

CAS ANNUAL MEETING SCHEDULE
OCTOBER 28-29, 1984
CONRAD HILTON HOTEL
CHICAGO, ILLINOIS

MEETING SCHEDULE

SUNDAY, OCTOBER 28

1:30 -- 2:30 p.m.

CAS PLENARY SESSION

Beverly Room

CONSIDERATION OF THE GPEP REPORT

College Preparation for Medicine

*David Alexander, D.Phil.
President, Pomona College*

Medical School Education

*August G. Swanson, M.D.
Director, AAMC Department of Academic Affairs*

2:40 -- 4:00 p.m.

WORKING GROUPS ON THE INDIVIDUAL GPEP
CONCLUSIONS

4:10 -- 5:00 p.m.

PANEL DISCUSSION ON THE GPEP CONCLUSIONS

Beverly Room

Panel Members:

*Philip C. Anderson, M.D., University of Missouri
Medical Center*

Harold S. Ginsberg, M.D., Columbia University

*Joseph E. Johnson, III, M.D., Bowman Gray School
of Medicine*

*Douglas E. Kelly, Ph.D., University of Southern
California School of Medicine*

*Virginia V. Weldon, M.D., Washington University
School of Medicine*

5:00 p.m.

ADJOURNMENT

5:30 -- 7:00 p.m.

CAS COCKTAIL RECEPTION

Belair Room

MONDAY, OCTOBER 29

1:30 p.m.

CAS BUSINESS MEETING

Williford C

5:00 -- .m.

ADJOURNMENT

COUNCIL OF ACADEMIC SOCIETIES

ANNUAL BUSINESS MEETING
OCTOBER 29, 1984
CONRAD HILTON HOTEL
CHICAGO, ILLINOIS

AGENDA

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association of american medical colleges

MINUTES
1983 FALL MEETING
OF THE
COUNCIL OF ACADEMIC SOCIETIES

November 6-7, 1983
Washington Hilton Hotel
Washington, D.C.

NOVEMBER 6 PLENARY SESSION

"Research Support: A Consensus is Needed"

Research Funding Priorities of the National Institutes of Health

Dr. William F. Raub, associate director for extramural research and training at NIH, discussed the effects of fiscal constraints on the agency's program and policy directions. Dr. Raub emphasized NIH's primary goal of maintaining a stable program of investigator-initiated research as well as a strong training program for future investigators. However, he noted that the "stabilization" policy with regard to the number of new and competing grants has required a shift in the allocation of resources. Doctor Raub presented data indicating that stable funding for ROIs has been achieved only at the expense of other important programs such as research training, contracts, and research centers. Dr. Raub was optimistic about the FY 1984 budgetary picture for NIH as the Congress had chosen to provide a substantial increase over the funding levels requested by the President. However, he noted that the rapidly increasing costs of conducting research coupled with the rate of inflation would limit the real growth that might result from an expanded budget.

AAMC Statement of Principles for the Support of Biomedical Research

AAMC Vice President John F. Sherman discussed a recently-developed AAMC document, "Preserving America's Preeminence in Medical Research: Principles for the Support of Biomedical Research." During the previous six months, the governing boards of the AAMC had been discussing various legislative proposals for the reauthorization of certain NIH programs. For the most part, it had been determined that these proposals violated the basic principles that many in the research community believe should govern the funding and management of the NIH:

- that research priorities are best set by the NIH and its scientific advisors;
- that Congressional mandates in authorizing legislation are an undesirable mechanism for achieving special attention for specific research areas; and
- that the open-ended NIH authority provided in Section 301 of the Public Health Service Act has served science and the nation well.

A statement enunciating these principles had been developed and approved by the Association's Executive Council in September. Dr. Sherman stated that the document will be widely circulated in hopes of generating strong support for NIH programs and to highlight the dangers of Congressional "micromanagement" of the NIH.

Dr. Sherman noted that the representatives and officers of all CAS societies had received the document with a request for their respective organization's endorsement. He pointed out that the impact of the statement would be enhanced substantially by endorsements from CAS organizations. It was also hoped that individual CAS societies would encourage the voluntary health organizations in their respective areas of interest to adhere to the principles set forth in the document.

Congressional "Micromanagement" of the NIH

John Walsh, science reporter for news and comment of SCIENCE magazine, discussed proposed legislation that would increase significantly the extent to which the Congress establishes the scientific and programmatic policies of the NIH. He stated that legislation to renew the expiring authorities of certain NIH programs contained provisions that would: 1) recodify portions of the Public Health Service Act which define the responsibilities of the individual NIH institutes, 2) establish additional disease-specific administrative units, and 3) set aside funds for research in specified areas. Mr. Walsh noted that many in the research community were disturbed by this trend towards Congressional "micromanagement" of NIH, believing that the agency's impressive record of success has been predicated on the flexible authority under which it has traditionally operated. He stated that this type of legislation was viewed by many scientists as representative of an undesirable level of Congressional intrusion in NIH programs.

Mr. Walsh noted that changes in the Congressional approach to the NIH authorization legislation had been accelerated by changes in the manner in which some segments of the research community advocate increased funding for their specific areas of interest. He stated that traditionally, many organizations have sought adequate funding for their respective research areas through the appropriations process. The cumulative effect of this approach has been an increase in overall funding for NIH. However, Mr. Walsh stated that an increasing number of organizations were targetting the authorization process to advocate set-asides and the establishment of additional administrative components in their areas of scientific interest. In addition to some voluntary health organizations, some scientific societies had established political action committees or hired Washington representatives in an attempt to enhance their effectiveness with the authorizing committees. Mr. Walsh expressed the opinion that if the research community favors minimal Congressional intrusion in NIH affairs, it would be necessary to modify the behavior of some segments of the research community who advocate disease-specific directives in authorizing legislation.

The Science of Politics and the Politics of Science

Leonard Heller, a former Robert Wood Johnson health policy fellow, echoed Mr. Walsh's opinion that the scientific community is taking the special interest approach to the legislative process as it affects the NIH. Rather than forming political action committees or hiring Washington representatives, Dr. Heller recommended that scientists as individuals become more involved in the legislative process. He stated that researchers should communicate directly with their respective Congressional Representatives, noting that organizations such as the AAMC can not assume sole responsibility for representing the research community on Capitol Hill. Dr. Heller expressed the opinion that Members of Congress are particularly responsive to their constituents. In addition, he stated that the failure of scientists to involve themselves in public affairs activities may jeopardize the ability of the NIH to operate free of inordinate Congressional intrusion.

In order to enhance their knowledge of and impact upon legislative activity, Dr. Heller suggested that individual researchers: 1) have well-timed telephone contacts with Congressmen and/or Congressional staff regarding key issues; 2) visit Capitol Hill as frequently as possible for hearings or to meet with legislators; and 3) invite

Members of Congress and their staff to visit their laboratories for a firsthand look at the excitement of scientific investigation. Dr. Heller suggested that through such individual efforts, the research community as a whole could have a much greater impact on the development of important legislation.

"Can Biomedical Research Survive Attacks of Confused Lucidity?"

Dr. Sherman Mellinkoff, dean of the UCLA School of Medicine, expressed the opinion that individual contacts with Members of Congress are extremely important. However, he also emphasized the need to coordinate such efforts through organizations such as the AAMC in order to: 1) assure the accuracy of information regarding legislation, and 2) to avoid duplication of effort. Dr. Mellinkoff stated that the greatest challenge to scientists in their communications with policymakers is to explain the scientific process. He suggested that legislators should be informed regarding the unpredictable nature of science and the substantial time lapse that often occurs between a basic research discovery and its application to improving medical care. Dr. Mellinkoff expressed the opinion that assisting policymakers to understand this concept is key to explaining how the scientific process might be affected by specific legislative proposals.

NOVEMBER 7 BUSINESS MEETING

I. CALL TO ORDER

The meeting was called to order at 1:30 p.m. Dr. Frank C. Wilson, chairman, presided. Sixty-seven individuals representing 58 of the 73 member societies were present.

II. APPROVAL OF MINUTES

The minutes of the November 7-8, 1982 CAS meeting were approved as submitted.

III. CHAIRMAN'S REPORT

Chairman Frank Wilson addressed the Council on "Creativity in Medicine".

IV. ACTION ITEMS

A. New Members

In accordance with the established procedures, election to membership in AAMC of academic society members is upon recommendation by the CAS to the Executive Council and by majority vote in the AAMC Assembly. It was the recommendation of the CAS Administrative Board that the membership applications of the following organizations be approved by the full Council:

American Association of Directors of Psychiatric Residency Training

American Psychiatric Association

American Society for Cell Biology

ACTION: The above applications for membership were unanimously approved. Note: On November 8, 1983 by action of the AAMC Assembly, these societies were elected to AAMC membership, increasing to 76 the number of societies in the CAS.

B. Election of Members to the 1983-84 CAS Administrative Board

The Council elected the following individuals to serve on the CAS Administrative Board to take office at the conclusion of the Business Meeting:

Chairman-Elect

Virginia V. Weldon, M.D. - Representative, Society for Pediatric Research and Endocrine Society
Professor of Pediatrics and Associate Vice Chancellor for Medical Affairs, Washington University

Clinical Science Position (to complete unexpired term of Dr. Weldon)

Philip C. Anderson, M.D. - Representative, Association of Professors of Dermatology
Chairman, Department of Dermatology, University of Missouri, Columbia

Basic Science Positions

William F. Ganong, M.D. - Representative, Association of Chairmen of Departments of Physiology
Chairman, Department of Physiology, University of California, San Francisco

Harold S. Ginsberg, M.D. - Representative, Association of Medical School Microbiology Chairmen
Chairman, Department of Microbiology, Columbia University College of Physicians and Surgeons

Jack L. Kostyo, Ph.D. - Representative, American Physiological Society
Chairman, Department of Physiology, University of Michigan

V. DISCUSSION ITEMS

A. IOM Study of the NIH Organizational Structure

Dr. Elizabeth Short of the AAMC reported on a study of the NIH organizational structure currently under way at the Institute of Medicine. The study was initiated in response to increasing public and political pressure to alter or expand the current NIH structure. Criteria to be used when assessing the need for organizational change as well as possible alternatives to the existing structure will be examined.

A committee chaired by Dr. James D. Ebert, president of the Carnegie Institute of Washington, has been appointed to oversee the study. Separate panels have been formed to consider historical issues relating to the organizational structure of the NIH, the current structure, and possible alternative structures. Organizations and individuals were invited to express their views at public hearings held on September 26-27 or to submit written comments by October 1. Dr. Robert Berne, former chairman of the CAS and a member of the IOM, had testified on behalf of the AAMC. A CAS Alert was sent to the Presidents of all CAS member societies encouraging them to submit the views of their organization.

Dr. Short briefly reviewed the AAMC's recommendations including that:

- limitation be established on the number of operating units reporting to the NIH director;
- NIH periodically (perhaps every ten years) reaffirm or revise its organizational structure through a process that involves participation of interested government and nongovernment organizations;
- the Office of the Director be strengthened to permit appropriate and timely decision making;
- program selection and project funding at the NIH continue to be based on scientific promise and quality; and that
- NIH extend and formalize current procedures to receive, evaluate and publicize proposals by advocacy groups with regard to program content and priority. (It was suggested that a visible public forum to permit organizations to present their concerns could improve the manner in which decisions regarding the NIH structure are made. It would also provide a clear alternative to Congressional intervention in determining the most appropriate organization of NIH components.)

B. Report of the NRC Committee on a Study of National Needs for Biomedical and Behavioral Research Personnel

In the National Research Service Award Act of 1974, the Congress requested that the National Academy of Sciences continually monitor the nation's needs for biomedical and behavioral research personnel. A committee formed for this purpose issues biennial reports that detail the specific subject areas in which such personnel are needed and the nature and extent of training that should be provided. The Committee focusses on the programs of the National Institutes of Health; the Alcohol, Drug Abuse, and Mental Health Administration; and the Division of Nursing of the Health Resources and Services Administration.

The Committee's 1983 report was to be issued in late October. Committee Chairman Robert L. Hill, discussed the panel's most recent findings and recommendations. He stated that the Committee's report would stress the need to assure an adequate supply of well-trained new scientists so that the quality and vitality of the research effort can be maintained. The report recommended the following distribution of National Research Service Awards:

Distribution of National Research Service Awards

<u>Categories</u>	<u>Actual 1977-82</u>	<u>Recommended 1982-87</u>
1) Biomedical Sciences	56%	57%
2) Behavioral Sciences	10%	9%
3) Clinical Sciences	32%	30%
4) Health Services Research	1%	2%
5) Nursing Research	1%	2%
	<u>100%</u>	<u>100%</u>

In terms of funding for research training, Dr. Hill stated that the Committee's report would express concern regarding the decreasing percentage of research support that is devoted to the training of future investigators. In 1971, training represented 17.7% of research expenditures; in 1981, it represented 7.0%. Extrapolation of this trend to future years would reveal no training expenditures by the 1990's.

C. Legislative Update

Lynn Morrison and Lucy Theilheimer of the AAMC staff provided a brief report on the status of several issues including:

- **HHS Funding:** For the first time since 1979, an HHS appropriations bill had been passed into law by the President. (In the interim, the Department had operated under continuing resolutions because the Congress had failed to pass the funding measures in both chambers.) For FY 1984, the NIH received a 11.7% increase over the FY 1983 level. The research programs of the Alcohol, Drug Abuse and Mental Health Administration had received a 17% increase. It was noted that the bill did not include appropriations for research training because the expired NRSA authority had not been renewed by the Congress (see below).
- **NIH Reauthorization Legislation:** The purpose of this legislation is to renew the expiring authorities of the NCI, NHLBI, the NRSA program, and the National Library of Medicine. However, it was noted that once again, the legislation was being used as a vehicle for special interests and both the House and Senate versions contained numerous set asides and disease-specific provisions.
- **Animal Research Legislation:** The House NIH bill contained some provisions regarding the use of animals in research which represented a substantial compromise over the language originally offered by Representative Doug Walgren (D-PA).

On the Senate side, Senators Orrin Hatch (R-UT) and Edward Kennedy (D-MA) had introduced a bill (S. 964) that would require a study of the use of animals in research. In addition, Senator Robert Dole (R-KS) had introduced S. 657, "The Improved Standards for Laboratory Animals Act." This bill would upgrade the standards of the Animal and Plant Health Inspection Service (APHIS) and mandate the establishment of institutional "animal committees" to assure compliance with APHIS standards. It was noted that many in the research community opposed consideration of any legislation (including S. 657) pending completion of a study of the use of laboratory animals that would determine whether there was need for additional legislation.

- **Nondiscrimination on the Basis of Handicap:** The Department of HHS had issued an interim rule aimed at assuring that handicapped infants received "appropriate" medical treatment. This had been stimulated in large part by the well-publicized "Infant Doe" case in Indiana in which a child with multiple problems, including Down's syndrome, was allowed to die. The rule required that hospitals post notices in prominent locations stating the prohibition on discrimination and offering a toll free number for anonymous reporting of violations. The AAMC had submitted comments suggesting consideration of an alternative approach involving the establishment of ethics review boards within each institution to address such cases on an individual basis.

D. Update on the General Professional Education of the Physician Project

Dr. August Swanson of the AAMC staff reported that the Association's project on the General Professional Education of the Physician and College Preparation for Medicine had been in an information gathering mode during the past year. From presentations at hearings in the four AAMC regions and written reports from 82 medical schools, 21 academic societies, and 24 colleges, the perspectives of faculties and students on medical education and college preparation had been obtained. A pamphlet, "Emerging Perspectives on the General Professional Education of the Physician," condensed these into four major areas--learning, clinical education, college preparation and admission to medical school, and faculty involvement. The pamphlet was distributed for the Council's review.

E. Issues Related to Appointments to PGY-2 Positions

Dr. Short provided background information on several problems associated with the selection of students into a number of specialty programs--primarily in the context of "career" specialty selection where this is not contiguous with PGY-1 selection. Eight specialties had been identified as following a different timetable and/or using a different match program for filling their programs: Anesthesiology, Dermatology, Neurology, Neurosurgery, Ophthalmology, Otolaryngology, Psychiatry, and Radiology. Dr. Short stated that many believe that earlier and different schedules are burdensome to students as they require earlier decisions, two or more application and interview cycles, and, by advancing the time of the application and interview, preparation of a dean's letter with less than the optimal amount of information.

Discussion at the September meetings of the CAS Administrative Board and the AAMC Executive Council had resulted in the adoption of a two-part plan for addressing this issue:

1. The NRMP Board would be voting on the proposed establishment of an advisory panel with representatives of each of the 23 specialties which match for residents.
2. The specialty groups currently matching senior medical students and not using the NRMP computer match had been invited to meet with AAMC officers and staff in December, 1983 to discuss their needs in the context of the needs of medical schools and senior students.

F. Update on the AAMC Clinical Evaluation Program

Dr. Xenia Tonesk of the AAMC staff reported that the AAMC Clinical Evaluation Program, designed to assist clinical faculties in assessing students during their undergraduate and graduate clinical education, was being implemented. An advisory group had been formed and would be asked to react to the materials and proposals generated by program staff.

Dr. Tonesk stated that two projects were in progress:

1. Self-assessment materials were being developed for medical schools, clinical departments, and affiliated hospitals and clinical training sites. These materials could be used by interested institutions to help identify strengths and weaknesses within their current evaluation systems, in order to determine the extent and kind of changes desired and to select the best strategy for implementing these changes.

G. Medicare Prospective Payment: Impact on Teaching and Research

Beginning on October 1, 1983, Medicare began implementing its new prospective payment system for inpatient hospital services. Dr. James Bentley of the AAMC's Department of Teaching Hospitals discussed the implications of this new method of payment and suggested ways faculties might adjust to the new system.

Under the new system, delivery of inpatient services, and an adjustment for indirect medical education costs will be paid for on a predetermined basis. Direct medical education costs and capital costs (through 1986) will be paid on a cost reimbursement basis. Dr. Bentley pointed out that the prospective payment approach represents a major shift in the philosophy of how health care should be delivered. In designing a system that involves setting a predetermined charge for each patient through the mechanism of Diagnosis Related Groups (DRGs), the provision of services now *consumes* rather than *generates* revenue. One of the major concerns with DRG-based payment is the fact that the system does not adequately address the complexity of services provided or their related costs.

Dr. Bentley stated that changes in the payment system reflect a conflict in objectives between payers and physicians with the hospitals caught in the middle:

Payer Objectives

Limit expenditures
Share financial risk
Constrain capacity
Low intensity care
Compete on price
Conform to average
Specialized hospitals

Physician Objectives

Maximize income
Limit financial risk
Add services, programs
High technology care
Compete on competence
Autonomy and discretion
Full service hospitals

Dr. Bentley suggested that a cooperative relationship between physicians and hospital administrators is essential for institutions to operate efficiently under the new system. He encouraged that faculty attempt to identify potential benefits of the new system rather than simply trying to survive within it.

H. Indirect Costs: Promoting Dialogue Between Faculty and Administrators

John F. Sherman, AAMC vice president, discussed the conflict between faculty and university administrators that has emerged as a result of repeated efforts by the Administration to reduce the reimbursement to grantee institutions for incurred indirect costs. University presidents have advocated restoration of these reductions while some organizations representing faculty fought reductions in the direct costs of awards, even at the expense of reductions in indirect cost reimbursement. Recognizing that significant shortfalls in funding have been the fundamental problem, the AAMC participated in the formation of a broad-based coalition that has been successful in advocating higher appropriations for the NIH.

In addition, representatives of university administration, faculty and the NIH had met to discuss possible solutions to the indirect cost issue. The group agreed to:

- continue efforts with respect to advocating adequate funding for the NIH;

- request that the President's Science Advisor initiate a study of the indirect cost issue;
- urge university presidents to present their faculties with clear explanations of what indirect costs are and to involve faculty in the development of institutional policies regarding indirect costs; and
- communicate successful institutional experiences in efforts to reduce indirect costs.

Dr. Sherman reiterated the need for faculty and university administrators to work together within institutions. He encouraged CAS representatives to work within their societies to stimulate cooperative efforts regarding indirect costs.

VI. PRESIDENT'S REPORT

AAMC President John A. D. Cooper stressed the importance of cooperation and unity within the academic community as it confronts a number of potentially divisive issues including:

- **Proposals to "Stretch" Research Dollars:** Dr. Cooper stated that some segments of the research community had proposed major changes in the allocation of NIH extramural funds (e.g., a "sliding scale" for research grants). He noted that these proposals could compromise the credibility of scientists as they advocate funding for research of the highest quality.
- **Indirect Costs:** Dr. Cooper expressed concern about the conflict that seems to have developed between faculty and administrators with regard to indirect cost reimbursement. He noted that a mutually satisfactory resolution of this issue can only be achieved through a cooperative effort involving both faculty and administrators.
- **NIH Renewal Legislation:** Dr. Cooper expressed considerable concern regarding the approach that some segments of the research community have taken with regard to the NIH renewal legislation. He noted that the special interest approach, described the previous day by Mr. John Walsh, is not in the interest of NIH and is inconsistent with its mission--to fund research of the highest quality.
- **Support for NIH Intramural Research:** Dr. Cooper stated that the NIH intramural program has made important contributions to biomedical science and provides valuable opportunities for young scientists to begin their research careers. He expressed the opinion that a national debate of the cost effectiveness of intramural versus extramural funding would not serve science well.

On a more positive note, Dr. Cooper reported that the Congress had responded favorably to a coalition of approximately 140 organizations (including many CAS societies) that had advocated an additional \$414 million over the President's FY 1983 NIH budget proposal. Essentially, the Congress had appropriated the budget advocated by the coalition. Dr. Cooper noted that this consensus approach seemed to yield the most positive results in terms of appropriations as well as other issues.

VI. NEXT MEETING

The 1984 spring meeting of the Council of Academic Societies will be held on April 10-11 in Washington, D.C.

ELECTION OF ACADEMIC SOCIETY MEMBERS

The following academic societies are submitted for consideration for election to membership status within the AAMC:

The American College of Psychiatrists

American Orthopaedic Association

University Association for Emergency Medicine

These societies have been recommended for membership by the CAS Administrative Board and have been forwarded to the CAS and the Assembly for approval. Their applications appear on the following pages.

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
Attn: Mr. David Moore

NAME OF SOCIETY: The American College of Psychiatrists

MAILING ADDRESS: Central Office, Post Office Box 365, Greenbelt,
Maryland 20770

PURPOSE: See page 2 of enclosed program.

MEMBERSHIP CRITERIA:

Physicians who specialize in the field of psychiatry and have certain status and recognition as specified in the attached By-Laws of the College.

NUMBER OF MEMBERS: Active: 500 Emeritus: 103

NUMBER OF FACULTY MEMBERS:

DATE ORGANIZED: May 8, 1963

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

February 1984 1. Constitution & Bylaws

February 1984 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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

YES NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested?

501 (C) (3)

3. If request for exemption has been made, what is its current status?

- a. Approved by IRS
 b. Denied by IRS
 c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

Robert O Pasnau MD

(Completed by - please sign)

Robert C. Pasnau, M.D.

President 7-23-84

(Date)

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
Attn: Mr. David Moore

NAME OF SOCIETY: AMERICAN ORTHOPAEDIC ASSOCIATION
444 N. Michigan Avenue - Suite 1500
MAILING ADDRESS: Chicago, IL 60611

See Section 2.

- PURPOSE:
- A. To furnish leadership and to foster advances in Orthopaedics.
 - B. To afford a forum for the exchange of knowledge pertaining to the musculo-skeletal system and the practice of Orthopaedics, and to promote continuing education by all available means including the Annual Meeting; conferences, workshops and symposia sponsored by the Association, traveling fellowships supported by the Association, and the activities of its members in other educational programs.
 - C. To stimulate research, investigation and teaching in the methods of preventing, correcting and treating diseases of the musculoskeletal system arising from congenital, developmental, nutritional, traumatic or other causes.
 - D. To afford recognition to those who have made significant contributions to Orthopaedics by extending to them membership in the Association.

MEMBERSHIP CRITERIA:

See By-Laws

NUMBER OF MEMBERS: 360 (Active and Senior) Dues Paying Members
144 (Emeritus, Honorary and Corresponding) Total 504

NUMBER OF FACULTY MEMBERS: 85%

DATE ORGANIZED: 1887

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

enclosed 1. Constitution & Bylaws

enclosed 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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

X YES

NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested?

501(c)3

3. If request for exemption has been made, what is its current status?

X a. Approved by IRS

b. Denied by IRS

c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

C McColister Swartz Mrs.
(Completed by - please sign)

President W.O.R.

8/24/84

(Date)

MEMBERSHIP APPLICATION
COUNCIL OF ACADEMIC SOCIETIES
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MAIL TO: AAMC, Suite 200, One Dupont Circle, N.W., Washington, D.C. 20036
Attn: Ms. Lynn Morrison

NAME OF SOCIETY: University Association for Emergency Medicine

MAILING ADDRESS: 900 West Ottawa, Lansing, MI 48915

PURPOSE: To improve the quality of medical care of the acutely ill and injured by operating as a scientific and educational organization.

MEMBERSHIP CRITERIA: See UA/EM Constitution, Article III, Sections 1, 2, 3, and 4.

NUMBER OF MEMBERS: 638 at September 20, 1983

NUMBER OF FACULTY MEMBERS: 407

DATE ORGANIZED: November 30, 1971

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

June 3, 1983 1. Constitution & Bylaws

June 1-4, 1983 2. Program & Minutes of Annual Meeting

(CONTINUED NEXT PAGE)

QUESTIONNAIRE FOR TAX STATUS

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

YES

NO

2. If answer to (1) is YES, under what section of the Internal Revenue Code was the exemption ruling requested?

501 (c) (3)

3. If request for exemption has been made, what is its current status?

a. Approved by IRS

b. Denied by IRS

c. Pending IRS determination

4. If your request has been approved or denied, please forward a copy of Internal Revenue letter informing you of their action.

Mary Ann Schroy
(Completed by - please sign)

September 20, 1983

(Date)

ELECTION OF MEMBERS TO THE 1984-85 ADMINISTRATIVE BOARD

The 1984 CAS Nominating Committee met by conference call on May 16, 1984 to develop a slate of nominees for vacant positions of the Administrative Board. The slate of nominees which resulted from that meeting is as follows:

CHAIRMAN-ELECT

David H. Cohen, Ph.D.
Society for Neuroscience
State University of New York at Stony
Brook

BASIC SCIENCE POSITION

Douglas Kelly, Ph.D.
Association of Anatomy Chairmen
University of Southern California
School of Medicine

CLINICAL SCIENCE POSITIONS

A. Everette James, Jr., M.D.
Association of University Radiologists
Society of Chairmen of Academic Radiology
Departments
Vanderbilt University School of Medicine

Frank M. Yatsu, M.D.
American Neurological Association
University of Texas Medical School,
Houston

Information about the nominees appears on the following pages.

NOMINEES FOR CAS ADMINISTRATIVE BOARD
CV FORM

Name: David H. Cohen
Present Location (School) SUNY at Stony Brook
CAS Society: Society for Neuroscience
Undergraduate School: Harvard University

Graduate School (with degrees and areas of specialization)(e.g. University of Wisconsin 1957-60, Ph.D. 1960, Biochemistry)

UCLA, 1963-64, Postdoctoral Fellow, Physiology

UC, Berkeley, 1960-63, Ph.D.

Academic Appointments (with dates)

Professor & Chairman of Neurobiology, SUNY at Stony Brook, 1979-Present

Professor of Physiology, University of Virginia, 1971-79

Associate Professor of Physiology, University of Virginia, 1968-71

Assistant Professor of Physiology, Case Western Reserve University, 1964-68

Societies/Affiliations:

Society for Neuroscience

American Physiological Society

American Association of Anatomists

International Brain Research Organization

Sigma Xi

Honors/Awards:

President, Society for Neuroscience, 1981-82

President, Assoc. of Neuroscience Departments and Programs, 1981-82

President, Pavlovian Society, 1978-79

Various visiting Professorships (e.g. Rotterdam, Mexico City, etc.)

Various Lectureships (e.g. Plenary Addresses at Australian Neuroscience Society, European Neuroscience Association, etc.;

Grass lecturer; AOA Lecturer; Gordon Conferences; etc.)

Various Fellowships and Research Career Development Awards (NHLBI)

NOMINEES FOR CAS ADMINISTRATIVE BOARD
CV FORM

Name: Douglas E. Kelly
 Present Location (School) University of Southern California School of Medicine
 CAS Society: Association of Anatomy Chairmen
 Undergraduate School: Colorado State University - Zoology, 1954
 Graduate School (with degrees and areas of specialization)(e.g. University
 of Wisconsin 1957-60, Ph.D. 1960, Biochemistry)

Stanford University 1958, Ph.D. Biological Sciences

University of Utrecht, Holland - NIH Postdoctoral Fellow 1959-60

Academic Appointments (with dates)

1. Univ. of Colorado, 1958-63 - Instructor and Assistant Professor
2. Univ. of Washington, 1963-70 - Assistant Professor and Associate Professor
3. Univ. of Miami (Florida) 1970-74 - Professor and Chairman
4. Univ. of So. California 1974-Present - Professor and Chairman

Societies/Affiliations:

American Association of Anatomists

American Society for Cell Biology

American Society for Developmental Biology

Association of Anatomy Chairmen

American Society of Zoologists

AAAS

Association for Research in Vision and Ophthalmology

Honors/Awards:

Sigma Xi Award for outstanding article in American Science, 1962

Honor Alumnus, Colorado State University, 1978

President Nominee, American Association of Anatomists, 1979-1984

President, Association of Anatomy Chairmen 1977-78

Citation and Medal, Japan Association of Anatomists 1984

Japan Society for Promotion of Science Fellowship 1984

NOMINEES FOR CAS ADMINISTRATIVE BOARD
CV FORM

Name: A. Everette James, Jr., M.D.
 Present Location (School) Vanderbilt School of Medicine
 CAS Society: Society of Chairmen of Academic Radiology Departments
 Undergraduate School: University of North Carolina
 Degree: AB History Date: 1956-59
 Medical School: Duke School of Medicine Year Graduated: 1963

Location and Nature of Major Graduate Training:

Housestaff (e.g. Inst. & Res., Pediatrics, Northwestern 1957-59): -

University of Florida, Intern, 1963-64

Massachusetts General Hospital, Boston, Radiology, 1964-68

Fellowship (e.g. Peds/Cardiology, Yale University, 1960-61):

Harvard Teaching Fellow, 1968-69

Picker Fellow (NAS/NRC), 1969-71

Johns Hopkins School of Hygiene and Radiological Sciences, 1969-71

Board Certification:

Radiology - 1969

(Specialty/Date)

(Specialty/Date)

Academic Appointments (With Dates):

Johns Hopkins Medical School, Baltimore Assistant Prof 1971-73

Associate Prof. 1973-75

Vanderbilt School of Medicine, Nashville - Professor of Radiology, 1975 to present

Professor of Medical Administration, 1977 to present

Lecturer in Legal Medicine, 1978 to present

Senior Research Associate, Institute for Public Policy Studies, 1981 to present

Societies/Affiliations:

American Association for the Advancement of Science

National Council for Radiation Protection and Measurements

Council of Academic Societies

Association of American Medical Colleges

American College of Legal Medicine

Honors/Awards:

Alpha Omega Alpha - Duke

Mosby Award

New Horizons Lecture

Davison Club

Canadian Radiological Society, honorary

Research Fellow (Univ College London)

Fellow (American College of Radiology)

Fellow (American Institute of Ultrasound in
Medicine)

NOMINEES FOR CAS ADMINISTRATIVE BOARD
CV FORM

Name: Yatsu, Frank
Present Location (School) Dept. of Neurology, Univ of Texas Medical School at
CAS Society: American Neurological Assoc. Houston, Houston, TX 77030
Undergraduate School: BROWN UNIVERSITY, Providence, RI
Degree: AB Date: June, 1955
Medical School: CASE-WESTERN RESERVE UNIV., CLEVELAND Year Graduated: 1959

Location and Nature of Major Graduate Training:

Housestaff (e.g. Inst. & Res., Pediatrics, Northwestern 1957-59):

1. Intern and resident in medicine, Case-Western Reserve University
Cleveland, OH 1959-1961
2. Resident in neurology, Neurological Institute of NY, 1961-1963
Fellowship (e.g. Peds/Cardiology, Yale University, 1960-61):
3. Fellow in neurochemistry, Albert Einstein College of Medicine,
New York, NY 1964-1965

Board Certification:

Neurology & Psychiatry, 1967 _____
(Specialty/Date) (Specialty/Date)

Academic Appointments (With Dates):

1. Professor & Chairman, Dept of Neurology, Univ of Texas, Houston 1982- to present
2. Professor & Chairman, " " " , Oregon Health
Sciences Center, Portland, OR 1975-1982
3. Associate Professor of Neurology, Univ of California at
San Francisco, CA 1971-5
4. Assistant Professor of Neurology, UCSF, 1967-1971.

Societies/Affiliations:

1. American Neurological Association
2. American Academy of Neurology
3. AAMC/ CAS 4. AMA

Honors/Awards:

1. Trustee, Brown University (1969-1975)
2. Markle Scholar in Academic MEDICINE (1969-1975)
3. Alpha Omega Alpha Honor Medical Society

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REVISION OF THE CAS BY-LAWS PERTAINING TO THE CAS NOMINATING COMMITTEE

The following revision of the Council of Academic Societies By-Laws was approved by the CAS Administrative Board on September 13, 1984, with a recommendation that it be considered at the Annual Meeting of the Council on October 29, 1984. The Administrative Board believes that these revisions will bring the composition of the CAS Nominating Committee more in line with the Nominating Committees of the other Councils.

Section V. Committees

1. The Nominating Committee shall be comprised of ~~seven~~ *a Chairman and six* members. ~~The Chairman of the Administrative Board shall be the Chairman of the Nominating Committee and shall vote in the case of a tie. Six individuals (three basic science and three clinical science)~~ *The Chairman, three basic science, and three clinical science members* shall be appointed by the CAS Administrative Board from among representatives of the member societies. Not more than one representative may be appointed from a society and not more than two members may be current members of the Administrative Board....

Section IV. Officers

2. Duties of the Chairman. The Chairman shall be the chief administrative officer of the Council and shall preside at all meetings. He shall serve as Chairman of the Administrative Board and shall be an ex officio member of all committees *except the Nominating Committee*. He shall have primary responsibility for arranging....

FUTURE CHALLENGES FOR THE COUNCIL OF ACADEMIC SOCIETIES

During the past year, the Council of Academic Societies, the Council of Deans, and the Council of Teaching Hospitals have been developing separate white papers to address the future directions of the individual Councils and the Association as a whole.

The CAS document emerged out of the Council's deliberations at the Interim Spring Meeting in April 1984. At that time the Council attempted to identify and define the major challenges facing medical school faculties in the areas of education, research, and clinical practice. In addition, some strategic considerations for the operation of the Council of Academic Societies were reviewed.

Preliminary drafts of the document resulting from these discussions were reviewed by the CAS Administrative Board at the June and September meetings. The suggestions of the individual Board members were incorporated into the current draft, which will be discussed by the entire Council at this Annual Meeting.

CAS representatives should view the entire draft in the following contexts:

- a) have the main issues facing medical school faculties been identified;
- b) are there significant issues that have been omitted; and
- c) are the issues that have been included germane to the CAS?

To facilitate the discussion at the Annual Meeting, each CAS representative has been asked to complete a questionnaire, assigning priorities for each of the possible action items identified in the "Future Challenges" document. A summary of the results of this "straw poll" will be available at the meeting.

It is felt that the key issues identified by the poll and by the Council's discussion will provide the basis for an agenda for the CAS Administrative Board and the entire Council.

Furthermore, the "Future Challenges" document, in conjunction with the similar documents originating from the Council of Deans and the Council of Teaching Hospitals, will be useful in identifying and coordinating issues for the AAMC as a whole. These documents may also assist the Executive Council, in collaboration with the new AAMC president, in formulating long range goals for the Association.

FINANCING GRADUATE MEDICAL EDUCATION

Traditionally the majority of post-graduate medical education costs (housestaff training) have been paid by hospitals out of patient care revenues. According to a COTH survey for 1982-83, patient revenues and general operating appropriations paid for 69.9 percent of the hospital costs for housestaff stipends and benefits. When VA hospitals are excluded from the survey sample, the percentage jumps to 83.1 percent.*

In recent years, however, the scale and cost of housestaff training has increased significantly. There are three primary reasons for this growth:

- (a) the size of medical school classes being graduated has doubled--more people are entering the system;
- (b) there has been an increase in the number of years of postgraduate medical training required--people must stay in the system longer;
- (c) the increase in the cost of living has necessitated higher stipends--the system costs more per person.

With approximately 72,397 residents nationwide, the costs of stipends and benefits alone for 1983 were estimated at \$2.0 billion.** Medicare currently pays medical costs for 25-35 percent of patients nationwide and as a result contributes significantly to housestaff training costs.

In an attempt to control the burgeoning costs of health care, Medicare and private health insurers are studying ways to eliminate residency training costs from patient care payments. Under increasing pressures to provide health care at the lowest possible cost, teaching hospitals are also looking towards ways to make charges to patients as competitive as possible with those of community hospitals.

Various proposals have been suggested to accomplish this reduction. Unfortunately, most of the comments by payors to date have focused on their reluctance to continue as the revenue source for educational costs. There have been few proposals for new or different sources of revenue to meet these residency training costs.

Several recent statements by individuals close to this issue depict the urgency of this impending crisis in financing graduate medical education:

Walter McNerney, then President of Blue Cross and Blue Shield Associations, cited several questions about the impact of competition on teaching hospitals in his recent New England Journal of Medicine article:

How do we avoid the virtual exclusion from the market of the academic medical centers offering the best--and most expensive--care? How would a price-competitive system accommodate the costs of educating physicians and allied health professionals?

* COTH Survey of Housestaff Stipends, Benefits, and Funding, 1983.

** 1985 Directory of Residency Training Programs.

Eli Ginzberg of Columbia University expressed the concerns about price competition in the New England Journal of Medicine:

...I see nothing but trouble ahead if the nation's teaching hospitals are forced to compete with community hospitals in providing routine services, since the former's per diem costs are 1-1/2 to two times as high as the latter's, as a result of their diverse output, which goes far beyond performing an appendectomy and involves such critically important societal goals as training the next generation of physicians and adding to the pool of knowledge and technique.

From a draft of the report of the Inspector General of HHS on Review of Cost of Residents' Services Reimbursed by Medicare:

We believe that if Federal legislation and regulations were changed to allow all covered services of licensed physicians (teaching physician and resident) to be paid on a reasonable charge basis, the drain on the Medicare trust fund could be reduced by more than \$90 million annually ...Under this arrangement the personal and identifiable service condition would be met by the teaching physician and resident as a team.

We believe that it is unreasonable for the Medicare program to pay more for physician services provided in a teaching setting than would be paid for comparable services provided in a non-teaching setting. We believe the law should be changed to:

1. Permit teaching hospitals to claim the cost of residents' patient care services for only the first year of residency.
2. Permit reimbursement on a reasonable charge basis for the physician services whether provided by the teaching physician or the resident (who has completed the first postgraduate year of training and met the state licensure requirements). The total charge for the combined services of the resident and the teaching physician should not exceed the reasonable charge allowable for the same service in a non-teaching situation.

Senator Dave Durenberger in addressing the Council of Teaching Hospitals, in Baltimore, Maryland, on May 16, 1984:

The Advisory Council on Social Security, chaired by former Governor Otis Bowen of Indiana, recently submitted its recommendations for bailing out the Medicare trust fund. Among other things, the Council felt that the involvement of the Medicare program in underwriting these costs is inappropriate since the program is designed to pay for medical services for the elderly, not the costs of training doctors and nurses. These sentiments are shared by a number of my colleagues.

Given this assault on your front line, you may be tempted to regroup, enlist the help of your powerful friends, beat back the opposition, and maintain your adjustment. And you may very well be successful. But if that's where you focus all your attention, you're going to lose the war.

To meet this challenge, the Association has formed a Committee on Financing Graduate Medical Education. This committee will examine the data and policy options in the coming year. The members of this committee are listed on the following page. CAS members on this committee include Administrative Board members Frank Wilson (American Academy of Orthopaedic Surgeons) and Frank Moody (Society of Surgical Chairmen) and also Louis Sherwood (Association of Program Directors in Internal Medicine).

The committee held its first meeting on September 12, 1984, in conjunction with an afternoon plenary session for the Administrative Boards of the three Councils. The plenary featured John Colloton, who spoke on the contribution of societal costs to the overall costs of teaching hospitals; Gerard Anderson, who provided an update on current research activities underway on this issue; and Robert Petersdorf, who presented a provocative proposal to reduce the cost of medical residency training.

On October 5, 1984, Senator Durenberger introduced S.3073, the Medical Clinical Training Amendment of 1984, providing the first legislative proposal placing limits on Medicare contributions to graduate medical education. The bill would amend the current Social Security legislation to provide \$900 million in the first year to pay for Medicare's portion of the costs of graduate medical education and the training of other health professionals. Grants would be made to states based on the proportion of residents training in that state, adjusted for variations in stipend levels. In subsequent years, the \$900 million would be adjusted for inflation. The money received by each state is divided into two shares. The larger share, which would be 95 percent of the first year grant, 90 percent of the second year, 85 percent of the third year, and 80 percent thereafter, is to be allocated to hospitals currently involved in medical education based on a formula involving numbers of residents and Medicare inpatient days. The remaining portion of the grant money is to be matched by the state and disbursed at the state's discretion and with the advice of an advisory board consisting of consumers, medical school and nursing school representatives, hospital representatives, and other state officials.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COMMITTEE ON FINANCING GRADUATE
MEDICAL EDUCATION

J. ROBERT BUCHANAN, M.D., Chairman
General Director
Massachusetts General Hospital
Boston, Massachusetts

RICHARD A. BERMAN
Executive Vice President
New York University Medical Center
New York, New York

DAVID W. GITCH
Executive Director
St. Paul-Ramsey Medical Center
St. Paul, Minnesota

LOUIS J. KETTEL, M.D.
Dean, College of Medicine
University of Arizona
Tucson, Arizona

FRANK G. MOODY, M.D.
Chairman, Department of Surgery
University of Texas Medical
School at Houston
Houston, Texas

GERALD T. PERKOFF, M.D.
Professor of Family Medicine
School of Medicine
University of Missouri
Columbia, Missouri

ROBERT G. PETERSDORF, M.D.
Vice Chancellor, Health Sciences and
Dean, School of Medicine
University of California, San Diego
San Diego, California

LOUIS SHERWOOD, M.D.
Chairman, Department of Medicine
Albert Einstein College of Medicine
of Yeshiva University
Bronx, New York

CHARLES C. SPRAGUE, M.D.
President
Health Sciences Center at Dallas
University of Texas
Dallas, Texas

WILLIAM STONEMAN, III, M.D.
Dean and Associate Vice President
School of Medicine
St. Louis University
St. Louis, Missouri

RICHARD VANCE, M.D.
Senior Resident
Department of Pathology
Wake Forest University Medical Center
Winston-Salem, North Carolina

W. DONALD WESTON, M.D.
Dean
College of Human Medicine
Michigan State University
East Lansing, Michigan

FRANK C. WILSON, JR., M.D.
Chairman, Division of Orthopaedics
School of Medicine
University of North Carolina
Chapel Hill, North Carolina

SPECIALTY CERTIFICATION REQUIREMENTS AND RESOURCE ALLOCATIONS FOR GRADUATE MEDICAL EDUCATION

The changes occurring in hospital payment arrangements, which are switching from the payment of costs on a retrospective basis to prospectively negotiated contracts for services and fixed payments based on diagnoses, will eventually constrain the hospital resources available for graduate medical education. Teaching hospital chief executive officers are particularly aware that the custom of simply passing through the costs of residency program sponsorship to both governmental and private third party carriers is unlikely to be sustainable.

Concurrently, several specialty certifying boards are increasing their training requirements by requiring a broad clinical year before entry into the specialty program, by eliminating post-residency practice as an alternative to a final training year, or by simply increasing required training by one year. These decisions are solely the prerogative of each certifying board and are not subject to approval by any other body. This means that the boards unilaterally can impose changes on hospital sponsored graduate medical education programs that increase the resources that hospitals must provide to maintain their accredited programs.

Certifying boards were established as autonomous entities for the purpose of ensuring the public that physicians who practice a medical or surgical specialty are qualified to do so. They have served the public well and have advanced the quality of medical and surgical care in the United States. In an era when there were few significant constraints on the cost of sponsoring residency programs, teaching hospitals and academic medical centers did not actively question whether it was appropriate for each board to be able to require that more resources be devoted to its specialty programs without having to assume responsibility for their provision. But times are changing.

There are two organizations that can affect decisions to change certification requirements. The American Board of Medical Specialties (ABMS), which was organized in 1933, with the AAMC as an associate member, requires member boards to submit written notices of changes in educational requirements 180 days in advance of their effective date. Such notices are circulated by the ABMS for information to its member boards.

The Accreditation Council for Graduate Medical Education (ACGME) must approve changes in the special requirements for training programs for each specialty. Changes in special requirements may be made by the residency review committee for a specialty in response to their certifying board's alteration of certification requirements. An action to approve or disapprove at this juncture, which is at the end of the process, has proven to be late and not very effective. It also can be circumvented, as it was in the recent action by the American Board of Pathology, which stipulated that candidates must have a broad clinical year of training, but did not request the residency review committee to include this stipulation in the special requirements for pathology residency programs.

In June 1984, the Executive Council took an action to have the AAMC representatives to the ABMS introduce a resolution to amend Section 12.4 of the ABMS bylaws as follows:

Section 12.4 Change in Certification Requirements or Name

(a) Primary and Conjoint Boards have the responsibility of establishing their own educational requirements for certification and may change such requirements *Changes that alter the resources that must be provided by teaching hospitals for their graduate programs or changes that impinge on the resources of ABMS, however, such Members shall forward to the Executive Vice-President of educational programs in other specialties shall be submitted to the ABMS for written notice of any change in the Member's certification requirements at approval prior to their implementation. Specifically, changes that lengthen least one hundred eighty (180) days before the proposed change is to the duration of training or that require a portion of the training period to be become effective.* spent in an accredited program of another specialty shall be submitted for approval.

At the ABMS Interim Meeting in September, consideration of this resolution was deferred until the Annual Meeting in March 1985. Meanwhile, the ABMS will hold an invitational conference on the issues raised by this resolution on February 23, 1985. One representative from each member board, and each associate member, will be invited. Associate members are the AAMC, the American Hospital Association, the Federation of State Medical Boards, and the National Board of Medical Examiners.

Clearly, the ABMS is giving serious consideration to the question of whether the autonomy of its member boards should be subject to greater constraint in keeping with the changing environment for specialty training. Since five boards have lengthened their training programs during the past year, a timely decision is of great importance.

Recommendation

That the Council of Academic Societies discuss all aspects of how requirements for certification as a specialist are established in the United States and consider the implications of the AAMC's resolution to change the ABMS bylaws.

MATCHING MEDICAL STUDENTS FOR ADVANCED RESIDENCY POSITIONS

During the past year the Councils of the AAMC have examined the current practices for selection of medical students to specialty residency positions commencing at least one year after graduation (PGY-2). They have reviewed the interdigitation of advanced residency selection with the medical school curriculum and intern selection. The views of faculty, Deans of Students, students, and specialty residency program directors have been sought. In December the Executive Committee met with the leaders of the professional societies of five disciplines currently seeking to match future residents early in the senior year of medical school. After due consideration, the following resolution was adopted by the AAMC Executive Council in September 1984:

The educational needs of medical students are best served if they are not forced to make premature decisions about career specialization. Their time in medical school should be devoted, as much as possible, to completing their general professional education, obtaining in-depth training in basic disciplines and breadth in elective experiences.

To achieve these educational goals and contain the pressures toward premature specialization, medical schools should release their summary reports of student achievement (Deans' letters, transcripts) as late as possible in the senior year as recommended by the AAMC Task Force on Graduate Medical Education in 1981. Specialty program directors should moderate their pressures for early specialty selection, and students should support efforts to conduct residency selection as late in the senior year as possible. This timing allows students to complete the basic clerkship cycle as well as some elective experiences before choosing a post-graduate career track and affords time for the school to evaluate and summarize the achievements of that senior class.

Optimal career selection is further enhanced by coordinating applications and interview trips, integrating selection of internship and residency programs which require dual applications, and maximizing the ability of medical student couples to obtain desired residency choices in the same geographic area. All of these desired outcomes are achieved by the National Resident Matching Program which has a long and distinguished record in coordinating the yearly placement of the majority of American medical students in residency programs. We propose that all internship (PGY-1) and residency (PGY-2 and beyond) positions offered to medical students be offered only through NRMP.

ANIMALS IN RESEARCH

Growing public concern over the use and treatment of animals in laboratory research has resulted in the emergence of increasingly activist "animal rights" groups. Their goals range from improved care for laboratory animals to complete opposition to any research involving animals. These groups question both the medical value and the ethical justification of such research, often portraying it as needless, redundant, and a torture of animals. Some of the more militant groups have raided research facilities, most notably at the University of Pennsylvania, damaging equipment and stealing or destroying records of ongoing research. In addition, the media has responded to this issue with increased and often biased reportage, focusing on "worst case" incidents and situations.

At present, the Animal Welfare Act, administered by the Department of Agriculture (USDA), and the Good Laboratory Practices Act, administered by the Food and Drug Administration (FDA), provide for regulations concerning the transportation, housing, and care of animals in laboratories. Under the Animal Welfare Act and its attendant regulations, animal facilities (whether used in federally funded research or not) are subject to periodic inspection by the USDA Animal and Plant Health Inspection Service (APHIS). APHIS inspectors do not currently have authority over "research in progress". Good Laboratory Practices Act regulations apply to nonclinical studies related to products regulated by the FDA and are enforced through FDA inspection.

Since 1965, all Public Health Service (PHS) awardee institutions have also been required to file with NIH a statement that they are committed to follow the principles of the NIH Guide for the Care and Use of Laboratory Animals. The assurance that the guidelines will be followed is a condition of receipt of an award and failure to adhere to the guidelines could result in suspension or termination of awards for research involving animals.

Concern by the public and by members of Congress over the adequacy of the existing Federal regulations to insure the judicious and humane use of animals in research has led to the introduction in Congress of a number of bills related to animal research. Several Congressional hearings also have dealt with this issue. Congressional attention has focused on two primary concerns.

(1) Are excessive numbers of animals used in research?

- Are scientists and funding agencies making a sufficient attempt to seek research methods and models which do not require the use of animals?
- Are attempts being made to reduce the number of animals used in research?

(2) Are Federal funding agencies providing adequate oversight of research that involves the use of animals?

- Are research institutions and funding agencies appropriately examining proposals for the use of animals in research?

- Is redundant research avoided, and is the current peer review of research projects sufficient to assure that unnecessary duplication of research does not occur?
- Are the care, treatment, and use of research animals humane?
- Is consideration being given by researchers to the need for research methods which are less painful to animals?

Initiatives by Congress

Despite this interest and the increasing public pressure to act, the Federal laws concerning animal research remained unchanged after the 1976 amendments to the Animal Welfare Act until the closing days of the 98th Congress. On October 11, 1984, the House and Senate passed the Conference Report to S. 540 (formerly H.R. 2350) which recodified the authorities of the NIH. This bill contained two separate provisions concerning animal research.

The first, section 493, requires the Secretary of Health and Human Services, through the Director of NIH, to establish guidelines for the proper care and treatment of animals used in biomedical and behavioral research. These guidelines will require "(a) the appropriate use of tranquilizers, analgesics, anesthetics, paralytics, and euthanasia for animals in such research; and (b) appropriate pre-surgical and post-surgical veterinary medical and nursing care for animals in such research."

Section 493 also calls for the establishment of animal care committees responsible for insuring institutional compliance with the above mentioned care and treatment guidelines. These committees will review the care and treatment of animals in all animal study areas and facilities on at least a semi-annual basis. The committees must also file with the NIH Director a certification that such a review was conducted and reports of any violations of animal care guidelines observed during the review which have continued after notification from the committee to those involved of the violation.

Section 493 further requires all applicants for Federal funding support to include in their proposals assurances that: (a) the applicant meets the requirements of the guidelines; (b) the applicant's institution has an animal care committee; and (c) scientists and other personnel have available to them "instruction or training in the humane practice of animal maintenance and experimentation...and use of research or testing methods that limit the use of animals or limit animal distress." Applicants must also provide "a statement of the reasons for the use of animals in the research to be conducted with funds provided" by the grant or contract.

Section 3 of this bill requires the Secretary of HHS, through the Director of NIH, to arrange for the National Academy of Sciences or another appropriate organization to conduct a study concerning the use of live animals in biomedical and behavioral research. This study will:

- (1) assess the use of live animals in Federally funded biomedical and behavioral research, including the types and numbers of animals, the purposes of such research, whether animal use in research has increased or decreased, and research methods which are alternatives to the use of live animals;
- (2) assess the impact of requiring research entities receiving Federal support to "be accredited in accordance with standards promulgated by organizations which accredit such entities";
- (3) estimate the amounts to be expended to equip and modernize research facilities in order to meet the standards required in (2);
- (4) review the Federal and state laws and regulations governing the use of live animals in biomedical and behavioral research;
- (5) evaluate the extent to which accredited laboratories and research facilities protect animals from inhumane treatment;
- (6) evaluate the efforts of the NIH to support research to develop research and testing methods which will decrease the number of live animals used in biomedical and behavioral research; and
- (7) evaluate the actions taken by the NIH to provide oversight and ensure humane care and treatment, and appropriate use, of live animals in biomedical and behavioral research.

Passage of the animal provisions of the NIH bill in all probability will not signal the end of Congressional interest or activity in animal research. Two separate bills introduced during the 98th Congress contain provisions that are favored by various animal groups. The first, S. 657 (the Dole bill; companion bill is H.R. 5725, the Brown bill), would amend the Animal Welfare Act to provide for improved standards for animal facilities. These bills would also require reporting to the Secretary of Agriculture, including a demonstration that the investigators had considered alternatives to the use of painful procedures. Finally, these bills would establish an information service at the National Agricultural Library (in cooperation with the National Library of Medicine) to provide information on methods to reduce and eliminate animal use, to minimize pain and distress, and to prevent unintended or unnecessary duplication of animal experiments.

H.R. 5098, the Torricelli bill, would create a National Center for Research Accountability to provide comprehensive, full-text literature searches before Federal funding of any research project using animals, to assure that the proposed research is not unnecessarily duplicative of previous or ongoing research; require that the National Library of Medicine make available full-text articles, at reasonable cost, to medical libraries; and authorize funds for these activities and for the training of biomedical information specialists.

Initiatives by NIH

Meanwhile, the NIH has undertaken broad-based efforts to examine the issues, inform scientists about the public concerns and legislative pressures, educate scientists and research institutions about humane use of animals, and reexamine its policies and guidelines. These efforts have included:

- a research animal welfare education program
 - a National Symposium on Imperatives in Research Animal Use, sponsored by NIH at the NAS, was held on April 11-12 which brought together scientists, philosophers, and animal protection advocates to discuss a wide range of issues;
 - regional workshops for scientists and administrators at NIH-funded institutions, designed to promote understanding, acceptance, and implementation of the PHS animal welfare policy;
 - preparation of a guidebook for institutional animal research committees, to assist them and their institutions to understand their individual and joint responsibilities in implementing the PHS animal welfare policy;
 - collection and archiving of existing, and development of new, audio-visual materials concerning humane use of animals in research; and
 - preparation of printed material to explain the necessity for using animals in research and the measures used to ensure proper selection and appropriate use of animals.
- a series of workshops (sponsored by the National Academy of Sciences under contract with the NIH Division of Research Resources) on non-animal biomedical models, to ascertain both current activity and future possibilities for such model systems;
- a revision of the NIH Guide for the Care and Use of Laboratory Animals (to be completed by the Institute for Laboratory Animal Resources of the National Academy of Sciences under NIH contract, in early 1985);
- a series of site visits to 10 NIH-funded institutions which use research animals reported in the April 1984 issue of NIH Guide for Grants and Contracts found no evidence of non-compliance with current PHS policy;
- the NIH Director's Advisory Committee meeting of June 1, 1984 was devoted to discussion of these issues;
- the PHS/NIH policy on Laboratory Animal Welfare has been revised to incorporate many of the suggestions made by the public and in proposed legislation. Public hearings on the revisions were held in Kansas City, Boston, and Seattle in late July and early August. The AAMC and a number of CAS societies testified on these revisions. The final policy is expected this winter.

In addition, the Interagency Research Animal Committee (IRAC) has revised the U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training. IRAC is composed of representatives from the Departments of Health and Human Services; Agriculture, Defense,

Interior, and State, as well as NIH, PHS, CDC, FDA, EPA, NASA, VA, NSF, ADAMHA and the Office of International Health. The proposed revision, which was based on a draft statement of principles prepared by the Council for International Organizations of Medical Science, appeared in the July 19, 1984 issue of the Federal Register. These principles are expected to replace the statement of principles in section III of the proposed PHS Policy on Humane Care and Use of Animals by Awardee Institutions.

Initiatives by the Scientific Community

However, individual scientists and scientific societies need to become more concerned about the need to convince the public and legislators at both a national and state/local level of the scientific necessity of using laboratory animals and the ability of the scientific community to insure that such research is done appropriately, responsibly, and humanely.

Academic societies also need to educate their members about the seriousness of this issue and the public about the value of animal research. There are three independent associations devoted solely to such efforts. Since the 1940s the National Society for Medical Research (NSMR) has been increasingly active in efforts to educate the public and policy makers. The Association for Biomedical Research (ABR), more recently formed, is a lobbying group devoted especially to resisting legislation or regulation related to laboratory animals. Most recently, the Foundation for Biomedical Research has been founded to work on public education and to undertake fundraising for such education as one of its major tasks. In California a statewide coalition of academic institutions, scientific groups, medical practice groups, and voluntary health organizations, spurred by the introduction in the California legislature of a bill to prohibit research use of pound animals, united to conduct a highly successful public education campaign about the need to use animals in medical research.

Nationally, the necessity to communicate and coordinate the work of individual societies led to a Workshop on Animals in Research, sponsored in April by the AAMC, the AMA, and the American Physiology Society. As a result of this workshop, an ad hoc steering committee has been meeting on ways to encourage societies to participate in a unified effort to support the use of animals in research.

CAS society representatives should be prepared to discuss:

- (a) the activities of their society in support of the use of animals in research and
- (b) what further steps scientists and societies should take to counter efforts to further limit or prohibit animal research.

SCIENCE POLICY STUDIES

A series of studies either in process or planned may have significant impact on national science policy in the next few years. They are: the National Academy of Science/Institute of Medicine study of the organizational structure of the NIH, a White House Science Council/Office of Science and Technology Policy study of the health of research universities, and a House of Representatives Committee on Science and Technology plan for a comprehensive examination of national science policy. The impetus for the latter two studies included growing concern with the competitive position of the United States in international science/technology and recent concerns raised about the quality of science and engineering education in this country.

The IOM study of the NIH began in late summer 1983, and a report is expected in mid-November 1984. This study, commissioned by the Department of Health and Human Services, has examined the historic evolution and present structure of the National Institutes of Health and was especially charged to recommend mechanisms for effecting changes in NIH organization which, while attentive to political realities, will be most conducive to the effective conduct of biomedical research.

The Office of Science and Technology Policy, in responding to a request last Spring from DHHS that they undertake a government-wide study of indirect costs policy, elected to appoint a panel of the White House Science Council to examine a series of generic issues related to the health of the research universities. The panel, chaired by David Packard, chairman of Hewlett-Packard with Allan Bromley, Professor of Physics at Yale as vice-chair, includes Drs. Luis Alvarez, Emeritus Professor of Physics, U.C. Berkeley; Edward David, Jr., President, Exxon Research; Donald Fredrickson, President, Howard Hughes Medical Institute; Paul Gray, President, MIT; Robert Hanson, Chairman, John Deere; Joshua Lederberg, President, Rockefeller University; Peter Likins, President, Lehigh University; William Miller, President, Stanford University Research Institute; David Ragone, President, Case Western Reserve University; Henry Rosovsky, Professor of Economics, Harvard; and Isadore Singer, Professor of Mathematics, MIT. The panel has held two meetings, one hearing in Washington, and a series of discussions with university presidents. The panel is focusing its study on seven issues:

- the costs of research
- the research environment
- university research infrastructure
- federal R&D agencies
- science/engineering education
- university/industry relationships
- foreign students

and seeks to clarify "...how far the federal government's responsibility for the health of universities extends and how this responsibility should be discharged." OSTP believes that an explicit statement of federal policy is

needed in response to a series of questions including: Should the government bear the full costs of government sponsored research? What initiatives would streamline or reduce aspects of indirect costs and their accounting? What can the federal government do to make the funding environment more stable, predictable, and appealing? What is the government's responsibility for infrastructure (buildings, equipment) at the research universities, and should there be any responsibility for education infrastructure, perhaps even in non-research colleges? Should the tendency of the federal mission agencies (DoD, NASA, NIH) to view universities as contractors be replaced with a broader sense of responsibility for research infrastructure? What are the benefits and risks of university/industry interactions? and, What should our national policy be in regard to science and engineering education for foreign nationals? A report from this panel, which may have a significant effect on federal policy on indirect cost reimbursement and federal funding for facilities construction, is expected by the end of 1984.

The House Committee on Science and Technology, chaired by Representative Don Fuqua of Florida, has recently decided to undertake a comprehensive examination of national science policy. A Task Force of ten Democrats and eight Republicans has formulated an initial agenda for the study which will begin in the 99th Congress with a report expected in late 1986. This Congressional Committee will examine the rationale for federal support of science, the role of the research universities, government responsibility for research infrastructure, the role of the National Academies, and the federal role in science/engineering education. They also plan to study the effect of long range population trends on science manpower policy, the federal role in financing graduate science education, the financial health of universities and medical centers, the current federal policies and priorities in funding research, including a critical review of funding mechanisms such as the project grant system, the indirect costs of research, and the role of the Congress in science policy making.

This very wide-ranging examination of science funding policy will commence in January 1985 and be supported by studies from the Congressional Research Service, Office of Technology Assessment and Government Accounting Office. Chairman Fuqua seeks a study which will "...go beyond the concerns of the annual budget reviews...examine the successes and failures of the policies which have evolved since 1945...and look ahead to the changing environment of the next 30-40 years...."

ACADEMIC RESEARCH FACILITIES AND INSTRUMENTATION

Background. The continuing deterioration in the quality of research facilities and instrumentation in the academic laboratories, including those in medical centers, has become a matter of increasing concern to scientists, institution officials, and those science-oriented agencies within the Federal government responsible for science programs. A major constraint to prompt and sound planning to contend with this problem has been the absence of timely information as to the quantitative and qualitative dimensions of these research resources.

At the time of the June 1981 Executive Council meeting, the decision was made to establish an ad hoc committee to examine issues relating to the funding of research resources. This was prompted by a number of considerations, including concerns about the quality and quantity of instrumentation of academic institutions, increasing competition for available funds, and some uncertainty with respect to the future within NIH of the Division of Research Resources. No meeting of that committee was ever convened, in part because the threat to the continuing existence of DRR disappeared, and because it seemed that more comprehensive examination of these issues would be undertaken by organizations with a broader base than the Association.

Since that time, the concerns about the underlying problem have continued to grow, and several studies have been initiated or proposed to document the state of equipment and facilities in the research universities. They are summarized as follows:

(1) National Survey of Academic Research Instruments and Instrumentation Needs. Sponsored and supported by the National Science Foundation and NIH, and conducted by WESTAT, Inc., the purpose is to "provide a factual basis for the review of Federal equipment funding levels and priorities. This survey will document for the first time: (a) trends in the amount, condition, and costs of existing research instrumentation in the nation's principal research universities and medical schools, and (b) the nature and extent of the need for upgraded or expanded research instrumentation in the major field of academic science and engineering." The study involves a nationally representative sample about each type of research instrument's age, cost, means of acquisition, condition, and so forth. The finds will be used to develop quantitative indicators of trends over time and differences among fields in instrumentation costs, investment, condition, and need. The study is being conducted over a two-year period and commenced late in 1982.

(2) A Project to Assess and Disseminate Alternative Approaches to Meeting University Research Equipment Needs. Originally supported by NSF, DOA, DOD, DOE and NASA and carried out by AAU, NASULGC and COGR, this is a 16-month project, with the objective of "increasing awareness among research universities of opportunities for better planning and management of research equipment at all levels." The project is planned in three phases. In phase I, six analyses will be conducted to:

- Assess the role of debt-financing of research equipment and sound university financial practice;
- Identify and evaluate opportunities to improve the procurement, management, use, operation, and maintenance of research equipment;
- Assess present tax incentives for the donation of research equipment and suggest ways to increase support from the private sector;
- Identify opportunities to eliminate or reduce state and university budget and policy barriers;
- Identify opportunities for changes in Federal regulations;
- Evaluate present methods of direct Federal investment and suggest improvements.

Phase II involves regional seminars to disseminate and discuss the results of the six analyses within the university community. The third phase is a briefing in Washington to present to Federal agencies and Congress the results of these analyses.

Apparently during the planning phase there was some confusion about the possibility of NIH also being a supporter of the project. As a consequence, there was no specific biomedical aspect to the study. Because of that, AAMC staff expressed their concern about this seemingly unnecessary and serious defect. Negotiations were therefore reopened with NIH, with the result that partial funding for part of the project to add a biomedical component has been assured. The project is to be completed in February 1985.

(3) Interagency Study of Academic Science and Engineering Laboratory Facilities. The House version of the Authorization bill for the Department of Defense for FY 1984 included the following provision: "The Committee also directs that a study be undertaken by the Secretary of Defense on the need to modernize university science laboratories essential to long-term national security needs. The study should be submitted to the Committee by March 15, 1984." The Congress also directed NSF to be a lead agency in encouraging other Federal agencies, state and local governments, and the private sector to support renewal of university research facilities. A steering committee was formed with representatives from NSF, DOD, NIH and DOE to plan a study of such facilities. The objective is to obtain an understanding of the condition of university facilities currently being used for science and engineering research and the estimated future needs for construction, remodeling and refurbishment.

The Interagency Committee has been meeting throughout the summer and has designed a survey instrument, after extensive consultation with AAMC and other major associations. The resultant survey will be conducted by APT Associates throughout the fall and winter. Plans are to survey the top 100 research universities as determined by their receipt of federal research dollars. The findings will be used to develop quantitative data on the age and condition of research buildings and fixed large scale equipment, the present level of investment in new facilities, and an estimate of the unmet need for research facilities in the research-intensive universities.

Legislative Incentives

● S. 1537. Senators Danforth and Eagleton introduced S. 1537 last year, a bill which provided additional authorizations for appropriations for FY 1984 and each of the four following years with the goals of (1) strengthening support for fundamental research in science and engineering, (2) upgrading, modernizing and replacing university research equipment, (3) providing increased numbers of graduate fellowships, (4) supporting faculty career initiation awards, (5) supporting efforts to rehabilitate, replace, or improve university research facilities, and (6) supporting modernization and improvement of undergraduate science education.

The authorized sums were specified for DOA, DOD, DOE, NASA and NSF, whereas for NIH the bill stated "... those additional amounts necessary to restore the capacity of NIH to conduct and support adequate levels of biomedical research." The yearly authorized sums for the other five agencies total \$139 million/year for acquisition, installation, or modification of research instrumentation and \$245 million available on a matching basis for programs to modernize, rehabilitate, replace, or improve existing university research facilities.

S. 1537 was not intended to pass as a separate bill, but to express a sense of the Senate about the urgent need to support the Nation's university research capability and to influence the outcome of the Appropriations Bills.

● Health Research Extension Act of 1984 (S. 540). One of the provisions of this bill to reauthorize parts of the NIH requires a study "concerning the use of live animals in biomedical and behavioral research." One component of that proposed study reads as follows:

"Estimate:

(A) the amounts that would have to be expended by entities which conduct biomedical and behavioral research with Federal financial assistance to equip and modernize their research facilities in order to meet the standards referred to in paragraph (2); and

(B) the amounts that would be expended by entities which have not previously conducted such research with Federal financial assistance to establish, modernize, or equip facilities in order to meet such standards."

• Individual University Awards. Other legislative initiatives have included the well-publicized efforts of several universities to obtain money for construction of research facilities through special-interest amendments in Congress. AAU, NAS, APS and AAAS have published statements strongly critical of that tactic, which bypasses the peer review processes of the scientific community and prospective funding agency; but individual universities have continued to approach their congressmen for such favors.

Current Mechanisms for Funding Capital Improvements.

Authority to fund extramural research facilities construction presently is available to only three NIH institutes, NCI, NHLBI and NEI. Sums available for construction have been modest, and in FY85 less than \$6 million/institute was made available although not specifically mandated for this purpose.

AAMC joined with a number of other organizations in initiating discussions with the Senate and House this fall concerning the desirability of extending construction authority to all of NIH and seeking additional funds for construction in the next Congress.

The 1982 revisions in OMB Circular A-21 now permit the inclusion of both depreciations/user charges for research space and interest charges on money borrowed for major capital improvements in the indirect cost pool. This mechanism for support of research construction has only begun to be used but will have the effect of increasing indirect costs and, unless additional sums are appropriated, diverting funds from the performance of research to the construction of research facilities.

1985 CAS SPRING MEETING

The CAS Spring meeting will be held in Washington, D.C. on March 14-15, 1985. The theme for the meeting will be "Financing Postgraduate Education." Speakers and discussion groups will address issues related to financial support for predoctoral and postdoctoral PhD training and financial support for residency, clinical fellowship, and research training for MDs. The meeting will begin at 10 a.m. on March 14, 1985 at the Washington Hilton and will adjourn at Noon on March 15 following the CAS business meeting.

FUTURE MEETING DATES

AAMC Annual Meeting Dates

- 1985 - October 26 - 31 (Washington, DC)
CAS meetings tentatively scheduled for October 28 and 29
- 1986 - October 25 - 30 (New Orleans, Louisiana)
CAS meetings tentatively scheduled for October 26 and 27
- 1987 - October 24 - 29 (Washington, DC)
CAS meetings tentatively scheduled for October 25 and 26

CAS Spring Meeting Dates

- 1985 - March 14 - 15 (Washington, DC)
- 1986 - March 13 - 14 (Washington, DC)
- 1987 - March 12 - 13 (Washington, DC)

CAS Administrative Board Meeting Dates (1985)

- January 23 - 24
- April 3 - 4
- June 19 - 20
- September 11 - 12

DISTINGUISHED SERVICE MEMBER

The Council of Academic Societies has proposed that Dr. Frank C. Wilson, former chairman of the CAS, be elected to Distinguished Service Membership in the AAMC.