aamc association of american medical colleges

AGENDA
FOR
COUNCIL OF DEANS

ADMINISTRATIVE BOARD
THURSDAY JUNE 22, 1978
9 a.m.-1 p.m.
INDEPENDENCE ROOM
WASHINGTON HILTON HOTEL
WASHINGTON, D.C.

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 466-5100

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
June 22, 1978
9 a.m. - 1 p.m.
Independence Room
Washington Hilton Hotel

AGENDA

Page

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

March 23, 1978
9 a.m. - 1 p.m.
Chevy Chase Room
Washington Hilton Hotel

PRESENT

(Board Members)

Steven C. Beering, M.D.
Stuart A. Bondurant, M.D.
Christopher C. Fordham III, M.D.
Neal L. Gault, Jr., M.D.
John A. Gronvall, M.D.
Richard Janeway, M.D.
Julius R. Krevans, M.D.
William H. Luginbuhl, M.D.
Clayton Rich, M.D.
Robert L. Van Citters, M.D.

(Staff)

Judith B. Braslow
Thomas J. Kennedy, M.D.
Joseph A. Keyes
Thomas E. Morgan, M.D.
Diane Newman
Jaimee S. Parks
James R. Schofield, M.D.
John F. Sherman, Ph.D.
Marjorie P. Wilson, M.D.

(Guests)

John Finklea, M.D.
Paul Scoles
Peter Shields

I. Call to Order

The meeting was called to order in executive session at 9:00 a.m. Drs. Cooper and Petersdorf and Ms. Dolan joined with the Board to review the Association's financial situation, its 1979 fiscal year budget, and a proposed dues increase which would be considered by the Executive Council. This review included a consideration of the program implications of the proposed budget. At approximately 10:10 a.m. the executive session adjourned and after a short break the meeting resumed in general session.

II. Chairman's Report

Dr. Krevans reported briefly on a meeting he had convened with a small group of deans from the Midwest Region hosted by Dr. Gronvall

and the University of Michigan the previous day. The meeting was frank and constructive and devoted to items similar to those addressed at previous meetings. Those present did not perceive themselves as fully enfranchised in the AAMC and felt that the real power lay in others. The actions of the LCME, and particularly the staffing provided by the AAMC, came under critical comment from members of the group representing new and developing medical schools. Much of the afternoon was spent discussing the role of medical schools in containing the cost of medical education. Some interesting approaches were described but there were no creative suggestions as to an appropriate role for the AAMC in mounting a visible national program addressed to this concern. The chief suggestion was that the AAMC gather and publish information on the activities of the schools.

III. Minutes of the Previous Meeting

The minutes of the January 19, 1978, meeting of the Administrative Board were approved as submitted.

IV. Action Items

A. Election of Provisional Institutional Members

Marshall University
Catholic University of Puerto Rico

Having met the qualifications for membership, were recommended to the Executive Council for election to Provisional Institutional Membership in the AAMC by the Assembly.

B. HEW Handicapped Regulations and Medical School Admissions

Final Regulations published by DHEW last June implementing Section 504 of the Rehabilitation Act of 1973 have severe implications for medical school admissions. The law states that no "otherwise qualified handicapped individual" may be excluded from participating in any program receiving federal support solely on the basis of the handicap. Handicaps are defined broadly to include any physical, mental, or emotional impairment. Furthermore, schools are effectively prevented from making any pre-admission inquiries directed at these handicaps.

The regulations state that a qualified handicapped person is one who "meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity." Technical standards, a term not defined in the regulations, seem to encompass all those non-academic capabilities which the school can justify as being absolutely essential in each student in order for that student to complete successfully the

medical school curriculum.

Since the development of technical standards seems to be essential if medical schools are going to make any justifiable discriminations or even to ask any questions related to these capabilities, the Executive Council authorized the AAMC Chairman to appoint a task force to study and recommend guidelines for technical standards for schools to use in compliance with HEW regulations on the handicapped.

C. AAMC Biomedical and Behavioral Research Policy

Dr. Thomas Morgan joined with the Board to discuss this item. He suggested that it would be premature to act on the document at this meeting because it had already stimulated substantial criticism and would need to be revised to accommodate these concerns. Thus, the Board members were asked to discuss the document, highlight any concerns and give general guidance about the tone and thrust of the statement. The document is intended primarily as a reference for staff, providing guidance over the period ahead for responding to questions and drafting testimony in situations where there is insufficient lead time for extensive consultations.

A number of concerns and criticisms were expressed:

- The statement provides no real guidance since it neither sets priorities nor establishes criteria for the allocation of resources among competing programmatic activities.

- The emphasis on M.D. - Ph.D.'s as the persons best qualified to conduct clinical research deserves further examination; Board members were uncomfortable with the implicit model and believed that there were a number of important unanswered questions.

- The level of commitment of the AAMC to Goal III was questioned (Develop effective public involvement in the decision-making process governing research programs.). It was suggested that public accountability ought to be emphasized and public involvement deemphasized.

- The role of NIH in supporting clinical trials and in the development of low-profit technologies should be deemphasized.

The discussion of the document elicited many additional concerns and suggestions which will be taken into account by the staff and committee as the report is revised.

D. Industry Sponsored Research and Consultation

At its January meeting, the Executive Council discussed a letter which Dr. Cooper had received from Congressman Paul Rogers asking for the Association's views on several questions concerning industry-sponsored research and consultation. It was agreed that the staff would prepare a position paper for consideration at the March meeting based on the Executive Council's discussion and responses received from the Deans' Survey on Mr. Rogers' questions. At the March meeting the Administrative Board had before it a draft paper prepared primarily by Dr. John Finklea. In general the Board responded very positively to the draft document and commended the staff for the effort it represent. The Board concluded that the report should be approved as representing the AAMC position on the issues discussed but advised that release of the report and broad public distribution of it should await a review of the other organizations represented in the Building at 1 Dupont Circle. It was pointed out that the issues dealt with are not limited to medical schools but are relevant to the rest of the colleges and departments of the university. Thus it was suggested that we touch base with particularly the AAU before we make the document public. The two most controversial recommendations in the report were the recommendation that each investigator list all of the organizations for which he consults on his curriculum vita and that all industry-sponsored research payments should be made through the administrative mechanisms established by the school. While the Board members thought that their institutions could live with these if implemented, they concluded that these matters may be more sensitive to others in the university.

E. Special Meeting on Medical Manpower Legislation

The announcement by Senator Kennedy in mid January, 1978, that he intended to hold hearings in early March on legislation to amend P.L. 94-484/P.L. 95-215, including a proposal to terminate the program of capitation support to schools of medicine, made it necessary for the Association to rapidly define the stance to be taken at the scheduled hearing. As a consequence, a special meeting was convened on February 18, 1978. Present were most of the members of the Steering Committee of the Task Force on the Support of Medical Education, most of the Chairman of the five Working Groups of the Task Force concerned with various aspects of the issue, and all members of the Executive Committee of the AAMC with the exception of Mr. David L. Everhart.

The overwhelming and unanimous view of the group was that the AAMC advocate that no changes be made in P.L. 94-484, as amended by P.L. 95-215. Further, the Association should argue that: the present law, while not perfect, had emerged after a lengthy process of debate within the Congress, to which the medical schools had made substantive contributions; was highly that a sufficient amount of new information had become available to warrant change; that a reasonable period of time should be permitted for the full operation of the current statute. Finally, the testimony should emphasize that: the AAMC had established a task force to take a fresh look at the health manpower problem in the light of the best estimate that medical educators could provide for the conditions likely to prevail from 1980 - 1985; the task force had barely started to address its assignment; and to call upon it for any definitive recommendation at this time would be premature and unfair.

The hearings were cancelled seven days before they were scheduled to take place.

Dr. Bondurant reported briefly on the remainder of the task force special meeting which resulted in a series of options relating to the future of capitation. The first and most highly desirable option was that capitation be viewed as an entitlement with no strings attached. The second alternative was that capitation be designed as a two part program, an entitlement segment of approximately one-half of the total and a second social purpose segment which would require participating schools to choose, for example three out of ten permissible special social purpose projects, which would be compensated for on a rough rather than precise basis. The entitlement segment of the award would be conditioned upon the school's compliance with the special social purpose segment of the program.

Dr. Beering reported on his meetings with Senate staffers which suggested to him that the thinking of the task force was highly compatible to the current thinking of the Senate staff people. Dr. Beering also reported on the GAO Study on the Use of Capitation. It was his impression GAO investigators had been instructed to get the goods on the school and document abuses of the program. The investigation of his institution was extensive, time consuming, and quite burdensome. However, at the end of the process the investigators reported that they had found no evidence of an abuse of the capitation program and would report that finding in their final report.

F. Withholding of Medical Care by Physicians

A working group chaired by Dr. Clayton Rich developed a recommended statement on this subject which was considered by the Executive Council at its September 1977 meeting. The Executive Council charged the working group to refine the position statement to make it clearer and shorter and to include in its revision a statement of the reasons for the Association's interest in this issue. The committee revised the statement and presented it for Administrative Board consideration.

The revised document stimulated a good deal of additional discussion. Most of the discussion centered on the committee's effort to indicate that there may be some exceptions to the general proposition that physicians have an ethical responsibility not to act in concert to restrict or withhold medical care. The draft statement said that the ethical constraint is not absolute because there are conditions under which the services of physicians could be used to advance an inherently evil purpose. Dr. Gronvall pointed out that this is not an exception to the general ethical mandate because even in the circumstance described a physician would be under an ethical mandate to provide adequate medical care to the extent of his ability. This is very different from saying that there are procedures or acts which physicians could perform which could be used to advance an inherently evil purpose. But such procedures or acts would not be medical care or medical services properly defined. Thus this provision in the draft statement was not really an exception to the general principle stated.

As a result of this discussion, the Administrative Board recommended the revision of the paragraph in question to read as follows:

However, this ethical constraint is not absolute. There may be conditions under which procedures or actions of physicians could be used to advance an inherently evil purpose. Under such conditions, it is ethical for physicians to decline to perform such procedures or acts.

Dr. Rich pointed out that Dr. Hook, a member of the committee, requested that a professional writer review and revise the language of the entire statement. Dr. Rich stated his preference for the resulting revisions and proposed that it be the version submitted for Executive Council consideration (revised in accordance with the action of the Administrative Board). The revised statement follows.

BACKGROUND

The medical schools, teaching hospitals and academic societies of the AAMC have a unique responsibility for the education of physicians. As organizations, as representatives of the professionals who constitute a significant portion of the medical community and as providers of medical care, they should maintian by both precept and example the high standards of the medical profession.

Mindful of this responsibility, the AAMC advances the following statement on the withholding of care by physicians. The statement emphasizes the ethical issues that students and physicians must consider when they are called upon to decide about the provision or withholding of medical care.

STATEMENT

Fundamental ethical tenets of the medical profession mandate that physicians provide care for the sick and neither abandon nor exploit their patients. These ethical tenets apply to physicians acting individually or in concert as members of groups or associations.

An important ethical issue, one not ordinarily present in the traditional relationship between an individual physician and his patients, emerges when physicians act together to restrict or withhold medical services. An individual physician need not accept as his patient every person who seeks medical attention because in most situations alternative sources of care are available. However, the option of alternative care may be foreclosed when physicians act together to limit or withhold medical care. It is clear that physicians acting in concert have an ethical responsibility to all of those in the general public who could be patients of individual physicians had a group decision denying them some form of medical care not been made. When such a decision is implemented by all available physicians, these physicians abandon members of the public seeking medical care. Therefore, physicians who act in concert to restrict or withhold medical care contravene some of the profession's primary ethical precepts.

This ethical constraint is not absolute. There could be conditions under which procedures or acts of physicians could be used to further inherently corrupt or harmful purposes and it is ethical in those cases for physicians to refuse to perform such acts.

A more problematic situation arises when a group of physicians act to restrict or withhold medical care in

order to call attention to some social need such as the need to improve the quality of care for one segment of the public. The following considerations bear on an analysis of this situation.

Physicians are members of the public with a special knowledge and experience which constitute a unique perspective on the conditions of medical practice, the relations between the profession and the public, and the major social issues involving health and welfare. Physicians acting individually or together have a special social responsibility to provide advice and leadership. However, in advancing positions about social matters, physicians speak as specially informed citizens, not from their unique and primary position as healers. It is very difficult to justify on ethical grounds a professional decision to restrict medical care in order to promote some assumed social good. An action of this type compromises the immediate need of members of the public for medical care on behalf of an assumed possible future benefit. The primary specific role of physicians as unique providers of healing services is confused with their general social role as public citizens. To the extent that an element of self interest motivates a decision to limit or withhold professional services, ethical justification of that stance is even more difficult.

Because ethics and public duty of the medical profession ordinarily deters members from acting together to restrict or withhold services, physicians relinquish a powerful means of advancing their interests when these differ from the interests of others in society. Therefore, it is the responsibility of society to respond to the voluntary restraint of physicians by providing a fair process for resolving economic and organizational issues which affect the welfare of the profession and the quality of medical care.

The Administrative Board voted to endorse the above statement. However, Dr. Gronvall stated his intention to speak against the final adoption of the statement at this meeting because he considered the statement of sufficient importance to require further thought and deliberation on the part of the Association before final adoption and promulgation.

G. AAMC STATEMENT ON INVOLVEMENT WITH FOREIGN MEDICAL SCHOOLS

The large number of students who aspire to be physicians but are not admitted to U. S. medical schools has stimulated the development of "off-shore" medical schools, principally in the Caribbean and in Mexico. Anecdotal information received by the AAMC indicates that many of these schools are of substandard quality and may exist primarily to exploit these U. S. students. While the Association and the academic medical community cannot prevent the establishment of such schools, the AAMC constituency should be cautious about associating with these institutions in a way which will lend undeserved credibility to their educational programs.

Faculty members of U. S. medical schools are being approached to serve as "visiting professors" with the inducement of a paid vacation for the family in the Caribbean in return for a few lectures. It is also anticipated that students from these schools may approach U. S. teaching hospitals for informal clinical experiences, or that some of these schools may attempt to develop "affiliation" agreements with U. S. teaching hospitals to provide clinical education which these schools are often ill-equipped to provide.

Insofar as these schools are able to make their programs more attractive by advertising the participation of U. S. faculty or the opportunity for training in U. S. hospitals, they will enhance their ability to lure American students and raise unrealistic expectations for returning to practice medicine in the United States. The information which follows about Saint George's University School of Medicine, Grenada, West Indies, exemplifies the problem.

RECOMMENDATION

The following statement was recommended for approval by the Executive Council and given wide circulation:

> A number of medical schools of questionable quality have been established in foreign countries and in Puerto Rico, apparently for the purpose of attracting disappointed American students who have not gained admission to a U. S. school accredited by the Liaison Committee on Medical Education. Characteristically, these schools or agencies representing them in this country recruit students by advertising in U. S. newspapers and distributing posters and brochures to pre-medical advisors. These advertisements build credibility for the school by implying various forms of official recognition--listing in the WHO Directory of Medical Schools, eligibility for DHEW guaranteed student loans, eligibility for COTRANS, receipt of a charter from the local government--although none of these official-sounding facts stands for accreditation or any other form of review or recognition of educational quality.

Some of these schools are now seeking to add to their credibility by soliciting "visiting professors" from among the faculty of U.S. medical schools. These professorships may consist of nothing more than a few lectures during an all-expenses-paid Caribbean vacation and the use of the faculty member's name for advertising purposes. U.S. teaching hospitals may also be asked to provide clinical clerkships for students of these schools, either through formal agreement or by informal arrangement with members of the medical staff. In this way, these schools can advertise that they are staffed by U.S. medical school faculty members and that their students can complete their medical education in the United States.

In assessing solicitations from foreign schools or unaccredited domestic schools, U.S. medical faculty and teaching hospitals should exercise due caution. Before lending their names, services, or facilities to these institutions, U.S. faculty members and teaching hospitals should become thoroughly familiar with the quality of the educational experience offered at the foreign institution. They should not allow their names to be used in any scheme to raise false expectations or otherwise exploit American students.

DISCUSSION

The AAMC makes no quality judgments or investigations of any foreign medical school. Consequently, it would be inappropriate for the AAMC to endorse faculty involvement with some institutions and recommend that they not be engaged in activities sponsored by others. The AAMC should in no way appear to be involved in restraint of trade or in inhibiting the efforts of new institutions to upgrade their faculties. Consequently the recommendation is stated purely in terms of a consumer protection issue. The concept is to warn the faculty members of the existence of potential problems and to anticipate that there will be developed some peer pressure which will result in the exercise of some restraint on the part of faculties becoming involved with questionable ventures.

ACTION

The Administrative Board endorsed the above statement.

H. AAMC Recommendations on FY 79 Appropriations for VA Department of Medicine and Surgery Programs

The Executive Council agenda contained a recommendation that the Association testify in favor of an increase in the VA Biomedical Research Programs and the VA Medical Care Programs. The agenda contained a number of specifics regarding the use of the increased appropriation recommended.

Members of the Administrative Board concurred in the recommendation that the Association support an increase in the budget of the VA Department of Medicine and Surgery but felt very uncomfortable in endorsing the specifics detailed in the agenda material. Consequently, it acted to endorse the budget increase as recommended but declined to endorse the specifics of the programs.

V. Discussion Items

A. Workload Problems in the Division of Research Grants of the National Institutes of Health

Carl D. Douglas, Ph.D., Director, Division of Research Grants, National Institutes of Health, joined the Administrative Board to describe a set of problems being encountered by his division. Dr. John Sherman introduced Dr. Douglas, indicating that the problems he would describe had come to our attention via the Inter-Society Council on Biology and Medicine. Dr. Sherman described the problems as a very grave threat to the integrity of the NIH peer review system to which there could be no single solution, no simple solution, nor any quick solution.

Dr. Douglas described the study section workload increase over time as illustrated by a series of charts. There had been an insignificant change in the number of study sections, study section members, and associated staff to handle a workload which had increased by over 100% since 1969. Serious impacts on the system are already obvious: the quality of staff work is diminished, the quality of reviews of the study section is visibly diminished, the rate of resignation of study section members is up seven fold this year over last, the rate of declination of study members is difficult to measure but there is evidence of a substantially increased rate of declination, several of the scientific organizations are advising their members to avoid duty on sections if they can because the NIH is asking the members to do more than they have any right to expect them to do.

Consequently, the threat to the integrity of the system appears very real. There is no reserve capacity on the part of the staff to handle any workload should an executive secretary become ill. There are signs that some of the executive secretaries are beginning to unravel emotionally.

The workload problems are aggravated by a series of factors. The Privacy Act places an additional burden on the executive secretary, because an investigator has a right under HEW interpretation of the Act to request access to his file at any time during the review process. Any request to review the file after the study section evaluation but prior to the council action seriously disrupts the process. Under the Act, the investigator also has a right to request a correction or amendment of the file. This further seriously disrupts the process.

Dr. Beering pointed out that one approach to the system, that of a pre-screening at the institutional level, was very difficult to implement because the investigators feel that it is their right to have the material submitted to NIH without institutional restraint. Dr. Beering suggested however that it would be possible with a directive from NIH to implement an institutional peer review system which could screen out incomplete and questionable applications. Dr. Beering stated that he would welcome such a directive from NIH. Dr. Krevans pointed out his belief that it would take a directive from NIH since it would be extremely difficult for institutions on their own initiative to institute such an action. Dr. Douglas stated his reservation about the authority of NIH to issue such a directive.

The process leading to a decision to expand the capacity of the peer review system was reviewed. The department has instituted a campaign to have NIH abolish its advisory committees, has refused to expand the membership of the existing committees, and has adamantly refused to charter any new committees. The NIH is working under extraordinarily tight personnel ceilings and controls and has very little internal flexibility to expand the staff support of the committee structure.

Various suggestions were presented and discussed relating to the more creative interpretation of the

mandate of the Privacy Act in light of its disruptive effect on the peer review system. Dr. Douglas indicated that each of these proposals had been attempted and had ultimately been disapproved by the General Counsel's Office. Dr. Sherman suggested that the HEW General Counsel would become more creative at such time as Secretary Califano instructed them to become so.

The discussion with Dr. Douglas closed with expressions of concern about the problem on the part of the Administrative Board and a commitment to inform the constituent members of the AAMC about the problem and to devote considerable energy on the part of the Association to seeking a resolution of this multifaceted problem.

B. Discharge of Bankruptcy of Student Loans

Dr. Krevans pointed to the material in the Executive Council Agenda book on this issue. He suggested that discussion await the Executive Council meeting.

C. Medical School Admissions Criteria

Two items were brought to the Board's attention. The first was an excerpt of United States Law Week which reported a decision of the Illinois Supreme Court ruling that an aspiring medical student who claims his application to medical school was rejected because neither he nor his family could afford to make a monetary contribution to the school can maintain an action against the school for breach of contract based on the medical school's failure to evaluate his application according to academic criteria described in the medical schools bulletin. The Court also found that the unsuccessful applicant has a cause of action for common law fraud premised on the medical school bulletins' alleged misrepresentation concerning admissions criteria that induced perspective students to pay the $15 application fee.

The second item concerned allegations that Boston University engaged in a practice of selling admissions to medical school and to law school to wealthy applicants.

VI. New Business

A. NIRMP Violations

Drs. Luginbuhl and Van Citters indicated their distress over the apparent prevalence of medical schools violating the NIRMP policy against engaging in a search for positions for unmatched students in advance of the designated match time. Dr. Krevans suggested that this item be placed on the June Administrative Board agenda.

B. Circular A-21

Dr. Rich expressed special interest in the Association engaging in a review of budget Circular A-21 dealing with calculation of indirect costs on government funded grants.

Dr. Sherman responded that the AAMC group on Business Affairs had a committee reviewing this matter which was working in conjunction with the National Association of Colleges and University Business Officers. He anticipated that we would have a formal response to the Office of Management and Budget by the stated deadline.

VIII. Information Item

The Council of Deans 1978 Spring Meeting Program was distributed to members of the Administrative Board. It was announced that the program had recently been mailed to the entire Council of Deans along with appropriate descriptive material on Snowbird Resort. The addition of Gail Warden, Executive Vice-President of the American Hospital Association, to the program was noted. Mr. Warden would speak to the matter of voluntary cost containment program, a matter discussed in detail at the previous Administrative Board meeting.

IX. Adjournment

The Administrative Board meeting was adjourned at 1:00 p.m.

ELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

The following medical school has requested Provisional Institutional Membership in the AAMC:

Morehouse College
School of Medicine

The institution has received provisional accreditation by the Liaison Committee on Medical Education and is eligible for Provisional Institutional Membership.

RECOMMENDATION

That the Board subject to ratification by the full Council of Deans, recommend that the Executive Council propose that this school be elected to Provisional Institutional Membership in the AAMC by the Assembly.

1979 COD SPRING MEETING

DATES

In our search to arrive at the dates for the spring meeting, we compiled the following list of potential conflicts:

FASEB	April 1-10
Passover	April 12-19
Easter	April 15
American Association of Neurological Surgeons	April 22-26
Society for Pediatric Research	April 30-May 4
AFCR, ASCI, AAP	May 4-7
AMA	May 9-13

In view of the above, we have scheduled the Council of Deans Spring Meeting for April 22-25, 1979.

AREAS CONSIDERED

Twenty five hotels were contacted concerning hosting our 1979 meeting. Areas included Arizona, California, Florida, and South Carolina, with emphasis on locating a resort site. Of these, almost half were already booked for our April request. The attached synopsis contains all relevant information for each place contacted.

RECOMMENDATION

That Vacation Village Hotel in San Diego, California, be selected as the location of the April 22-25, 1979, Council of Deans Spring Meeting.

Attachment

POSSIBLE SITES FOR COUNCIL OF DEANS SPRING MEETING

APRIL 22 - 25, 1979

SUMMARY: 25 hotels were contacted (10 in Arizona, 7 in California, 4 in Florida, 4 in South Carolina)

9 are tentatively reserving rooms for the group

4 of the 9 are strong possibilities

as of May 17, 1978

POSSIBLE SITES FOR COUNCIL OF DEANS SPRING MEETING -- APRIL 22 - 25, 1979

NAME AND LOCATION	RELEVANT INFORMATION	COMMENTS
Scottsdale Sheraton Scottsdale, Arizona (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $44 single/ $48 double (may go as low as $42 single) 10 miles, 20 minutes from airport; limo service for $3/person Remodeling began last year and will continue through this year; located on 22 acres of desert landscaping; 3 pools, 2 tennis courts (plus 4 to be added this summer); accessible to major golf clubs in area	consider
Scottsdale Hilton Scottsdale, Arizona (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $40 single/ $45 double Shuttle bus for $3/person available from airport for 15-20 minute ride Renovation of hotel now in progress, to be completed in July; cannot go over 160 rooms for our group; 4 tennis courts on property, pool, free transportation to nearby golf areas	consider
Raddison Scottsdale Resort & Racquet Club Scottsdale, Arizona (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $45 single/ $50 double 12 miles, 20 minutes from airport with limo service available for $3/person 8 lighted tennis courts, pool, free transportation to nearby golf clubs Opened March 1978	consider

Arizona continued

Del Webb's LaPosada Resort Hotel Scottsdale, Arizona (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $45 single or double New resort scheduled to open November 1, 1978, on 30 acres with 270 rooms of Spanish architecture 6 tennis courts, golf within walking distance	Potential problem if opening delayed or facilities incomplete November 1 is too late to re-schedule us for April if that happens.
Mountain Shadows Scottsdale, Arizona		Already booked
The Wigwam Litchfield Park, Arizona		Already booked
Arizona Biltmore Phoenix, Arizona		Already booked
Carefree Inn and Resort Carefree, Arizona	Rates: $60 single and double 1 hour from airport	Too expensive and far away

Arizona continued

Doubletree Inn Scottsdale, Arizona	Rates: $56 single/ $66 double Only 1 tennis court; no golf on property, but arrangements can be made	Too expensive Not satisfactory in terms of resort facilities
The Sunburst Hotel Scottsdale, Arizona	Rates: $33 single/ $43 double 20 minutes from airport with limo for $3 9 hole golf course, 2 tennis courts adjacent to hotel, pool	Rather nondescript

POSSIBLE SITES FOR COUNCIL OF DEANS SPRING MEETING -- APRIL 22 - 25, 1979

NAME AND LOCATION	RELEVANT INFORMATION	COMMENTS
CALIFORNIA		
U.S. Grant Hotel San Diego, California (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $24 single/ $29 double Complimentary limo from airport; located in center city as primarily a convention hotel with no recreational facilities per se; those available at Balboa Park	Not a resort atmosphere
Bahia Motor Hotel San Diego, California (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $30 single/ $36 double/ $55 suites 7 miles from airport with transportation available for $2 **One other group of 75 will be there at this time--the California Federation of Women's Clubs ****Sent no brochures or information relevant to the appearance and facilities at the hotel	The presence of another group there at this time may not as pleasant as it could be; Unimpressed with the material sent, i.e., only a letter outlining the proposal, no other brochures to "sell" the place.
Vacation Village Hotel San Diego, California (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $38 single/ $42 double 12 minutes from airport with limo service available for $2 43 acre site, golf course, 6 tennis courts, 4 pools	consider

California continued

Hotel del Coronado Coronado, California		Already booked
Warner Springs Resort San Diego Area		65 miles from San Diego, 1½ hour bus ride from airport-- too far
San Diego Hilton San Diego	Representative from there will be here on May 18 to discuss their facilities; a phone call directly to them indicated they only had 50 available rooms for our dates in April.	Tentatively not available
Sheraton Inn Airport San Diego (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $39 single/ $47 double Located ¼ mile from Airport with free limo service provided; 4 tennis courts, 2 pools; Necessary meeting space, but for breakouts 25 is limit for rooms set up in conference style	Distance from airport may pose a noise problem; Small breakout rooms may hinder some discussion groups

POSSIBLE SITES FOR COUNCIL OF DEANS SPRING MEETING -- APRIL 22 - 25, 1979

NAME AND LOCATION	RELEVANT INFORMATION	COMMENTS
FLORIDA		
LaCoquille Club Palm Beach, Florida		Already booked
Royal Biscayne Beach Hotel & Racquet Club Key Biscayne, Florida		Already booked
Sonesta Beach Hotel & Tennis Club Key Biscayne, Florida		Already booked
The Breakers Palm Beach, Florida		April 1979 dates are tentatively booked

POSSIBLE SITES FOR COUNCIL OF DEANS SPRING MEETING -- APRIL 22 - 25, 1979

NAME AND LOCATION	RELEVANT INFORMATION	COMMENTS
SOUTH CAROLINA		
Quality Inn Hilton Head, S.C. (ROOMS ARE TENTATIVELY RESERVED FOR US)	Rates: $25 single and $29 double 40 miles, 60 minutes from Savannah Airport for $10/person transportation cost; or $20 flight from Savannah Airport to airport on Island 20 tennis courts located one block away; 3 golf courses on Island **State law prohibits serving liquor on Sunday **Room Rental Charge of $1500 minimum because of no banquets for us	Potential hassles with state drinking law and room rental charge; Also getting there may pose a problem.
Holiday Inn Hilton Head, S.C.		Inappropriate meeting space
Hilton Head Inn Hilton Head, S.C.		Already booked
Hyatt Hilton Head, S.C.		Already booked

ACE MEETING WITH UNIVERSITY PRESIDENTS

The attached memorandum prepared by Dr. Marjorie Wilson is provided for your information. You will recall that the interest of university presidents in medical education has been a topic of interest and concern over the past several years. Dr. Wilson's memorandum reports on the meeting that Dr. Ivan Bennett referred to during the course of the COD Spring Meeting business session.

Attachment

aamc association of american medical colleges

May 23, 1978

MEMORANDUM

TO: John A. D. Cooper, M.D. and John F. Sherman, Ph.D.

FR: Marjorie P. Wilson, M.D.

RE: ACE Meeting with University Presidents - San Antonio, May 6 - 7, 1978

Jack Peltason, President, American Council on Education, invited a small group of ACE member presidents to a one-day, working session to identify more formally the concerns about university medical centers that they had expressed in informal discussions with him. A second objective was to summarize these issues for consideration as a basis for further action by ACE or its component bodies.

In addition, Peltason was concerned with the overlapping interests and activities of the Association of American Universities and the National Association of State Universities and Land Grant Colleges, so invited co-sponsorship and representation from these organizations. Because of the obvious primary interest in the subject area by AAMC, official representation from AAMC was invited; John Sherman attended in this capacity in response to the invitation to Dr. Cooper.

Ivan Bennett as a member of the ACE Board of Directors had advised ACE on the conduct of the meeting. I was asked to participate in a technical capacity to carry out the Nominal Group Process with the presidents. The meeting was supported by the Commonwealth Fund and there is a possibility of further support from Commonwealth for follow-on activities.

Twelve presidents were in attendance; one from a private university, a second from a state supported formerly private university and the remainder from state university systems. The Nominal Group Process was carried out in a standard manner after appropriate introductory remarks. There was an informal general discussion of concerns the first evening after dinner and the structured NGP took place the next morning. Participants were given a statement prepared by one of the participants after discussions of the same subject by a small group which had met recently with Peltason and Jim Kelly in Washington at ACE.

It is recognized that 12 is the upper limit of group size for NGP, but it was decided that we would not separate the group into the more easily managed groups of 6. The resulting listing of items numbered some 52 before

we reached reasonable closure on the generation of the list. Each president was asked to list as many concerns as he could generate, whether objective or subjective, in the period of time provided for independent work and then the items were posted in round robin fashion. Discussion of the 52 items was for the purpose of clarification of the item and not for the purpose of persuading the other participants of one's point of view or forcing an artificial consensus. However, there was a strong sense that the presidents had been very thoughtful, completely open and had worked hard at getting as many different expressions of their concerns generated as possible. The presidents then were asked to identify the 7 most important issues through the standard NGP voting procedure.

The second part of the agenda was to be a discussion of what organizations, and in what ways, were addressing the various issues which were identified. That part of the agenda did not take place formally, only informally in one-on-one or in small group discussions over lunch.

The 7 items (see attached summary) identified as the most crucial or important to the presidents call for substantial and continuing dialogue between university presidents who have the concerns and those who are responsible and accountable for medical school and teaching hospital matters on a day-to-day basis. The concerns expressed by the university presidents are part and parcel concerns of medical school deans, teaching hospital directors, faculty and the AAMC. Each comes at the issue from his own perspective and set of responsibilities, and necessarily so; however, an exclusive or unilateral consideration of these matters of mutual concern will not be conducive to strengthening the alliance of the medical schools with their universities nor the support of medical education and biomedical science by university presidents. Further, most of the issues and particularly the 7 at the top of the list do not lend themselves to solution by more studies, or more committees, but rather continuous exchange of information among the concerned parties with the open sharing of the extensive data already collected and analyzed by the AAMC and others and some conjoint analysis and problem-solving when the circumstances dictate between university presidents and the AAMC constituency. There may be some areas where additional data could be generated, but basically it would be derivative of data presently available or collected periodically by AAMC and others. I believe the concerns relating to data relate more to accessibility and how it is presented and interpreted and by whom, than the need to generate data anew.

Perhaps next steps for AAMC would be to take a look at each of the high priority issues and think through how AAMC could best contribute to dealing with these presidential concerns.

cc: (with attachment)

May 23, 1978

American Council on Education

Meeting of University Presidents

San Antonio, May 6 - 7, 1978

Summary of Issues of Greatest Importance

The purpose of the meeting was to identify issues and problems in medical education of greatest concern to university presidents. The meeting was sponsored by the American Council on Education, Association of American Universities and the National Association of State Universities and Land Grant Colleges. A small group of university presidents, 12 in number, assembled at the Lutcher Conference Center of the University of Texas, San Antonio. The technique of Nominal Group Process was used to identify the major concerns the university presidents had about their medical schools and teaching hospitals and their impact on their universities. Fifty-two items were generated, all of which expressed one or more important issues. Each had some unique characteristic although there was notable overlap and a number of separate items could be grouped with others to form major categories. The participants were asked to identify 7 of the most crucial or important items by a numerical ranking.

What follows is a synthesis of 7 items which emerged as most important.

I. The uncertainty of changing Federal and state policy, programs and funding for medical education and biomedical research and the impact this constantly changing scene can and does have on universities and their medical centers is the issue of greatest concern. Examples cited were the uncertainty of future patterns of funding of health insurance, the form and levels of funding for biomedical research, the confusion caused by new auditing procedures, questions around means of funding of teaching hospitals, particularly the educational process, the possibility of government retrenchment both in the area of medical education and research and the effect of the output of the institution.

(Score - 68)

II. From the university president's perspective it is troubling that government policy priorities, professional priorities and educational priorities become merged and commingled so that health policy is achieved through controls applied to educational programs. This occurs at both state and Federal levels. An example given was the distribution of physicians whereas health policy impacts the health professions schools, particularly the medical school, higher education policy impacts the rest of the university. The role of government in intervening was not questioned, nor the concern of government with such questions as physician distribution; rather, it is the use of an educational situation to solve major public policy problems relating to health which is questioned. This issue relates to the role of Washington-based associations in asserting a voice in these matters and the need for a mechanism for incorporating the presidents' views in national organization activities.

(Score - 51)

III. There is observable tension between health science centers and the rest of the university, and at times, within and among the various colleges of the health science center itself. The tension is manifest in various ways, at various levels and for various reasons. There is an opportunity for enriched university life if there were a broader or better joint effort between the humanities and the biological and other sciences across the university. Tensions are most often economically based, and at the more pragmatic level, the university president sees increasing tension between medical school basic science faculty and the letters and arts science faculty because of differences in income and teaching workload. In the administrative category, business officers and other support personnel may be paid at significantly higher rates than similar personnel in the rest of the university.

(Score - 27)

IV. The components of medical school funding have changed over time as sources of income have changed. The question arises as to the optimal parameters of the basic components of medical school funding, particularly the share to be born by practice income. More specifically, what is the relationship of the portion of faculty salaries paid from institutional funds and the portion paid from patient care (practice) income. Of concern is the possible retrenchment in patient care income which could

result from regulation of physician's earnings and the extent of dependence on this source of funding for the medical school.

(Score - 26)

V. University presidents (central administration) need to be knowledgeable about medical affairs and issues influencing the medical schools (and teaching hospitals) for which they are responsible. There is a need for access by university presidents to more useful comparative data about medical schools. The magnitude of managerial problems related to teaching hospitals is seen as enormous. The question is the extent to which university presidents should become involved, i.e., should be knowledgeable about, medical school/center issues and problems.

(Score - 25)

VI. More and more, at the state level particularly, public funding of medical education is taking into consideration such things as faculty/student ratios. There is need for access to information, analysis and the documentation that the medical education process as it now functions is cost effective in terms of time and dollars. Is there a better way of doing it? or is the way we do it now the best way? In the latter case, we need to be able to explain what we do more effectively. Questions arise as to comparability of data across schools. If different, are the computations done in the same way or are differences accounted for in other ways?

(Score - 16)

VII. Concerns with the medical school curriculum related more to the possibility of diversifying the points of entry into and exit from the medical schools than to educational standards per se. The need for an effective means of making it possible for a significant minority population to enter and be successful in medical schools is of particular concern. There should be greater assurance that students can take advantage of a rich and varied university curriculum before medical school without jeopardizing entry; there should be rewarding options open to them should they opt for careers other than medicine after entering the medical

curriculum. The desirability of more minority students and more minority faculty in the medical schools was emphasized.

(Score - 13)

1978 NIRMP MATCH AND ATTENDANT VIOLATIONS

At the last meeting of the Administrative Board, Dr. Luginbuhl requested that the Board discuss the recent match and the violations attended thereto. The matter was not discussed at that meeting because of the time constraints and because the match had occurred so recently that a report on it was premature.

On June 23, 1978, the GSA Steering Committee will be asked to consider several matters related to the NIRMP match violations. They will be asked to discuss the advisability and effectiveness of an annual communication from the President of the NIRMP and/or the President of the AAMC to the Student Affairs Deans reminding them of the match rules and requesting their close adherence to them. Specifically, they will be asked to refrain from jumping the gun and contacting any programs with vacancies in order to place their unmatched students in advance of the specified time.

A second approach is also under consideration and investigation by Dr. Grattinger. The NIRMP is now exploring the feasibility of contracting for some agency to simultaneously deliver the match results to each school at a specified time. Should this prove feasible, each school would be notified approximately twenty four hours in advance of the identities of the unmatched students. However, the delivery of the materials simultaneously to each school would markedly diminish the opportunity for jumping the gun since the schools would be unaware of the identities of programs with vacancies. Preliminary discussion seems to indicate that this would be an acceptable solution should it prove feasible but that its implementation will be at the expense of those students and programs who have assiduously followed the NIRMP policies. Many schools feel that it is of substantial value to be able to discuss with the unmatched students what opportunities might be available to them in advance of the time they actually are in a position to contact those programs. This opportunity would be foreclosed by such a system.

The Council of Deans Administrative Board may wish to discuss this matter and provide its views to the group on Student Affairs Steering Committee which will be meeting on the subject tomorrow.