5:00 - 6:00 p.m.	Reports from the Discussion Groups

6:00 - 6:30 p.m.

President's Report - Robert G. Petersdorf, M.D.

6:30 - 7:00 p.m.

Legislative Update - Richard Knapp, Ph.D.

7:00 - 8:00 p.m.

Reception

8:00 - 10:00 p.m.

Dinner Cruise

Friday, March 16, 1990

8:00 a.m.

Continental Breakfast

8:30 a.m. - 1:00 p.m.

CAS Business Meeting

1:00 - 2:30 p.m.

CAS Administrative Board Luncheon

REPORT ON 1991 CAS SPRING MEETING SITE SELECTION AND SURVEY

After discussion with CAS leadership, competitive proposals, and a site visit, the Hyatt Regency in Savannah, Georgia has been chosen for the 1991 CAS Spring Meeting.

As instructed by the Administrative Board at its June 1989 meeting, staff surveyed CAS Representatives as to preference for Spring Meeting dates. By a vote of 41 to 24, with 22 abstentions, dates selected were Thursday through Saturday, March 21-23, 1991.