aamc association of american medical colleges

AGENDA
FOR
COUNCIL OF DEANS

ADMINISTRATIVE BOARD
THURSDAY, MARCH 29, 1979
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
March 29, 1979
9 a.m. - 1 p.m.
Independence Room
Washington Hilton Hotel

AGENDA

VI. Information Item

A. State Legislation on Standardized Tests (Executive Council Agenda). . . . . .(71)

VII. Old Business

VIII. New Business

IX. Adjournment

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

January 18, 1979
9 a.m. - 1 p.m.
Map Room
Washington Hilton Hotel

PRESENT

(Board members)

Steven C. Beering, M.D.
Stuart A. Bondurant, M.D.
Christopher C. Fordham III, M.D.
Richard Janeway, M.D.
Julius R. Krevans, M.D.
William H. Luginbuhl, M.D.
Allen W. Mathies, Jr., M.D.

(Guests)

D. Kay Clawson, M.D.
John A. Gronvall, M.D.
Dan Miller

(Staff)

Janet Bickel
Robert Boerner
Judith Braslow
John A. D. Cooper, M.D.
Kathleen Dolan
Charles Fentress
Betty Greenhalgh
Thomas J. Kennedy, Jr., M.D.
Joseph A. Keyes
Thomas E. Morgan, M.D.
James R. Schofield, M.D.
John F. Sherman, Ph.D.
Emanuel Suter, M.D.
August G. Swanson, M.D.
Marjorie P. Wilson, M.D.

I. Call to Order

The meeting was called to order at 9:05 a.m.

II. Report of the Chairman

Dr. Fordham reported on a meeting held the previous day between the Executive Committee, accompanied by Dr. Bondurant, Chairman of the AAMC Task Force in Support of Medical Education and Dr. Polk, Chairman of the Task Force on Graduate Medical Education, and Undersecretary of HEW, Hale Champion. The two subjects discussed were: institutional support for medical schools and issues related to Section 227. Mr. Champion stated his belief that there was little justification for capitation in its present form. He opposed support for medical schools based simply on past good works, but said that he would favor an instrument of support more nearly approximating a contract which would obligate the schools to undertake activities in support of specific federal purposes. It was pointed out that the medical schools viewed

the existing capitation provisions as containing identifiable obligations for the medical schools. Since the schools had already met their obligations, the rescissions proposed by the Administration amounted to a unilateral abrogation of the "contract" by the government. Mr. Champion dismissed this observation by simply stating that the schools must realize that the political realities were such that priorities sometimes shifted.

Mr. Champion appeared more sympathetic to arguments that schools could not continually respond to special purpose programs without sufficient underlying support to ensure their continuing viability; that there needed to be some financial "glue" to hold the place together. He felt that there might be an acceptable support mechanism which would include some "glue money" specifically related to the number of federal purpose activities undertaken by a school. This response was viewed as providing some grounds for cautious optimism that some accommodation might be possible between the AAMC position and that of the Department.

In regard to Section 227, there was little perceived urgency on the part of Mr. Champion and no substantive discussion of the issues at this meeting. Mr. Shaefer, who has the responsibility for drafting the regulations, was present but no commitments other than the offer of future consultation were made. The regulation writing has not been put on a definite timetable but there will be an opportunity for further dialogue before the regulations are promulgated.

At the present time, the AAMC has a Section 227 committee which has sponsored four regional meetings across the country and this seems to have been a successful effort at educating the constituents and obtaining their views. There appears to be general concurrence with our strategy. The AAMC is continuing to work on the legislative, regulative, and legal fronts while remaining in close contact with Senator Bumpers' aide who has been helpful in forestalling the untimely promulgation of inappropriate Section 227 regulations.

Dr. Fordham also presented a business item, which arose because of Clayton Rich's resignation as Dean at Stanford University, thus creating a vacant position on the AAMC Executive Council. The bylaws state that the Executive Council may either select someone to fill the unexpired term or leave the position open. Dr. Bondurant proposed that 1) Allen Mathies be elected to the Executive Council position vacated by Rich; and 2) Richard H. Moy, Dean at Southern Illinois University School of Medicine, be elected to serve the one year term on the COD Administrative Board as the member-at-large. The Administrative Board voted to nominate Dr. Mathies to the Executive Council, and contingent upon its approval, appoint Dr. Moy to the Board. The new configuration of the COD Board would maintain an appropriate regional balance, with only one additional representative from the midwest being added.

As a final information item, Dr. Fordham shared with the Board a letter Dr. Cooper had received from Robert Van Citters which was a follow-up to correspondence from Gerald Holman to the deans encouraging faculty participation in the Section on Medical Schools of the AMA. In his letter, Dr. Van Citters thought the COD Administrative Board should do nothing to enhance this position. Discussion among the Board members ranged from agreement with this point of view to the belief that there should be a closer relationship between the two parties. It was observed that since the relationship was working well there was no need for a formal organizational arrangement. Dr. Beering who is Chairman of the AMA Section on Medical Schools clarified that Dr. Holman was asked by the Governing Council to chair a committee to study how the Council could be an effective voice for medical schools in the AMA deliberations. Thus Dr. Holman was left to develop a letter to the deans asking for ways to enhance participation between faculties and the AMA Section on Medical Schools, but the intent was not to arouse the ire of the deans. On behalf of the AMA Section on Medical Schools, Dr. Beering offered to apologize to Dr. Van Citters. The Administrative Board concluded that it supported enhanced communication and would welcome an exchange of ideas, but that no formal action was necessary.

III. Minutes of the Previous Meeting

The minutes of the October 23, 1978, luncheon meeting of the Administrative Board were approved as submitted.

The minutes of the September 14, 1978, Administrative Board meeting were amended as follows: page 5, paragraph 5, line 6 should read "that the fact that medical schools are national resources is not an."

IV. Action Items

A. Report of the Panel on Technical Standards for Medical School Admission

On May 4, 1977, the Department of Health, Education and Welfare issued final regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, to promote nondiscrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance. The regulations define otherwise qualified handicapped individuals as those meeting the academic and technical standards requisite to admission or participation in the education program or activity. Although schools may not make preadmission inquiry concerning handicaps, it is permissible to determine whether a candidate meets academic and technical standards that a school has defined as prerequisite for its program.

Concerned with the profound impact these regulations will have on various aspects of the medical education process, the Executive Council at its March 1978 meeting authorized the establishment of a panel to study and recommend for institutional consideration guidelines for development of technical standards for admission to medical school. The Panel, under the Chairmanship of Dr. M. Roy Schwarz, Associate Dean for Academic Affairs at the University of Washington School of Medicine, met three times since June and Kathleen Dolan presented the final report to the Board.

HEW is of the opinion that medical schools have been lax in the area of admitting applicants with a handicap to medical schools. The committee studied the question of whether or not certain handicaps might prevent a person from participating safely and effectively in the program leading to the M.D. degree and thus preclude them from meeting technical standards for admission to medical school.

The Panel considered several options in approaching the HEW regulations, including submitting to HEW the guidelines established by the Panel, for an evaluation of their compliance with the regulations. However, the committee felt that HEW did not have a sympathetic approach to understanding medical school problems and that rather than a productive response, a confrontation would result. Another possible approach considered by the Panel was to compile a list of requisite physical and mental capabilities needed to become a physician, but abandoned this because of the likely problems in achieving a consensus on every item on a comprehensive list.

The Panel ultimately developed a set of guidelines for technical standards for each school to look at for possible adoption or modification for their own use. The report thus serves notice to HEW that the AAMC is committed to maintaining appropriate standards and that we will support our medical schools in doing so. It will also be necessary to educate the HEW Office of Civil Rights to medical school practices; the text is designed to assist in this task.

Dr. Beering commended the work of the group doing this report and suggested that the LCME might consider this for inclusion in its requirements. After a motion recommending to the Executive Council and the LCME adoption of the principles enunciated in the Task Force Report, there was a discussion in which the Board questioned this response. Board members finally agreed that since the report was done for the consideration of the constituents and not as AAMC policy, it would be more appropriate to receive it and approve the transmittal of the report. Thus the motion was amended to read that the COD Administrative Board approved the transmittal of the Report of the Special Advisory Panel by the Executive Committee to the medical school constituents. It was

decided not to include the LCME in the motion. There was no desire to have the AAMC appear to be enforcing the standards through the LCME; the Panel's document was to be viewed as advisory only.

The Board suggested rephrasing question 4-10 in Appendix B to begin with "Can the candidate reasonably be expected to...?" and deleting question 11 in Appendix B because it focused on the handicap rather than the applicant's capabilities. The Board approved these changes and then requested Dr. Fordham to send a letter from the COD Board to Dr. Schwarz, Chairman of the Panel, thanking his group for the substantial amount of time and effort which went into the report.

ACTION

The Board recommended that the Executive Council approve the transmittal of this Report of the Panel on Technical Standards (as revised) to the medical schools.

B. Final Report of the Working Group on the Transition Between Undergraduate and Graduate Medical Education

Dr. Kay Clawson, Chairman of the Transition Working Group, presented a review of this report to the Board. The report was prepared by a process involving extensive effort devoted to an identification of problem areas, consideration of alternative approaches to their resolution, reception of testimony from interested and involved experts concerned with the various issue areas, deliberation and debate by the Working Group and approval of a final draft. The report was approved by the Task Force as a whole and was to be presented for Executive Council adoption subsequent to consideration by each of the Administrative Boards.

Dr. Clawson's review highlighted the report's major conclusions under each section of the report.

Career Counseling. The Working Group noted the variability in the effectiveness of the personal and career counseling systems among the medical schools. It emphasized their importance to the career selection decisions of students and provided a number of suggestions from enhancing the quality of these systems. The counseling system, in turn, was judged to be the key ingredient in the optimal utilization of the unstructured or elective time characteristically made available to students in their fourth year. The section concluded with the recommendation that the LCME include an evaluation of the schools' counseling services as an integral part of the accreditation site visit. Dr. Schofield reported that this had been the practice of the LCME.

Information on Graduate Programs. The group found the Directory published by the AMA to be characteristically out of date. The NRMP Directory fails to include the breadth of information necessary to help the students or their advisors. The group suggested that two competing directories has proven to be a waste of both time and money. Thus it recommended that the AAMC, AMA, and NRMP collaborate in the production of a comprehensive National Directory of Graduate Medical Programs to appear each October.

The Application Cycle and the Selection Process. These topics occupied much of the time of the committee. Before articulating each concept, committee members consulted with students as well as residency program directors. There were a variety of points of view related to position. Controversial concepts were studied in depth. The NRMP match has eased the transition for students today and relieved the chaos experienced in the 1940's and 1950's. However, there are now forces which are undermining the system. Some program directors do not participate in the match while others require students to violate the rules of the system. The group observed that the coercion and cheating which resulted created an educational environment which was both unhealthy and highly undesirable.

Thus the first recommendation suggests that all programs in graduate medical education be required to utilize the NRMP as a condition of accreditation by the LCGME. The LCGME was selected as the enforcement mechanism with great reluctance, but it appears to be the only available tool for achieving the necessary and educationally responsible result.

The second recommendation was that there be developed a universal application form. This would provide the application process. It was suggested that the AAMC take the leadership in developing such a form.

Recommendation three dealt with the timing of evaluation letters and transcripts. It suggested that concerted effort is necessary to end the practice of providing these documents prematurely. It recommends that they not be sent out prior to November 1 of a student's final year. This will work to the students' advantage; they will have completed a greater proportion of their clinical curriculum. Program directors will have a better basis on which to determine the students' potential as clinicians.

The fourth recommendation sets the first week in February as the deadline for both students and programs to submit their preferences to match. This would give the faculties ample time to review the letters of recommendation now delayed until November. It would also enable the students to schedule interviews over the Christmas holidays. The NRMP assures us that it will still be possible to get out the final match results in March.

The final recommendation, that there be a uniform starting date for all graduate medical education programs, was included by the Working Group but was not recommended as strongly as the prior recommendations.

Student Visits and Interviews. The Working Group urged institutions to work out a program of interviewing which would accommodate students' schedules and minimize the cost in time and money.

Types of the First Graduate Years. The Group noted that the present designations created undue confusion and recommended that first years be designated by a new system. The Group recommended that the program be classified as either Categorical (those in a specialty which meet the special requirements of the RRC) and Mixed (for students who desire a mixed experience in several specialties). The Task Force, on recommendation of the Group Chairman, accepted the LCGME designation system (Categorical and Transitional) as a suitable alternative.

Several points in this report were discussed by the COD Board. Dr. Janeway inquired about the legality of using NRMP as a condition of accreditation; that is, if a voluntary agency can be required to adhere to the regulations of another voluntary agency. Dr. Clawson responded the Task Force concluded that there was adequate justification for such a requirement but observed that this recommendation may not be enthusiastically received by the LCGME.

Dr. Luginbuhl raised two points. First, he was concerned with the November 1 date for sending out evaluation letters and transcripts and felt that this may cause a problem with the Associate Deans for Student Affairs who will object to not having the necessary data before November 1. The student representatives present at the meeting thought the November 1 date was controversial as well but considered it essential that a date be agreed upon. They emphasized that if this date is going to be uniform, students will be able to accept it. The problem has been with inconsistent policies, but they thought the cycle would work if it was mandatory.

Dr. Luginbuhl questioned the rigidity of the March 15 date for the announcement of the match results. The Board members and student representatives considered that this date was the latest feasible to permit students to make the necessary arrangements for their move. Student groups considered April 1 and April 15 but concluded these dates would be too late for students to complete their arrangements.

Dr. Janeway expressed concern that there would be a tendency to compress the interview process within 80 days which he thought would pose potential problems. Dr. Clawson described the system at the University of Kentucky. There is a two week time period

set aside for the students to interview. He reported that this procedure seemed to work well.

After presenting this report to the Administrative Board of the Council of Academic Societies, Dr. Clawson returned to the COD Board with two changes proposed by the CAS Board: 1) that the evaluation letters and transcripts should not be sent prior to October 1 (changed from November 1) and 2) that the interview period be extended to a 120-day period (changed from 80 days).

ACTION

The Board approved the Final Report of the Working Group on the Transition Between Undergraduate and Graduate Medical Education with the changes proposed by the CAS Board.

C. Assessment of the COTRANS Program

At the Executive Committee Retreat the question of whether the COTRANS Program should be continued or modified was discussed. The Coordinated Transfer System was introduced in 1970 because medical schools were increasingly being asked to sponsor U.S. citizens studying in foreign medical schools for Part 1 of the National Board of Medical Examiners. Through an agreement with the NBME, the Association agreed to sponsor U.S. citizens studying medicine abroad for Part 1 of the National Board and to distribute their scores and basic academic data to medical schools interested in receiving a listing of available students desiring to transfer.

Recent developments make a reevaluation of COTRANS timely. First is a Congressional finding in the last Health Manpower Act that there is no longer a shortage of physicians such that the immigrant visa preference is warranted. Second is the announced Congressional intention that the "Guadalajara Clause" would be a one time only effort to repatriate Americans studying medicine abroad. Third is the recent proliferation of offshore medical schools which entice U.S. students with advertising claims that they are "COTRANS approved." Finally, is the conclusion that it is impossible for the AAMC staff to properly evaluate foreign student credentials, at least under the current system at the price charged. The AAMC staff suggested that since the program was originally developed to provide a service to U.S. medical schools, COTRANS should be reevaluated to determine whether the schools' interests are adequately served under present procedures or whether the program should be modified or discontinued. There was some sentiment for continuing the program but charging an adequate fee to cover an effective performance of the credentials evaluating function. There was also sentiment for discontinuing the program to eliminate the potential for abuse as an inducement for students to enroll in foreign schools. There was recognition, however, that this would be a controversial move which might have unfortunate political repercussions.

ACTION

The Board approved the recommendation that a small group be formed to assess the COTRANS Program and to make appropriate recommendations for its modification or phased discontinuation. The group should include other interested parties and organizations to assure that all relevant considerations are taken into account.

D. Use of the Faculty Roster for Recruiting Purposes

The Faculty Roster was created in 1967 to permit studies of the development of biomedical and faculty manpower. It is 85% to 90% accurate and complete, and it is used to provide a variety of reports to schools as well as to continue the work for which it was designed.

The Association's policy on data release, adopted in 1977, assigns a classification of confidential, restricted or unrestricted to every data element maintained in Association files, and prescribes policies for dealing with requests for data at each level of sensitivity. Name, rank, degree, and department and institution of a faculty member have been classified as unrestricted, so that staff can respond promptly to requests for names and institutional identification. Since gender and race are restricted items, present policy requires the approval of the AAMC President to respond to a request for "women who are full professors in departments of medicine" or "black anesthesiology faculty."

There have been numerous requests from constituents and groups advocating increased hiring of women and minorities that the AAMC facilitate recruiting in a more formal way, such as by developing special rosters of women and minority faculty members.

Justification for Expanding the Use of the Faculty Roster for Recruiting Purposes:

--Individual faculty members, particularly minority group members and women will potentially be considered for more positions involving promotional opportunities.

--Institutions will have a broader range of candidates from which to choose.

--Funding for the Faculty Roster system may be easier to secure because of the strong interest federal agencies have in advancing the careers of minority group members and women.

--Minority group members and women will have a greater sense that the Association is genuinely and actively concerned about them.

--Individual faculty members and Faculty Roster representatives may see an increased justification for keeping the data in the Roster current.

Justification for Not Using the Faculty Roster for Recruiting:

--All institutions at some time will probably feel they are being "raided" and that they are coming out on the short end. In the narrowest sense it is not in the best interest of the institution for the qualifications of its faculty to be widely known.

--There may well be a tendency for institutions to "go through the motions" of considering a wider field of candidates, with not much change in the number of minority candidates and women promoted, thus engendering considerable resentment.

--A backlash from white male candidates who feel discriminated against because of the increased emphasis on the hiring of minorities and women.

--The Faculty Roster is 85-90% accurate, according to validation studies performed by the Association in 1977, but even this relatively small percentage of error would represent a large number of people. If the Association disclosed information which was in error, or if the Association failed to list a qualified candidate because of missing information in the Roster, an individual might conceivably be harmed.

At the present time, the roster is on a year-to-year contract with NIH and negotiations are underway to determine if the NIH support will be continued. Dr. Cooper explained that medical schools are the only schools of higher education who have such a comprehensive list of their faculty. Virtually all medical schools participate and schools who use the roster for institutional management purposes, for conducting studies and for responding to requests for information have found it very useful. This use of the data could enhance the utility of that enterprise to the schools and others, as well as improve its prospects for continuing support. The production of a directory could be prohibitively expressive but responding to requests for special runs could be cost effective.

The primary issue identified by the Board was the propriety of including women and minorities on lists generated for recruitment purposes without the knowledge or consent of those individuals. The Board considered that both the concepts embodied in the Privacy Act and their concern that many who might be included might object argued against the straightforward use of the Roster for this purpose. Dr. Bondurant suggested the possibility that another instrument separate from the Roster might be developed which would include only women and minorities who wish to put their names on such a list.

Judy Braslow, AAMC Coordinator of Women's Affairs, suggested that a directory per se would not be very useful and would be subject to exploitation. She explained however that the accuracy of the roster could be increased by having each individual fill out the information and providing the option of indicating whether or not they approved of its use for such purposes. Dr. Thomas Kennedy suggested that it was appropriate for the AAMC to respond to requests regarding information contained in the Faculty Roster; that the cheapest and most effective way to provide this information is to continue the current procedures.

ACTION

The Board's opinion to be expressed to the Executive Council was that there be no new directory and that the AAMC continue to provide information at the discretion of the President. The staff should continue to explore means by which individual consent could be provided for inclusion of roster information on lists generated for recruitment purposes.

V. Discussion Items

A. 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.

Dan Miller, OSR Chairman-Elect, described how this resolution arose out of the deliberations of the Western Region. The full OSR membership concurred that this was an issue which needed to be addressed and presented the resolution to the Council of Deans and the AAMC Assembly.

Dr. Krevans suggested that a small committee consisting of representatives from the OSR, COD, and CAS be appointed to examine the matter and report back their findings and recommendations.

Dr. Thomas Morgan related his views on this problem to the COD Board. He felt that students lacked information about the various existing programs in the schools and suggested that several related issues should be considered in conjunction with the resolution. These included, among others, the attractiveness of academic careers, opportunities for women and minorities, faculty and admissions committee attitudes. Dr. Morgan suggested that he meet with the Group on Student Affairs and the OSR members at their regional meetings in the spring to discuss this area of interest. He further suggested that a decision regarding the appointment of a committee be delayed until after these meetings and a further identification of related issues and relevant issues could be accomplished.

The Board concurred with this suggestion.

B. Current Activities of the NBME Advisory Committee on Continuing Physician Evaluation

Dr. Emanuel Suter discussed this issue with the Board. He explained that the NBME had taken an interest in the re-certification and relicensure problems that non-boarded physicians would be likely to face in the event of the statutory enactment of such requirements. The NBME has proposed that it consider the development of an exam for their benefit. It would consist of two parts: 1) an examination addressed to the core of knowledge expected to be mastered by all licensed physicians, and 2) a modular examination addressing the specialty component of the physician's practices as revealed by the individual physician's self declared areas of specialization.

When this proposal was discussed by the AAMC Ad Hoc Committee of Continuing Medical Education, several questions were raised: (1) would institutions be willing to offer remedial courses to physicians who failed this examination; (2) could the results of the exam be subject to misuse by state or federal authorities; (3) is such an exam, which deals only with specific knowledge and excludes actual physician performance, worthwhile. Finally, there was the question of what would be the impact of such an exam on the field of medicine.

Dr. Suter wanted an indication from the Board as to whether or not the AAMC would respond to the interest of the NBME in this area. The Board considered the undertaking of doubtful feasibility which if attempted would lead to undesirable consequences. Especially feared was the likelihood that such an exam would be seized upon by state authorities and required to continued licensure. It did not support the concept that the NBME proceed with the exams development. It did not, however, recommend that the AAMC actively discourage the undertaking.

C. Interest Groups and the AAMC Umbrella

There had been several recent requests asking that the AAMC find room under its umbrella for activities of constituents not presently directly represented in the governance structure. Dr. Perry Culver, Director of Alumni Relations at Harvard, described the need for an opportunity for those responsible for alumni affairs to meet periodically to share information and experiences. Ben Bronstein, Director of Public Relations at the Penn State Medical Center, had written discussing a parallel concern. In addition, Ronald Cowden, Associate Dean for Basic Sciences, suggested a similar need for the Associate and Assistant Deans responsible for the basic sciences to meet.

Possible approaches for implementing such a concern included: (1) providing meeting space at the annual meeting and providing informal staff support for the development of a program; (2) expanding the existing Group on Public Relations to include Development Officers and Alumni Relations Officers; (3) establishing a new AAMC Group on Alumni Affairs.

Charles Fentress, Director of Public Relations for the AAMC, advised the Board that the Group on Public Relations would be open to an invitation to expand its membership and activities to accommodate the needs and interests of Development Officers and Alumni Relations Directors.

The COD Administrative Board recommended to the Executive Council that the Group on Public Relations be expanded to include these new areas of emphasis.

In regard to the request from the Associate and Assistant Deans of the Basic Sciences, Board members concluded that there currently existed sufficient organizational entities within the AAMC to meet the needs of this group. They considered it unadvisable to form a new group or to recommend that these officials form an organization which would seek admission to the CAS. The Board instructed staff to respond to the letter with these conclusions but expressing an interest in enhancing the level of involvement of medical school "middle management" in the affairs of the AAMC.

D. Revisions of the General Requirements in the Essentials of Accredited Residencies

The Essentials of Accredited Residencies set forth the criteria which must be met by graduate medical education programs. They consist of General Requirements and Special Requirements. Prior to the inception of the LCGME, the General Requirements were developed by the Council on Medical Education of the AMA, and the Special Requirements by the Residency Review Committees. Now, under the Bylaws of the LCGME, the LCGME develops the General Requirements, forwards them to the Coordinating Council on Medical Education for further forwarding to the parent organizations for approval. Special Requirements, after being developed by the Residency Review Committees and their parent organizations, must be approved by the LCGME, but go no further.

There has been no significant revision of the General Requirements since the LCGME was established in 1972. One attempted revision was vetoed by the American Hospital Association because of potential conflicts between the criteria set forth in the General Requirements and JCAH criteria. In the spring of 1977, a committee composed of one representative designated by each parent organization was established to do a major revision of the General Requirements. The Committee submitted a draft revision to the LCGME in September, 1977. The LCGME referred the revision to the RRC's and their parent organizations for comment. In June of 1978, after receiving comments, the Committee re-drafted a revision and submitted a final report to the LCGME at its meeting in November, 1978. The LCGME approved the revision and forwarded it to the Coordinating Council. In December, 1978, the Coordinating Council referred the revision to the parent organizations for review and comments, and has requested that comments be received by May, 1979.

Dr. August Swanson of the AAMC staff discussed this document with the Board. He noted that it reflected the AAMC position of providing greater emphasis on the need for institutional support for graduate education. It defines institutional support not necessarily as university support, but the commitment of the sponsoring institution as a whole to the program, including institution wide mechanisms for resource allocation and control. Dr. Swanson stressed that the Board did not have to take a position on this issue at this meeting, but explained the document was included on this agenda so that it could be discussed prior to the March meeting when action is anticipated.

VI. Information Items

A. OSR Report

Dan Miller, Chairperson-Elect, presented a brief report of the OSR meeting during the prior day. Seven new members joined the OSR Administrative Board so some time was spent on orientation, reviewing the structure, function, and projects of the AAMC. In addition, several resolutions were discussed and the Board

established priorities for the year. First priority was assigned to a special project to increase available information to third and fourth year students regarding graduate medical education programs in the U.S. In another action, the OSR called for a grass roots response from U.S. medical students regarding President Carter's budget rescission of appropriations for student loans.

B. Review of Research Principles Document

Although this item was not on the agenda, Dr. Morgan of the AAMC staff briefly reviewed the document and comments which had been received. In general, the committee endorsed the revised principles and noted that there was resounding support on the way biomedical research has been conducted. Relatively minor criticisms of the committee included the need to clarify the classification of fundamental research; the fact no witness was called to testify on the cutback on funding biomedical research; the lack of discussion of training grant mechanisms; the total failure to recognize the role of biomedical research support grants; slight reference to the peer review process. The committee also took issue with the document's handling of the concepts of clinical applications and health research. Dr. Morgan explained that the committee had drafted a letter forwarding these comments.

VII. Adjournment

The Administrative Board meeting was adjourned at 12:45 p.m.

ADVANCED PLACEMENT ACHIEVEMENT TEST

The National Board of Medical Examiners is proposing to develop an examination to be used in lieu of the Part I Exam for the purpose of evaluating students seeking to transfer with advanced standing into U.S. medical schools. The following position for the AAMC is proposed.

1. It is appropriate and necessary that there be available an examination to evaluate the level of achievement of individuals seeking to transfer with advanced standing into schools accredited by the Liaison Committee on Medical Education.

2. The examination should be designed to assess the achievement of examinees in the sciences basic to medicine and their knowledge of the materials usually taught in the course on introduction to clinical medicine. Each section of the exam should be sufficient in length to permit the report of a score on each.

3. The exam scores should be reported to institutions designated by the examinees, but a national passing score should not be set. No attempt should be made to equate the exam to the Board's certifying exams. Institutions should be assured that the exam is sufficient in scope and depth. Mean and median scores of the population taking the exam should be made available and the percentile ranking of examinees should be provided. Institutions should use these examination scores to evaluate the level of preparation of students seeking transfer in advanced standing.

4. The National Board of Medical Examiners should permit any individual to sit for the exam and should not require sponsorship by a medical school or by the AAMC (COTRANS). Since an examination cannot provide all the information needed in evaluating a candidate, this examination should be used in a manner similar to the use of the Medical College Admissions Test for the evaluation of students for admission to the freshman class and be only one of the criteria utilized by institutions and their faculty in making the decision to admit a student in advanced standing.