



**association of american
medical colleges**

**AGENDA
FOR
COUNCIL OF DEANS**

**ADMINISTRATIVE BOARD
THURSDAY, JANUARY 29, 1981
9 a.m. — 12:30 p.m.
GRANT ROOM
WASHINGTON HILTON HOTEL
WASHINGTON, D.C.**

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
January 29, 1981
9:00 a.m. - 12:30 p.m.
Grant Room
Washington Hilton Hotel

AGENDA

	<u>Page</u>
I. Call to Order	
II. Report of the Chairman	
III. Approval of Minutes	1
IV. Action Items	
A. Resident Moonlighting (Executive Council Agenda)-----	(24)
B. GMENAC Response (Executive Council Agenda)-----	(28)
C. Draft Report of Ad Hoc Committee on Competition (Executive Council Agenda)-----	(33)
D. National Health Planning Program (Executive Council Agenda)-----	(105)
E. General Requirements Section of the Essentials of Accredited Residencies in Graduate Medical Education (Executive Council Agenda)-----	(107)
V. Discussion Items	
A. Due Process for House Officers (Executive Council Agenda)-----	(108)
B. Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal (Executive Council Agenda)-----	(111)
VI. OSR Report	
VII. Old Business	
VIII. New Business	
IX. Adjournment	

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

Thursday, September 25, 1980
9:00 a.m. - 12:30 p.m.
Independence Room
Washington Hilton Hotel
Washington, D.C.

PRESENT

(Board members)

Stuart Bondurant, M.D.
John E. Chapman, M.D.
Neal L. Gault, Jr., M.D.
Richard Janeway, M.D.
William H. Luginbuhl, M.D.
Allen W. Mathies, Jr., M.D.
Richard H. Moy, M.D.

(Guests)

Lisa Capaldini

(Staff)

Janet Bickel
Robert Boerner
John A. D. Cooper, M.D.
Betty Greenhalgh
Thomas J. Kennedy, Jr., M.D.
Joseph A. Keyes
Mary McGrane
James R. Schofield, M.D.
Emanuel Suter, M.D.
Kathleen Turner
Marjorie P. Wilson, M.D.

I. Call to Order

The meeting was called to order at 9:05 a.m. Dr. Bondurant began by adjusting the agenda to accommodate speakers for selected topics.

II. Restructuring of Relationships Among Organizations Interested in Accreditation

Dr. Cooper provided background on the negotiations between the five parent organizations of the Coordinating Council on Medical Education which were stimulated by the desire of the AMA to be a part of a joint process for accrediting continuing medical education.

The CCME was originally established to coordinate the liaison committees relating to accreditation of undergraduate, graduate, and continuing medical education, although it has never served that purpose. The negotiations concluded with the decision that the CCME will be renamed the Council on Medical Affairs, will no longer have a direct relationship to the accrediting committees and will act as a forum for the AMA, AHA, ABMS, CMSS, and AAMC to discuss medical education and other matters of mutual interest. The membership will now be automatic and will consist of the three chief officers of each of the five organizations.

Document from the collections of the AAMC Not to be reproduced without permission

While the LCME will remain unchanged, the Liaison Committee on Graduate Medical Education will now become the Accrediting Council on Graduate Medical Education (ACGME). Some changes will be made: the items that will be referred automatically and directly to the parents will include fiscal affairs, bylaws, general essentials, and any new programs or activities. ACGME will retain the responsibility for accrediting graduate medical education programs. However, upon request it may delegate the accrediting function to a Residency Review Committee, retaining the responsibility for monitoring all decisions of the RRC's. The normal method of accreditation will be ratification or final approval of RRC's decisions. The Liaison Committee on Continuing Medical Education will be renamed the Accreditation Council for Continuing Medical Education.

The Board was asked, on the basis of Dr. Cooper's oral report, to approve in principle the bylaws and agreements of the reorganization and to delegate to the Executive Committee the authority to make the final decision when the written bylaws and agreements are circulated. It was moved, seconded, and passed to approve in principle the bylaws and agreements.

III. OSR Report

Lisa Capaldini, OSR Chairperson, reported on their meeting. The due process project initiated by the OSR several months ago had been completed and was approved for submission to the GSA and the OSR at its national meeting. After incorporating suggestions and making revisions, this report would be submitted to the student affairs deans of undergraduate medical schools.

IV. Chairman's Report

Dr. Bondurant covered several items of interest in his report. First, the AMA and AHA at their respective recent meetings, both passed resolutions stating their lack of confidence and concern with the Joint Commission on the Accreditation of Hospitals (JCAH). As a result of those resolutions, an ad hoc committee of the JCAH was appointed, composed of the chief executive officers of the parents of that body; a reconciliation between the parents and an effort to improve the function of an accrediting body is now underway. This may provide for some changes in the basis of hospital accreditation.

Secondly, the Executive Committee recommended the approval of the Audit Report of the Association.

Dr. Bondurant then related the request from the National Association of Advisors of Health Professions for support from the AAMC. The Executive Committee decided to provide modest financial support and to inform the NAAHP of the AAMC's intention to reduce this support over time.

Criteria for Distinguished Service Members and Emeritus members also provoked extensive discussion at the Executive Committee meeting. Since Distinguished Service Members automatically become emeritus members at

age 70, there is some confusion with the movement between categories. The Executive Committee thought there should be two distinct classes of membership and asked the AAMC staff to develop revised criteria for both categories of membership for review at the next meeting.

Dr. Bondurant then discussed the conclusions of the Executive Committee regarding the Assembly Agenda for the Annual Meeting. There would be a consent agenda for the first part of the hour; the remaining time would be allotted to substantive discussion of a timely topic.

Dr. Swanson had prepared a prospectus on the Study of the General Professional Education of Physicians and had visited several foundations seeking their support. Thus far tentative, but not firm, indications of support had been received from several foundations. External support is considered an essential prerequisite to mounting this study.

Finally, Dr. Bondurant asked for ideas of topics for consideration and discussion for the forthcoming AAMC Officers' Retreat.

V. Approval of Minutes

The minutes of the June 26, 1980, meeting of the Administrative Board were approved as submitted.

VI. Health Research and Health Manpower Legislation

Dr. Kennedy summarized the activity which had occurred since H.R. 7036, the Waxman Bill, was passed in late August. Almost immediately, the Senate staff, recognizing the strong position taken by the AAMC, indicated that Senator Kennedy was willing to stand strong against the Waxman Bill in return for support of his own bill. The Executive Council met by telephone and accepted that package, urging the AAMC constituency to respond. The Senate was pleased with the quality of responses it received from the medical schools, but was somewhat disappointed with the quantity.

On September 15, a few deans, university presidents, and other individuals met to discuss the legislative situation. The result of that productive meeting was agreement to support the Kennedy bill with no compromise on the issue of establishing expiring authorities for the NIH Institutes. Immediately thereafter when Senator Kennedy and Congressman Waxman discussed the upcoming conference there was some talk of a compromise. But a conference will not be held until the Senate resumes after the election. Dr. Kennedy again asked Board members to communicate with their Senators urging support of the Kennedy position.

A motion was made to endorse the posture taken by the Executive Committee, showing Board support for the Executive Committee position. The Committee approach applauds the Kennedy position which establishes an advisory board of scientists to worry about the problems of stabilization, oversight, and accountability as a substitute for the Waxman proposal requiring Congressional reauthorization for the agency on a three-year cycle. The motion was seconded and approved by the full COD Board.

A conference on the health manpower legislation is due soon. The Association must decide its preferences on the various provisions in the House and Senate manpower bills. Important areas of difference in the two bills are the institutional support category and the student assistance program. Dr. Kennedy and Mary McGrane distributed an option paper outlining the pros and cons of the two proposals with the Board offering comments on the proposed options.

VII. Proposed COD Resolutions Regarding Medical School Admissions

Dr. Moy lead the discussion on the resolutions which he formulated regarding medical school admissions as a follow-up to the discussions at the last COD Spring Meeting. His initial concern on this topic evolved from the feeling he received from undergraduate schools that medical schools were neglecting the academic well-being of the undergraduate schools. Dr. Moy was particularly interested in assuring that the concerns of the undergraduate schools would not be ignored. If those concerns could be incorporated into and addressed by the Study of the General Professional Education of the Physician, he felt it less necessary to act on the proposed resolutions. Board members discussed the best method of addressing the concerns of the undergraduate schools. A motion was made, seconded, and approved that the Board go on record stating that the concerns which evolved out of the COD Spring Meeting regarding the pre-medical-medical school interface be included and emphasized in the Study of the General Professional Education of the Physician. If that study, which is now tentative, does not get underway, the Board would again look at an alternative way to approach this.

VIII. Distinguished Service Member Nominations

Dr. Mathies and Dr. Luginbuhl were the members of the Distinguished Service Member Nominating Committee. Dr. Mathies reported that the committee had met and had questioned the criteria for election to Distinguished Service Membership: providing distinguished service to the AAMC or distinguished contributions in other areas. The Distinguished Service Member nominating committee requested guidance in defining criteria for Distinguished Service Membership. Dr. Bondurant pointed out that the existing criteria is distinguished service to the AAMC. The nominating committee nominated Frederick Robbins, William Deal, and Theodore Cooper for election to Distinguished Service Membership. The COD Administrative Board moved, seconded, and approved those three candidates for election to Distinguished Service Membership and charged the AAMC staff with a reevaluation and revision of the criteria for election as a Distinguished Service Member.

IX. Election of Emeritus Members

This item was deferred until the Executive Committee meeting later in the day. There was a brief discussion of the difference between Distinguished Service Members and Emeritus members, but it was viewed by the Board that both classes were of equal stature. However, it was suggested that the criteria for election as an Emeritus member be reviewed at the same time criteria for Distinguished Service Members are reviewed.

X. Proposed AAMC Bylaw Change

The bylaw requirement for Institutional Membership in the Association limits such membership to "medical schools and colleges of the United States." However, it is possible for a school chartered in the United States to be located elsewhere. To prevent ambiguity concerning eligibility for membership in the AAMC, a bylaw change was proposed. This discussion focused specifically on the Institutional Membership of the American University of Beirut. The American University of Beirut cherishes its membership in the AAMC and is reluctant to contemplate the loss of membership. However, the basis on which this membership was originally granted is no longer applicable. The LCME no longer inspects the AUB, the nature of the school has changed and other schools in other countries in that part of the world could lay claim to the same distinction accorded AUB.

The American University of Beirut continues to be "grandfathered" in under the current bylaws. An AAMC bylaw change would make it clear this was a principle change, not a change directed at one specific institution. The Executive Committee recommended a bylaw change, expecting to propose this in discussions with the dean of AUB.

Joseph Keyes of the AAMC staff felt a bylaw change was not necessary; that the current bylaws are structured so that the Association could accomplish its objectives under them. He also stated that under the current bylaws a 2/3's majority vote of the Assembly was needed to remove a school's membership. It was moved to recommend the bylaw change as recommended but this motion died for lack of a second.

Following another brief discussion in which it was stated that it was unnecessary to change the bylaws to remove the AUB membership in the Association, Dr. Bondurant announced that non-United States schools had inquired about membership in the AAMC. This posed the question of whether or not a bylaw change would be necessary to prevent a similar situation. The motion was again made to recommend to the Executive Council that it propose to the Assembly the bylaw change. The motion was seconded and passed by the Board.

XI. Medicare's "Moonlighting" Policy

Joseph Keyes of the AAMC staff presented the background on this policy. The issue arose because of a recent case regarding whether or not a resident can moonlight in an institution sponsoring his training. In the past, the Health Care Financing Administration (HCFA) rule held that a physician in training normally received no income other than a stipend in that institution; however, a licensed physician was permitted to practice and to charge a fee and to be reimbursed by Medicare. Thus moonlighting was both legally permissible and reimbursable. HCFA was challenged on the policy that forbade moonlighting in the training institution. It lost and was required to come up with a proposal to the court which is now under court consideration. That proposal was included in the agenda and included the requirement that "the services [be] performed under the terms of a written contract or agreement and [can] be separately identified from those services that are required as part of the training program." The question proposed for Executive Council action was whether or not the AAMC should adopt a stance in opposition to the permissive policy about to be adopted by HCFA, or whether it should attempt to work with HCFA to define what is meant by those "services other than those required by the training program."

Dr. Gault brought up two issues for consideration if moonlighting by housestaff is to occur in hospitals: would residents need a medical staff privilege category and would they need medical malpractice insurance since they would be charging professional fees. Both of these issues appear to be additional complications for individual institutions but do not bear on the policy question facing the Board. At any rate, individual institutions have the freedom to restrict moonlighting in their institutions through their own policy. Nevertheless, the administrative problems anticipated and the opportunities for fraud and abuse weighed heavily with the Board.

The Board concurred with Option 1 in the agenda: that the AAMC oppose the Medicare policy which would permit a resident to "moonlight" in a hospital where the resident participates in a graduate medical education by urging HCFA to develop regulations altering administrative directives.

XII. General Requirements of Accredited Residency Programs

Dr. Swanson of the AAMC staff spoke on this item. The Executive Council previously ratified an earlier draft of the General Requirements of the Essentials of Accredited Residencies and subsequently the ABMS, CMSS, and AHA also ratified the draft after requesting minor modifications. Because the AMA had substantial objections to the proposed revision, the CCME reconvened a conference committee to reconcile differences.

At a meeting in June, 1980, accord was reached among representatives of all five sponsoring organizations. The document has only undergone minor changes and Dr. Swanson suggested no further word changes. He recommended AAMC approval of the document.

The Board moved, seconded, and approved the recommendation that the Executive Council ratify the General Requirements.

XIII. LCGME Subspecialty Accreditation Report

The Liaison Committee on Graduate Medical Education has developed a plan for the accreditation of subspecialty graduate medical education programs. Dr. Swanson spoke to the Board emphasizing that the Board was being asked to officially endorse the first sentence of item one contained on page 34 of the Executive Council agenda which says: The LCGME report proposes that the accreditation mechanism should be extended to training programs in additional subspecialty areas beyond those currently accredited.

A motion was made to adopt Sentence 1 of Item 1 on page 34 rather than the recommendation. This was passed by the Board with the understanding that the initial efforts of the committee ought to be devoted to those programs in which a certificate of special competence is currently awarded.

XIV. Universal Application Form for Graduate Medical Education

A handout was distributed to the Board showing the latest response to the Universal Application Form by hospital and program directors. According to the number of responses received, Dr. Swanson reported there was an 84% positive acceptance from hospitals and 87% positive acceptance from programs within the hospital. The proposal is to move ahead with the implementation of the universal application form and finance the printing costs annually through an increase in the student NRMP fee.

A motion was made, seconded and approved by the Board to recommend that the Council approve the implementation of the universal application form in 1981 and endorse defraying its costs through a \$1.00 increase in the student NRMP fee.

XV. GMENAC

Dr. Swanson provided a brief description of the current status of GMENAC. A draft of the latest summary report had just been received by the Association and GMENAC had just met to go over the final editorial changes. The report has already attracted a great deal of attention and will continue to do so. The report officially is to go to the Secretary on September 30 and will either be accepted, rejected, or modified. A handout was distributed to the Board outlining the Effects of GMENAC's Recommended Reduction in First Year Enrollment. The report will be discussed in greater depth at the AAMC Officers' Retreat in December, but the Board offered some guidance to Dr. Swanson in formulating an AAMC response.

XVI. GAO Report, "Policies on U.S. Citizens Studying Medicine Abroad Needs Review and Reappraisal"

The draft of the GAO Report had just recently been received by the AAMC with the stipulation that it not be disseminated or copied. Dr. Swanson had prepared a response which he shared with the Board. In short, the GAO staff which studied six schools (5400 students) concluded that the education of students studying abroad (in the schools studied) is not comparable to the education received in U.S. medical schools. Most schools are particularly deficient in the area of clinical education.

The Board adopted the GMENAC position, that there be no Federal and State assistance given in the form of loans and scholarships to U.S. medical students initiating study abroad after the 1980-81 academic year because it was a better alternative than the complex formula suggested in the GAO Report. A second issue, relating to the reimbursement of hospitals, was deferred until further discussion could be held.

The three alternatives developed by the GAO for assuring high standards of medical care provided in this country by foreign medical school graduates are: to set up a worldwide accreditation system, better and tougher licensure standards for foreign medical school graduates (recommended); a rehabilitation program to assure the people who are coming back are sufficiently prepared clinically (a process to which enormous resources are now dedicated).

XVII. LCCME 1981 Budget

Dr. Suter reported that the LCCME budget required a contribution for the 1981 year of \$5000 per seat. This will probably be reduced if the AMA joins the LCCME again. The money is being paid in advance as we are depositing it to support the budget from the first day of the budgetary year.

The Board moved and approved the recommendation that the Executive Council approve the 1981 LCCME budget and authorize a per seat payment of \$5000.

XVIII. Information Item

A. Report of the COD Nominating Committee

Dr. Bondurant expressed his appreciation for the work of the committee and the high caliber of the nominees. He also expressed his thanks and appreciation to Neal Gault who was completing a six year term on the Board.

IX. New Business

A. Proposal for New Deans at 1981 COD Spring Meeting

Dr. Bondurant, in Dr. Beering's absence, elaborated upon the proposal that a 1-1½ day orientation session for new deans precede the Council's Spring Meeting. The new deans would be briefed on the resources of the AAMC. They would also have an opportunity to learn from the experiences of deans with longer tenure. The Board members agreed that Dr. Beering's proposal should be supported.

X. Adjournment

The meeting was adjourned at 1:00 pm.