aamc association of american medical colleges

AGENDA
FOR
COUNCIL OF DEANS

ADMINISTRATIVE BOARD
THURSDAY, JANUARY 18, 1979
9 a.m.-1 p.m.
MAP 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
January 18, 1979
9 a.m. - 1 p.m.
Map Room
Washington Hilton Hotel

AGENDA

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD LUNCHEON OF THE COUNCIL OF DEANS

Minutes

Monday, October 23, 1978
12 Noon - 1:45 p.m.
Eglinton & Winton Room
New Orleans Hilton Hotel
New Orleans, Louisiana

PRESENT

(Board members)

Steven C. Beering, M.D.
Stuart A. Bondurant, M.D.
John E. Chapman, M.D.
Christopher C. Fordham III, 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)

Betty Greenhalgh
Joseph A. Keyes
James R. Schofield, M.D.
John F. Sherman, Ph.D.
Marjorie P. Wilson, M.D.

(Guests)

John A. Gronvall, M.D.
Edithe J. Levit, M.D.

The luncheon began with the presentation of a certificate to Dr. Robert L. Van Citters for his service as a member of the Board. The remainder of the meeting was spent discussing the National Board of Medical Examiners policies and procedures regarding the evaluation of applicants for advanced standing. (Background paper appended to these minutes.) Dr. Edithe Levit, the NBME President, was a participant in this discussion.

Following a discussion concerning the various options available, the Board concluded that it was hopelessly divided on the issue and could not advise the NBME that any policy enjoyed the support of the Council of Deans. The split was between those who regarded the NBME as an essential screen which served to protect medical schools from undue political pressure, and those who considered as substantial the dangers of having a large pool of examinees

who had passed the exam but had failed to gain entry into medical school. This latter group also tended to subscribe to Dr. Beering's contentions that admission to advanced standing should be by the same standards as admission in the first year class and that advance placement was a separate issue to be determined by appropriate measures selected by the faculty after the initial admission decision. The school and its faculty should be free to use the NBME results for its placement decision but would not have to rely on it for admissions decisions.

Thus the Board did not endorse a proposal that students from unaccredited U.S. medical schools be denied the opportunity to take the NBME Part I, but did encourage the NBME to develop a new exam, separate from the Part I which the schools could use to evaluate applicants for transfer in advanced standing.

Board members were admonished to discuss this issue with their Associate Deans for Admission.

* * *

The letter appearing as Appendix B to these minutes from Dr. Levit to Dr. Cooper describes the follow-up action taken by the National Board Executive Committee on this set of issues.

ISSUES ARISING FROM CURRENT POLICIES AND PROCEDURES REGARDING THE EVALUATION OF APPLICANTS FOR ADVANCED STANDING IN MEDICAL SCHOOLS IN THE UNITED STATES AND CANADA

The National Board of Medical Examiners is concerned about the advisability of admitting to the regular certifying examination any students other than those enrolled in accredited medical schools and therefore eligible for National Board Certification. The dimensions of this concern are illustrated by an examination of the results of the 1977 administration of Part I as they relate to COTRANS and evaluation-for-transfer-in-advance-standing examinees: 1163 persons taking Part I for these purposes passed the exam. Of these, 437 or 38% were admitted to an accredited U.S. medical school and are thus eligible for retroactive credit. The remaining 62% have taken and passed a segment of a regular certifying examination but are enrolled in no accredited medical school. Thus, there is developing a pool of individuals with a "credential" which does not directly serve to enhance their career aspirations, but which may serve as political capital in future challenges to school's admissions policies, the system for accrediting medical schools and licensure board requirements which set graduation from an accredited medical school as a prerequisite for licensure.

The Board is seeking the assistance of the AAMC in "the development of a uniform policy by accredited medical schools regarding sponsorship of these applicants to take the Part I examination." The current NBME policy is to admit students sponsored by COTRANS and students not eligible for COTRANS, but eligible for evaluation under individual school sponsorship. This category includes: (1) students in or graduates of accredited graduate or non-M.D. health professional schools in the U.S.A., (2) foreign citizens in foreign medical schools, and (3) students who have been dropped from accredited medical schools in the U.S.A. or Canada and are being offered an opportunity to seek readmission. Note these categories do not include U.S. students in unaccredited U.S. medical schools. Thus the NBME is posing two questions to the U.S. medical schools through the AAMC.

1. Should students from unaccredited U.S. medical schools be admitted to the Part I exam for evaluation purposes?

The NBME is unwilling to unilaterally adopt a policy foreclosing this opportunity, noting that to do so would be an infringement on the perogatives of the medical schools regarding their own admissions policies and decisions. Thus, it is the desire of the Board to be in the position of merely implementing a uniform policy of the accredited medical schools.

Comment: While a "uniform policy" adopted by all accredited schools might to some extent relieve individual schools of the necessity to make difficult decisions in certain sensitive cases, it would nevertheless have the same intrusive effect on institutional decision-making regarding individual admissions decisions. It would be a concerted action of the medical schools placing such individuals in a disadvantageous position in relation to arguable equally qualified U.S. citizens with other educational backgrounds. Such a decision would be seen as motivated less on academic grounds than on grounds of self-interest related to supporting the existing licensure and accreditation process.

Recommendation: That the NBME admit to the Part I examination any student sponsored by an accredited medical school.

The second question posed by the Board is:

2. Should the NBME prepare an examination distinct from certifying examinations for the purpose of evaluating applicants for transfer to accredited medical schools?

Comment: This approach appears to present the preferred, though longer range solution to the problems identified. It would permit the administration of an examination for the specific purpose of evaluation of all applicants for transfer in advance standing including COTRANS sponsored applicants. Such an examination could be developed which would have substantially equivalent evaluative capabilities as the Part I exam but without the potential for confusion regarding the meaning of "passing" the exam by those in a non-candidate status.

Recommendation: That the Council of Deans endorse the development of such an examination.

NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

TELEPHONE: AREA CODE 215·349·6400 · · · CABLE ADDRESS: NATBORD

EDITHE J. LEVIT, M. D.
PRESIDENT

December 22, 1978

John A. D. Cooper, M.D., Ph.D.
President
Association of American Medical Colleges
One Dupont Circle, N.W., Suite 200
Washington, DC 20036

Dear John:

By way of follow up on discussions with the Administrative Board of the Council of Deans, I am writing to report on the deliberations and actions taken by the National Board Executive Committee at its November meeting relative to the Part I Evaluation Program.

As you may recall, this matter was initially considered by our Executive Committee in March 1978 at which time a series of resolutions were adopted to address the Board's concerns regarding the use of Part I for evaluation of applicants for transfer to advanced standing in accredited medical schools. Following discussion of these issues by the Board at its Annual Meeting in March 1978, and following preliminary consideration by the AAMC Council of Deans in April 1978, the matter was referred to the Administrative Board of the Council of Deans for their consideration. In bringing this matter back to our Executive Committee in November, I was pleased to be able to report to them that I had the opportunity to discuss these issues with the Administrative Board of the Council of Deans at its meeting in September and again in October of 1978.

At its November meeting, following full discussion of the issues and related implications, the NBME Executive Committee endorsed the concept that the National Board Part I certifying examination should be used only for evaluating students in accredited United States and Canadian medical schools. At the same time, the Executive Committee reaffirmed the position taken in March 1978, namely, that the National Board should continue to be responsive to the accredited medical schools with respect to their need for an appropriate examination process that will help them to evaluate students in non-accredited medical schools who are applying for transfer with advanced standing. To this end, the Executive Committee recommended that the officers and staff proceed to study further the steps necessary to initiate the development of a Transfer Screening Examination which could be used for this purpose.

This matter is now being addressed by a staff task force which will present a progress report for consideration by our Advisory Committee on Undergraduate Medical Evaluation in early January, and for consideration by our Executive Committee at its next meeting on January 14, 1979. Following this, the matter

will be brought to the attention of the full Board at our Annual Meeting in March 1979. It is our hope that members of our Board who relate to the AAMC and to the individual medical schools will participate actively in the discussions at the time of our Board Meeting.

Assuming the general concept and recommended plans are endorsed by the Board, we would wish of course to confer with appropriate staff and committees of the AAMC prior to implementation. In any event, 1980 would be the earliest possible date for implementation of a new evaluation program. Meanwhile, it is our intention to continue the existing evaluation program as a service to medical schools.

Please communicate to the members of the Administrative Board of the Council of Deans our appreciation for their consideration of this problem. Also, my personal thanks to Joe Keyes whose fine staff work was so helpful in moving this matter forward for discussion. We will keep you advised of further developments and progress in due course.

With best wishes for a very happy holiday season.

Edithe J. Levit, M.D.
President and Director

EJL:kh

cc: Joseph A. Keyes, J.D.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

September 14, 1978
9 a.m. - 1 p.m.
Edison Room
Washington Hilton Hotel

PRESENT

(Board members)

Steven C. Beering, M.D.
Stuart A. Bondurant, M.D.
John E. Chapman, M.D.
Neal L. Gault, Jr., 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.

(Guests)

Edithe J. Levit, M.D.
Bernard W. Nelson, M.D.
Robert G. Petersdorf, M.D.
Paul Scoles
Peter Shields

(Staff)

James Bentley, Ph.D.
Janet Bickel
Robert Boerner
Judith Braslow
John A. D. Cooper, M.D.
Kathleen Dolan
Suzanne Dulcan
Betty Greenhalgh
Thomas J. Kennedy, Jr., M.D.
Joseph A. Keyes
James R. Schofield, M.D.
John F. Sherman, Ph.D.
Marjorie P. Wilson, M.D.

I. Call to Order

The meeting was called to order at 9:10 a.m.

II. Chairman's Report

Dr. Krevans reported on a meeting Dr. Bennett had recently arranged with HEW Secretary Joseph Califano. In attendance were Drs. Krevans, Clawson, Mann, Rose, Bondurant, Bennett, Moy, Tosteson, and Petersdorf. The meeting had two purposes: to explore with the Secretary what issues the deans felt deserved the Secretary's attention and to provide suggestions for the speech he plans to present at the AAMC Annual Meeting. Dr. Krevans thought it was a very good meeting as Mr. Califano devoted almost two hours and gave serious attention to problems in medical education,

including student financing, minority recruitment, hospital financing, Section 227, biomedical research and indirect costs (A-21).

Dr. Krevans next reported that Perry Culver of Boston had requested that the AAMC have a more active role facilitating the work of directors of alumni relations. He recommended that this idea be discussed later in this meeting.

Dr. Krevans reported that the Executive Committee had considered how the AAMC might strengthen the credibility of its policy statements on institutional ethics by having available a procedure for imposing sanctions on member institutions which violate them. The lack of such a procedure was felt by some to make the statements, e.g. regarding financial considerations influencing admissions decisions, mere pious posturing. The matter will be brought before the Board at its next meeting.

The 1979 COD Spring Meeting, originally scheduled to have been held in San Diego, has been moved to the Radisson Resort & Racquet Club in Scottsdale, Arizona. The dates of April 22-25 remain unchanged.

Finally, Dr. Krevans briefly mentioned the legal cases which had been discussed at the Executive Committee breakfast and he wished to pick up that discussion later in the meeting if time permitted.

III. Minutes of the Previous Meeting

The minutes of the June 22, 1978, meeting of the Administrative Board were approved as submitted.

IV. Action Items

A. Election of Subscriber Member

The State University of New York at Binghamton had requested subscriber status in the AAMC. The COD Board recommended Executive Council approval.

B. Election of Provisional Institutional Member

East Tennessee State University, having met the qualifications for membership, was recommended to the Executive Council for election to Provisional Institutional Membership in the AAMC by the Assembly.

C. Report of the Distinguished Service Member Nominating Committee

Dr. Janeway, DSM Nominating Committee member, reported that the committee had no nominations.

D. Report of the Task Force on Minority Student Opportunities in Medicine

At its June meeting, the Administrative Board discussed the Task Force report and its recommendations. At that meeting several changes

were suggested; particularly emphasized was the recommendation that the specific date for achieving the goal of proportionate representation be eliminated. Dr. Luginbuhl expressed a concern that goal number one, increasing the number of minority students in the medical schools, did not reflect a recognition that the problem was rooted in general societal conditions which could not be adequately addressed by the medical schools alone. Dr. Krevans reported that the suggestions of the COD Administrative Board had been incorporated into the report, but that Dr. Luginbuhl's concern was not entirely alleviated. Dr. Luginbuhl reported that he had corresponded on this concern with Paul Elliott, chairman of the Task Force, and had concluded it would not be profitable to pursue any further.

Dr. Gault also stated a concern that the onus seemed to be entirely on the medical schools. Because he disagreed with this approach, Dr. Gault suggested that the Administrative Board might accept, but not endorse the report. Dr. Luginbuhl responded that the report had been carefully worked out to recognize the diversity of the schools and that to do something other than endorse the report might cause the Board's motives to be misinterpreted. He also pointed out that the prescribed suggestions are not expected to be fulfilled at every school, but they should fit the particular environment of each institution.

There was still some concern among Board members, however, that the use of the imperative "should" implied that the recommendations had to be done at each school. On the other hand, there was some solace in General Recommendation (c) which recognized the diversity of the institutions in their approach to fulfilling the goals.

Dr. Rich stated his discomfort with the principle that the AAMC would monitor the progress toward meeting the goals. This was generally interpreted to mean, however, that the AAMC would continue to gather information from the member schools, to keep them informed of their progress, and to conduct studies and publish relevant materials on the subject.

Finally, it was decided that any attempt by the Board to modify or change their endorsement of the Task Force Report would develop more misunderstanding than clarification of the AAMC and the schools' positions.

ACTION

The Board recommended the endorsement of the final report of the Task Force on Minority Student Opportunities in Medicine.

E. Report of the Task Force on Student Financing

Until about 15 years ago, the cost to students of medical education was relatively low, and most of those who chose to study medicine were sufficiently affluent that their educational expenses could be paid from family resources or privately negotiated loans. Starting in the early 1960s, however, the costs of medical education began to escalate rapidly along with other health care costs in the United States, and social consciousness began to emphasize that the opportunity to study medicine should not be limited to the well-to-do. In response, the Federal Government initiated programs of scholarships and low-interest loans for health professions students which, in combination with traditional sources of funds, some privately sponsored programs, and the resources of the medical schools themselves, supported increasing numbers of medical students from all economic backgrounds while preserving their freedom to practice medicine in the settings of their choice. Many medical schools and students became dependent on such programs of Federal funding.

More recently, public policy has reflected a shift in national priorities from expanding the numbers of health professionals to remedying their geographic and specialty maldistribution. Consequently, the nature of Federal financial assistance has shifted largely to scholarships which require a service commitment and loans whose payback provisions encourage borrowers to practice primary care. The most recent health manpower legislation embodies these concepts in its two major programs related to student financing, the National Health Service Corps and the Health Education Assistance Loans. This trend has had a major and often disturbing impact on students whose personal career goals are not compatible with the constraints imposed by Federal financial assistance but who, in the face of rising costs and diminishing private resources, are otherwise unable to finance a medical education.

The AAMC Task Force on Student Financing was established in February 1976 to "analyze how medical students are actually financing their education costs, to examine existing and potential sources of financial aid to medical students and to present recommendations to the AAMC Executive Council."

Dr. Bernard Nelson, chairman of the Task Force, joined with the Board to discuss this issue. He emphasized that the Task Force would like to push for increased Federal support in the form of loans available at 7% interest for those entering the health professions, and a scholarship program for exceptionally financial needy students, with a reasonable definition of financial need. At the present time, no one at the Federal level wants to do anything beyond the National Health Service Corps for student financing. Their concern is that more attractive alternatives to the National Health Service Corps draw students away from that program and undermine its viability.

ACTION

The Board recommended adoption of the report of the Task Force on Student Financing.

F. Preliminary Report of the Task Force on the Support of Medical Education

The Health Professions Educational Assistance Act of 1976 expires at the end of FY 1980 (September 30, 1980) and renewal legislation can be expected to be considered by Congress during 1979 or the early part of 1980. In preparation for this, the AAMC Executive Council authorized the formation of the Task Force on the Support of Medical Education and, among other things, charged it with recommending to the Executive Council appropriate legislative proposals which the Association should support in working with Executive and Legislative officials on the extension of existing authorities related to the basic education of a medical student to the M.D. degree.

Dr. Bondurant, chairman of the Task Force, presented a brief introduction prior to discussion of the report. He emphasized that this is a preliminary draft report released at this time for the purpose of receiving suggestions. A similar procedure will be used to present this to the Assembly at the annual meeting. After suggestions from the various administrative boards and from the Assembly are incorporated into the report, the final document will be developed.

Dr. Bondurant explained that at its initial meeting, the Task Force divided itself into five working groups, with each working group developing an extensive paper on one aspect of medical education. These working group papers were presented to the Task Force at its June meeting, where discussions were held and an agreement was reached as to the principles to be stressed in the report.

After briefly reviewing the eight recommendations of the preliminary report, Dr. Bondurant asked for discussion on whether the principles embodied in this report agreed with what the deans wished to support. At this time, Dr. Van Citters noting that the central point of the report seemed to be contained in the first recommendation, commented that the fact that medical schools are natural resources is not an observation unique to medical schools and does not constitute a persuasive agreement that they warrant federal institutional support. Dr. Rich also felt the argument appeared to lack substance. He suggested that an attempt be made to argue about what is particular about medical education that is different from other forms of education.

Dr. Luginbuhl inquired about strategy in presenting this report to the legislative and executive branches. Since capitation is slipping,

he felt there may be a movement in Congress to do away with it all together. This phenomenon was generally recognized but institutional support was still considered vital by the Task Force and the report carefully avoided the term capitation.

Dr. Krevans also reminded the Board members that the recommendation regarding this report was to tentatively approve the preliminary draft and to provide the Task Force with any suggestions for improvement. Thus he urged that the discussion of any specific points be continued in the afternoon Executive Council meeting.

G. Withholding of Medical Care by Physicians

At its March meeting, the Executive Council requested that the withholding of physician services paper receive further review and refinement by a committee appointed by the chairman. The committee consisted of Mr. John Colloton, Dr. John Gronvall, Dr. Tim Oliver, Dr. Clayton Rich, and Mr. Paul Scoles. The report had been revised by that committee and was included in the Executive Council agenda to be approved by the COD Administrative Board.

ACTION

The Board endorsed the Withholding of Medical Care by Physicians statement and recommended it for Assembly action.

H. Draft Report of the Ad Hoc Committee on Medicare Section 227

Dr. Cooper and Dr. Petersdorf presented a progress report on Section 227 to the Board. Dr. Bentley also joined with the Board for this discussion. The HEW regulations implementing the teaching physician payment provisions of Section 227 of the 1972 Medicare Amendments should have been issued during the summer for adoption in October; however at this time the regulations still had not been issued.

At a meeting of Southern deans in late July, a draft of the regulations was released. The deans considered them unacceptable. As a result, in early August a movement to repeal Section 227 developed considerable momentum. During August and September, the AAMC staff worked extensively in support of this position.

In response to expressions of concern, Senator Dale Bumpers of Arkansas circulated a "Dear Colleague" letter pointing out the harmful effect of 227 on medical schools and stating his intention to introduce an amendment to repeal 227. On September 6 the AAMC held a conference on 227 in Chicago where 250 people representing all segments of the medical profession discussed the effects of 227.

Presently 24 Senators are cosponsoring the Bumpers Amendment, but more support is necessary. While the trend seems to be moving in our direction, we must continue to illustrate what the effect of the regulations would be and how hospitals would seriously be affected.

Dr. Cooper explained the tricky legislative situation surrounding the Bumpers Amendment. The only available Finance Bill on which to attach the Bumpers Amendment is a bill on the tariffs of imported motion picture film. If the bill does pass the Senate, it then has to be conferenced with the House.

Because of the controversy surrounding cost containment legislation also associated with this bill, there is a serious question as to whether the bill will even receive Floor action. There is also a question as to whether the House would accept it. If the bill does not pass,then Section 227 would remain in force, and some regulations would be required to implement it.

We have been working closely with the AMA, which has been working in the field and on the Hill and substantial attention has at least been focused on the issue. Congressman Tim Lee Carter is introducing a repeal proposal in the House as a bill since there are no other bills which serve as a carrier for an amendment. While it has no chance of passing as a bill, the strategy is to develop an impressive list of cosponsors which will serve as a signal to the House conferees should the Senate action be successful.

One problem encountered by the deans who have discussed this issue with potential supporters is that 227 is seen as an anti-corruption bill. The only effective response is that prosecution not legislation is the only method to reduce or eliminate fraud and abuse. Dr. Van Citters pointed to the hazards to our membership if they had not "cleaned up their act" and the 227 proponents initiate an aggressive set of investigations.

The Board was reminded that the onus for doing something is on the deans. More Senators are needed to cosponsor the Bumpers Amendment and 55 House members are needed to support it.

V. Discussion Items

A. Constituent Relations

At its March meeting, the Executive Committee discussed an item entitled "Public Relations", which was stimulated by the resolution presented by Phillip Caper to the Council of Deans Spring Meeting. Dr. Krevans has suggested that the resolution be considered a symptom of a public relations problem for the Association. The Executive Committee agreed with Dr. Krevans' conclusion that the Association was actively engaged on many issues that were not fully recognized by its membership. This was a source of continuing concern and the discussion was directed toward finding better ways to inform the membership of

significant activities. Several ideas were discussed and the Chairman requested that the staff explore this matter further.

Drawing primarily on the discussion of Dr. Krevans with small groups of deans, a list of deans' complaints or concerns was developed. It included: 1) the concern that the deans were receiving insufficient information about the AAMC activities; 2) the statement of some deans that they were receiving far too much information from the AAMC to permit them to really discern what was happening; 3) the feeling among many deans that they had inadequate opportunities to be involved in the development of AAMC policies; 4) the perception that there were insufficient lines of communication between the deans and the AAMC leadership; 5) the allegation that the AAMC was not really representing the deans' views on Capitol Hill; 6) the statement that AAMC policy positions appeared self-serving and consequently counterproductive; 7) the concern that the AAMC had little credibility with university presidents.

Both Dr. Krevans and Mr. Keyes stressed the feeling that the deans have regarding inadequate communication between themselves and the AAMC leadership. This was the most frequent complaint that came out of Dr. Krevans' meeting with small group meetings of deans. It was emphasized that members of the COD Board should make a deliberate attempt to talk with deans about issues which are pressing. Many deans have the perception that all decisions are made by a small group of people with little regard for the opinions of the rest of the membership. This obviously affects the credibility of the COD Administrative Board and the AAMC leadership. It was emphasized that if the Board members paid more attention to the existence of this problem and earnestly tried to communicate with and represent the membership, this would help in easing the feelings of alienation felt by many of the deans.

B. Issues Arising from NBME Policies and Procedures Regarding Evaluation of Applicants for Advanced Standing

At the Council of Deans Spring Meeting, Dr. James Eckenhoff, Dean of Northwestern University School of Medicine and member of the National Board of Medical Examiners, described the interest of the NBME in having the deans' advice on matters of NBME policy regarding the evaluation of students for advanced standing. Basically, the NBME was anxious for advice and guidance from the COD Board in regard to two issues. The immediate concern was the consideration of a policy regarding the eligibility of U.S. nationals in non-accredited U.S. medical schools to sit for Part I of the NBME exam. A longer range issue concerns the administration of a regular certifying exam (Part I) for evaluation of students not enrolled in U.S. accredited medical schools.

In evaluating the overall purpose of the transfer student program, several items need to be considered. First, the Board must be responsive to the medical schools and the medical schools must be responsive to the students. There must also be a fair, even-handed, nondiscriminating treatment of both U.S. and foreign nationals. Consideration should also be given to preserving the ability of individual academic institutions to decide on the individuals they wish to sponsor. Finally, there is the need to preserve and retain the standards of the accreditation system and the exam of the National Board leading to licensure.

Presently, COTRANS specifically sponsors U.S. nationals in a foreign medical school while institutions sponsor individuals in accredited U.S. medical schools and foreign nationals in foreign medical schools. Whereas the NBME has been responsive to the needs of medical schools, the potential problem of providing a certifying exam for the evaluation of U.S. nationals applying for transfer to medical schools accredited by the LCME from non-accredited schools does need to be resolved. Dr. Levit explained that the National Board did not feel it could take a unilateral position on determining whether such individuals should be permitted to sit for the examination, but was hopeful that the AAMC as an organization might adopt a uniform policy by accredited medical schools regarding sponsorship of these applicants to take Part I of the exam. The National Board's present position precludes accepting these students under individual sponsorship until a policy is established.

Dr. Schofield then reported on the recent increase in the number of foreign medical schools cropping up. Many of these schools have placed ads in the Sunday edition of the New York Times stating that they are accredited by WHO, approved by DHEW, and sponsored by COTRANS. If the ad states COTRANS as a sponsor, it's implicit that the school has the support of COTRANS and and the AAMC. Also the DHEW had been rubber stamping requests to guarantee student loans for attendance at foreign medical schools. There is no record of how much money was being guaranteed or to where the students were going. Various entrepreneurial medical schools have attracted the attention of NBC news investigative reporters and a two part segment has been prepared for airing on the NBC Nightly News.

Dr. Schofield also reiterated Dr. Levit's concern that the first group of 200 students from Puerto Rico is ready to transfer. This presents a serious and imminent problem.

Dr. Levit discussed the NBME system in using the regular Part I certifying exam. As it exists now, students take this exam after two years of medical school. If U.S. nationals were permitted to take the exam, those not accepted into medical schools would still be returning to the U.S. to pursue a career, probably in the health professions. The NBME is considering development of an exam in the basic sciences equivalent to Part I. This exam would enable the National Board to provide the students and the schools with the

results suitable for evaluation for purposes of transfer. The schools would receive the information they need to get a fair judgment on foreign medical students in comparison to their own students. The exam could provide data which would give an idea of what the student would have done on Part I if he had taken it.

The options before the COD Board at this time were to take a position on establishing a policy regarding the eligibility of U.S. nationals in non-accredited U.S. medical schools to sit for Part I of the exam or to wait until the Liaison Committee on Medical Education discussed it at its October meeting. It was the conclusion of the Board that the AAMC should not duck the responsibility of establishing a position but would be well advised to await the deliberation of the LCME.

Since the National Board is in a holding pattern at the present time, the COD Board should deal with this matter as soon as it is prepared to do so. Thus, the issue will be discussed at the October LCME meeting and will be brought up at the AAMC Annual Meeting. It was suggested that Drs. Wilson and Schofield and Mr. Keyes put information together for inclusion in the COD agenda for the annual meeting. Following this, the AAMC would go to the NBME with its recommendation prior to their November Executive Committee meeting.

C. Request of GSA Chairperson Regarding Annual Meeting

Dr. Marilyn Heins, Chairperson of the Group on Student Affairs, wrote to Dr. Cooper and requested that he urge each medical school dean to assure that the student dean is "informed of the importance" of the GSA meeting at the annual meeting and provided the "time and travel funds to attend."

The Board's consensus was that the letter from Dean Sullivan (included in the agenda) to Associate Deans indicated the importance of attending the GSA program at the annual meeting. While the Board thought the GSA program sounded very interesting, it felt it would be putting itself in a vulnerable position if it began to get involved in encouraging individual organizations' attendance at the annual meeting. Certainly other groups would seek the endorsement of the AAMC leadership. The Board's point of view in this matter would be related to Dr. Heins via a letter.

D. Report of the OSR Chairman

The OSR Chairman had no specific report as the OSR Board had basically discussed the same items as the COD Board.

E. NIRMP Match Violations

At the March meeting of the Administrative Board, Drs. Luginbuhl and Van Citters requested that the Board discuss the recent match and the attendant violations. 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.

In June, the GSA Steering Committee considered two options to the present system of distributing match numbers. One would not permit institutions to receive their match numbers prior to a designated time, when all institutions would receive them simultaneously. This would obviously eliminate the violations which have been occurring but it would also preclude the institutions from counseling the disappointed students beforehand. It might also prove to be infeasible since the process would be very expensive and cumbersome.

A second approach would institute on an annual basis a letter from the President of the NIRMP and/or the President of the AAMC to the Student Affairs Dean announcing the problem and exhorting the schools to behave in accordance with the rules.

The Steering Committee found no good resolution to this problem, but suggested that a letter exhorting the institutions to comply with the rules be continued. Dr. Krevans indicated his willingness to bring up this topic at the Annual Meeting.

F. AAMC Support for Medical School Alumni Groups

Because time had run out, this matter was tabled until the next meeting.

VI. Information Items

A. Report of the Council of Deans Nominating Committee

Dr. Krevans reported that the recommendations of the COD Nominating Committee included:

Chairman-Elect of the Council of Deans
Stuart Bondurant, M.D.

Member-at-Large of the Council of Deans Administrative Board
Allen W. Mathies, Jr., M.D.

Chairman-Elect of the Assembly
David L. Everhart or Charles B. Womer

Council of Deans Representatives to the Executive Council
Clayton Rich, M.D.
William H. Luginbuhl, M.D.
John E. Chapman, M.D.

He also thanked the "longest" member for serving on the COD Administrative Board, Dr. Robert L. Van Citters, whose term expires this year.

VII. Adjournment

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

OSR RESOLUTION ON STUDENT RESEARCH OPPORTUNITIES

According to a number of reports the number of physicians receiving research training in preparation for academic careers is declining at an alarming rate. This decline is due to a number of factors, not all of them well understood. However, at its 1978 Annual Meeting the Assembly passed a resolution of the Organization of Student Representatives:

> "WHEREAS, firsthand research experience contributes greatly to the development of scientific thought processes which are of value in all areas of medicine and continuing education;
>
> "WHEREAS, medical undergraduates have the opportunity to devote smaller blocks of time to research endeavors than is required for post-graduate commitments;
>
> "WHEREAS, many medical students have been unaware of opportunities or have been unable to fully utilize such opportunities because of problems with scheduling, funding, etc.
>
> "BE IT THEREFORE RESOLVED, that COD-OSR-CAS form a joint committee to investigate possibilities for improving and encouraging research opportunities, basic as well as clinical, for medical students, with an interest towards funding, scheduling, and student research presentations.

Suggestions have been offered from a number of sources (most notably the students) as to how the AAMC might implement the Assembly's resolution. Some of these suggestions are:

1) To prepare a (position paper, brief, fact booklet) setting forth the facts of the matter and describing the problem in as factual terms as possible,

2) To conduct a program within the Association to communicate these facts to deans, to student affairs and admissions officers, to health professions advisors, and to students. The objective of this program would be to enhance the admission to medical school and nurturing of those who would pursue research and academic careers, and

3) To increase the knowledge among medical students (especially women) of opportunities for research and academic careers.

The advice and comment of the CAS Administrative Board as to how the Assembly Resolution might be carried out is requested. As a first step staff proposes that this issue be discussed at regional meetings of the Group on Student Affairs and at the spring meetings of the Council of Deans and the Council of Academic Societies.

NBME PROPOSAL ON CONTINUING PHYSICIAN EVALUATION

The following item was included as an information item in the September Executive Council agenda. It was discussed briefly by the Executive Committee (but not by the Executive Council) who urged that it be brought to the attention of the Council of Deans Administrative Board for discussion.

Attachment

Current Activities of the NBME Advisory Committee on Continuing Physician Evaluation

Efforts are being made to meet demands for public accountability of the medical profession. These efforts involve periodic assessment of physician competence including among others requirements for continuing education, audits of hospital and office practices, studies by PSRO, direct observation of performance, and evaluation of knowledge, problem solving ability and other clinical skills. Board certified specialists may meet this need for periodic assessment of competence as part of the specialty recertification procedures. However, physicians who are not board certified have no comparable process available.

To deal with these issues relative to periodic assessment of physicians and to consider appropriate program initiatives, the National Board of Medical Examiners appointed in 1976 an Advisory Committee for Continuing Physician Evaluation. This committee recognized that while the NBME was already actively engaged in assisting various specialty boards in the development of recertification programs, there was no such commitment to the development of an alternate pathway for physicians who are not board certified. Concern for the relicensure of non certified physicians was also expressed by the Federation of State Medical Boards who solicited the assistance of the NBME. Consequently, in June of 1977 the NBME decided to engage in initiatives relative to continuing education and evaluation of physicians both in collaboration with specialty boards and conjointly with the FSMB.

As a first step, the NBME identified the population of physicians not certified by a specialty board using the AMA's physician master file. Of 393,742 physicians listed, a final sample of approximately 137,900 was compiled. The variables selected for this group were: major professional activities; year of medical school graduation; primary specialty; and secondary specialty. As primary specialty the largest number of physicians indicated general practice (37,747 out of 137,858); medicine (24,730) and psychiatry-neurology (15,384) were second and third respectively; surgery (9,242) and anesthesiology (6,047) followed. About one half of these physicians do not list a secondary specialty (85,973).

Among the specialties most often mentioned as secondary specialty are medicine, surgery, and general practice.

For periodic evaluation of these physicians the NBME proposes to develop an evaluation process which would emphasize recent advances in medicine and which should be relevant to the actual practice of each physician in these groups. The results of the process could serve as partial fulfillment of requirements for re-registration and licensure reciprocity while also serving the physicians as a tool for self-assessment and a guide for continuing education.

More specifically the evaluation process would have the following characteristics:

1. It should give information about the physician's ability to provide medical care;

2. It should reflect both the actual practice of physicians as well as those other problems which every physician should be able to recognize and manage;

3. It should be conducted with access to information similar to that encountered in practice;

4. It should measure abilities of physicians against a defined standard;

5. It should be validated in pilot studies and related to other measures of quality.

To accomplish this the NBME proposes an assessment instrument which would include two examinations: (1) an examination regarding core competence expected of all licensed physicians, and (2) a modular examination addressing the specialty component of the physician's practices as revealed by the physician's self declared specializations. Further, the proportion of practice in the designated specialty would determine the extent and level of sophistication of the modular offered.

When this proposal was discussed by the AAMC Ad Hoc Committee on Continuing Medical Education some concerns and questions were raised.

A first concern is the fate of physicians who failed this examination and therefore would not qualify

for relicensure or re-registration. It must be assumed that these physicians either on a voluntary or a mandated basis would require rehabilitative education at the medical school or its affiliates. The large number of practicing foreign medical graduates who have failed to qualify for board certification may be at risk in an examination such as the one suggested by the NBME. The additional burden to medical schools by these physicians could be staggering. The educational implications of such an assessment process therefore need be carefully examined. It further must be assumed that the licenses of physicians who have failed this examination would be suspended until remedial actions have been taken. Therefore, the maintenance of medical services, particular in rural areas, must be considered.

A second caveat stems from the potential use or misuse of such an examination by state or federal authorities. Present or future regulatory agencies may well use the examination beyond its anticipated function, namely providing the physicians a fair opportunity for self-assessment. The development of safeguards against its misuse would have to be developed along with the examination.

A third question deals with the validity of such an examination in terms of physician performance. Because of the potential linkage of such an evaluation program to relicensure, its ability to assess actual physician performance must be validated.

The fourth issue relates to the mode or standard of scoring. It seems that the basic concept of the examination precludes the traditional normative approach to standard setting and will have to depend on some absolute standard or standards. What body or bodies would make these determinations?

Overall the Ad Hoc Committee felt the proposal was an imaginative approach to the difficulty of evaluating components of competence of non-board certified physicians. Potentially such an examination would provide such physicians with an alternative to PRA category I credit in qualifying for re-registration or relicensure, as recertification provides a similar alternative to board certified physicians.

INTEREST GROUPS AND THE AAMC UMBRELLA

The letters which follow request that the AAMC find room under its umbrella for activities of constituents not presently directly represented in our governance structure.

At its September meeting the Executive Committee considered the letter from Dr. Perry Culver, Director of Alumni Relations at Harvard, describing the need for an opportunity for those responsible for alumni affairs to meet periodically to share information and experiences. The Executive Committee considered that the proposal was worth pursuing because of the increasing significance that alumni are likely to acquire as supporters of medical schools in the future. Thus the Committee requested that the Council of Deans Administrative Board consider the proposal at its January meeting. The letter from Ben Bronstein, Director of Public Relations at the Penn State Medical Center, addresses a parallel concern. If the Board concludes that the AAMC should respond positively, possible options include:

--providing meeting space at the annual meeting and providing informal staff support for the development of a program.

--expanding the existing Group on Public Relations to include Development Officers and Alumni Relations Directors (a number of individuals have combined responsibilities in these areas).

--establishing a new AAMC Group on Alumni Affairs.

* * * * *

The letter from Ronald Cowden, Associate Dean for Basic Sciences, suggests a similar need for Associate and Assistant Deans responsible for the basic sciences to meet. He expresses the further desire that the AAMC recognize the role of "Intermediate Management" and sponsor activities directed toward individuals with such responsibilities. As a gesture in this direction, he suggests the utility of an invitation to participate in one of the Council of Deans' sessions.

This item was scheduled for discussion at the Officers' Retreat but was deferred because of a crowded agenda and referred to the COD Board for consideration.

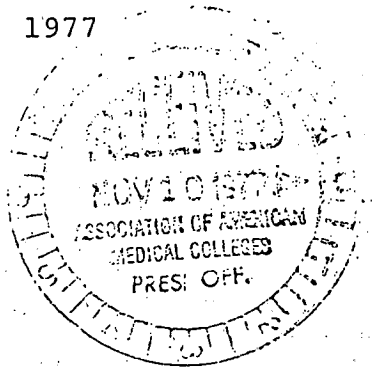
Attachments

HARVARD MEDICAL ALUMNI ASSOCIATION

25 SHATTUCK STREET
BOSTON, MASSACHUSETTS 02115

OFFICE OF THE DIRECTOR

November 2, 1977



John A.D. Cooper, M.D.
President
Association of American
Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear John:

I need another organization like I need a hole in the head. However, I am going to propose that there be an informal group for alumni activities under the umbrella of the AAMC. As I receive increasing numbers of letters and phone calls from other medical schools telling of their plans to organize alumni organizations and asking me for information. I believe such a group is much needed, will probably grow and become increasingly important. I would envisage a gathering of directors and secretaries of medical school alumni associations, as well as the presidents, and they could come together for a half day session or possibly a dinner and evening meeting some time during the Annual Meeting of the AAMC.

It seems to me that most medical schools are becoming more aware that their alumni can become a major source of future strength. In many cases, are able to have significant impact upon state and federal elected officials. As a united group, an organized medical alumni could be a strong defense in helping to prevent further inroads upon medical schools by various state and federal agencies. Alumni can also greatly increase the financial support of medical schools from the private sector through their own involvement and by identifying potential sources of funds.

If the medical alumni of the American medical schools are to become more invovled with and more supportive of their medical schools, they need to be more knowledgeable of the problems facing medical schools and medical education. Communication of this information can best be facilitated through medical school alumni associations.

These meetings could be on a regional basis for a school with a national constituency or several schools might join together at a regional meeting. I think that the medical school alumni must gather together to learn all possible ways to help their medical schools survive.

. . . Continued

If you feel there is merit to this proposal, I shall be happy to assist in providing the names of several people who might become a steering committee to plan for a program of informational exchange, comments and questions at the next annual AAMC meeting. I am sure that you and your staff at One Dupont Circle know of many other alumni directors who might be very helpful in this endeavor.

Hoping to hear from you soon.

With warmest regards.

Sincerely,

Perry

Perry J. Culver, M.D.
Director of Alumni Relations

PJC/jp

cc: Dan Tosteson, M.D.
Dan Federman, M.D.

Office of Public Relations

THE MILTON S. HERSHEY
MEDICAL CENTER
THE PENNSYLVANIA
STATE UNIVERSITY
HERSHEY,
PENNSYLVANIA 17033
717 534-8606

September 22, 1978

Charles Fentress
Director of Public Relations
AAMC
One Dupont Circle N.W.
Washington, D.C. 20036

Dear Charlie:

As I believe I told you in our last conversation, I have taken on additional responsibility for the formation and administration of the College of Medicine Association here. The charter meeting was held last October, and the first annual meeting and reunion will be held this October.

We feel we have been very successful, with over 40 percent of our M.D. alumni joining to date. I feel, however, that there is much that I and my colleagues in the other new schools, and perhaps even in the established schools, could learn from each other about running an alumni program--from recruiting members and leadership, to dues systems, to annual meeting programs, to fund raising, to alumni support in other ways such as perhaps on the legislative front. I know that some members of the PR Group are responsible for alumni affairs and development as well, but there is never any part of the annual meeting devoted to these areas. I feel that that would be difficult to do, since we have enough areas to cover in PR at the annual or even the regional meetings.

At last fall's CASE meeting for this region, there was a session on professional school alumni programs. Unfortunately, I was the only medical school person there besides one on the panel. Other panelists and audience members were from MBA, theology and optometry programs who have little in common with the medical school situation. Thus, I have been wondering ever since then whether the AAMC PR Group may want to have a separate special program in the coming year, if not on an annual basis for alumni office directors. Is this enough of a concern for the AAMC? If not, I could approach CASE to see if they may want to conduct a special program on medical school alumni affairs.

Would you please let me know whether the Group on Public Relations or the AAMC through some other mechanism would be interested in sponsoring such a program.

Best regards,

Ben

Ben Bronstein
Director of Public Relations

BB/rmn

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37601

COLLEGE OF MEDICINE
Office of the Associate Dean
For Basic Sciences
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615-928-0281
ext 298

September 20, 1978

Dr. John A. D. Cooper, President
Association of American Medical Colleges
One DuPont Circle
Washington, D.C. 20036

Dear Dr. Cooper:

All sorts of special interest groups involved in medical education have come together under the umbrella of the AAMC. It seems to me that one category, which must share a veritable plethera of common problems, is conspicuously missing: an Association of Deans and Associate Deans of Basic Sciences. While not all medical schools have this structure, there are enough to furnish a sufficient and substantial basis for a meeting during the annual AAMC gathering.

If fact, you might consider the Associate Deans (and Assistant Deans) the fodder of medical education. We must be good for something because there are an awful lot of us. Since we are not part of the Council of Deans, we are cut out of that; and most of us gave up our chairs when we took administrative positions.

I specifically feel that an organization of Basic Science Deans and Associate Deans would serve a useful function, and I would like some official encouragement to attempt to organize one at the upcoming New Orleans meeting. Further, I would wish that the AAMC would recognize the role of "Intermediate Management" and sponsor some things directed toward us. It would be a useful gesture if the Council of Deans would specifically invite our participation in one of its sessions.

Thank you for your kind attention.

Sincerely yours,

Ronald R. Cowden

Ronald R. Cowden, Ph.D.
Associate Dean/Basic Sciences

bam